

Emergency appeal



International Federation
of Red Cross and Red Crescent Societies

West Sumatra: Earthquakes

Emergency Appeal n°
MDRID004

GLIDE n° [TS-2009-000211-IDN](#)

7 October 2009

This revised preliminary Emergency Appeal seeks CHF 19,185,775 (USD 18.64 million or EUR 12.69 million) in cash, kind, or services to support the Indonesia Red Cross (Palang Merah Indonesia/PMI) to assist up to 20,000 families (approximately 100,000 beneficiaries) for six months.

A Preliminary Emergency Appeal was launched on 4 October 2009 for CHF 6,842,032 (USD 6,607,467 or EUR 4,533,713) in cash, kind, or services to support the Indonesia Red Cross (Palang Merah Indonesia/PMI) to assist up to 5,000 families (approximately 25,000 beneficiaries) for six months.



Irman Rachman from Indonesian Red Cross (Palang Merah Indonesia /PMI) collecting information from survivors in Bukit Pinang, Kampung Pauh, Pariaman district about their condition and needs during an aerial assessment on 2 October. Photo: Ahmad Husein/International Federation.

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

This appeal has been launched by the International Federation on behalf of PMI together with Red Cross Red Crescent partners through a coordinated approach to assist PMI in achieving its objectives to provide humanitarian assistance to 20,000 families.

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

The National Disaster Management Agency (BNPB) of the Government of Indonesia confirmed the death toll has risen to 704, the majority in Padang City. The number of people injured came to 2,451 while the

BNPB listed 295 people as still missing and 736 households displaced. In terms of damage to housing, the figures are: 88,272 severely damaged; 43,323 moderately damaged; 47,076 slightly damaged.

The damage and destruction is spread over eight cities: Padang City, Pariaman City, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District. In total, 777,893 people may have been affected. The Ministry of Health (MoH) further estimates that another 3,000 people might still be trapped under collapsed buildings, with time running out for the survivors.

This revised emergency appeal is in response to a request from the Indonesia Red Cross (Palang Merah Indonesia/PMI) to enable the national society to provide more relief and early recovery support to those most affected by the earthquakes. Since the preliminary appeal went out, casualty and damage figures have risen considerably, revealing increased needs which PMI is seeking to meet. The appeal seeks support to scale up and provide assistance to 20,000 families (100,000 individuals) through the continuation of relief distribution of non-food items, shelter, psycho-social support, water and sanitation intervention, health and medical provisions and logistics support.

This operation is expected to be implemented over six months. However, progress will be reviewed in the coming weeks as recovery picks up and this could influence the timeframe of the operation.

Since the launch of the preliminary emergency appeal on 4 October, the partners which have made contributions to date include the Australian Red Cross, British Red Cross, Japanese Red Cross and Netherlands Red Cross.

The International Federation, on behalf of the Indonesia Red Cross (Palang Merah Indonesia/PMI), would like to thank all partners for their generous response to this appeal.

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

The situation



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

An aerial view of totally damaged houses in Padang Pariaman district area, 1 October 2009. Photo: Wayne Ulrich/International Federation.

The National Disaster Management Agency (BNPB) of the Government of

Indonesia confirmed the death toll has risen to 704, the majority in Padang City. The number of people injured is 2,451 while the BNPB listed 295 people as still missing with 736 households displaced. In terms of damage to housing, the figures are: 88,272 severely damaged; 43,323 moderately damaged; 47,076 slightly damaged. The Ministry of Health (MoH) estimates that another 3,000 people might still be trapped under collapsed buildings, with time running out for any survivors. In total, 777,893 people may have been affected.

The damage and destruction is spread over eight cities: Padang City, Pariaman City, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District. The worst affected areas are Padang and Padang Pariaman. Two aerial assessments conducted by the International Federation and the Indonesian Red Cross (Palang Merah Indonesia/PMI) report the overall radius of damage of greatest impact is approximately 80km. Although roofs appear to be intact, they are, in fact, resting on the ground with collapsed walls underneath. The aerial assessments are being conducted in a grid pattern with all damage being logged with GPS. This will considerably improve analysis of assessment data to feed into a more effective and appropriate support operation.

In the outlying villages, particularly in Padang Pariaman, there is large scale damage to residential housing. Between 70 and 100 per cent of houses are beyond repair in remote villages. Villagers have established temporary shelters in front of their homes. The UNDP confirmed at least three locations in Padang Pariaman district where large scale landslides destroyed entire villages and agricultural land. Relief teams have stopped searching for survivors.

About 80 per cent of government buildings were destroyed badly affecting local administration. The MoH Crisis Centre reported that four hospitals, 12 community health centres (Puskemas), ten supporting community health centres and two official houses have collapsed. The MoH has deployed 3,000 health workers and set up field offices in Sei Geringging; Lubuk Kalung; Padang Pariaman sub-district and near Dr. M Jamil Hospital. Indonesia's Health Minister has expressed concern about the possible outbreak of diseases. The World Health Organization reported that tetanus is a rising problem.

Meanwhile, security has become an issue. Cases of looting have been reported and affected villagers are blocking roads to demand for relief aid. UNICEF has also expressed concern for the safety of a large number of children forced to beg along the roads, as they run the risk of being knocked down by cars. Many of the worst affected communities are running short of food as commercial supplies to shops and markets have been disrupted. In destroyed villages, people sleeping under tarpaulins or tents outside are relying on dried noodles and other supplies provided by passing well wishers and aid agencies.

In Padang, 70 per cent of water distribution networks are reported damaged. Water and sanitation is a priority as the shallow wells in many of the worst-hit villages have been destroyed, making access to clean water difficult.

In the more remote rural areas, where the situation has not been fully assessed, the needs are considered to be the most urgent. PMI medical teams, relying on helicopters have reached some remote communities in hilly areas and reported that no relief has reached them so far. There are no roads into these areas where clusters of houses dot the hills. The affected people are having difficulty accessing food and a priority is getting supplies into these areas. Accessibility will be the biggest challenge. The main road to Padang is open but roads between Padang and some outlying areas are in very poor condition and some food supplies may need to be moved by pickup trucks and motorcycles. In highly inaccessible areas, the delivery of life-saving supplies will have to be mostly by air until the situation permits entry by road.

On a more positive note, signs of normalcy are slowly returning to parts of Padang a week after the disaster. About 60 per cent of the power supply has been restored, and authorities expect full restoration within a week. Several businesses have reopened, residents are clearing debris in front of their homes and classes have resumed in a few schools. According to education authorities in Padang, nearly 70,000 children turned up for classes on 6 October, 40 per cent of the provincial capital's school-age population.

The Meteorology, Climatology and Geophysics Agency (BMKG) detected 582 aftershocks in West Sumatra since the 7.6 earthquake on 30 September.

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

Coordination and partnerships

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

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

Red Cross and Red Crescent action

PMI has a vast experience of responding to earthquakes and has drawn on its extensive resources of trained staff and volunteers as well as pre-position resources, all of which has provided a basis for the response it is leading. To date, PMI has mobilized over 326 staff and volunteers from local, provincial and national level in response. This has enabled them to be present quickly on the ground, working with the authorities and other partners supporting the evacuation of affected people by providing initial first aid and relief as well as conducting ongoing assessments to ascertain the extent of damage and needs.

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

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

Search and Rescue

PMI volunteers worked at the Adira Building to search and evacuate bodies together with personnel of the Indonesian army.

Assessments

PMI has deployed assessment teams to the following places:

- Kota Padang: Sawahan Timur, Simpang Haru, Andalas, Ganting, Kubu Dalam.
- Padang Pariaman: Kota Dalam, Lima Koto Timur, Tanjung Raya.

These assessments, including the aerial grid referencing, are a dynamic process building on prior knowledge (a comparative advantage of PMI and long-time in-country partners), direct observations, information from other actors, and ongoing interaction with beneficiaries (to work towards quality and accountability of support) and the authorities on the nature of needs and appropriate support. This process of assessment has helped inform this revised emergency appeal and will also feed into the eventual issueance of a full emergency appeal.

Relief distributions

To date, PMI has dispatched 19.5 tonnes of relief items, including baby kits, sarongs, blankets, tents, field kitchens, tarpaulins, biscuits, family kits, hygiene, medicine and sleeping mats. Seven of the affected areas have been reached. The West Sumatra chapter has distributed some items direct to displaced communities.

Emergency Health and Care

The Medical Action Team (MAT) of PMI has installed five Health Service Units in evacuation locations for displaced people – two units in Padang and three units in Pariaman North, Central, and South. Each unit is serving up to 700 people a day. A PMI ambulance has treated 200 displaced people. The teams are backed up by 100 volunteers. They have been mobilized by PMI of West Sumatra, Riau, Lampung, PMI Bogor Hospital, together with local volunteers. Besides helping those who come for treatment, a medical action team MAT is also taking the initiative to reach out to survivors who cannot come for treatment due to their injuries. The PMI also sent a MAT to village Cubadak Air, Kota Pariaman Utara and provided medical services to 400 people.

The PMI, with International Federation support, conducted a medical service using a helicopter to Padang Pariaman district areas. The service reached 300 beneficiaries in five remote locations, which reported no relief aid so far. The PMI deployed one doctor, one nurse, and one officer for the mission. PMI will continue to provide this medical service.

Water and sanitation

PMI has carried out a survey on location points for the installation of water and sanitation equipment near the Badakali River and Lakuak/Simpang Baru. Equipment is currently being transported from Jakarta. A water and sanitation delegate has joined the relief operation.

Logistics

A five-person British Red Cross logistics emergency response unit (ERU) is now functioning from Padang, supporting PMI and International Federation personnel already on the ground. A mobilization table is now available on the Disaster Management Information System (DMIS) to clarify international mobilization. Partners are requested to coordinate with the Kuala Lumpur regional logistics unit regarding outstanding needs.

The Spanish Red Cross has loaned PMI the use of five trucks for three months, while PMI will mobilize eight trucks of their own. These trucks have a 4-5 metric tonne capacity.

With improvement in road conditions, four International Federation landcruisers have managed to make their way to Padang from Bandar Aceh after a three-day journey, which would have taken half that in normal times.

Restoring family links (RFL)

The PMI RFL team, supported by a joint ICRC-Swedish Red Cross project supervisor and operational since 2 October, has assessed the needs for tracing at the three major hospitals used during the evacuation. They offered free satellite phone calls from the PMI chapter to persons looking for their relatives and they liaised with the mortuary where the authorities transfer the dead bodies for proper identification. The PMI is deploying additional staff to answer the increasing requests for news from families from all around the country, related to people reported missing in Padang and in the neighbouring villages.

Communications – Advocacy and Public Information

A steady flow of materials, such as web stories, has been maintained on the International Federation website. Photographic materials have been shared with partner national societies. The International Federation's communication delegate is also maintaining a daily aid worker's diary for BBC online. Informal daily updates are being shared with the International Federation's country office in Jakarta and all Movement partners.

To support the appeal, a few media visits using a helicopter have been undertaken with BBC and Reuters to document the work of the PMI MAT. The communications team is documenting different aspects of the operation, including relief distribution, and search and rescue work. The team is also developing key messages for the use of partner national societies. There were also a large number of interview requests to the International Federation from the BBC, Aljazeera, ABC Australia and CBC Canada, among others.

A professional photographer is being engaged to cover the early stages of the emergency, while a Canadian documentary team is awaiting approval from the International Federation to do an observation documentary on the evolving relief operation.

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

- Communication systems – through HF/VHF radio networks at branches.

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

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

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

The needs

The difficulty in reaching all affected communities due to damaged roads, has hampered the ability of assessment teams to gather comprehensive information on the existing and emerging needs. Through aerial reconnaissance, the extent of the damage is clearly widespread and dispersed. At present, the identified needs include: medical supplies; equipment and personnel; food and non-food items; tents; and potable water and sanitation facilities.

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

Water and sanitation remains a priority and momentum is building as stated earlier such as in the Badakali River area. The shallow wells in many of the worst-hit villages have been destroyed, so clean water is difficult to access. Water bowsering will be a priority.

The many PMI volunteers and staff dispatched from other parts of Indonesia, together with those spontaneous volunteers mobilized in the affected areas, will need psycho-social and other support as they participate in the relief efforts, including providing care and treatment to survivors. As the capacity of existing branches closest to the affected areas will be overstretched, immediate attention will be given to intensive training for volunteers playing identified roles, which will also lead to the long-term strengthening of the branches.

The PMI plans to move quickly from emergency into recovery; however, more comprehensive aerial assessments are needed. There are now some 112 non-governmental organizations on the ground but the full picture is still uncertain as the relief efforts have so far focused mostly on the areas of Padang and Pariaman that are accessible by vehicle.

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

The proposed operation

The proposed operation will focus on providing initial emergency response needs, including food and non-food items, health and water and sanitation and hygiene promotion activities focusing on first aid, psycho-social support, medical assistance, and access to potable water and emergency latrines for up to 10,000 families (approximately 50,000 individuals). This will be further supported by shelter initiatives targeted at both emergency needs and support for the rehabilitation of family shelters. In addition to providing temporary shelter assistance to families in West Sumatra, many thousands of people in West Java remain without adequate shelter following the earthquake four weeks ago and this appeal also seeks to support the ongoing shelter needs of these families.

PMI will mobilize staff and volunteers trained in restoring family links to reconnect families who have been separated, registration of all remaining missing persons and collation of information from authorities regarding the deceased. Based on this action, PMI will provide RFL global updates to the Red Cross Red Crescent via the ICRC Extranet.

Building on lessons learnt in past operations, PMI intends to receive support from a local expert finance team (five persons) who will train the national society in certain financial management issues and audit processes.

This operation will be developed by an integrated recovery programming process that aims to work with the affected communities in identifying and addressing their recovery needs in a holistic manner.

The relief and recovery processes will be supported and guided by a commitment to continuous learning through an ongoing monitoring and evaluation processes.

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 (NFI), such as hygiene kits, kitchen sets, clothing, bedding, jerry cans and household items, by the Red Cross and Red Crescent relief operation.	
Expected results	Activities planned
The immediate needs of 20,000 affected families are met through relief distribution.	<ul style="list-style-type: none"> • Conduct rapid emergency needs and capacity assessments. • Develop beneficiary targeting strategy and registration system to deliver intended assistance. • Mobilize relief supplies from pre-position stocks, supplemented by additional local / regional procurement. • Monitor and evaluate the relief activities and provide daily reporting on distributions to ensure accountability to the donors.

Emergency shelter

Objective: Up to 20,000 families are assisted with adequate temporary shelter.	
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 beneficiary targeting strategy and registration system to deliver intended assistance. • Identify shelter solutions to suit the local context that are culturally appropriate and include livelihood components. • Where practical, procure and distribute local appropriate shelter materials, tools and guidance to also assist with livelihood recovery. • Additional procurement, transport, and emergency storage. • Distribute shelter supplies and control supply movements from point of dispatch to end user. • Promote safe and durable shelter construction where possible through the provision of technical assistance and guidance to all involved in the shelter activities. • Monitor, coordinate and evaluate the shelter programme.

Emergency 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.	
Expected Results	Activities planned
Disaster-related diseases and	<ul style="list-style-type: none"> • Support PMI in establishing emergency health posts and/or mobile

deaths in hardest hit areas are reduced, enabling community members to participate in recovery activities.	<p>health clinics to serve hard-to-reach areas and meet gaps in health services.</p> <ul style="list-style-type: none"> • Mobilize PMI first aid and ambulance services to meet the emergency health/medical needs. • Provide psychological support to the traumatized population. • Coordinate/work with national/local health authorities in the delivery of health activities, and provide direct material support as needed.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> • Update/mobilize community-based volunteers on health/hygiene promotion and disease prevention according to identified priority needs. • Reproduce and distribute health education/information, education, communication (IEC) materials. • Conduct 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, eg mosquito nets. • Enforce community-based health and first aid activities as soon as possible to create a sustainable community approach through training of trainers/volunteers, and involvement of community leaders and members.
Psycho-social support is provided to the target population and PMI staff/volunteers as needed.	<ul style="list-style-type: none"> • Consult with communities and volunteers to determine appropriate responses – standalone or mainstream and/or integrated into other programme 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). • Identify ways to integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes.

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 to 10,000 families (50,000 people) within the affected area for six months.	
Expected results	Activities planned
Access to safe water is provided in the target evacuation centres.	<ul style="list-style-type: none"> • Establish potable water treatment facilities. • Set up water emergency water distribution network, including truck tankering, bladders, storage and tapstands (already on stand-by in other parts of the country).
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> • Build sanitation facilities in emergency camps and in other locations where required.
The health status of the population is sustainably improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> • Establish disease vector and safe hygiene monitoring. • Train community-based volunteers on participatory hygiene and sanitation transformation (PHAST)/International Federation water and sanitation software. • Conduct hygiene promotion activities within the affected population, in conjunction with sanitation according to the assessment.

Organizational Development

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

Activities related to organizational development has not started as yet. Further information will be provided in the coming weeks and future operations updates.

Logistics

The mobilization table was published on 6 October and is available on DMIS. In addition to the items on the mobilization table, a number of items will be locally procured using local specifications. For now it seems air transport is the preferred option in terms of international mobilization of relief goods to Padang. Logistics team on the ground checking the capacity / possibility to use Padang seaport.

With improvement in road conditions, four International Federation landcruisers managed to make their way to Padang from Banda Aceh after a three-day journey, which would have taken half the time in normal circumstances.

The British Logistics emergency response unit (ERU) arrived on 4 October. They will be responsible for the airport, warehousing and transport. The Spanish Red Cross has loaned PMI the use of five trucks for three months while PMI will mobilize eight trucks of their own. These trucks have a four to five metric tonne capacity.

A private factory in Padang has offered its warehouse facility near the airport in Padang to support the Red Cross Red Crescent relief operation. A shipment of tarpaulins from USAid is expected to arrive on 6 October.

Donors are requested to coordinate with the regional logistics unit in Kuala Lumpur regarding outstanding needs. Shipping instructions will be provided to donors with a consignment tracking number to be issued

before shipping any goods to the operation. Procurement of goods and transport can also be arranged through the regional logistics unit.

Communications – Advocacy and Public information

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

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

Capacity of the National Society

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

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

Capacity of the Federation

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

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

Budget summary

See attached budget (Annex 1) for details.

Yasemin Aysan
Under Secretary General
Disaster Management and Early Recovery

Bekele Geleta
Secretary General

How we work

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

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

Global Agenda Goals:

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

Contact information

For further information specifically related to this operation please contact:

- Indonesian Red Cross:
 - Iyang Sukandar, Secretary General, phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id
- Indonesia Country delegation:
 - Bob McKerrow, head of country office, phone: +62811 824 859; email: bob.mckerrow@ifrc.org
 - Wayne Ulrich, disaster management coordinator, mobile: +62 8118 6614, email: wayne.ulrich@ifrc.org
- Federation Asia-Pacific zone office, Kuala Lumpur:
 - Michael Annear, disaster management coordinator, phone: +603 9207 5726, mobile: +6012 234 6591, email: michael.annear@ifrc.org
 - Jagan Chapagain, deputy head of zone office, phone: +603 9207 5700, mobile: +6012 215 3765, email: jagan.chapagain@ifrc.org
 - Penny Elghady, resource mobilization and PMER coordinator, email: penny.elghady@ifrc.org; phone: +603 9207 5775, fax: +603 2161 0670
Please send all pledges of funding to zonerm.asiapacific@ifrc.org
 - Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: jeremy.francis@ifrc.org
 - Patrick Fuller, tsunami communications coordinator
 - phone: +603 9207 5705, mobile: +6012 230 8451 fax: +603 2161 0670, email: patrick.fuller@ifrc.org; Jason Smith, zone communications manager, mobile: +6012 387 0829, email: jason.smith@ifrc.org;

[<revised emergency appeal budget and map below:
click here to return to the title page>](#)

APPEAL BUDGET SUMMARY

Annex 1

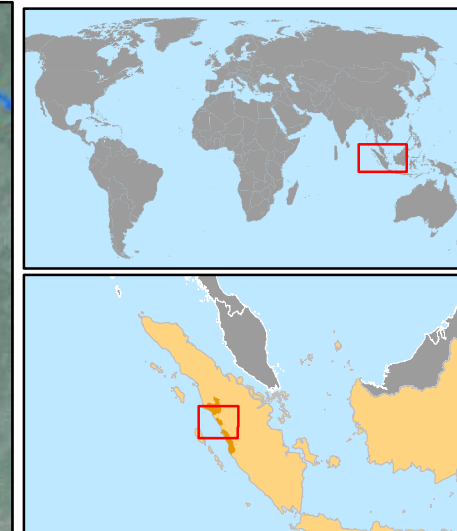
Indonesia : West Sumatra Earthquakes

MDRID004

	ORIGINAL	REVISED	VARIANCE
<u>RELIEF NEEDS</u>			
Shelter	3,920,000	12,610,000	8,690,000
Clothing & Textiles	105,000	280,000	175,000
Water & Sanitation	121,750	222,000	100,250
Medical & First Aid	158,000	360,000	202,000
Utensils & Tools	374,550	1,498,200	1,123,650
Other Supplies & Services	120,000	280,000	160,000
Total Relief Needs	4,799,300	15,250,200	10,450,900
<u>CAPITAL EQUIPMENT</u>			
Computers & Telecom Equipment	150,000	150,000	-
Office/Household Furniture & Equip.	40,000	40,000	-
Other Machinery & Equipment	50,000	50,000	-
<u>TRANSPORT, STORAGE & VEHICLES</u>			
Storage - Warehouse	80,000	392,500	312,500
Distribution & Monitoring	80,000	320,000	240,000
Transport & Vehicles Costs	600,000	700,000	100,000
<u>PERSONNEL</u>			
International Staff	288,000	336,000	48,000
National Staff	80,000	220,000	140,000
National Society Staff	60,000	120,000	60,000
<u>GENERAL EXPENSES</u>			
Travel	50,000	100,000	50,000
Information & Public Relations	20,000	60,000	40,000
Office running costs	50,000	120,000	70,000
Communication Costs	30,000	60,000	30,000
Professional Fees	20,000	20,000	-
<u>PROGRAMME SUPPORT</u>			
Programme Support - PSR (6.5% of total)	444,732	1,247,075	802,343
Total Operational Needs	2,042,732	3,935,575	1,892,843
Total Appeal Budget (Cash & Kind)	6,842,032	19,185,775	12,343,743
Less Available Resources			
Net Request	6,842,032	19,185,775	



Indonesia: Earthquake



The Indonesia Red Cross (Palang Merah Indonesia/PMI) and the International Federation have been working round the clock to help with the relief efforts in Padang and to assess the full extent of the damage and destruction caused by the earthquakes. The National Disaster Management Agency (BNPB) of the Government of Indonesia confirmed the death toll has risen to 603 people, with 2,451 people injured. The BNPB listed 343 people as missing while 736 households have been internally displaced. The damage and destruction is spread over eight cities: Padang City, Pariaman City, Bukittinggi City, Padang Pariaman District, Pesisir Selatan District, Solok City, Padang Panjang City and Pasaman Barat District. In total, 777,893 people may have been affected. The Ministry of Health (MoH) further estimates that another 3,000 people might still be trapped under collapsed buildings, with time running out for survivors.