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# Emergency appeal final report

## Indonesia: Java eruption, Sumatra earthquake and tsunami



International Federation  
of Red Cross and Red Crescent Societies

### Final report

#### Emergency appeal n° MDRID006

#### GLIDE n° [EQ-2010-000213-IDN](#) & [VO-2010-000214-IDN](#)

#### 30 September 2011

**Period covered by this final report:**  
25 October 2010 to 30 June 2011

**Appeal target (current):** CHF 5,038,981

**Appeal coverage:** To date, the appeal is 61 per cent covered in cash and kind.

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

#### Appeal history:

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



Relief assistance during Merapi eruption response in Central Java and Yogyakarta province have covered between 25,000 to 100,000 people with the distribution of relief materials as well as the provision of field kitchen which served meals twice a day for these people. (Photo by Talchah Hamid/PMI)

Most of the activities under this appeal were implemented over six months. However, an extension of the appeal to the end of June 2011 was made to ensure that all activities were properly completed. With this final report, this emergency appeal is closed as implementation of all activities has been carried out as planned. This emergency appeal received a total income of CHF 3,091,118 and expenditure is CHF 2,814,292. Remaining un-earmarked balances<sup>1</sup> will be reallocated towards building capacity, supporting lessons learnt and maximizing good practices in disaster management, especially for individuals and supporting mechanisms used in Merapi and West Sumatra during the emergency.

**Partners and donors are encouraged to contact the Asia Pacific [zone resource mobilization unit](#) within the next 30 days for further clarification on this reallocation, if needed.**

**Summary:** Over eight months of operations, the Indonesian Red Cross/PMI have served 100,000 displaced individuals from Boyolali, Magelang and Klaten districts in Central Java province and Sleman district in Yogyakarta province. During the first few weeks, 30,000 people living in evacuation centres received sufficient basic needs and adequate food nutrition through the provision of relief and emergency food

<sup>1</sup> The remaining balance figure continues to fluctuate due to foreign exchange rates, pending the settlement of unpaid pledges.

kitchens by PMI. Approximately 25,000 people benefited from the distribution of emergency materials, which included facemasks, sleeping mats, hygiene kits, blankets, baby kits, mosquito nets, toiletries and food parcels. Meals for these people were also provided twice a day.

PMI volunteers were mobilized to help distribute the relief items and food and provide instruction about the safe use of water and hygiene practices. In total, PMI distributed relief items to 14,014 beneficiaries in Central Java and 16,495 to beneficiaries in Yogyakarta. Shovels and hoes were also distributed to help families to clean volcanic ash away from their houses.

In West Sumatra, relief materials were provided to 2,580 of the 3,750 target individuals directly affected by earthquake and tsunami in the Mentawai Islands. Emergency plastic sheeting was also distributed to provide additional shelter from intermittent heavy rain squalls and shade from the sun while more permanent shelter options were identified. Solar lights were also issued to provide light at night.

In responding to a request from the local government of Mentawai Islands to contribute to early recovery, PMI conducted initial assessments that identified 516 families, which were provided shelter options in four new relocation sites in South Pagai Island.

The shelter programme was later implemented through a participatory approach, which was led by a construction committee from the involved communities. Many families moved to live with relatives and friends and others were provided tents as temporary accommodation until PMI had completed the construction of 516 t-shelter homes for them.

The following partners who have contributed to the appeal: American Red Cross, British Red Cross, Canadian Red Cross/Canadian government, Danish Red Cross/Danish government, Icelandic Red Cross, Iranian Red Crescent, Japanese Red Cross Society/Japanese government, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/ New Zealand government, Norwegian Red Cross/Norwegian government, Republic of Korea Red Cross, Swedish Red Cross, and United Arab Emirates Red Crescent. Contributions were also received from the Australian government, Voluntary Emergency Relief Fund (VERF)/World Health Organization, the corporate sector and other private donors. Bilateral partners supporting PMI include American Red Cross, Danish Red Cross, Hong Kong branch of Red Cross Society of China, Italian Red Cross, Spanish Red Cross and Red Crescent Society of the United Arab Emirates.

On behalf of Indonesian Red Cross, IFRC wishes to thank all the partners for their invaluable support towards this appeal.

## The situation

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

**Table 1: List of casualties from the Indonesia's twin disasters on October 2010**

Disaster events	Casualties	25 October 2010 <sup>2</sup>	1 – 5 November 2010 <sup>3</sup>
Merapi volcano eruption	People died	34	194
	People displaced	70,000	360,557 in 572 locations
	People injured		577
Mentawai earthquake and tsunami	People died	500	
	People displaced	11,000	

In responding to the volcano eruption, there have been 15 non-governmental and international non-governmental organizations assisting the government with health services, water and sanitation, education and basic needs in Magelang, Boyolali and Sleman districts. Within the Red Cross Red Crescent societies, PMI led the planning and implementation of the operation with its partners, while IFRC provided support and assistance to the Mt. Merapi eruption operation and led the coordination with Red Cross Red Crescent partners and external international organizations. In Mentawai, 43 humanitarian organizations and non-government organizations presented to deal with the emergency response but only seven continued into the early recovery phase. (Refer to the [Operations Update no. 4](#) for more detailed information on the situation.)

## Red Cross and Red Crescent action

### Overview

With the assistance of the national headquarters, PMI chapters and district offices in Central Java and Yogyakarta responded to the Merapi eruption and PMI West Sumatra chapter responded to the earthquake and tsunami in Mentawai.

### Mt. Merapi eruption

At the earliest stage of the response, PMI aimed to assist up to 25,000 individuals through evacuation, initial needs assessment and the provision of emergency relief. However, due to the large numbers of people being displaced, PMI increased its capacity to serve more than 25,000 individuals from the Central Java and Yogyakarta provinces. After the assessment, with support from Red Cross partners and IFRC, the emergency appeal was launched with the aim of assisting 25,000 individuals with food and non-food items; 100,000 people with access to clean water and sanitation facilities; and 30,000 people with emergency health and care.

**Table 2: IFRC supported activities in Central Java and Yogyakarta (26 October 2010 – 30 April 2011)**

No. PMI volunteers	Period	Assistance in Central Java and Yogyakarta provinces	Overall number of people reached
398	26 Oct – 12 Nov 2010	<ul style="list-style-type: none"> <li>• Relief items distribution:               <ul style="list-style-type: none"> <li>○ 5,000 sweet bread</li> <li>○ 60,000 eggs</li> <li>○ 1,377 bottles of mineral water</li> <li>○ 65,000 face masks</li> <li>○ 3,028 sleeping mats</li> <li>○ 783 hygiene kits</li> <li>○ 1,058 blankets</li> </ul> </li> </ul>	25,000 people
800	12 Nov 2010 – Feb 2011	<ul style="list-style-type: none"> <li>• Field kitchen</li> <li>• Psychosocial support service</li> <li>• Water and sanitation and hygiene promotion</li> <li>• Emergency health care</li> </ul>	100,000 people
123	Feb – April 2011	<ul style="list-style-type: none"> <li>• Field kitchen</li> <li>• Psychosocial support service</li> <li>• Emergency health care</li> <li>• Water and sanitation and hygiene promotion</li> <li>• Relief items distribution:               <ul style="list-style-type: none"> <li>○ Over 30,000 shovels and hoes</li> <li>○ Approximately 8,000 water containers (cap 350 litres)</li> <li>○ Over 8,000 mosquito nets</li> <li>○ Over 5,000 hygiene kits</li> <li>○ 23,000 sand bags</li> <li>○ 2,079 tarpaulins</li> <li>○ 468 baby kits</li> </ul> </li> </ul>	

This operation also aimed at increasing and improving disaster preparedness of PMI at Central Java and Yogyakarta chapter. As PMI was involved in exiting from this emergency operation, cooperation with local stakeholders has helped to ensure handover and the sustainability of clean water supply to the most remote areas in Central Java and Yogyakarta provinces. In Sleman District, the worst-affected district in Yogyakarta province, the district government has agreed to cover the running cost of water trucking activity until the State Water Company rehabilitates the water piping system in several villages in this district.

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

## Mentawai earthquake and tsunami

PMI worked very closely with the local authorities to support the survivors in efforts to recover their normal way of life in their relocation areas. PMI worked to provide shelter for 516 families on South Pagai Island, at four relocation points at KM 32, KM 37, KM 40 and also at Lakkau. While waiting for the completion of temporary shelters, a number of survivors lived at their relatives' houses while others stayed in family tents or camps. PMI also aimed at assisting 3,750 individuals through emergency health and care, water and sanitation and hygiene promotion activities. PMI continued to provide basic health care services in the four relocation areas by making one medical doctor available in each of the relocation areas.

**Table 3: IFRC supported activities in Mentawai Islands (26 October 2010 – 30 April 2011)**

No. PMI volunteers	Period	Assistance/activities	Overall number of people reached
161	November 2010	<ul style="list-style-type: none"> <li>• Evacuation;</li> <li>• Relief items distribution;</li> <li>• Field assessments;</li> <li>• Provision of mobile clinic service for the affected communities</li> </ul>	3,750 individuals (2,580 of them were reached through t-shelter programme)
	December 2010 – April 2011	<ul style="list-style-type: none"> <li>• Emergency health care</li> <li>• Water and sanitation and hygiene promotion</li> <li>• Relief items distribution               <ul style="list-style-type: none"> <li>○ 330 family kits,</li> <li>○ 259 family tents,</li> <li>○ 60 mosquito nets,</li> <li>○ 100 solar light cells,</li> <li>○ 350 body bags,</li> <li>○ 593 tarpaulins</li> </ul> </li> </ul>	

## Achievements against outcomes

### Overview

PMI chapters and district offices in Central Java and Yogyakarta provinces responded to the Mt. Merapi eruption through assistance to the communities in five districts: Boyolali, Magelang and Klaten (Central Java province) and Sleman district (Yogyakarta province) through relief distributions, emergency health services, water and sanitation and hygiene promotion. Concurrent to this, PMI in West Sumatra province responded to the earthquake and tsunami providing similar services but with additional temporary shelter programme activities.

## Mt. Merapi eruption

### Relief distributions (food and basic non-food items)

**Outcome:** Immediate food and non-food item needs of 5,000 families (or 25,000 individuals) are met.

Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> <li>Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not provided by government health offices.</li> <li>Mobilize PMI first aid and ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
The immediate needs of affected families are met through relief distribution of non-food items (NFI) such as family kits, hygiene products, blankets, baby kits, sleeping mats and tarpaulins.	<ul style="list-style-type: none"> <li>Continue to assess and identify emergency needs in four different affected districts of Boyolali, Magelang, Klaten, and Sleman.</li> <li>Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>Mobilize relief supplies and personal protective equipment (masks) from the pre-positioned stocks, supplemented by additional local/regional procurement.</li> <li>Monitor and evaluate the relief activities and provide daily reporting distributions to ensure accountability to the donors.</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>
Targeted families receive two meals a day for the first month.	<ul style="list-style-type: none"> <li>Develop beneficiary targeting strategy and registration system.</li> <li>Set up field kitchens to provide cooked meals for people living in IDP camps.</li> <li>Provide meals twice daily.</li> <li>Monitor ongoing nutrition needs of the displaced population.</li> </ul>

**Impact:** PMI have assisted the communities in Central Java and Yogyakarta province through the distribution of relief items and these activities have reached up to 100,000 individuals from both provinces, exceeding the target of approximately 25,000 individuals. PMI conducted continuous needs assessment to take note of outstanding community needs. As each district has different needs, each PMI district distributed specific relief items based on these needs. Since the beginning of the programme, PMI has distributed relief items to the most affected families as shown in the following table:

**Table 4: List of relief distribution for Mt. Merapi eruption operation**

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

Shovels and hoes were the key tools for the communities when cleaning up their houses and the surrounding environment from volcanic debris. Since the initial eruption, the total volume of safe water provided by PMI was 51,602,000 litres. The local government is now providing normal clean water services to the affected areas.

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

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

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



PMI volunteers prepared meals for IDP in Jumoyo camp, Magelang district, Central Java (Photo by Talchah Hamid/ PMI).

### Emergency health

**Outcome:** Up to 30,000 affected people have benefited from a variety of preventive, curative and/or referral health services for the first three months (or until the government services have been restored), reducing community health risks and facilitating quicker rehabilitation and recovery processes.

Outputs (expected results)	Activities planned
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>• Train and reinforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment.</li> <li>• Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely affected to address identified potential health risks resulting from the disaster.</li> <li>• Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ash fall.</li> <li>• Reproduce and distribute health information, education, and communication (IEC) materials. Psychosocial support is provided to the target population, and staff/volunteers of PMI involved in the operations.</li> </ul>
Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> <li>• Provide PSS to affected population particularly children, elderly and other most vulnerable groups.</li> <li>• Provide PSS to PMI volunteers engaged in the emergency response activities.</li> </ul>

**Impact:** Overall, the emergency health programme with its various activities have directly reached more than 10,000 people. Initially, PMI and IFRC have set the target to serve up to 30,000 people through health and care activities. However, the unpredictable eruptions have caused some displaced individuals decided to leave the camps and stayed at their relatives in other districts. This has caused fluctuating number of the IDPs.

Since the emergency response until the completion of the early recovery phase, the PMI medical action team (MAT) comprising six people (one doctor, one administration person, and four nurses) provided basic health services, which were not covered by the local health authorities (*Puskesmas*). The team assisted more than 1,600 people at 32 delivery points in Sleman and Magelang district during the emergency response. In Boyolali district of Central Java, the MAT provided medical assistance to 882 people (414 men and 437 women). In Klaten branch, the team served 998 people, which consisted of 359 men and 639 women of various ages as well as young children and the elderly.



**PMI volunteers facilitated entertaining and educational games for children in IDP camps in Central Java and Yogyakarta as part of psychosocial support services during the recovery operations of Merapi eruption. (Photo by PMI)**

The majority of ailments treated by the team included headache, high blood pressure, stomach problems and respiratory infections. There were no outbreaks of infectious diseases such as diarrhoea or pneumonia. The team also assisted local health authorities in delivering basic health services to people affected by cold lava floods resulting from monsoon rains since December 2010 until April 2011. Through twice-weekly operations, the team provided services to 1,637 people (some 517 households).

Up to 84 PMI-trained health volunteers carried out socialization and training of community cadres in Magelang, Klaten and Boyolali districts of Central Java, and seven in Sleman district of Yogyakarta. There were also ten community volunteers in each district trained to and involved in disseminating hygiene messages. This was aimed at conducting health promotion and disease prevention activities, including waste disposal and environmental sanitation campaigns, to control key infectious diseases that threaten vulnerable communities, such as diarrhoea and malaria. Complementary to these hygiene promotion activities, the relief team distributed 6,000 insecticide-impregnated mosquito nets to Klaten, Boyolali and Magelang districts, which were considered as malaria endemic areas.

Information, education and communications (IEC) materials for disease prevention and health promotion focusing on diarrhoea, have been used and distributed by volunteers in the field. Some 15,000 copies of posters delivering the message of what to do during a volcanic eruption, hand-washing and safe water handling have been printed (5,000 copies for each theme). These posters have been distributed to 39 communities in Central Java. Additionally, the malaria prevention and breastfeeding campaign were integrated in the local health post (*Posyandu*) activities, where child caretakers regularly visit under the child immunization programme in cooperation with district health office (*Puskesmas*).

PMI also provided psychosocial support services to beneficiaries at 39 points, reaching more than 2,500 people (see the table on the right for disaggregated information). Expressive and entertaining games with children were still the main support preferred by beneficiaries. The health response to the disaster was completed in April; the PMI team has been engaged with local health authorities and community leaders during the reporting period for the development of an exit plan.

Community groups	Men	Women
Children (5 – 15 years old)	1079	1058
Adults (18 – 60 years old)	299	444
Elders (> 60 years old)	15	48

PMI volunteers also worked with local health authorities and villagers in spraying of disinfectants in areas, which were believed to be contaminated by decomposing cattle carcasses. It should be remembered that the eruption and ash fall resulted in mass deaths of cattle in the affected areas. These dead animals have been emitting a foul odour in the surrounding communities, and may cause public health problems.

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

## Water, sanitation, and hygiene promotion

**Outcome:** Up to 100,000 displaced people have access to safe water and sanitation facilities and clean-up sets, enabling them to reduce health risks from contaminated water sources, poor sanitation services and inhalation of volcanic ash.

Outputs (expected results)	Activities planned
Access to safe water is provided to affected populations in the targeted locations.	<ul style="list-style-type: none"> <li>Establish potable water treatment facilities.</li> <li>Set up water emergency water distribution network, including truck tankering, bladders, storage and tap stands (already on stand-by in other parts of the country).</li> </ul>
Appropriate sanitation facilities are provided at target evacuation centres.	<ul style="list-style-type: none"> <li>Build sanitation facilities in the IDP camps and in other locations where required.</li> <li>Promote garbage collection and safe hygiene practise in IDP camps.</li> </ul>
Reduce the potential for the escalation of transmissible diseases through hygiene promotion activities.	<ul style="list-style-type: none"> <li>Conduct hygiene promotion activities within the affected population.</li> </ul>
Reduce the potential for increase in respiratory infection from ash.	<ul style="list-style-type: none"> <li>Distribution of clean-up sets and materials to clean volcanic ash from homes and IDP settlements.</li> <li>Distribution of respiratory masks as part of the relief distributions.</li> </ul>

**Impact:** PMI has successfully provided access to safe water to the beneficiaries in Sleman district of Yogyakarta, Magelang, Boyolali, Klaten districts of Central Java, through a total distribution of 51,602,000 litres of water, covering over 100,000 individuals in the IDP camps.

Volunteers were mobilized to clean up the pre-existing water supply reservoir affected by volcanic ash and debris so that the communities would be able to reuse their original water source. The result of water quality test conducted by Yogyakarta Provincial Health Office (PHO) BTKL - Environmental Health and Sanitary Engineering Laboratory showed that the water is of good quality.

During the first few days of the eruption, IFRC together with PMI visited the disaster areas. It was evident at that time that there was a significant need for clean water for the displaced communities as volcanic ash was constantly falling around the mountain, contaminating water sources, covering houses, killing livestock and vegetation. Although facemasks were already being distributed, they were not sufficient to prevent people from inhaling the volatile mix of ash and smoke, and the potential for respiratory related health issues to escalate if clean water was not made available quickly, was significant.

It was planned that under this emergency appeal that PMI would utilize its own water filtration plants and systems to provide large quantities of clean water. It was also assumed and budgeted, that water trucks would need to be rented and deployed to the disaster locations to ensure that adequate quantities of water could be transported from distant 'safe' treatment locations to local shelters and centres where concentrations of IDP were placed.

However, in the same month as the emergency appeal, the PMI Chairman was able to negotiate and secure an agreement with Toyota to supply 25 trucks within a few days. The price for these new vehicles was



**Water trucking activities:** With the winding down of the recovery activities, PMI has completed its water-trucking activities as the local government takes over this need. (Photo by: Talchah Hamid/PMI)

exceptionally cheap and considerably lower than the cost of renting trucks from distant provinces. This resulted in PMI being able to engage quickly and respond to the increasing need of water supply long before any other agency or government facility could even respond at a minimal level. This action was a key factor in how PMI was able to deliver water in excess of its initial target of 1,000,000 litres a day during the emergency period.

In addition to water delivery, PMI also conducted hygiene promotion (HP) activities in more than 22 elementary schools, which involved about 5,000 students. Up to 361 community water reservoirs were also checked and cleaned and community level campaigns were conducted on proper hand-washing, diarrhoea prevention, avian flu awareness and disaster risk reduction.

<b>Mentawai earthquake and tsunami</b>	
<b>Relief distributions (food and basic non-food items)</b>	
<b>Outcome:</b> Immediate food and non-food item needs of 5,000 families (or 25,000 individuals) are met.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The immediate needs of affected families are met through relief distribution of non-food items (NFI) such as family kits, hygiene products, blankets, baby kits, sleeping mats and tarpaulins.	<ul style="list-style-type: none"> <li>• Continue to assess and identify emergency needs in four different affected districts of Boyolali, Magelang, Klaten, and Sleman.</li> <li>• Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>• Mobilize relief supplies and personal protective equipment (masks) from the pre-position stocks, supplemented by additional local/regional procurement.</li> <li>• Monitor and evaluate the relief activities and provide daily reporting distributions to ensure accountability to the donors.</li> <li>• Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that lead to strengthened branch volunteer base and volunteer management capacities for the future.</li> </ul>
Targeted families receive two meals a day for the first month.	<ul style="list-style-type: none"> <li>• Develop beneficiary targeting strategy and registration system.</li> <li>• Set up field kitchens to provide cooked meals for people living in IDP camps.</li> <li>• Provide meals twice daily.</li> <li>• Monitor ongoing nutrition needs of the displaced population.</li> </ul>

**Impact:**

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

Shelter kits were distributed to 516 families from Malakopak and Bulasat villages in Pagai Selatan district. Mosquito nets were distributed to 54 families in Asahan sub-village and 51 families in Konik sub-village as these areas, based on the government report, were prone to malaria with particular concern for children.

In addition, PMI distributed one family kit to each family in these areas. These consisted of washing and shower items, cutlery, sandals, trash bags, jerry cans, sarong, candles, flashlights with batteries and sleeping mats.



Distribution of relief items was hampered by transportation issues as weather conditions made it more difficult for PMI team to transport the goods using boats. **(Photo by PMI)**

### Temporary shelter

**Outcome:** 516 tsunami-affected families are provided with safe and resilient shelter within three months.

Outputs (expected results)	Activities planned
Tsunami-affected households have shelter after rebuilding or refurbishing their damaged homes	<ul style="list-style-type: none"> <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, prioritising 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>• Monitor, coordinate and evaluate the shelter programme</li> <li>• Provision of cash grants and shelter materials to affected families to quickly rebuild and recover.</li> <li>• Provision of technical assistance and safe construction training (in order to increase the resilience of the houses to future natural disasters).</li> </ul>

#### Impact:

At the end of this project, 516 temporary shelters (t-shelters) in Pagai Selatan had been completed and 516 families or 2,580 individuals had moved from emergency temporary accommodation to new, safe and more robust shelters in the relocation areas.

In order to cover these 516 shelter units, PMI formed 120 community groups where each group covered four to six units. PMI volunteers facilitated community participation in the construction of the t-shelters. The community itself facilitated recovery from the impact of the tsunami and earthquake by mobilizing all possible human and local resources to construct their shelters. In addition, in order to ensure the community adhered to the technical elements in building safer shelter structures, trained volunteers or skilled local workers undertook day-to-day monitoring. *For more detail of temporary shelter programme, please refer to [Operations Update 4](#).*

### Emergency health and care

**Outcome:** Up to 3,750 affected people in Mentawai have benefited from a variety of preventive, curative and/or referral health services for two-months, thus reducing community health risks and facilitating quicker rehabilitation and recovery processes.

Outputs (expected results)	Activities planned
People receiving appropriate medical services have reduced morbidity and are able to participate in recovery activities.	<ul style="list-style-type: none"> <li>• Establish/operate emergency health posts and/or mobile health clinics to ensure basic life-saving health services are available for displaced populations in camps and in hard-to-reach areas and to meet gaps in health services not being provided by government health offices.</li> <li>• Mobilize PMI first aiders and (air) ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
Community resilience in health is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>• Train and re-enforce community-based volunteers on first aid, health, and hygiene promotion according to the outcome of needs assessment.</li> <li>• Conduct health promotion and disease prevention campaigns in displaced camps and amongst those severely affected to address identified potential health risks resulting from the disaster.</li> <li>• Reproduce and distribute IEC materials.</li> <li>• Provide appropriate/essential supplies to reinforce health promotion and disease prevention efforts, such as the distribution of and monitoring of used of impregnated mosquito nets.</li> </ul>

<p>Psychosocial support (PSS) is provided to the target population, and staff/volunteers of PMI involved in the operations.</p>	<ul style="list-style-type: none"> <li>• Provide PSS support to affected population particularly children, elderly and other most vulnerable groups.</li> <li>• Provide PSS to PMI volunteers engaged in the emergency response activities.</li> <li>• Conduct PSS training for staff and volunteers tasked to deliver PSS services and activities.</li> </ul>
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**Impact:**

By the end of this operation, medical action teams had provided medical assistance and health promotion support to 1,014 people in the communities of Malakopak, Bulasat and Sikakap of Pagai Selatan sub-district. Through the provision of psychosocial services, PMI also reached 3,358 survivors, especially children in Pagai Selatan, in coping with the trauma caused by the disaster.

For more detail of health and care activities, please refer to [Operations Update No. 2](#) and the [Operations Update 4](#).



PMI volunteers provided psychological support services to 3,358 people who were mostly children from the areas worst hit by the tsunami in Pagai Selatan district. (Photo

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

**Impact:**

PMI has installed 10 water storage tanks of 2000-litre capacity near the 516 t-shelters in order to provide access to safe water in areas not covered by any other organization. In addition, PMI has promoted good hygiene practices to 1,203 beneficiaries in Pagai Selatan.

This hygiene promotion covers the causes and prevention of diarrhoea, proper hand-washing, environmental health, and malaria prevention. Approaching the close of the operation, beneficiaries were involved in the work to clean up the environment. (Refer to [Operations Update No. 3](#) for more detailed information.)

## Logistics for Merapi and Mentawai operations

In support of the Merapi and Mentawai operations, PMI initially utilized its pre-positioned emergency stocks from around the country to ensure that families affected by the disasters were adequately provided relief assistance, materials, supplies and support in a quick and timely manner. Throughout the emergency operation, the supplies were being replenished and increased to ensure that adequate stock remained available. Local transport companies were contracted to ship the many supplies from the PMI warehouses directly to the beneficiaries. The PMI headquarters and IFRC procurement and logistics units were constantly working together to ensure that all relevant procedures and processes were followed to support the operations in an accountable and timely manner.

## Communications for Merapi and Mentawai operations

Information, education and communications (IEC) materials were produced for both the Mentawai and Merapi operations. IEC materials consisted of flyers, posters, booklets and children's educational toys to help the dissemination of improved hygiene practices and to raise community awareness towards reducing risks because of potential health issues like inhaling ash, drinking contaminated water, unsafe cooking and unsafe living practices. These IEC material distributions and campaigns were used to raise community's awareness and knowledge on potential risks, hazard, vulnerability and their own capacity. These materials were also prepared for use in future operations.

## Lessons learned

In the emergency relief phase, PMI did well to clarify their objectives, in order to target a large number of beneficiaries and meet their immediate needs.

In this emergency, it is noted that the National Society has done well to quickly mobilize and support the identified needs of the affected communities. Initially, using their own funds, PMI responded to the disaster within the first hours, quickly evacuating, relocating and sheltering those displaced. The PMI senior management travelled to the disaster locations early in the emergency to ensure that decisions were made quickly and that any urgent lifesaving needs would be supported. The chairman himself, after visiting the disaster areas, quickly met with the local governors of each affected province to understand the capacity of the local government and to also clarify the extent of service and assistance that the Red Cross could provide in filling the immediate gaps of relief and urgent assistance. This action helped to alert the Government to the possibilities and areas of assistance that would be provided by the Red Cross and contributed towards a quicker, clearer and appropriate response of the society.

Due to the relative ease of access to the disaster areas around the Merapi volcano, PMI was able to quickly reach most of the affected areas and start providing emergency relief services within the first day of the eruption. Throughout the emergency period, PMI aimed to provide assistance to those most in need. Special needs of women, displaced children and the elderly were an early priority of PMI who utilized its helicopters and [Hägglunds](#) vehicles to travel over inaccessible areas and difficult terrain to reach many victims who were in remote locations or unreachable by any other means in the early stages of the response. In Mentawai the process of response took a little longer due to the difficulty of access and ability to move large amounts of relief items into the area.

During both the emergency and early recovery phases, total quantity and general standard of assistance provided in relief and shelter have been significant; the shelter programme reached the families that needed shelter and the results of the shelter programme allowed for families to receive services that would not have been possible through other aid providers.

Some non-shelter aspects of the recovery programme, particularly water and sanitation and psychosocial support, were well-designed and appeared to have reached beneficiaries beyond those that were targeted. Most urgent needs were met in Merapi and in some cases, exceeded. Although the analysis of assessment data gathered could have been improved, PMI were able to make a considerable positive impact on the families affected by both disasters. In general, the water, sanitation and hygiene promotion (WASH), psychosocial support service (PSS) as part of integrated risk reduction activities offered good, long-term and sustainable input towards improving the physical and mental health of children and those most vulnerable

within the affected location. The provision of relief, shelter, water, food and other non-food items have enabled the affected communities to have ready access to safe water for daily needs; protected them from the unpredictable and constantly changing weather; and helped to prevent diseases in the relocation areas. One exception is the water trucking which only now has been taken over by the local government authorities.

IFRC immediately supported PMI's decision to lead on the response from the outset, and fully devolved formal authority. In this context, PMI has done a remarkable job in responding to this situation. Some good practices in collaboration between Red Cross Red Crescent Movement members have been in evidence; particularly between PMI, IFRC and partner national societies at branch level; and at national level between IFRC and PMI.

Several examples include:

- The move by PMI at the national level to insist on all members of the Movement to follow a single approval system has proved to be of positive benefit in ensuring that resources were shared and the integrated response mechanism improved.
- PMI used a standard list of items for each of the kits and materials that helped reduce the potential of targeted families questioning the possibility of unequal distribution.
- Linkages between health and disaster management helped to avoid gaps and duplication
- A common approach to community-based programming helped to ensure a more sustainable outcome for the national society and the targeted communities. Through a process of cross visits and staff exchanges, the target communities were better able to work together in such a fluid disaster where families were continually relocating from their homes to evacuation centres to escape the ash and cold lava floods.

The response to, and subsequent involvement in the recovery from, two concurrently occurring complex disaster events have demonstrated the determination of PMI to deal with Indonesia's disasters in their own way. In some respects, these events proved to be a milestone for the national society, which has essentially implemented all activities in the field covered by the appeal with the technical and financial support of IFRC and partner national societies.

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

The PMI leadership also made it clear from the onset of the emergency that they would utilize the resources of the National Society in order to speed up the initial process of transfers and to rapidly mobilize its contingency stocks and equipment. It was hoped that support from the Movement partners would then be provided to reimburse these initial costs incurred by PMI as well as restock its warehouses, supplement its resources and aid in the ongoing response and early recovery efforts. This action resulted in an initially low utilization of this emergency appeal and an extension to the appeal was needed to ensure that all possible expenditures of the national society could be reimbursed and supported under this appeal.

Some of the remaining funds are being used with the concurrence of PMI to support an independent evaluation that is now underway, to identify and provide recommendations for improvements and opportunities that could be applied to and used in future emergency operations. This evaluation is also intended to flag and propose suggestions for addressing specific issues relating to the operation and its implementation. Much can be learned from these events and particular emphasis will be placed on the coordination mechanisms that would improve the mobilization and involvement of the Movement components in disaster events of a similar scale in the future.

Any remaining funds after the evaluation is completed will be used to assist PMI to build on these lessons and maximize its good practices. Priority will be given to capacity building activities in the Merapi and West Sumatra areas and will utilize those individuals and mechanisms that were involved during the emergency period. Special consideration is being given to areas with limited funding options like emergency health and water and sanitation activities, and to help reinforce behaviour change for a more sustainable outcome.

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## 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.
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MDRID006 - Indonesia - Java Volcano

Appeal Launch Date: 03 nov 10

Appeal Timeframe: 03 nov 10 to 30 jun 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/8
Budget Timeframe	2010/11-2011/8
Appeal	MDRID006
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>5,038,981</b>					<b>5,038,981</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
American Red Cross	49,092					49,092
Australian Government	436,131					436,131
British Red Cross	78,000					78,000
Danish Red Cross (from Danish Government)	100,000					100,000
Great Britain - Private Donors	386					386
Icelandic Red Cross	20,000					20,000
IFRC at the UN Inc (from Cummins Inc. Employees)	514					514
IFRC at the UN Inc (from Kraft Foods Foundation)	46,464					46,464
Indonesia - Private Donors	4,477					4,477
Japanese Government	489,093					489,093
Japanese Red Cross Society	166,300					166,300
New Zealand Red Cross	34,142					34,142
New Zealand Red Cross (from New Zealand Government)	152,520					152,520
Nokia	66,877					66,877
Norwegian Red Cross	16,527					16,527
Norwegian Red Cross (from Norwegian Government)	110,604					110,604
Red Crescent Society of Islamic Republic of Iran	17,328					17,328
Red Crescent Society of the United Arab Emirates	10,040					10,040
Swedish Red Cross	686,670					686,670
The Canadian Red Cross Society	98,554					98,554
The Canadian Red Cross Society (from Canadian Government)	96,826					96,826
The Netherlands Red Cross	62,629					62,629
The Netherlands Red Cross (from Netherlands Government)	261,609					261,609
The Netherlands Red Cross (from Netherlands - Private Donors)	25,483					25,483
The Republic of Korea National Red Cross	50,000					50,000
The Republic of Korea National Red Cross (from Republic of Korea - Private Donors)	2,206					2,206
United States - Private Donors	4,953					4,953
VERF/WHO Voluntary Emergency Relief	3,000					3,000
<b>C1. Cash contributions</b>	<b>3,090,425</b>					<b>3,090,425</b>
<b><u>Other Income</u></b>						
Fundraising Fees	-3,344					-3,344
IFRC at the UN Inc allocations	4,036					4,036
<b>C4. Other Income</b>	<b>693</b>					<b>693</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>3,091,118</b>					<b>3,091,118</b>
<b>D. Total Funding = B + C</b>	<b>3,091,118</b>					<b>3,091,118</b>
<b>Appeal Coverage</b>	<b>61%</b>					<b>61%</b>

**International Federation of Red Cross and Red Crescent Societies**

MDRID006 - Indonesia - Java Volcano

Appeal Launch Date: 03 nov 10

Appeal Timeframe: 03 nov 10 to 30 jun 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/11-2011/8
Budget Timeframe	2010/11-2011/8
Appeal	MDRID006
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	3,091,118					3,091,118
E. Expenditure	-2,814,292					-2,814,292
F. Closing Balance = (B + C + E)	276,826					276,826

International Federation of Red Cross and Red Crescent Societies

MDRID006 - Indonesia - Java Volcano

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Budget Timeframe	2010/11-2011/8
Appeal	MDRID006
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### 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>5,038,981</b>					<b>5,038,981</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	299,000	137,755				137,755	161,245	
Shelter - Transitional	283,000	282,781				282,781	219	
Clothing & Textiles	545,300	185,020				185,020	360,280	
Food	57,667	20,307				20,307	37,360	
Water, Sanitation & Hygiene	528,646	518,081				518,081	10,565	
Medical & First Aid	105,233	5,821				5,821	99,411	
Utensils & Tools	418,333	204,386				204,386	213,947	
Other Supplies & Services	959,667	156,459				156,459	803,208	
<b>Total Relief items, Construction, Sup</b>	<b>3,196,846</b>	<b>1,510,610</b>				<b>1,510,610</b>	<b>1,686,236</b>	
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	22,667	11,402				11,402	11,265	
<b>Total Land, vehicles &amp; equipment</b>	<b>22,667</b>	<b>11,402</b>				<b>11,402</b>	<b>11,265</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	5,000	2,607				2,607	2,393	
Distribution & Monitoring	301,293	264,563				264,563	36,730	
Transport & Vehicles Costs	325,367	193,549				193,549	131,817	
<b>Total Logistics, Transport &amp; Storage</b>	<b>631,659</b>	<b>460,720</b>				<b>460,720</b>	<b>170,940</b>	
<b>Personnel</b>								
International Staff	51,500	2,625				2,625	48,875	
National Staff	38,950	36,855				36,855	2,095	
National Society Staff	163,300	67,061				67,061	96,239	
Volunteers	460,000	450,458				450,458	9,542	
<b>Total Personnel</b>	<b>713,750</b>	<b>557,000</b>				<b>557,000</b>	<b>156,750</b>	
<b>Consultants &amp; Professional Fees</b>								
Professional Fees	600	555				555	45	
<b>Total Consultants &amp; Professional Fe</b>	<b>600</b>	<b>555</b>				<b>555</b>	<b>45</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training		26				26	-26	
<b>Total Workshops &amp; Training</b>		<b>26</b>				<b>26</b>	<b>-26</b>	
<b>General Expenditure</b>								
Travel	33,004	17,936				17,936	15,067	
Information & Public Relations	23,667	12,789				12,789	10,878	
Office Costs	68,839	46,342				46,342	22,497	
Communications	11,806	2,812				2,812	8,994	
Financial Charges	8,000	7,747				7,747	253	
<b>Total General Expenditure</b>	<b>145,315</b>	<b>87,626</b>				<b>87,626</b>	<b>57,689</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recov	307,543	170,816				170,816	136,727	
<b>Total Indirect Costs</b>	<b>307,543</b>	<b>170,816</b>				<b>170,816</b>	<b>136,727</b>	
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		12,837				12,837	-12,837	
Pledge Reporting Fees	20,600	2,700				2,700	17,900	
<b>Total Pledge Specific Costs</b>	<b>20,600</b>	<b>15,537</b>				<b>15,537</b>	<b>5,063</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>5,038,981</b>	<b>2,814,292</b>				<b>2,814,292</b>	<b>2,224,689</b>	
<b>VARIANCE (C - D)</b>		<b>2,224,689</b>				<b>2,224,689</b>		