

Operations update



International Federation
of Red Cross and Red Crescent Societies

Indonesia: West Sumatra earthquakes

Emergency appeal n° MDRID004
Operations update no. 18
GLIDE n° [TS-2009-000211-IDN](#)
30 June 2011

Period covered by this operations update: 7 October 2009 - 30 June 2011

Appeal target (current): CHF 14,219,542 [<click here to view the attached financial report>](#)

Appeal coverage: With contributions received to date, the appeal is fully covered in cash and kind. [<click for the donors' response list or for contact details>](#)

Appeal history:

- This operations update extends this appeal's operational timeframe up to 31 August 2011. A final report will be issued by 30 November 2011.
- In July 2010, a revised appeal was launched for CHF 14,219,542. While the implementation of activities of the West Sumatra operations as stated in the original appeal have been completed since end-September 2010, activities of the West Java operations as one of the components under the West Sumatra emergency appeal were initially extended until 31 March 2011.
- The emergency appeal was launched on 5 November 2009 for CHF 13,293,583 in cash, kind, or services. The overall budget of Indonesian Red Cross (Palang Merah Indonesia/PMI) operations is CHF 19,627,833. The balance is being covered by bilateral contributions made directly to PMI by partner national societies.
- A revised preliminary emergency appeal was launched on 7 October 2009 for CHF 19,185,775 in cash, kind, or services to support PMI in assisting up to 20,000 families (approximately 100,000 individuals) for six months.
- A preliminary emergency appeal was launched on 4 October 2009 for CHF 6,842,032 in cash, kind, or services to support PMI in assisting up to 5,000 families (approximately 25,000 individuals) for six months.
- Disaster Relief Emergency Fund (DREF): CHF 235,000 was allocated on 1 October 2009 to support this operation.



A total of 2,468 T-shelters have been built in response to West Java earthquake (Photo: Indra/IFRC)

Summary:

Recovery activities in West Sumatra were completed at the end of September 2010 and reached all programme targets of transitional shelter, renovated water and sanitation facilities, psychosocial service support (PSS), hygiene promotion and community outreach. Additionally, activities

subcontracted for the environmental impact study and the social capital study have also been completed. A mid-term review of the West Sumatra programme has been carried out by a consultant. In mid-February 2011, the IFRC office in Padang was closed. The finalized activities of the West Sumatra programme have been reported in previous operational updates. For details on the West Sumatra programme, please refer to [operations update no. 17](#) and preceding reports. This current report covers the activities of the ongoing West Java programme.

In response to the 2 September 2009 earthquake in West Java, PMI has completed 2,168 T-shelters with contributions from the Netherlands Red Cross, Spanish Red Cross and IFRC. A camp for internally displaced persons (IDPs) at Sukamanah was established, which housed more than 400 households who were evacuated from affected tea plantation areas.

Meanwhile the recommendations of the mid-term review (MTR) of the West Java programmes were prioritized. Asbestos roofing sheets were found on approximately 85 PMI shelters. PMI and IFRC felt a strong commitment to replace and dispose of roofing materials containing asbestos as these can pose serious health risks to families concerned.

In addition, the production of volunteer story booklet to promote the West Java operation and the valuable work of volunteers is included in the plan and is still being carried out to date.

Partners who have made contributions under this appeal include American Red Cross/American government, Andorran Red Cross/Andorran government, Australian Red Cross/Australian government, Austrian Red Cross, British Red Cross/British government, Canadian Red Cross/Canadian government, Red Cross Society of China, Hong Kong branch of Red Cross Society of China, Macau branch of Red Cross Society of China, Finnish Red Cross/Finnish government, French Red Cross, Iranian Red Crescent, Irish Red Cross/Irish government, Japanese Red Cross Society, Republic of Korea National Red Cross, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Norwegian Red Cross/Norwegian government, Spanish Red Cross and Swedish Red Cross/Swedish government.

Contributions to this appeal have also been received from the government of Estonia, Organization of Petroleum Exporting Countries (OPEC) Fund of International Development, WHO Voluntary Emergency Relief Fund, private sector and private individual donations.

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

The situation

Two major earthquakes off the coast of West Sumatra, Indonesia, measuring 7.6 and 6.8 on the Richter scale respectively, occurred on 30 September 2009 and 1 October 2009. On 16 October, another earthquake measuring 6.1 struck in the Sunda Straits, 125km off Teluk Betung in Sumatra.

Figures provided by the vice-governor of West Sumatra indicated that up to 1,195 people had died and another 1,798 injured in the disaster. While the provincial development and planning board (BAPPEDA) of the West Sumatra province indicated that 249,833 houses were damaged, with 114,797 registered as heavily damaged (down from the previous figure of 135,483); and it was reported that 67,198 houses were moderately damaged and a further 67,838 had sustained slight damage.

Prior to West Sumatra earthquake, on 2 September 2009, West Java was hit by a 7.3 magnitude earthquake. Some 44,900 houses were heavily damaged and many people internally displaced. The Government of Indonesia committed to constructing permanent houses needed through a cash grant programme, whereas the needs for transitional shelter in affected communities been met by the humanitarian sector.

Coordination and partnerships

Additional activities derived from the mid-term review recommendations included removing, replacing and disposing of asbestos roofing sheets from approximately 85 PMI T-shelters. During the reporting period, IFRC staff worked closely with PMI's West Java chapter and branch staff to plan and prepare

for the removal of the asbestos roofing sheets of PMI T-shelters. In-depth discussions between chapters and branches with the PMI Pusat liaison officer and IFRC staff were held.

A workshop for PMI staff and volunteers on the dangers of asbestos was held to give insight to the health risks of asbestos worldwide and in Indonesia. As a result, plans and methodologies have been designed for removing, replacing and the responsible disposal of asbestos sheets in two branches to be supported by a public awareness campaign in six branches. At the time of reporting, a pilot project took place to guide 60 volunteers on the spot in district Ciamis on the 'how-to' and other practical instructions.

In West Sumatra, the Qatar Red Crescent Society is presently implementing a bilateral shelter programme covering 2,500 shelters in Agam, Kota Pariaman and Pesisir Selatan district. This programme was expected to finish in December 2010, but due to difficulties in synchronizing the diverse PMI and Qatar Red Crescent systems, it has been extended and is still ongoing.

Red Cross and Red Crescent action

West Sumatra

Working with Red Cross Red Crescent Movement partners, PMI provided relief and recovery assistance through continued relief distributions of non-food items, the provision of shelters, integrated water and sanitation, and health care services, and psychosocial and logistics support. The emergency phase was declared over on 31 November 2009 with the recovery period officially started on 1 December 2009. PMI and its partners moved quickly from emergency into early recovery, in tandem with Government's own policy of recovery and reconstruction.

PMI has been leading the planning and implementation of the operation with its partners. The IFRC Indonesia country office in Jakarta provides operational support and leads in coordination with Red Cross Red Crescent partners, local government authorities and external international organizations; the Asia Pacific zone disaster management unit (DMU) in Kuala Lumpur undertook the international lead role and provided surge capacity to scale up the relief and recovery response. IFRC's office in Padang focused on the implementation of the programme in support to PMI and on helping coordinating the partner national societies' bilateral shelter programme.

While emergency relief activities were prioritized, longer-term recovery activities were also developed by the Red Cross Red Crescent Movement. The plan identified the provision of T-shelters as a key need and an area where PMI could bring its experience. The provision of health promotion, psychosocial support service (PSS), water and sanitation, and hygiene promotion activities were integrated and alongside the provision of T-shelters.

In coordination with IFRC and partner national societies, PMI allocated districts according to partners and the number of shelters being supported by the Red Cross Red Crescent Movement, with the understanding that the final number of shelters built in each district is subject to change based on actual community needs identified with the following result.

Table 1: List of partners supporting the T-shelter programme in West Sumatra

Red Cross partners	No. of T-shelters planned	Location – name of district
IFRC	8,000 units	Kota Pariaman Padang Pariaman Kota Padang
Danish RC	2,000 units	Pesisir Selatan
Spanish RC	2,000 units	Padang Pariaman
Swiss RC	1,000 units	Agam
IFRC	57 units	Agam

West Java

Affected by the 2 September 2009 earthquake, Bandung was one of districts in West Java with the largest recorded number (15,538) of houses severely damage or completely destroyed. Kecamatan Pangalengan is one of the sub-districts in Kabupaten Bandung with the largest number of houses severely damage or completely destroyed. The shelter programme implemented in West Java

followed the transitional shelter approach and lessons learned from the Yogyakarta earthquake operations. PMI and its Movement partners planned to provide up to 2,000 T-shelters for 10,000 people in the affected areas.

Other activities implemented in West Java as part of this appeal were:

- **Fundraising Proposal Workshop**
Due to heavy rainfall, several small-scale landslides occurred in Bandung Barat, Cianjur and caused losses and damage of some 10,000 households. Limited available funding proved an obstacle for PMI to deliver rapid response and adequate temporary shelters. In order to improve their capacity in fundraising, a workshop on this subject was conducted in close cooperation with the respective departments of the PMI headquarters.

- **Disaster preparedness in villages**
Hundreds of thousands of West Java inhabitants live in areas prone to different type of disasters such as earthquakes, floods, landslides, and volcanic eruptions. Many of these people live in very remote and isolated locations and become more vulnerable due to limited access to support and response sources. In order to improve isolated community capacity in reducing risks, PMI supported by IFRC has funded disaster preparedness activities in several villages. The programme focused on 1) how to set up information and communication procedures in emergencies, and 2) how to develop an evacuation plan. These activities were carried out through community meetings, training and planning facilitated by volunteers living in the communities. The programme was implemented in four communities.

- **Disaster preparedness in schools**
The national disaster management agency (BNPB) identified West Java as a province prone to different types of disasters, and as such, that it is important to educate children and raise their awareness of the risks of disasters. The disaster preparedness school (Sekolah Siaga Bencana or SSB) is one of PMI's programmes, which was designed to educate children and develop skills and knowledge of disaster preparedness. The activities to build disaster awareness have taken place in five schools in rural areas of three districts: Bandung, Bandung Barat and Cianjur.

Achievements against outcomes

Relief distributions (food and basic non-food items)

Objective: Up to 20,000 families (100,000 individuals) have their immediate needs provided for through the distribution of non-food items, such as hygiene kits, kitchen sets, tarpaulins, tents, shelter repair kits, bedding, jerry cans and household items, by the PMI/IFRC supported relief operation in West Sumatra.	
Expected results	Activities planned
20,000 affected families have received relevant and appropriately targeted relief items	<ul style="list-style-type: none"> • Recruit and mobilize PMI staff and volunteers. • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize British logistics ERU • Setup of adequate and effective internal coordination within Movement partners • Mobilise relief supplies from pre-positioned stocks in-country and the Asia Pacific zone regional logistics unit regional warehouse, supplemented by additional local / regional procurement. • Provide technical and financial assistance to PMI relief, warehousing and transport activities. • Monitor and evaluate the relief activities and provide daily and overall reporting on distributions to ensure accountability to donors. Submit reports to donors. • Provide relief / logistics training to the PMI West Sumatra branches that were not affected by this disaster, as part of organisational development.

Impact: In West Sumatra, more than 29,360 families have been reached with non-food items through this emergency appeal, whereas a total number of people assisted by PMI with non-food and limited food items were 39,711. Beneficiaries received baby kits, sarongs, blankets, tents, field kitchen sets, tarpaulins, biscuits, family kits, hygiene kits, medicine and sleeping mats. The total number of households assisted through relief distributions has exceeded the target of 20,000 families, and emergency relief distributions ceased at the end of December 2009. For more detailed information on relief distribution, please refer to [Operations Update No. 12](#).

Shelter	
Objective: Up to 40,000 people are assisted with adequate temporary shelter and up to 8,000 shelters constructed in West Sumatra; up to 10,000 people are assisted with adequate temporary shelter and up to 2,000 shelters constructed in West Java	
Expected results	Activities planned
Improved shelter conditions which are more resilient to future natural disasters for affected families with severely damaged and destroyed houses.	<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. • Identify shelter solutions to suit the local context that are culturally appropriate. • Promote safe and durable shelter construction through the provision of technical assistance and guidance to all involved in the shelter activities. • Reproduce and distribute safe building practice materials (information, education and communication). • Support, as appropriate, additional needs for identified individual households. • Monitor, coordinate and evaluate the shelter programme. • 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.

Impact: West Sumatra response activities were completed as planned on 31 September 2010. The shelter programme met the target of providing 8,017 T-shelters, which have housed more than 40,000 people in three districts: Kota Pariaman, Kota Padang and Padang Pariaman.

Out of the 8,017 completed shelters, 40 were only partially completed as the beneficiaries stopped their construction to wait for the cash stimulus grant from the government to repair their damaged houses. Moreover, PMI has procured and distributed 300,000 zinc sheets to all T-shelter beneficiaries for roofing or other purposes from March until July 2010. This covered 15,000 households with 20 sheets per household.

In West Java, 2,468 T-shelters were completed by PMI to respond the 2 September 2009 earthquake, exceeding the initial target of 2,000 families. As part of this appeal, the shelter programme in West Java was supported by PMI, IFRC, Netherlands Red Cross, and Spanish Red Cross, described in the following table:

Table 2: List of donors for T-shelter programmes in West Java

Donor	Number of T-shelters (unit)	Allocation
Netherlands Red Cross	437	in five districts
Spanish Red Cross	798	in five districts
IFRC	169	in Cianjur

	250	50 in Kabupaten Bandung, 150 in Cianjur, and 50 in Bandung Barat
PMI	814	
TOTAL	2,468	

A camp for internally displaced persons (IDPs) at Sukamanah in the Pangalengan district was established which housed more than 400 households from tea plantations who were evacuated from affected areas. This camp was set up in order to provide temporary safe relocation assistance to the IDPs until reconstruction funds from the government were made available. The IDP community unexpectedly refused to be relocated, on the premise that the land provided by the local government was not suitable for them. Subsequently PMI and IFRC agreed that the programme for re-locating IDPs would be redirected for re-location of households from high risk areas (due to landslides) in Bandung, Cianjur and Bandung Barat district as the humanitarian need was considered imperative.

Asbestos

During a workshop in Bandung with West Java chapter and branch staff, attended also by the PMI Pusat liaison officer, recommendations of the mid-term review carried out by a consultant were prioritized. During the review, asbestos sheets were found on approximately 85 PMI shelters. PMI and IFRC have taken immediate steps to replacing and disposing of asbestos roofing to avoid possible serious health risks. The issue of asbestos was selected as prime for follow up, supported by IFRC.

A plan was developed including a workshop, a pilot project, and an implementation project to remove asbestos materials, supported by an awareness campaign and an instructional video. This plan is expected to continue into July/August until which time this operation is completed.

The workshop was conducted focusing on the dangers of using asbestos; the use of asbestos worldwide and in Indonesia; deadly health risks; personal protective equipment; responsible disposal; and an awareness campaign. An Indonesian translation of the 'International Guidelines on Asbestos' has been made and published on the website of the [Shelter Centre](#) for wider use.

With skills and knowledge gained, the removing, replacing and disposing of the asbestos roofing of the 85 T-shelters in two districts, supported by an awareness campaign (including community consultations and leaflets/poster distribution) in six districts will be implemented in July 2011.

Health and care

Objective: A projected 10,000 families (50,000 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 in West Sumatra.

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 using helicopters and ambulance services to meet the emergency health/medical needs. Provide psychological support to the traumatized population and volunteers where appropriate. Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support, such as medicines medical supplies and non-food items (NFIs), as needed. Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

<p>The resilience of the community is improved through better health awareness, knowledge and behaviour.</p>	<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 and communication (IEC) materials. • Conduct targeted 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, ex. mosquito nets. • Strengthen 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. • Undertake in-depth assessments of ongoing needs in identified locations and support as appropriate. • 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.
<p>Psychosocial support is provided to the target population (including school children and teachers) and PMI staff/volunteers as needed.</p>	<ul style="list-style-type: none"> • Consult with communities and volunteers to determine appropriate responses – stand alone or mainstream and/or integrated into other programmes and services. • Develop and implement a range of psychosocial support to affected people and volunteers. Services to include updating/training of more volunteers, and community activities throughout the recovery period. • Develop/adopt key policies and procedures to support their provision of psychosocial support interventions taking into account beneficiaries with diverse needs (e.g. women, men, the elderly, children, families and people with disabilities). • Integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes. • Ensure the implementation of a common approach to volunteer mobilization, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Impact: In West Sumatra, about 53,000 individuals have been reached through health and care programmes. Activities under this programme were emergency first aid and mobile health services, health promotion and disease prevention activities, and psychosocial services. These activities were carried out in 50 schools and 50 communities. For more detail, please refer to [Operations Update No. 17](#).

Water, sanitation and hygiene promotion

Objective: The risk of waterborne as well as water and sanitation-related diseases is reduced through the provision of safe water, adequate sanitation facilities, and hygiene promotion for up to 10,000 families (50,000 people) within the affected area for 12 months.

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). • Deliver support to pre-earthquake water supply infrastructure with the transitional-shelter programme beneficiary households and those close to it.

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. • Support pre-earthquake sanitation infrastructure to the transitional-shelter programme beneficiary households and those close to it.
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. • Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/IFRC water and sanitation software. • Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to assessments. • 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.

Impact: All activities in West Sumatra were completed by September 2010 after providing around 10,000 families with water and sanitation facilities through the construction of 261 shallow wells at the community level, and nine community water supply systems; as well as 369 public latrines in 50 communities in five target districts. In addition, 50 target schools have been equipped with 37 new shallow wells, 80 new latrines with hand-washing facilities and 24 rehabilitated latrines. For more details, please refer to [Operations Update No. 17](#)

In West Java, a basic set of hygiene information, education and communication activities has been carried out in two branches. These activities were integrated with the shelter activities. Water and sanitation hardware activities focused on constructing 14 latrines in relocation sites in Bandung Barat and Cianjur districts. Similar to T-shelter financial procedures, the community was involved in the cash grant system related to water and sanitation hardware activities.

Organizational development (capacity development and organizational strengthening)	
Objective: To strengthen the short- and medium-term capacities of PMI staff and volunteers 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 branch 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 IFRC'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. • Reporting systems have been developed and followed.

<p>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.</p>	<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.
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Impact: Under the organizational development programme, the skills of volunteers who were involved in West Sumatra operations were improved. As part of the result, they were engaged in the 25 October 2010 earthquake and tsunami response in Mentawai islands and selected for the recently implemented and upcoming development programmes in West Sumatra, supported by French Red Cross, Canadian Red Cross and American Red Cross.

In the West Java operation, IFRC, together with Spanish Red Cross and Netherlands Red Cross, conducted a finance and database training. The training aimed at strengthening branch capacities, particularly of volunteers, administration and programme staff in facilitating implementation of a community cash transfer system and to introduce a database software for the use of monitoring and recording beneficiary data. Different from the Yogyakarta programme, where the database was managed by IFRC staff, this database software was made for use by volunteers.

Communications	
<p>Objective: To ensure that people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.</p>	
Expected results	Activities planned
<p>Working with the host national society and in close consultation with operational and technical leadership, people impacted by this emergency are encouraged to take a lead role in programme development and delivery through provision of timely, accurate information on this disaster and services available to support their relief and recovery.</p>	<ul style="list-style-type: none"> • Key audiences affected by this emergency and their common sources of and access to information are identified. • Those sources of and access to information are prioritized and utilized to provide details on relief and recovery resources, qualification criteria, and other essential information to benefit vulnerable individuals. • The inputs of affected populations are sought and incorporated into the planning, implementation, monitoring and evaluation of the process of this operation. • Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity. • 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.

Impact: Communications and outreach activities implemented by PMI branches in West Sumatra have concluded 11 events in communities, showing instructional videos of water and sanitation, psychosocial support programmes and shelter building at work for the community. They were attended by approximately 200 to 400 people during each community event.

Other activities to document Red Cross and Red Crescent activities in the field such as a production of instructional DVD to support the T-shelter programme; a weekly radio programme allowing beneficiaries to take part; purchasing newspaper space; a community television programme, 'Footprints' containing practical information on rebuilding after disaster were also carried out and completed throughout the operation.

In addition, an text message (SMS) complaint system for the beneficiaries was established from June 2010 to improve accountability and transparency of the operation and was closed in August 2010. It is estimated that through the community outreach programme, approximately 80 per cent of the population in the five districts were given access to this facility.

In West Java, a booklet on volunteer personal experiences was planned for publication to raise awareness of volunteer work in the West Java response programme. Based on references from the mid-term review report, campaign tools were being developed to engage community members in the replacement and disposal of asbestos roofing sheets. These have been included in the extended planning of activities in West Java.

A network has been set up with WHO, UNICEF and Disaster Waste Recovery, organizations which have made public statements on asbestos risks. As a result, it is expected that PMI and IFRC will develop a statement on asbestos as well. A pilot project with 60 volunteers from six districts has been implemented in Ciamis district to gain practical insight and experience in the how-to. Video shooting for the instructional video took place at the same time.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

Palang Merah Indonesia/Indonesian Red Cross

- Ir. Budi Atmadi Adiputro, secretary general; email: budi_adiputro@pmi.or.id or pmi@pmi.or.id; phone: +62 21 799 2325 ext. 221; fax: +62 21 799 5188

Federation country office in Indonesia:

- Phillip Charlesworth, head of country office; email: phillip.charlesworth@ifrc.org; mobile: +62 811 824 859, phone: +62 21 7279 3440; +62 21 7279 3446
- Hans Bochove, head of operations, email: hans.bochove@ifrc.org; mobile: +62 811993 4997, phone: +62 21 7279 3440; fax: +62 21 7279 3446

Federation Southeast Asia regional office, Bangkok; phone: +662 661 8201; fax: +662 661 9322:

- Anne LeClerc, head of regional office, email: anne.leclerc@ifrc.org

Federation Asia Pacific Zone office, Kuala Lumpur; fax: +603 2161 0670:

- Al Panico, acting head of operations; email: al.panico@ifrc.org
- Heikki Väättämoinen, operations coordinator; email: heikki.vaatamoinen@ifrc.org; phone: +603 9207 5729; mobile: +60 12 2307895;
- Alan Bradbury, head of resource mobilization and PMER; email: alan.bradbury@ifrc.org; phone: +603 9207 5775

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

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/5
Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
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	13,912,901				306,642	14,219,543
B. Opening Balance	0				0	0
Income						
Cash contributions						
American Red Cross	19,200					19,200
Andorra Government	15,076					15,076
Andorran Red Cross	7,449					7,449
Australian Red Cross	704,692					704,692
Australian Red Cross (from Australian Government)	553,608					553,608
Austrian Red Cross	29,720					29,720
British Red Cross	879,866				43,526	923,392
British Red Cross (from British Government)	1,722					1,722
British Red Cross (from DFID - British Government)	585,286				165,155	750,442
Canadian Red Cross	1,049,496					1,049,496
Canadian Red Cross (from Canadian Government)	945,991					945,991
China - Private Donors	280					280
China Red Cross (from China - Private Donors)	388					388
China Red Cross, Hong Kong branch	581,070					581,070
China Red Cross, Macau branch	15,000					15,000
Credit Suisse Foundation	33,236					33,236
Estonia Government	96,571					96,571
Finnish Red Cross	60,087					60,087
Finnish Red Cross (from Finnish Government)	109,563					109,563
French Red Cross	6,264					6,264
Great Britain - Private Donors	2,863					2,863
IFRC at the UN Inc (from Kraft Foods Company)	46,919					46,919
IFRC at the UN Inc (from Mellon Bank)	7,215					7,215
IFRC at the UN Inc (from Motorola Foundation)	20,004					20,004
IFRC at the UN Inc (from Schering Plough)	8,689					8,689
IFRC at the UN Inc (from United States - Private Donors)	2,489					2,489
Iranian Red Crescent	70,700					70,700
Irish Government	226,449					226,449
Irish Red Cross	53,098					53,098
Japanese Red Cross	1,952,523					1,952,523
Monaco Red Cross	45,324					45,324
Netherlands Red Cross	190,775					190,775
Netherlands Red Cross (from Netherlands Government)	377,758					377,758
New Zealand Red Cross (from New Zealand Government)	205,234					205,234
Norwegian Red Cross (from Norwegian Government)	346,493					346,493
Oman - Private Donors	4,024					4,024
On Line donations	17,481					17,481
OPEC Fund For International Development	503,525					503,525
Republic of Korea Red Cross (from Republic of Korea - Private Donors)	19,486					19,486
Spanish Red Cross	20,877					20,877
Swedish Red Cross (from Swedish Government)	725,090					725,090
Switzerland - Private Donors	850					850
United States Government - USAID					87,827	87,827

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/5
Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>United States - Private Donors</i>	10,313				10,313
<i>VERF/WHO Voluntary Emergency Relief</i>	2,000				2,000
C1. Cash contributions	10,554,744			296,509	10,851,252
Inkind Goods & Transport					
<i>American Red Cross</i>	304,602				304,602
<i>Australian Red Cross</i>	123,810				123,810
<i>British Red Cross</i>	376,116				376,116
<i>China Red Cross, Hong Kong branch</i>	406,664				406,664
<i>Finnish Red Cross</i>	366,146				366,146
<i>French Red Cross</i>	96,364				96,364
<i>Japanese Red Cross</i>	783,447				783,447
<i>Netherlands Red Cross</i>	858,796				858,796
<i>Spanish Red Cross</i>	378,645				378,645
C2. Inkind Goods & Transport	3,694,590				3,694,590
Inkind Personnel					
<i>Netherlands Red Cross</i>	63,360				63,360
C3. Inkind Personnel	63,360				63,360
Other Income					
<i>Fundraising Fees</i>	-4,442				-4,442
<i>Sales</i>	61				61
C4. Other Income	-4,381				-4,381
C. Total Income = SUM(C1..C4)	14,308,312			296,509	14,604,821
D. Total Funding = B + C	14,308,312			296,509	14,604,821
Appeal Coverage	103%			97%	103%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0				0	0
C. Income	14,308,312				296,509	14,604,821
E. Expenditure	-12,133,705				-303,920	-12,437,624
F. Closing Balance = (B + C + E)	2,174,608				-7,411	2,167,197

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
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Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
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)	13,912,901					306,642	14,219,543	
Relief items, Construction, Supplies								
Shelter - Relief	2,887,421	2,831,796					2,831,796	55,625
Shelter - Transitional	3,237,573	3,220,757					3,220,757	16,816
Construction - Facilities	457,340	7,340					7,340	450,000
Construction Materials	450,000							450,000
Clothing & textiles	322,819	322,819					322,819	0
Seeds & Plants	36,667							36,667
Water, Sanitation & Hygiene	327,706	266,906			1		266,907	60,799
Teaching Materials	167,285	42,873					42,873	124,412
Utensils & Tools	110,914	110,914					110,914	0
Other Supplies & Services	324,121	312,183					312,183	11,938
Total Relief items, Construction, Suj	8,321,846	7,115,587			1		7,115,588	1,206,258
Land, vehicles & equipment								
Vehicles	113,688	96,702					96,702	16,986
Computers & Telecom	71,114	70,617			496		71,113	1
Office & Household Equipment	19,068	19,068					19,068	0
Total Land, vehicles & equipment	203,870	186,387			496		186,883	16,987
Logistics, Transport & Storage								
Storage	100,250	76,886			24		76,910	23,340
Distribution & Monitoring	1,229,686	1,086,423					1,086,423	143,263
Transport & Vehicle Costs	396,883	335,836			14,423		350,259	46,624
Logistics Services	39,280	5,819					5,819	33,461
Total Logistics, Transport & Storage	1,766,099	1,504,964			14,447		1,519,411	246,688
Personnel								
International Staff	522,033	445,052			26,602		471,653	50,379
National Staff	739,563	626,574			576		627,150	112,413
National Society Staff	312,095	315,079					315,079	-2,984
Volunteers		64,398					64,398	-64,398
Total Personnel	1,573,691	1,451,102			27,178		1,478,280	95,410
Consultants & Professional Fees								
Consultants	417,056	267,815			71,297		339,112	77,944
Professional Fees	8,183	9,103					9,103	-920
Total Consultants & Professional Fe	425,239	276,918			71,297		348,215	77,024
Workshops & Training								
Workshops & Training	435,669	407,406			1,207		408,614	27,055
Total Workshops & Training	435,669	407,406			1,207		408,614	27,055
General Expenditure								
Travel	117,350	102,286			5,492		107,778	9,572
Information & Public Relation	72,095	52,523			1,167		53,690	18,405
Office Costs	157,161	139,805			10,885		150,690	6,471
Communications	46,263	37,913			1,746		39,659	6,604
Financial Charges	98,527	103,664					103,664	-5,137
Other General Expenses	153	153					153	0
Shared Support Services	1,530				1,530		1,530	0
Total General Expenditure	493,079	436,345			20,819		457,164	35,915
Depreciation								
Depreciation	3,111	3,371					3,371	-259
Total Depreciation	3,111	3,371					3,371	-259
Contributions & Transfers								
Cash Transfers Others	129,080				146,095		146,095	-17,015
Total Contributions & Transfers	129,080				146,095		146,095	-17,015

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Interim Report

Selected Parameters	
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Budget Timeframe	2009/9-2011/3
Appeal	MDRID004
Budget	APPEAL

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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)		13,912,901				306,642	14,219,543	
Indirect Costs								
Programme & Service Support	867,859	717,329				20,094	737,423	130,437
Total Indirect Costs	867,859	717,329				20,094	737,423	130,437
Pledge Specific Costs								
Earmarking Fee		34,296				1,385	35,681	-35,681
Reporting Fees						900	900	-900
Total Pledge Specific Costs		34,296				2,285	36,581	-36,581
TOTAL EXPENDITURE (D)	14,219,543	12,133,705				303,920	12,437,624	1,781,919
VARIANCE (C - D)		1,779,196				2,723	1,781,919	