

www.ifrc.org  
Saving lives,  
changing minds.

# Emergency appeal final report

## Indonesia: West Sumatra earthquakes

 International Federation  
of Red Cross and Red Crescent Societies

**Final report**  
**Emergency appeal n° MDRID004**  
**GLIDE n° TS-2009-000211-IDN**  
**30 November 2011**

**Period covered by this Final Report:** 30 September 2009 – 30 September 2011

**Appeal target (current):** CHF 14,219,542

**Appeal coverage:** With contributions received to date, the appeal is 103 per cent covered in cash and kind;

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

#### Appeal history:

- In this report, the appeal is closed as of 31 August 2011.
- In July 2010, a revised appeal was launched for CHF 14,219,542. While the implementation activities of the West Sumatra operations as stated in the original appeal were completed by 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. Recommendations of the mid-term review made much-needed additional activities necessary in June until August 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 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 family in front of their bamboo house with a newly replaced roof. (Photo: PMI Bandung chapter)

This emergency appeal received a total income of CHF 14,604,948, covering up to 103% of the appeal target. Overall expenditure was some 87 per cent or CHF 12,701,675 with a closing balance of CHF 1,903,273.

These remaining funds will be reallocated towards the Indonesia country office 2012-2015 plan in support of programmes for disaster management (CHF 715,840), health and care (CHF 145,202), organizational development (CHF 591,968), principles and values (CHF 152,160), and coordination (CHF 298,103).

**Partners and donors are encouraged to contact the IFRC [Asia Pacific zone office](#) within the next 30 days if they have any queries or require clarification regarding this reallocation.**

**Summary:** The final report gives an overview of the overall efforts and activities of the Indonesian Red Cross (Palang Merah Indonesia/PMI), supported by IFRC and partner national societies, in its response to the West Sumatra earthquakes, which occurred on 30 September and 1 October 2009. The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages, with an estimated 2.5 million people living in the five most affected districts.

Between October 2009 and January 2010, PMI supported affected communities with food and non-food relief items, health and care, water and sanitation as well as temporary shelters. In the emergency phase, search, rescue, and restoring family links activities were also carried out. The total tonnage of relief items distributed is estimated at 917 tonnes, with 27 tonnes distributed by air.

**Table 1. Completion of activities during emergency relief in West Sumatra**

Activities	People reached	Completion date
Relief distribution	28,000 families	31 December 2009
Mobile health clinics	9,300 people	31 January 2010
Psychosocial support activities	3,400 people	
Water treatment	35,500 people	30 November 2009

The emergency shelter cluster was activated in Padang and IFRC was assigned as the lead agency. In addition to distributing emergency shelter items, such as tents, toolkits and tarpaulins, PMI and Red Cross Red Crescent Movement partners were committed to providing a more substantial shelter solution to affected families in the districts of Kota Padang, Padang Pariaman, Kota Pariaman, Pesisir Selatan and Agam. A transitional shelter design was developed following consultation with the affected communities, universities in Padang and local government. In the Padang operation, these structures were referred to as *t-shelters*. By 10 November 2009, the first *t-shelters* were successfully completed in Padang Pariaman, in the villages of Sintuk and Sungai Rambai, and up to 6,327 families in four of the five affected districts had been identified to receive transitional shelter support by the end of January 2010.

While emergency relief activities were prioritized, longer-term recovery activities were also developed by the Movement. The government of Indonesia announced 1 November 2009 as the start date of the recovery phase. The emergency phase was declared over at the end of November 2009.

West Sumatra response activities were completed as planned on 31 September 2010 and reached all programme targets for temporary shelter, water and sanitation renovated facilities, psychosocial support services (PSS), hygiene promotion and community outreach. A total of 8,017 *t-shelters* were completed. PMI procured and distributed 300,000 corrugated zinc sheets to all transitional shelter beneficiaries for roofing or other purposes from March until July 2010.

Meanwhile, in responding to the September 2009 earthquake in West Java, 2,468 *t-shelters* were completed with contributions from Palang Merah Indonesia, Netherlands Red Cross, Spanish Red Cross and IFRC.

The extension of activities of the West Java programme to replace and dispose of asbestos roofing sheets on PMI shelters, supported by a public awareness campaign, was implemented as follow-up to a key recommendation of the midterm review. In addition, an instructional video as a visual guideline on how to replace and dispose of asbestos in a responsible way has been produced. A volunteer story booklet was published, reflecting valuable experiences of volunteers in the field.

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 and donors 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.

The earthquakes caused widespread destruction and triggered landslides that wiped out entire villages. Figures provided by the vice-governor of West Sumatra indicated that up to 1,195 people had died and another 1,798 were 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 estimated figure of 135,483). Other damaged infrastructure included schools, hospitals, health centres, urban water networks, roads, and health centres. About 80 government buildings were destroyed, badly affecting local administration. More than 2.5 million people are estimated to be living in the five most affected districts of West Sumatra, with Kota Padang and Padang Pariaman being the hardest-hit areas, where some 80 per cent of infrastructure was damaged.

With international support, the government established a recovery coordinating body to ensure effective and collaborative implementation of support programmes. The Government of Indonesia's action plan for the rehabilitation and reconstruction of post-earthquake areas in West Sumatra was issued in Indonesia in December 2009.

Prior to the West Sumatra earthquake, on 2 September 2009, West Java was hit by a 7.3 magnitude earthquake. Some 51,235 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 were met by the humanitarian sector

## Red Cross and Red Crescent action

### Emergency relief

#### West Sumatra

Working with Red Cross Red Crescent Movement partners, PMI provided recovery assistance through continued relief distributions of non-food items, the provision of transitional shelter, integrated water and sanitation and health care services, and psychosocial and logistical support.

While emergency relief activities were prioritized, longer-term recovery interventions were also developed by the Movement. The plan identified the provision of temporary shelter as a key need and an area where PMI could bring its experience to bear. Integrated and alongside the provision of transitional shelter was the provision of health promotion, psychosocial support services (PSS), water and sanitation, hygiene promotion activities and a public outreach programme.

PMI, supported by IFRC and partner national societies carried out the transitional shelter programme in coordination with local government. Memorandums of understanding were signed between PMI and respective *Bupati* (heads of district).

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 would

be subject to change based on actual community needs identified. Below is the allocation of shelter built by PMI and its Red Cross Red Crescent partners:

**Table 2: List of donors for the transitional shelter programme plan in West Sumatra**

<b>Red Cross Red Crescent partners</b>	<b>No. of <i>t-shelters</i> planned</b>	<b>Location – name of district</b>
IFRC	8,000 units (of which 500 units in Kota Pariaman, earmarked by Australian Red Cross)	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

Qatar Red Crescent, which joined the operation bilaterally at a later stage, undertook to support PMI with a further 2,500 shelters in three districts: Agam, Kota Pariaman and Pesisir Selatan. It was planned that the existing transitional shelter design already adopted would also be used by the Qatar Red Crescent. The Qatar Red Crescent programme finished in May 2011, with a completion of 2,476 *t-shelters* as per the identified number of beneficiaries.

From the West Sumatra midterm review, it was found out that the IFRC health and care programme was carried out in support of PMI's mobile health clinic activities and were greatly needed and highly valued in the immediate aftermath of the disaster. As part of the integrated approach of the programme, basic hygiene promotion activities were conducted in villages that also received shelter assistance. A more intensive hygiene promotion programme was conducted in schools. Owing to budget and time limitations in the initial appeal, water and sanitation hardware (latrines and water sources) has been limited to the rehabilitation of existing structures in villages and schools equally spread across five districts. A community outreach programme focused increasingly on strengthening accountability to the assisted population, ensuring they are fully aware of the assistance being offered, how this is being provided, and are able to raise questions or complaints confidentially.

The Indonesian government announced in February 2010 a permanent shelter support 'cash stimulus' programme for the seven affected districts. In five of these districts, PMI was also active. Consequently, as many as 40 *t-shelters* in Kota Padang were only at 80 per cent of completion. This is because beneficiaries stopped their construction work until they received the government's cash stimulus grant to complete their *rumah tumbuh* (growing house).

PMI has vast experience in responding to earthquakes and has drawn on its extensive resources of trained staff and volunteers as well as pre-positioned resources, all of which have provided a basis for quick and effective response. Over 300 staff and volunteers from local, provincial and national levels worked in this operation. In addition to volunteers, many of the staff have been involved in capacity building training in first aid, disaster management, disaster risk reduction, search-and-rescue and health, and were on-site within hours after the earthquakes to strengthen local volunteer capacity with immediate life saving and emergency response activities. 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.

In support of the PMI volunteers involved in the operation in West Sumatra, Italian Red Cross provided a volunteer camp, which provided much-needed expedient living quarters. In the early stage of emergency operations, PMI flew in a 36-member team from Jakarta to Padang to support the emergency response.

#### *Search-and-rescue*

Within hours after the earthquake struck, PMI's West Sumatra chapter mobilized staff and volunteers to the hardest-hit urban locations, forming search-and-rescue teams working with personnel of the Indonesian army and police. In the first week of operations, search-and-rescue teams assisted with the retrieval of bodies and the evacuation of the injured to nearby hospitals and health posts, while providing first aid to those with minor injuries.

### *Assessment*

PMI deployed assessment teams in Kota Padang, Kota Pariaman, Pesisir Selatan, Padang Pariaman and Agam district. These assessments, including (helicopter) aerial grid referencing, were a dynamic process building on prior knowledge, 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.

### *Relief distributions*

Through national, bilateral and multilateral support, PMI dispatched relief items. Airlifts ensured that 800 families in remote areas, not accessible by land, were reached. Several partner national societies, including Netherlands Red Cross, French Red Cross and American Red Cross, supported the distribution of relief items through bilateral arrangements with PMI. Monitoring of the relief distribution activity was carried out in line with the Red Cross Red Crescent commitment to ensure community input into programme design, plans and implementation.

### *Emergency health and care*

PMI's medical action teams (MAT) were mobilized by PMI West Sumatra, Riau, Lampung, and PMI Bogor Hospital, together with local volunteers to provide emergency health services to affected communities. PMI, with IFRC's support, also conducted a medical service using a helicopter to Padang Pariaman district areas, providing medical relief to remote and inaccessible villages.

### *Psychosocial support*

PMI's psychosocial support programme (PSP) team mobilized quickly in the aftermath of the disaster. The PSP team reached out to communities with various socialization activities, including games, singing and theatre with children.

### *Water and sanitation*

The PMI emergency response team worked closely with American Red Cross, Spanish Red Cross and IFRC to produce potable drinking water each day and transported water-to-water points installed around Kota Padang using PMI trucks.

### *Hygiene promotion*

Hygiene promotion activities were being conducted in close collaboration with health and relief teams. Distribution of hygiene kits, jerry cans and mosquito nets was accompanied with hygiene promotion messages, delivered by trained PMI volunteers.

### *Shelter*

The emergency shelter cluster was activated in Padang and IFRC assigned as the lead member. In addition to distributing emergency shelter items, PMI and Movement partners were actively involved in the development of shelter plans. Following the decision to adopt the transitional shelter approach successfully implemented in the Yogyakarta and West Java earthquakes operations, PMI and the partner national societies involved engaged in an active dialogue with local government authorities and other stakeholders to provide transitional shelters (referred as *t-shelters* in Padang) to the communities. Four shelter design options, based on the material used such as bamboo, coconut wood, salvaged wood, or a combination of these materials, were considered and models were constructed in partnership with a local university in Padang. Speed and ease of construction, and availability and cultural acceptability of materials by local communities were the key factors in selecting the final design.



Temporary shelter in West Sumatra. (Photo: IFRC)

### Logistics

The British Red Cross logistics emergency response unit (ERU) functioned from early October to early December 2009 supporting PMI and IFRC personnel already on the ground. A mobilization table was made available and updated regularly on the Disaster Management Information System (DMIS) for international mobilization.

### Restoring family links (RFL)

The PMI RFL team, supported by a joint ICRC-Swedish Red Cross project supervisor and operational since 2 October, assessed the needs for tracing during the evacuation. They offered free satellite phone calls from the PMI chapter to persons looking for their relatives.

### Communications – advocacy and public Information

Domestic and global media interest in this emergency was extremely high, with some 287,000 media impressions registered on the web for this operation over a ten-day period. A steady flow of materials, such as web stories, was maintained on IFRC and PMI websites. Photographic materials were shared with partner national societies. An IFRC communications delegate maintained a daily aid worker's diary for BBC Online. Updates were shared with the IFRC's country office in Jakarta and all Movement partners.

### Organizational development

Focus was also on building stronger branches and human resource capacities within PMI at the local level. An external capacity development consultant familiar with IFRC development processes was deployed to support the Padang chapter in the early stages of its overall recovery programme planning to ensure that all activities leave behind a well-functioning branch at volunteer, member, governance and staff levels, with refreshed and effective systems, plans and procedures.

### West Java

PMI worked with the provincial government of West Java to respond to the 2 September 2009 earthquake. A total of 79 people were reported dead, with another 159 seriously injured. At least 88,636 people were displaced. At that stage, the emergency assistance from the government and PMI were sufficient and therefore, international aid was not needed. After two months, further recovery needs were identified through a needs assessment conducted by PMI. As a result, the earthquake operation in West Java was incorporated in the emergency appeal.

Table 3. Number of houses damaged in West Java

Description	Number of houses
Houses destroyed	23,267
Houses severely damaged	51,235
Houses damaged	67,969

Damage was recorded in nine districts – West Bandung, Tasikmalaya, Sukabumi, Bogor, Cianjur, Garut, Banjar, Ciamis and Purwakarta – and three municipalities – Bandung, Tasikmalaya and Sukabumi. Of these, the largest concentrations were in Bandung and Tasikmalaya, but pockets of severe damage were spread over a very wide area.

PMI began its response from the first day, mobilizing over 400 volunteers from ten different branches, and from beyond West Java. Assessments and evacuation began immediately; emergency distributions of tents, tarpaulins, food and non-food items began from 4 September with communal kitchens set up in several sites.

PMI subsequently set up health services in several locations, and provided psychosocial support (PSP) to the survivors and family reunion activities (through RFL).

Early in the response, PMI decided to implement a transitional shelter programme, 'Rumah Bambu' (bamboo house). This decision was then supported by IFRC and other Red Cross Red Crescent Movement members who sought funding and became donor



In West Java, construction with bamboo is still widely practised, both for framing of livestock pens, temporary buildings and restaurants. The use of woven bamboo sheeting remains common for both internal and external walls in rural or poorer housing. (Photo by: IFRC)

partners.

The first stage of the *Rumah Bambu* programme, involved building a total of 23 prototype shelters in four different locations across West Java, with the intention that these would serve as training models for a larger programme to be implemented across the province. Initially, it was expected the scope would be limited to 500 shelters, concentrated around the Pangalengan area.

## Early recovery

### West Sumatra

The recovery programme located in the five worst-affected districts of West Sumatra (Kota Padang, Kota Pariaman, Padang Pariaman, Pesisir Selatan and Agam) was devised to address all functional needs of the affected communities.

In Indonesia, long-term risk reduction programming by PMI clearly places it as an organization central to a community's structure and sense of security. Earlier cooperation with many partner national societies specifically on risk reduction has built significant capacity among many PMI volunteers as well as community members. Using this as a foundation for recovery programming and drawing from other parts of Indonesia where similar risk reduction programming has built volunteer capacities, PMI spearheaded its recovery programme with *t-shelters*, as an identified key first step in supporting community capacities to 'bounce back', to improve their living conditions and to restart their economic activities. As a community-based programme, groups of people at the neighbourhood level, worked together to prioritize, plan, procure, build and account for funds delivered through local banks to them for the construction of *t-shelters*. The process was facilitated by PMI volunteers specially trained in *t-shelter* construction and administration of funds allocated to communities. The support provided by the volunteers optimized people's participation and ensured that the groups manage their activities and budgets effectively and transparently. The programme was implemented as per *the Technical Guide for Temporary Shelter Programme Implementation for West Sumatera 2009* and the community-driven *t-shelter* guidelines and forms developed in the Yogyakarta and West Java earthquake responses. The transitional shelter component of the recovery programme was overall supported both by multilateral and bilateral partnerships with PMI.

Putting the most-needed transitional shelters at the central point, the recovery operation attempted to achieve further integration with other sectors, applying sectoral interventions as required and determined by communities. However, despite the best of intentions, there were no multi-sector integrated assessments, planning and delivery of services. The focus of health and water and sanitation initiatives was on health promotion and education to prevent outbreaks of communicable diseases such as diarrhoea and upper respiratory tract infections. Repairing and cleaning wells and sanitation facilities took place where required. Appropriate interventions were undertaken where there was an identified water and sanitation and hygiene related health risk. Psychosocial support focused on identified communities and schools in the affected areas.

PMI also supported the identified need in relation to the provision of material and information regarding safe building practices to ensure those shelters were built to a certain standard, but much of the material also relates to safe practices in the construction of permanent buildings.

The response required a strong workforce, and along with IFRC, PMI made all efforts to maximize the in-country experience that has been developed over the past few years through a convergence of trained volunteers from other chapters, the provision of appropriate staff on loan from other PMI offices, and the recruitment of contracted specialist workers to resource the operation.

To support the empirical evidence obtained through evaluations of earlier operations, IFRC initiated research into the role of social capital in disaster response. The research focused on the opportunity to capture new learning on how community dynamics affect disaster response and recovery. In addition, understanding these dynamics and in particular, the social network, IFRC may be able to identify opportunities for improvement in risk reduction work and future emergency responses. Recommendations of the study highlight bonding social capital (networks between communities and individuals), bridging social capital (networks between communities and organizations) and linking social capital (networks between communities and government). The report further recommends tapping into local indigenous knowledge among the national society staff and volunteers and to conduct social capital assessments (or revise the existing vulnerability and capacity assessments - VCA) in current recovery programmes to adjust, as necessary, programme design. In addition to the above study, a real-time evaluation was carried out.

Building on lessons learnt from the tsunami and the Yogyakarta earthquake operations, IFRC and partner national societies worked together to improve operational efficiencies and build on organizational strengths and support the development of PMI.

The Red Cross Red Crescent Movement's [early recovery plan](#) was developed as an integrated approach addressing the provision of shelter, water and sanitation, PSS and disease prevention or health promotion. While the transitional shelter programme focused on the delivery through the community involvement process, it also strived to build community structures. Beneficiaries elected a three-member committee in their community, which received money to procure materials after submitting a cash request. Through this 'cash-grant' process, the community authorized the community finance committee to act on behalf of beneficiaries, making sure it is accountable for expenditures and reporting back to the community. The concept of community-driven recovery was chosen in order to build capacity within the community. This process was supported by a beneficiary communications programme ensuring lines of communication were kept open between PMI chapters and branches to the beneficiaries and vice-versa.

The same beneficiaries for the shelter programme were targeted for a variety of preventive, curative and/or referral health services, reducing community health risks and; thereby, reducing their vulnerability. A PSS programme was implemented and introduced to students and teachers.

PMI volunteers disseminated information to households about water and sanitation-related diseases through health promotion campaigns. In the remaining communities, the *t-shelter* beneficiaries were provided with health promotional materials, such as posters. Following the participatory hygiene and sanitation transformation (PHAST) methodology, the communities were actively involved in the design of water/sanitation and health promotion programmes. Complementing the software side of the programme, hardware interventions such as the renovation of latrines and wells were implemented in the communities and schools in conjunction with the transitional shelter programme.

However, the capacities of PMI chapters and branches were limited due to minimal response and programme experience in the past. Some districts did not have a branch in the past, and these were only established in response to the West Sumatra earthquake. In addition, this was effectively the first time a PMI chapter has led a large-scale multi-lateral response programme as instructed by the PMI headquarters in Jakarta. The Padang chapter had so far only been involved in small-scale bilateral development programmes such as the community-based disaster preparedness (CBDP) project supported by Danish Red Cross, and a community awareness programme by French Red Cross.

In order to strengthen capacity and partnership, weekly technical meetings were organized between representatives of branches, chapters, IFRC and bilateral partner national societies, often attended by volunteers, to better coordinate joint efforts of the recovery programme. The meetings were chaired by the chapter. IFRC and partner national society project and finance officers provided support and guidance to chapter and branch staff to build capacity and confidence in various fields such as the delivery of cash grants to facilitate shelter construction, technical support for shelter construction, logistics, psychosocial support, hygiene promotion and community outreach. On-the-spot assistance was also given in special cases that required direct attention or solutions.

Building sustainable capacity within the board, management, staff and volunteers of the PMI chapter and branches, discussions with French Red Cross, Canadian Red Cross and American Red Cross have resulted in synchronizing longer-term development plans with the operation's exit planning. As a result, an integrated community-based risk reduction (ICBRR) organizational development/capacity building (OD/CB) programme supported by Canadian Red Cross, French/Netherlands Red Cross and by American Red Cross is presently being implemented in three different branches in West Sumatra province.

### **West Java**

Affected by the 2 September 2009 earthquake, Bandung was one of the districts in West Java with the largest recorded number (15,538) of houses severely damaged or completely destroyed. Kecamatan Pangalengan was 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, disaster preparedness in villages and disaster preparedness in schools.

The PMI-led programme received support from IFRC, Netherlands Red Cross (NLRC) and Spanish Red Cross (SRC), with NLRC receiving funding from the European Commission Humanitarian Aid and Civil Protection (DG ECHO) for its programme, while IFRC received funds as part of the larger West Sumatra international appeal. The *rumah bambu* (bamboo house) programme commenced initially with shelters being funded by PMI themselves from their own resources.

Funding through the donor Red Cross partners flowed at different times, with the first Netherlands Red Cross-funded shelters commencing in January 2010 after DG ECHO funds were received; Spanish Red Cross in June 2010 (following a request made to Spanish Red Cross to allow NLRC's DG ECHO funding to be spent first, before the May 2010 deadline), and finally, IFRC in July 2010.

**Table 4: List of donors for transitional shelter programmes in West Java**

Donor	Number of <i>t-shelters</i> (unit)	Allocation
Netherlands Red Cross	437	five districts
Spanish Red Cross	798	five districts
IFRC	169	Cianjur
	250	50 in Kabupaten Bandung, 150 in Cianjur, and 50 in Bandung Barat
PMI	814	
<b>Total</b>	<b>2,468</b>	

The extension of activities of the West Java programme, in order to replace and dispose of asbestos roofing on PMI shelters, supported by a public awareness campaign, were implemented as follow-up to a key recommendation of the midterm review report. A volunteer story booklet has been produced to reflect on valuable experiences of volunteers in the field. Up to 500 copies were distributed to stakeholders

## Achievements against outcomes

Relief distribution	
<b>Objective:</b> 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 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"> <li>Recruit and mobilize PMI staff and volunteers.</li> <li>Conduct rapid emergency needs and capacity assessments.</li> <li>Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>Mobilize British logistics ERU</li> <li>Setup of adequate and effective internal coordination within Movement partners</li> <li>Mobilize relief supplies from pre-positioned stocks in-country and the Asia Pacific zone regional logistics unit regional warehouse, supplemented by additional local/regional procurement.</li> <li>Provide technical and financial assistance to PMI relief, warehousing and transport activities.</li> <li>Monitor and evaluate the relief activities and provide daily and overall reporting on distributions to ensure accountability to</li> </ul>

	<p>donors. Submit reports to donors.</p> <ul style="list-style-type: none"> <li>• Provide relief/logistics training to the PMI West Sumatra branches that were not affected by this disaster, as part of organizational development</li> </ul>
--	--

**Impact:** In West Sumatra, more than 29,360 families have been reached with non-food items while a further 39,711 were assisted with limited food and non-food items. 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](#).

<b>Shelter</b>	
<b>Objective:</b> Up to 40,000 households are assisted with adequate transitional shelter and up to 8,000 shelters constructed in West Sumatra; up to 10,000 households are assisted with adequate transitional shelter and up to 2,000 shelters constructed in West Java	
<b>Expected results</b>	<b>Activities planned</b>
<p>Improved shelter conditions which are more resilient to future natural disasters for affected families with severely damaged and destroyed houses.</p>	<ul style="list-style-type: none"> <li>• Analysis based upon ongoing needs and capacity assessments to determine the extent of the shelter needs and preferred shelter solutions.</li> <li>• Develop community self-directed targeting strategy and registration system to deliver intended assistance, prioritizing the most vulnerable in selected communities.</li> <li>• Support formation of community management teams to monitor funds for community-built shelters using cultural practices that highlight working together.</li> <li>• Identify shelter solutions to suit the local context that are culturally appropriate.</li> <li>• Promote safe and durable shelter construction through the provision of technical assistance and guidance to all involved in the shelter activities.</li> <li>• Reproduce and distribute safe building practice materials (information, education and communication).</li> <li>• Support, as appropriate, additional needs for identified individual households.</li> <li>• Monitor, coordinate and evaluate the shelter programme.</li> <li>• 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.</li> </ul>

**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 constructed shelters, 40 were only partially completed as the beneficiaries stopped construction work to wait for the cash stimulus grant from the government to repair their damaged houses.

A beneficiary and volunteer satisfaction survey was implemented, funded by Japanese Red Cross Society. The survey stated that 90 per cent of the respondents were satisfied with technical assistance and information provided by PMI. Up to 95 per cent of the respondents mentioned they felt safe in their shelters -- 100 per cent in Padang Pariaman and 96 per cent in Kota Pariaman. A number of beneficiaries in Kota Pariaman and Padang Pariaman also mentioned they used both their shelter and their original house, but they slept in the shelter as a "safe-house", especially at night for children.



The *rumah tumbuh* programme allowed families to use IFRC funds to repair their existing houses rather than building the prescribed t-shelter, and was based on the perception that most affected families in denser urban environments did not have space on which to build a separate shelter. (Photo: IFRC)

In West Java, 2,468 t-shelters were completed by PMI, exceeding the initial target of 2,000 families. A camp for internally displaced persons (IDPs) at Sukamanah in the Pangalengan district of West Java was established and housed more than 400 families 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 other land provided by the local government was not suitable for them. They insisted on staying in their present IDP location, anticipating that ownership of the land would be granted in future by the government.

Subsequently PMI and IFRC agreed that the programme for re-locating IDPs would be redirected to re-location of households from high risk areas (due to landslides) in Bandung, Cianjur and Bandung Barat districts as the humanitarian need was considered imperative.

### Asbestos

Extension of activities of the West Java programme, to replace and dispose of asbestos roofing on PMI shelters, supported by a public awareness campaign, was a follow-up to a key recommendation of the midterm review report. In July 2011, asbestos roofing sheets from 60 PMI t-shelters were removed and replaced by roof tiles in Ciamis and Bandung districts with the support of more than 100 PMI volunteers following a workshop and a pilot project to familiarize staff and volunteers with the issue of asbestos and its dangerous health risks worldwide. The asbestos sheets were disposed of accordingly. At the same time, a public awareness campaign was launched, reaching more than 1,080 people with 6,000 posters, 1,200 leaflets, 28 banners and 180 T-shirts distributed during community consultation sessions.

In addition, an instructional video as a visual explanation of how to replace and dispose of asbestos in a responsible way has been produced. International guidelines on asbestos have been translated into *Bahasa Indonesia* and published on the website of the Shelter Centre.

A volunteer story booklet has been produced to reflect on the valuable experiences of volunteers in the field. 500 copies were distributed to stakeholders

Health and care	
<b>Objective:</b> 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 deaths in hardest hit areas are reduced, enabling community members to participate in recovery activities.	<ul style="list-style-type: none"> <li>Support PMI in establishing emergency health posts and/or mobile health clinics to serve hard-to-reach areas and meet gaps in health services.</li> <li>Mobilize PMI first aid using helicopters and ambulance services to meet the emergency health/medical needs.</li> <li>Provide psychological support to the traumatized population and</li> </ul>

	<p>volunteers where appropriate.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<p>The resilience of the community is improved through better health awareness, knowledge and behaviour.</p>	<ul style="list-style-type: none"> <li>• Update/mobilize community-based volunteers on health/hygiene promotion and disease prevention according to identified priority needs.</li> <li>• Reproduce and distribute health education/information, education and communication (IEC) materials.</li> <li>• 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).</li> <li>• Distribute essential health supplies to reinforce health promotion/disease prevention campaigns, ex. mosquito nets.</li> <li>• 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.</li> <li>• Undertake in-depth assessments of ongoing needs in identified locations and support as appropriate.</li> <li>• 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.</li> </ul>
<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"> <li>• Consult with communities and volunteers to determine appropriate responses – stand alone or mainstream and/or integrated into other programmes and services.</li> <li>• 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.</li> <li>• 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).</li> <li>• Integrate psychosocial support with ongoing recovery programmes (such as within shelter programme) as well as within existing PMI programmes.</li> <li>• 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.</li> </ul>

**Impact:** In West Sumatra, 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. All activities 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 latrines were rehabilitated. 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 for the communities who received *t-shelters*, as these activities were integrated with the

shelter activities. To complement the hygiene promotion, 2,468 families also received hygiene kits. 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.

<b>Organizational development</b>	
<b>Objective:</b> 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.	
<b>Expected results</b>	<b>Activities planned</b>
The coordinated mobilization of local spontaneous volunteers has built short medium and long term branch capacities.	<ul style="list-style-type: none"> <li>• Conduct rapid volunteer mobilization and orientation in affected areas.</li> <li>• Conduct support activities for volunteers including weekly peer support meetings to address stress and psycho-social issues.</li> <li>• Develop and maintain a volunteer database registering skills and availability.</li> <li>• Implement a volunteer insurance scheme in keeping with the IFRC's global volunteer insurance scheme.</li> </ul>
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"> <li>• Existing branch financial management and reporting systems are scaled up to efficiently report on scaled up resources.</li> <li>• Management information systems are strengthened at branch level to enable effective decision making.</li> <li>• Reporting systems have been developed and followed.</li> </ul>
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"> <li>• 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.</li> <li>• Key messages from affected communities will be communicated by PMI to enable enhanced support from other responding institutions.</li> </ul>

**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 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

**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.

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"> <li>• Key audiences affected by this emergency and their common sources of and access to information are identified.</li> <li>• 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.</li> <li>• The inputs of affected populations are sought and incorporated into the planning, implementation, monitoring and evaluation of the process of this operation.</li> <li>• Special focus is given to identifying and communicating with potentially marginalized groups through methods that ensure their dignity.</li> <li>• 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.</li> </ul>

**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. Each community event was attended by approximately 200 to 400 people. Other ways to document Red Cross and Red Crescent activities in the field included production of an 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. These were also carried out and completed throughout the operation. In addition, a text message (SMS) feedback system for the beneficiaries was established from June 2010 to improve accountability and transparency of the operation. This remained open until August 2010. It is estimated that through the community outreach programme, approximately 80 per cent of the population in the five districts gained access to this facility.

In West Java, a booklet on volunteer personal experiences was produced for publication to raise awareness of valuable volunteer work in the West Java response programme. Campaign tools were developed to raise awareness on the serious health risks of asbestos and to engage community members in the replacement and disposal of asbestos roofing sheets. A pilot project with 60 volunteers from six districts has been implemented in Ciamis district to gain practical experience. These have been included in the extended planning of awareness activities in West Java such as workshops with drawing competitions for youth in schools. A network has been set up with WHO, UNICEF and Disaster Waste Recovery, organizations which have all made public statements on the risks of asbestos. As a result, it is expected that PMI and IFRC will develop a statement on asbestos as well.

In addition, an instructional video as a visual explanation of how to replace and dispose of asbestos in a responsible way has been produced and disseminated to approximately 26 PMI branches, 14 partner national societies and PMI national office. International guidelines on asbestos have been translated into *Bahasa Indonesia* and made public on the website of the Shelter Centre.

## Capacity of the National Society

As a direct result of the increase 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 among its branches. PMI chapters actively engaged in both West Sumatra and West Java operations included Aceh (NAD), North Sumatra, Riau, Jambi, Bengkulu, Lampung, Jakarta, Central Java, Nusa Tenggara Barat, Nusa Tenggara Timur, East Kalimantan and Northern Sulawesi.

Norwegian Red Cross has completed the construction of a regional warehouse for PMI in Padang in March 2011. Furthermore, the American, Canadian, and French Red Cross societies are preparing a longer term of

integrated community-based risk reduction (ICBRR) interventions in West Sumatra. The PMI/French Red Cross development programme is funded by Netherlands Red Cross. In addition, given the longer-term programming of the Canadian, Danish, French, and German Red Cross societies 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 PMI disaster risk reduction programming.

PMI has taken a first step in building shelter capacity by hosting a regional technical shelter training workshop in Bukit Tinggi, West Sumatra, for 25 participants from PMI, IFRC and partner national society staff in September 2010. Many of the PMI volunteer participating in this workshop were mobilized to West Sumatra (Mentawai) tsunami operations during the period November 2010 to May 2011. A determination is now required to establish whether PMI is to further develop this capacity and if so to what level. Policy and procedures commensurate with this capacity will also need to be developed to cover early recovery and more substantial involvement by the PMI in the recovery process.

PMI is also in the process of strengthening its logistics and storage network across the country presently having two central warehouses, seven regional warehouses, 33 emergency stock locations and 20 disaster preparedness containers including a central water and sanitation warehouse. PMI has a network of 33 provincial chapters, which coordinates 412 district branches nationwide. There are approximately 5,103 board members, 1,965 staff, 20,365 student volunteer members, 502,211 Youth Red Cross members and 16,472 professional volunteers trained with basic and specialized skills according to their individual capacity and potential.

The capacity of PMI in terms of programme resource is described in the following table:

<b>Disaster Management Services</b>	
Satgana members	36,837
Community-based action team (CBAT) members	4,318
<b>Health services in emergencies</b>	
Ambulance	310 unit
Volunteers trained in water and sanitation in emergencies	167
First aid trainers	152
Medical action team (MAT) members	149
Psychosocial support services (PSS) volunteers	141
<b>Social services</b>	
Malaria campaign volunteers	741
Volunteers for avian influenza	16,613
Community-based health and first aid (CBHFA) volunteers	4,365
<b>Restoring Family Links (RFL) Services</b>	
RFL chapter coordinators	33
RFL trainer masters	3
RFL assistant trainers	3
RFL specialized volunteers	205

### Capacity of IFRC

Following the 26 December 2004 tsunami that struck Aceh province, the 28 March 2005 earthquake under Nias Island, and the 27 May 2006 earthquake in Yogyakarta, IFRC's capacity to support PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong Movement presence in-country with 13 partner national societies (with approximately 21 experienced delegates and 109 national staff) and an IFRC country team comprising five delegates and 32 national staff who support PMI in its emergency and longer-term programming.

In support of the initial emergency response, the IFRC country office deployed locally based relief, logistics, disaster management, health, telecommunications, information, and reporting staff to support PMI for this operation. In addition, the Asia Pacific zone office in Kuala Lumpur reinforced the country office capacity

with communications, shelter and reporting representatives, a field and assessment coordination team (FACT) relief coordinator and an experienced organizational development consultant to assist PMI to plan to generate long-term capacities as an integrated aspect of the programme and within the overall exit strategies as well. The deployment of an Asia Pacific FACT member based in Kuala Lumpur supported the country office in providing much needed technical support.

---

## Contact information

**For further information specifically related to this operation, please contact:**

### IFRC Indonesia country office:

- Phillip Charlesworth, head of country office: mobile: +62 811 824 859, phone: +62 21 7279 3440; +62 21 7279 3446; email: [phillip.charlesworth@ifrc.org](mailto:phillip.charlesworth@ifrc.org)
- Wayne Ulrich, head of operations: mobile: +62 811 826 614, phone: +62 21 7279 3440; fax: +62 21 7279 3446; email: [wayne.ulrich@ifrc.org](mailto:wayne.ulrich@ifrc.org)

### IFRC Asia Pacific zone office, Kuala Lumpur:

- Al Panico, acting head of operations; email: [al.panico@ifrc.org](mailto:al.panico@ifrc.org)
- Heikki Väättämoinen, operations coordinator: phone: +603 9207 5729; mobile: +60 12 2307895; email: [heikki.vaatamoinen@ifrc.org](mailto:heikki.vaatamoinen@ifrc.org)
- Alan Bradbury, head of resource mobilization and PMER: phone: +603 9207 5775; fax: +603 2161 0670, email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org)  
Please send all pledges of funding to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org)



**Click here**

1. Go directly to see [final financial report](#).
2. Click [here](#) to return to the title page

---

## How we work

All IFRC 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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.

Selected Parameters	
Reporting Timeframe	2009/9-2011/10
Budget Timeframe	2009/9-2011/10
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>14,219,543</b>					<b>14,219,543</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>American Red Cross</i>	19,200					19,200
<i>Andorra Government</i>	15,076					15,076
<i>Andorran Red Cross</i>	7,449					7,449
<i>Australian Red Cross</i>	704,692					704,692
<i>Australian Red Cross (from Australian Government)</i>	553,608					553,608
<i>Austrian Red Cross</i>	29,720					29,720
<i>British Red Cross</i>	923,392					923,392
<i>British Red Cross (from British Government)</i>	1,722					1,722
<i>British Red Cross (from DFID - British Government)</i>	750,442					750,442
<i>China - Private Donors</i>	280					280
<i>China Red Cross, Hong Kong branch</i>	581,070					581,070
<i>China Red Cross, Macau branch</i>	15,000					15,000
<i>Credit Suisse Foundation</i>	33,236					33,236
<i>Estonia Government</i>	96,571					96,571
<i>Finnish Red Cross</i>	60,087					60,087
<i>Finnish Red Cross (from Finnish Government)</i>	109,563					109,563
<i>French Red Cross</i>	6,264					6,264
<i>Great Britain - Private Donors</i>	2,863					2,863
<i>IFRC at the UN Inc (from Kraft Foods Company)</i>	46,919					46,919
<i>IFRC at the UN Inc (from Mellon Bank)</i>	7,215					7,215
<i>IFRC at the UN Inc (from Motorola Foundation)</i>	20,004					20,004
<i>IFRC at the UN Inc (from Schering Plough)</i>	8,689					8,689
<i>IFRC at the UN Inc (from United States - Private Donors)</i>	2,489					2,489
<i>Irish Government</i>	226,449					226,449
<i>Irish Red Cross Society</i>	53,098					53,098
<i>Japanese Red Cross Society</i>	1,952,523					1,952,523
<i>New Zealand Red Cross (from New Zealand Government)</i>	205,234					205,234
<i>Norwegian Red Cross (from Norwegian Government)</i>	346,493					346,493
<i>Oman - Private Donors</i>	4,024					4,024
<i>On Line donations</i>	17,481					17,481
<i>OPEC Fund For International Development</i>	503,525					503,525
<i>Red Crescent Society of Islamic Republic of Iran</i>	70,700					70,700
<i>Red Cross of Monaco</i>	45,324					45,324
<i>Red Cross Society of China (from China - Private Donors)</i>	388					388
<i>Spanish Red Cross</i>	20,877					20,877
<i>Swedish Red Cross (from Swedish Government)</i>	725,090					725,090
<i>Switzerland - Private Donors</i>	850					850
<i>The Canadian Red Cross Society</i>	1,049,496					1,049,496
<i>The Canadian Red Cross Society (from Canadian Government)</i>	945,991					945,991
<i>The Netherlands Red Cross</i>	190,775					190,775

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Appeal Launch Date: 04 oct 09

Appeal Timeframe: 01 oct 09 to 31 aug 11

Final Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/10
Budget Timeframe	2009/9-2011/10
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>The Netherlands Red Cross Netherlands Government</i> (from)	377,758				377,758
<i>The Republic of Korea National Red Cross (from Republic of Korea - Private Donors)</i>	19,486				19,486
<i>United States Government - USAID</i>	87,827				87,827
<i>United States - Private Donors</i>	10,313				10,313
<i>VERF/WHO Voluntary Emergency Relief</i>	2,000				2,000
<b>C1. Cash contributions</b>	<b>10,851,252</b>				<b>10,851,252</b>
<b>Inkind Goods &amp; Transport</b>					
<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 Society</i>	783,447				783,447
<i>Spanish Red Cross</i>	378,645				378,645
<i>The Netherlands Red Cross</i>	858,796				858,796
<b>C2. Inkind Goods &amp; Transport</b>	<b>3,694,590</b>				<b>3,694,590</b>
<b>Inkind Personnel</b>					
<i>The Netherlands Red Cross</i>	63,360				63,360
<b>C3. Inkind Personnel</b>	<b>63,360</b>				<b>63,360</b>
<b>Other Income</b>					
<i>Fundraising Fees</i>	-4,442				-4,442
<i>Sales</i>	188				188
<b>C4. Other Income</b>	<b>-4,254</b>				<b>-4,254</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>14,604,948</b>				<b>14,604,948</b>
<b>D. Total Funding = B + C</b>	<b>14,604,948</b>				<b>14,604,948</b>
<b>Appeal Coverage</b>	<b>103%</b>				<b>103%</b>

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					<b>0</b>
<b>C. Income</b>	14,604,948					<b>14,604,948</b>
<b>E. Expenditure</b>	-12,701,675					<b>-12,701,675</b>
<b>F. Closing Balance = (B + C + E)</b>	1,903,273					<b>1,903,273</b>

International Federation of Red Cross and Red Crescent Societies  
MDRID004 - Indonesia - West Sumatra Earthquakes

Appeal Launch Date: 04 oct 09

Appeal Timeframe: 01 oct 09 to 31 aug 11

Final Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/10
Budget Timeframe	2009/9-2011/10
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>14,219,543</b>					<b>14,219,543</b>	
<b>Relief items, Construction, Supplies</b>								
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	266,907				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	524,812				524,812	-200,691	
<b>Total Relief items, Construction, Supplies</b>	<b>8,321,846</b>	<b>7,328,218</b>				<b>7,328,218</b>	<b>993,629</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles	113,688	96,702				96,702	16,986	
Computers & Telecom	71,114	71,113				71,113	1	
Office & Household Equipment	19,068	19,846				19,846	-778	
<b>Total Land, vehicles &amp; equipment</b>	<b>203,870</b>	<b>187,661</b>				<b>187,661</b>	<b>16,210</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	100,250	76,910				76,910	23,340	
Distribution & Monitoring	1,229,686	1,086,423				1,086,423	143,263	
Transport & Vehicles Costs	396,883	350,259				350,259	46,624	
Logistics Services	39,280	5,819				5,819	33,461	
<b>Total Logistics, Transport &amp; Storage</b>	<b>1,766,099</b>	<b>1,519,411</b>				<b>1,519,411</b>	<b>246,688</b>	
<b>Personnel</b>								
International Staff	522,033	471,970				471,970	50,062	
National Staff	739,563	626,225				626,225	113,339	
National Society Staff	312,095	315,079				315,079	-2,984	
Volunteers		64,398				64,398	-64,398	
<b>Total Personnel</b>	<b>1,573,691</b>	<b>1,477,672</b>				<b>1,477,672</b>	<b>96,019</b>	
<b>Consultants &amp; Professional Fees</b>								
Consultants	417,056	339,112				339,112	77,944	
Professional Fees	8,183	29,232				29,232	-21,049	
<b>Total Consultants &amp; Professional Fees</b>	<b>425,239</b>	<b>368,343</b>				<b>368,343</b>	<b>56,895</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	435,669	408,614				408,614	27,055	
<b>Total Workshops &amp; Training</b>	<b>435,669</b>	<b>408,614</b>				<b>408,614</b>	<b>27,055</b>	
<b>General Expenditure</b>								
Travel	117,350	107,742				107,742	9,608	
Information & Public Relations	72,095	54,642				54,642	17,453	
Office Costs	157,161	150,690				150,690	6,471	
Communications	46,263	40,400				40,400	5,863	
Financial Charges	98,527	115,158				115,158	-16,631	
Other General Expenses	153	153				153	0	
Shared Office and Services Costs	1,530	1,530				1,530	0	
<b>Total General Expenditure</b>	<b>493,079</b>	<b>470,315</b>				<b>470,315</b>	<b>22,763</b>	
<b>Depreciation</b>								
Assets Depreciation	3,111	2,852				2,852	259	
<b>Total Depreciation</b>	<b>3,111</b>	<b>2,852</b>				<b>2,852</b>	<b>259</b>	
<b>Contributions &amp; Transfers</b>								

International Federation of Red Cross and Red Crescent Societies

MDRID004 - Indonesia - West Sumatra Earthquakes

Appeal Launch Date: 04 oct 09

Appeal Timeframe: 01 oct 09 to 31 aug 11

Final Report

Selected Parameters	
Reporting Timeframe	2009/9-2011/10
Budget Timeframe	2009/9-2011/10
Appeal	MDRID004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>14,219,543</b>					<b>14,219,543</b>	
Cash Transfers to 3rd Parties	129,080	146,095				146,095	-17,015	
<b>Total Contributions &amp; Transfers</b>	<b>129,080</b>	<b>146,095</b>				<b>146,095</b>	<b>-17,015</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	867,859	753,558				753,558	114,301	
<b>Total Indirect Costs</b>	<b>867,859</b>	<b>753,558</b>				<b>753,558</b>	<b>114,301</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		38,037				38,037	-38,037	
Pledge Reporting Fees		900				900	-900	
<b>Total Pledge Specific Costs</b>		<b>38,937</b>				<b>38,937</b>	<b>-38,937</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>14,219,543</b>	<b>12,701,675</b>				<b>12,701,675</b>	<b>1,517,868</b>	
<b>VARIANCE (C - D)</b>		<b>1,517,868</b>				<b>1,517,868</b>		

