

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Indonesia: Java eruption and Sumatra earthquake and Tsunami

Preliminary Emergency appeal n° MDRID006  
**EQ-2010-000213-IDN**  
**VO-2010-000214-IDN**  
3 November 2010

This preliminary Emergency Appeal seeks CHF 2,825,711 (USD 2,865,860 or EUR 2,052,300) in cash, kind, or services to support Palang Merah Indonesia (PMI) (*known in English, as the Indonesian Red Cross*) to assist up to 25,000 beneficiaries in Merapi operation and 3,750 beneficiaries in the Mentawai operation.

Based on the situation, this Preliminary Emergency Appeal responds to a request from Palang Merah Indonesia, and focuses on providing support to the national society for efficient response in delivering assistance in the following sectors: relief, emergency shelter, health, water and sanitation, and logistics.

If there is no further volcanic activity, earthquakes or tsunamis in the areas needing assistance then the activities under this appeal are expected to be implemented over six months; and are therefore expected to be completed by April 2011; with a Final Report made available by July 2011.



**Left:** Mount Merapi, 28 October 2010: A field kitchen at the Dompok camp in the Klaten district set up by Palang Merah Indonesia responding to the eruption of Mount Merapi on 25 October 2010.  
Photo credit: Muhammad Nashir, Palang Merah Indonesia



**Right:** Mentawai Islands, 27 October 2010. Palang Merah Indonesia volunteers, the local search and rescue team, and community are hand in hand in evacuating the victims of the earthquake and tsunami that hit Mentawai islands on 25 October 2010.  
Photo credit: Palang Merah Indonesia

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

## The situation

Two disasters struck Indonesia on the same day of 25 October: The eruption of Mount Merapi and the tsunami that hit the Mentawai Islands.

- **Mount Merapi:** Seismic activity developed into the eruption of the Mount (Mt.) Merapi volcano and was followed by an earthquake and tsunami approximately 70 km from the Mentawai Islands. The eruption has left 34 people dead, and has displaced more than 70,000 people. A further eruption happened on 1 November 2010.
- **Mentawai Islands:** The Mentawai Islands were hit by a tsunami initiated by an earthquake measuring 7.7 on the Richter scale. This tsunami wave penetrated 400 metres inland and wiped the beachfront clean at many locations. Bad weather and high sea journeys have hampered the initial stage of response in this operation. More than 15,000 of the total population of Mentawai Island have been affected.

### Mt. Merapi Eruption

The impact from the Merapi eruption not only affected people but also livestock. 345 animals died because of the pyroclastic flow. **Based on the government disaster agency information (BNPB) 19,050 internally displaced people (IDP) are sheltered in nine IDP sites in Yogyakarta; and a further 50,483 IDP are located in a further 68 sites in Central Java, bringing the total number of displaced people to 69,533.** The number of deaths from this event is now 34 persons.

Mt. Merapi, *Gunung Merapi* (literally Mountain of Fire in Indonesian/Javanese), is a conical volcano located on the border between Central Java and Yogyakarta, Indonesia. It is the most active volcano in Indonesia and has erupted regularly since 1548. It is very close to the city of Yogyakarta and thousands of people live on its flanks

According to vulcanology, the Mt. Merapi Volcano is currently at level IV (red alert) after the eruption on 26 October 2010. Residents from the affected districts have been warned to stay in camps for their own safety until Mt. Merapi's condition is stable.

On 27 October 2010, a small eruption with pyroclastic flow occurred at 16:10 local time. This caused ash to fall over three villages in Magelang. The impact of the Mt. Merapi eruption affected people and livestock causing death and internal displacement in four districts namely Klaten, Magelang, Boyolali in Central Java and Sleman in Yogyakarta.

Further activity was experienced on the 29 October 2010, for more than 14 hours, where pyroclastic flow from Mt. Merapi struck Lamat River, Senowo River, and Krasak River. This was superseded by an even a bigger pyroclastic flow on 30 October 2010 at 00:35 which affected Gendol River, Kuning River, Krasak River, and Boyong River. The latest event experienced was a substantial eruption on 1 November where a two kilometer vertical high fire ball was seen exiting the top of the mountain. This eruption caused sand to fall on areas at a radius of up to 10 km from the volcano.

Volcanologists have reported that further eruptions are expected and that Mt. Merapi will continue to be unstable for the coming month and perhaps longer. They continue to examine and monitor its ongoing activity. Although this Appeal is for a six month period it is likely to be updated; and potentially extended, should the situation deteriorate further and the impact of the eruption become more extensive.

### Mentawai Earthquake and Tsunami

The Mentawai Islands are a chain of about 70 islands and islets off the western coast of Sumatra in Indonesia. Siberut (4,030 km<sup>2</sup>) is the largest of the islands. The other major islands are Sipura, North Pagai (*Pagai Utara*) and South Pagai (*Pagai Selatan*). The islands lie approximately 150 km off the Sumatran coast, across the Mentawai Strait. The indigenous inhabitants of the islands are known as the Mentawai people. The Mentawai Islands have become a noted destination for surfing.

The BNPB has reported 449 deaths resulting from the 3 meter high tsunami that resulted from an earthquake measuring 7.7 on the Richter scale that occurred on the 25 October 2010. A further 96 people are missing; 270 people were seriously injured; 142 people have been slightly injured; and 14,983 people

are currently displaced. The villages that suffered the most from the disasters were: Muntei sub-village and Sabeugungung sub-village, located in the village of Batumonga of the North Pagai district.

Of the 449 reported deaths, 176 people were from the Batumonga village, a sub district of North Pagai. Rescue efforts and the search for bodies continues to be undertaken by the government and PMI, however some areas are still unreachable due to the rough sea conditions and the wide geographical area which includes more than 7,000 scattered islands along the archipelago. At this point, the government of Indonesia has announced a two-week emergency phase for the Mentawai operation.

## Coordination and partnerships

### Coordination and partnership: Mt. Merapi Eruption

Within the Red Cross Red Crescent Societies, PMI will lead the planning and implementation of the operation with its partners, while the IFRC will provide support and assistance to the Mt. Merapi Eruption Operations and lead on coordination with Red Cross Red Crescent partners and external international organizations.

To ensure the efficiency of response, and to avoid duplication and assessment fatigue, the various institutions, national and international, which are now working in the Mt. Merapi Operation, have joined together in an interagency rapid assessment that was conducted under the coordination of BNPB with support from UN OCHA. This interagency rapid assessment covers six different priorities: water and sanitation hygiene; food and nutrition; health; shelter; logistics; and the management of IDP camps. PMI was a key participant in this assessment.

The partner national societies (PNSs) in country have identified, through coordination meetings, technical areas of strength and resources that are available to be mobilized as required. This mobilization follows the plan of action and notes emerging needs. Based on the lessons learnt from previous disasters in country, the International Federation of Red Cross and Red Crescent Societies (IFRC) and PNSs are working closely together to improve operational efficiencies and build on organizational strengths and support PMI's development.

### Mentawai Earthquake and Tsunami

The UN regional office in West Sumatra has established a website specifically for Mentawai emergency response which officially links to the website of the government command post.  
(<http://www.mentawairesponse.org/>)

In order to ease the logistics and distribution mechanism, PMI has decided to move its operational base from Padang, to the Muko-Muko district of Bengkulu, which is closer to the most affected area in the Mentawai Islands. This therefore will require all field coordination to be done in the Muko-Muko operation base. Currently communication networks from Mentawai Islands to Muko-Muko, and from Muko-Muko to PMI headquarters are being upgraded.

PNSs in country have identified, through coordination meetings, technical areas of strength and resources available to mobilize as required according to the plan of action and emerging needs. Building on lessons learnt from the tsunami and Java earthquake operations, IFRC and PNSs are: working closely together to improve operational efficiencies; building on organizational strengths and supporting the development of PMI.

## Red Cross and Red Crescent action

### Mt. Merapi Eruption

By 30 October 2010, PMI has distributed a total of 1,377 bottles of mineral water; 650 boxes of face masks; 3,028 sleeping mats; 783 hygiene kits and 1,058 blankets in the Mt. Merapi operation. In the initial days following the eruption, PMI's national headquarters transferred the operational cost of IDR 500 million (CHF 55,000) each to both of the involved chapters, Central Java and Yogyakarta. PMI's national headquarters (NHQ) has also been closely monitoring the situation from its command post 24 hours a day, seven days a week. It has also given technical assistance to its disaster management staff members in many chapters in the field.

398 PMI volunteers from Central Java and Yogyakarta chapters and branches have been deployed to the location. These volunteers are providing assistance; and conducting an assessment of the seven Internally Displaced Persons (IDP) camps. From the assessments, PMI have identified: 1,360 displaced people in the Turi sub district; 13,540 displaced people in the Pakem sub district and 5,425 displaced people in Cangkringan sub district. The branch has set up a field kitchen to provide meals for the IDPs, distributed 500 boxes of drinking water and conducted psychosocial support activities for children in the camps. The water and sanitation team has started to produce water in the Turi sub district and will supply water to cover internally displaced camps in Pakem and Cangkringan as well.

In addition, PMI's NHQ is sharing the information with the Movement: IFRC, the International Committee of the Red Cross (ICRC); other sister national societies, and other stakeholders. (These stakeholders include local Indonesian authorities such as the regional disaster management agency, police and army).

Based on the disaster response mechanism and the national society's contingency plan, PMI branches close to the disaster areas have provided support to the branches in the affected areas. In Central Java, there are 12 PMI Branches supporting PMI Magelang, Klaten and Boyolali. Also, there are four PMI branches supporting the operation in Sleman, Yogyakarta. The community-based action team (CBAT) and village volunteers coordinated by PMI also support the operation. Their skills from training sessions by PMI were used on this occasion.

PMI currently faces challenges in overseeing the operation as the affected area covers two provinces: Central Java and Yogyakarta, and a massive effort is required to evacuate those who are affected across such a large area and to keep them safe and healthy in an environment badly affected by volcanic activity. Two key challenges are:

1. Even though the government has given the communities in the affected area early warnings to evacuate or stay at a safe distance from Mt. Merapi, villagers still prefer to stay near their homes in the vicinity of the volcano. This makes people management difficult as authorities would have to evacuate already displaced people again should there be further eruptions. In this context, PMI sees a need to persuade displaced people to "respect the volcano" and stay away from Mt Merapi's vicinity for their own safety
2. After the volcanic eruptions, some livestock carcasses were found burnt and others were found decomposing around the affected areas. These carcasses need to be buried or removed from the area where people are living as they could form a health threat. PMI remains on alert and prepared if health issues arise.

### Mentawai Earthquake and Tsunami

Up until 31 October 2010, PMI's West Sumatra chapter has mobilized 24 personnel to Mentawai Islands in three phases. PMI staff and volunteers also carried 300 blankets, 150 tents, 300 tarpaulins, and 50 pairs of crutches. They are focusing on evacuating bodies, distribution, field assessments and running a mobile clinic service for the affected communities.

PMI's NHQ continues to coordinate with PMI's West Sumatra chapter and has provided IDR 500 million (CHF 55,000) to support the operational costs of the response.

To address the transportation constraints, four PMI helicopters are now on standby in Muko-Muko, to transport personnel and distribute relief items to the most remote areas. If required, the same helicopters are able to undertake a medical evacuation or refer heavily injured patients to proper hospitals on the

mainland. As the operation base has been shifted from Padang to Muko-Muko, Bengkulu, the air strip, the helipad and ground handling facilities have been prepared by PMI.

To overcome the current communication constraints between field and the operation base in Muko-Muko and in PMI's NHQ, PMI with support from IFRC will set up a radio communication network, as well as establish internet connections in the field. Until now, telecommunications with the field operations has been weak. The planned enhancement of the communication systems will enable the improvement of reporting and information channels to guide deployed personnel and volunteers. However, electricity supply remains a challenge and will be addressed in the coming period.

In addition, other non-governmental organizations, private companies, and even private radio stations have provided donations in-kind such as clothes, biscuits, instant noodles, and basic medicines through PMI for those who are affected.

## The needs

### Mt. Merapi Eruption

The Mt. Merapi eruption has affected all communities residing on the slope of the mountain both on the Central Java and Yogyakarta district sides. Through observation and PMI assessment reports, the urgent needs at the present time include medical supplies, mobile medical services, food, clean water, family kits, hygiene kits, blankets, face masks, baby kits, tarpaulin, sleeping mats, toilets and field kitchens.

Results of an early interagency assessment highlight the following:

- **Shelter:** As the number of IDP is greater than anticipated by local government through their Contingency Planning, current IDP sites are now over-crowded. IDP's prefer to stay in concrete buildings protected from the volcanic ash. Improved residential conditions and increased sheltering capacity are an urgent need. Furthermore, the anticipated monsoon rain would mix with the volcanic ash, creating lahar, which might cause more roofs to collapse. Temporary shelters should be covered with corrugated roofing sheets as the hot volcanic ash will melt the tarpaulins.
- **Water, Sanitation and Hygiene (WASH):** Access to latrine facilities have greatly improved since the establishment of IDP sites. Clean water is provided by PDAM (a national water utilities organization), PMI and other organizations. However, there is a need for water trucking and water containers (for community and household). Hygiene kits are being distributed, but further needs remain. Some public kitchens at IDP sites have hand washing facilities however these are lacking at public latrines. Health officials share concerns that temporary latrines do not meet standards. Waste management is a potential issue due to poor garbage handling.
- **Education:** It was planned that schools would not be used as IDP sites, but due to the increased case load, some schools are being used as sites. Authorities acknowledge that school facilities are the last option, and have prioritized the relocation of IDPs situated in school sites.
- **Food and Nutrition:** In IDP sites visited, food variety was not a concern as there was evidence of vegetables, fish and egg distribution. The team observed many food distributions conducted by private organizations and community groups. Local markets have quickly recovered. However, children under-two-years old were provided with the same food as adults, although they also continued to be breastfed.
- **Health:** District Health Offices have responded to the situation by operating 24-hour health posts and ensuring that they have adequate medical staff, equipment and medicine. Primary health care and family planning services are available at most health posts, but delivery assistance and the management of maternal and neonatal complications are not available and patients will need to be transferred to district hospitals. Since hospital and medical sites are not affected and are functioning well, there are no major gaps identified for personnel, equipment and supplies. Non-government organizations (NGOs) providing health assistance are encouraged to coordinate with the District Health Offices. Communicable disease surveillance is ongoing with a clear reporting mechanism.
- **Logistics:** There are no major challenges in terms of road access and warehousing. In Yogyakarta, warehouse issues are being addressed by the District Social office.
- **Management of IDP sites:** IDP site coordinators with PMI support have been managing sites effectively. But coordination between IDP sites and Command Post is a challenge and local government



is working with local stakeholders, such as universities (in Magelang) and the Disaster Risk Reduction forum (in Yogyakarta) to address the issue. In all sites observed, there was no special activity for children.

- **Coordination:** At district level, regular coordination meetings are conducted by local governments, and non-government actors are welcome to participate. In Yogyakarta the disaster risk reduction (DRR) forum convenes regular coordination meetings with participation from government agencies, national and international organizations. Information management needs to be strengthened for better coordination.
- **Other:** In areas assessed, the team found very little structural damage due to the eruption.

**Immediate needs:** The urgent need for the time being is food, clean water, a mobile clinic/health services, masks, blankets and field kitchen. Additional resources are required for the provision of more food and health services, water and sanitation facilities, and temporary shelter. Considerable amounts of these supplies are either located in other parts of the country or can be procured locally or regionally.

**Longer-term needs:** Subject to the results of preliminary assessments, and determination of the role of the government and of other humanitarian actors operational in Indonesia, it is anticipated that IFRC will provide support in accordance with its core capacities, including health services, psycho-social support, water and sanitation facilities, transitional shelter and food and non-food items during the emergency phase.

### Mentawai Earthquake and Tsunami

The difficulties in reaching all affected communities due to extreme weather have hampered the ability of the assessment process in understanding the overall needs and distribution of aid to the affected population. According to PMI and media reports, damage is wide spread and has caused considerable destruction, loss of life and casualties.

**Immediate needs:** The urgent need at the present time is relief supplies (food and non-food items) and transportation (sea or land transportation) to deliver to the affected locations. Additional resources are required for the provision of health services, water and sanitation facilities, and temporary shelter. Considerable amounts of these supplies are either located in other parts of the country or can be procured locally or regionally.

**Longer-term needs:** Subject to the results of preliminary assessments, and determination of the role of the government and of other humanitarian actors operational in Indonesia, it is anticipated that IFRC will provide support in accordance with its core capacities, including health services, psychosocial support, water and sanitation facilities, transitional shelter and food and non-food items during the emergency and early rehabilitation stages.

## The proposed operation

### Mt. Merapi Eruption

In Merapi, the proposed operation will focus on providing initial emergency response needs to the survivors and the IDPs which includes food and non-food items, field kitchen operation, health, with focus on the provision of basic medical services; and water and sanitation activities to provide access to portable water and emergency latrines within planned IDP camps for up to 1,000 families (approximately 5,000 individuals). As this operation is also concerned with supporting the long term rehabilitation of the affected families, activities, as much as possible, will be geared to empower the communities as one of the key players with the aim to improve the community's skills in emergency response.

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

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

**Outcome: Up to 5,000 families (or 25,000 individuals) have their immediate needs provided for through the distribution of non-food items (NFI), such as family kits, hygiene kits, blankets, baby kits, sleeping mats, tarpaulins with fixing materials, and personal protective equipment such as masks.**

Outputs	Activities planned
The immediate needs of 5,000 affected families (25,000) are met through relief distribution	<ul style="list-style-type: none"> <li>• Continue to assess and identify emergency needs in 4 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 report 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 leads to strengthened Branch volunteer base and volunteer management capacities for the future.</li> </ul>

### Field kitchen

**Outcome: Within the emergency phase, up to 2,000 individuals located in IDPs camps have sufficient nutrition.**

Outputs	Activities planned
Up to 2,000 individuals (or 500 families) received 2 meals a day within the emergency phase	<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 the displaced camps.</li> <li>• Provide meals every day until the emergency period has been declared end.</li> </ul>

### Emergency health and care

**Outcome: A projected 10,000 affected people 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	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 Aid and Ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
The resilience of the community 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>• Deliver appropriate and essential supplies to reinforce health promotion and disease prevention efforts/campaigns, such as masks to prevent respiratory complications from ashfall.</li> <li>• Reproduce and distribute health information, education, and communication (IEC) materials.</li> </ul>
Psycho-social support is provided to the target population, and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> <li>• Provide psychosocial support to affected population particularly children, elderly and other most vulnerable groups.</li> <li>• Provide psychosocial support to PMI volunteers engaged in the emergency response activities.</li> </ul>

### Water, sanitation, and hygiene promotion

**Outcome: Up to 25,000 people (5,000 families) located in the IDPs camps have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.**

Outputs	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 IDPs 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>

### Mentawai Earthquake and Tsunami

The proposed operation will focus on providing initial emergency response needs, including food and non-food items, emergency shelter, health activities focusing on first aid, medical assistance, , and access to potable water and emergency latrines for up to 750 families (approximately 3,750 individuals). This will be further supported by shelter initiatives targeted at both emergency needs and support to the owner driven rehabilitation of damaged and destroyed houses. The affected families will be supported with construction materials, tools (or cash/ vouchers) and the provision of technical assistance and information, education and communication (IEC) materials.

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

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

**Outcome: Up to 750 families (or 3,750 individuals) have their immediate needs provided for through the distribution of non-food items (NFI), such as family kits, hygiene kits, blankets, sleeping mats, tarpaulins with fixing materials, and clothing**

Outputs	Activities planned
The immediate needs of 750 affected families are met through relief distribution	<ul style="list-style-type: none"> <li>Engagement in interagency rapid emergency needs assessment</li> <li>Develop beneficiary targeting strategy and registration system to deliver intended assistance.</li> <li>Mobilize relief supplies from pre-positioned stocks, supplemented by additional local/regional procurement.</li> <li>Monitor and evaluate the relief activities and provide daily reporting on 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 leads to strengthened Branch volunteer base and volunteer management capacities for the future</li> </ul>

### Emergency temporary shelter

**Outcome: Up to 750 affected families on the Mentawai Islands have safe and adequate residential conditions.**

Outputs	Activities planned
Improved shelters which are more resilient to future natural disasters for affected families with severely damaged and destroyed houses.	<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</li> </ul>



	<p>funds for community-built shelters using cultural practices that highlight working together.</p> <ul style="list-style-type: none"> <li>• Support, as appropriate, additional needs for identified individual households.</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> </ul>
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### 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	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 (by boat) to ensure basic life-saving health services are available for affected populations in hard-to-reach areas and to meet gaps in health services in close cooperation with local government health providers and other agencies.</li> <li>• Mobilize PMI First Aiders and (air) ambulance services to complement health posts/mobile clinics in meeting emergency health needs.</li> </ul>
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> <li>• Train 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 activities in priority areas to address identified potential health risks resulting from the disaster.</li> <li>• Reproduce and distribute health information, education, and communication (IEC) materials.</li> <li>• Provide appropriate/essential supplies to reinforce health promotion and disease prevention efforts, such as the distribution of impregnated mosquito nets.</li> <li>• Monitor the usage of distributed nets.</li> <li>• Implement community-based first aid activities in an effort to help promote early recovery.</li> </ul>
Psycho-social support is provided to the target population and staff/volunteers of PMI involved in the operations.	<ul style="list-style-type: none"> <li>• Provide psychosocial support to affected populations, particularly children, elderly and other most vulnerable groups.</li> <li>• Provide psychosocial support to staff and volunteers of Palang Merah Indonesia engaged in the emergency response.</li> <li>• Conduct PSP training for PMI staff and volunteers tasked to deliver PSP services and activities.</li> </ul>

### Water, sanitation, and hygiene promotion

**Outcome: Up to 3,750 people (750 families) have received water and sanitation support, enabling them to ward off the risks of waterborne diseases.**

Outputs	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 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>
Appropriate sanitation facilities are provided at target evacuation centres.	<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>
The health status of the population is sustainably improved through hygiene promotion activities.	<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>

### Logistics for Merapi and Mentawai operations

**Outcome: To setup and ensure a safe and appropriate supply chain system for the moving, storage and distribution of emergency relief, shelter and other essential needs to the victims of the recent affected disaster areas.**

Outputs	Activities planned
<p>The coordinated:</p> <ul style="list-style-type: none"> <li>• mobilization of relief goods;</li> <li>• reception of all incoming goods;</li> <li>• warehousing, transportation; and efficient dispatch of goods to the final distribution points.</li> </ul>	<p>Logistics support will be provided following International Federation procedures to source &amp; procure needed relief items and the efficient and timely delivery of these items to the operation.</p> <p>Primary logistics activities</p> <ul style="list-style-type: none"> <li>• Coordinate the mobilization of goods and reception of incoming goods.</li> <li>• Existing warehousing facilities and vehicles will be utilised for storage and efficient dispatch of goods to the final distribution points.</li> <li>• Many items can be sourced locally and procurement will be done to Federation standards and supported if required by the KL RLU.</li> <li>• Pre-positioned stock in Regional Logistics Unit warehouse in Kuala Lumpur will be mobilised on need basis.</li> <li>• Liaise and coordinate actions with other key actors to ensure that the logistics operation uses all information to be as efficient and effective as possible.</li> <li>• A detailed and up-to-date mobilization table may be established and will be available on the Federation's Disaster Management Information System (DMIS).</li> </ul>

### Communications for Merapi and Mentawai operations

During the first week, PMI emergency operations in response to the eruption of Mt. Merapi and the tsunami in the Mentawai Islands have attracted a high level of national and international media attention particularly amongst broadcast media: Red Cross and Red Crescent interviewees have been featured on CNN, BBC and Al Jazeera amongst others. On its part, IFRC has circulated information to partners via Media Service Updates. A press release has been issued and two web stories have been posted on ifrc.org. Photographs Palang Merah Indonesia in action have been shared with Reuters and distributed to their subscribers via the Reuters news wire service and details of PMI and IFRC contact persons have been widely shared with the media.

Timely and accurate information in the form of stories, photos and video content will continue to be generated to ensure that key stakeholders including the media, government counterparts, donors and the public are well informed about PMI response. Communications efforts will be driven by IFRC's communications team and PMI's Communication team in Jakarta; and will be designed to support humanitarian diplomacy and advocacy objectives that arise in the course of the relief and recovery operation.

The IFRC in collaboration with the PMI, will also ensure that mechanisms are in place across all programme sectors to support two way communications with beneficiary audiences to ensure that the views of affected communities are heard and that they are engaged as active participants in their own recovery.

### Capacity of the National Society

PMI has a strong and well-established capacity in emergency preparedness and response, considering the widespread and frequent occurrence of natural disasters throughout the world's largest archipelago. Because of the December 2004 tsunami in Aceh province of northern Sumatra, PMI has a large database of volunteers and a substantial asset base. In addition, PMI Chapters are actively engaged in the operations in many areas: Central Java, Jambi, Lampung, Riau, Bengkulu, Aceh NAD, Nusa Tenggara Timur, Jakarta, North Sumatra, Nusa Tenggara Barat, Northern Sulawesi and East Kalimantan.

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 built up a robust inter-dependence amongst its branches and 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 specialised skills according to their individual capacity and potential.

In Disaster Management Services, there are 36,837 Satgana members and 4,318 CBAT members ready to be mobilized. In Health Services in emergencies, there are 310 units of ambulances, 167 volunteers trained in water and sanitation in emergencies, 152 first aid trainers, 149 MAT members and 141 PSP volunteers. In social services, there are 741 volunteers for malaria campaigns, 16,613 volunteers for avian influenza, and 4,365 CBHFA volunteers who support health risk reduction in the community. In restoring family links services, PMI has 33 chapter RFL coordinators in all 33 chapters, three master RFL trainers, three assistant trainers on RFL specialization and 205 volunteers with expertise in RFL.

### **IFRC's Capacity**

Following the 26 December 2004 tsunami that struck Aceh province, the 28 March 2005 earthquake on Nias Island, and the 27 May 2006 earthquake in Yogyakarta, IFRC's capacity in support of PMI has expanded substantially, in terms of personnel and resources in the country. Currently, there is a strong IFRC presence with 14 partner national societies (with approximately 46 experienced delegates and 443 national staff) and an IFRC country team comprising of 15 delegates and 197 national staff who support the PMI in its emergency and longer-term programming.

In support of the initial emergency response, the IFRC country office along with in-country PNS's supported PMI with early deployment of locally-based relief items and also technical support in logistics, telecommunications, information sharing and reporting to support PMI for this operation.

### **Partner National Societies in Indonesia**

IFRC has supported the PMI to lead coordination meetings with ICRC and PNSs in country. Through these meetings the PNS's have identified technical areas and potential resources that are either available or potentially available should it be required according to PMI needs. Some PNS are also in the process of developing bilateral proposals that would provide additional and complementary support to PMI in addition to this Appeal. Below is a short list of PNSs in country identifying recent or potential support areas if possible and needed:

- American Red Cross – Relief, water and sanitation (watsan), shelter materials, technical support
- Australian Red Cross – Relief, watsan, early recovery and technical support
- Belgium Red Cross -- Relief
- Canadian Red Cross – Relief and early recovery
- Danish Red Cross – Relief, emergency/transitional shelter
- French Red Cross – Relief transportation and communications
- German Red Cross – Relief radio communication, technical support
- Hong Kong, branch of the Red Cross Society of China – Relief support
- Italian Red Cross – Relief
- Japan Red Cross – Relief
- Netherlands Red Cross – Relief transportation and communications
- Norwegian Red Cross – Relief and transportation
- Qatar Red Crescent – Relief support in West Sumatra earthquake operation
- Spanish Red Cross – Relief, watsan, emergency shelter, early recovery
- ICRC – Watsan, restoring family links and dead body management

### **Budget summary**

See attached budget (Annex 1) for details.

Matthias Schmale  
Under Secretary General  
Programme Services

Bekele Geleta  
Secretary General

## How we work

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

The International Federation'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.

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

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

## Contact information

For further information specifically related to this operation please contact:

### Indonesia

- Palang Merah Indonesia (PMI) (*in English, Indonesian Red Cross*): Mrs. Aswi R. Nugroho, Head of Communications; email: [reksaningtyas@yahoo.com](mailto:reksaningtyas@yahoo.com); phone: +62 21 799 2325 ext. 221; fax: +62 21 799 5188.
- Federation Country Office in Indonesia: Phillip Charlesworth, Head of Country Office; email: [phillip.charlesworth@ifrc.org](mailto:phillip.charlesworth@ifrc.org); mobile: ++62 811 824 859, phone: +62 21 7279 3440; fax: +62 21 7279 3446

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- International Federation Asia Pacific Zone Office, Kuala Lumpur; fax: +603 2161 0670:
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- Heikki Väättämoinen, Operations Coordinator, phone: +603 9207 5729, mobile: +60 12 2307895; email: [heikki.vaatamoinen@ifrc.org](mailto:heikki.vaatamoinen@ifrc.org)

**[<Preliminary Emergency Appeal budget and map below;  
click here to return to the title page>](#)**

International Federation of Red Cross and Red Crescent Societies

MDRID006 INDONESIA : JAVA ERUPTION & SUMATRA EARTHQUAKE  
& TSUNAMI

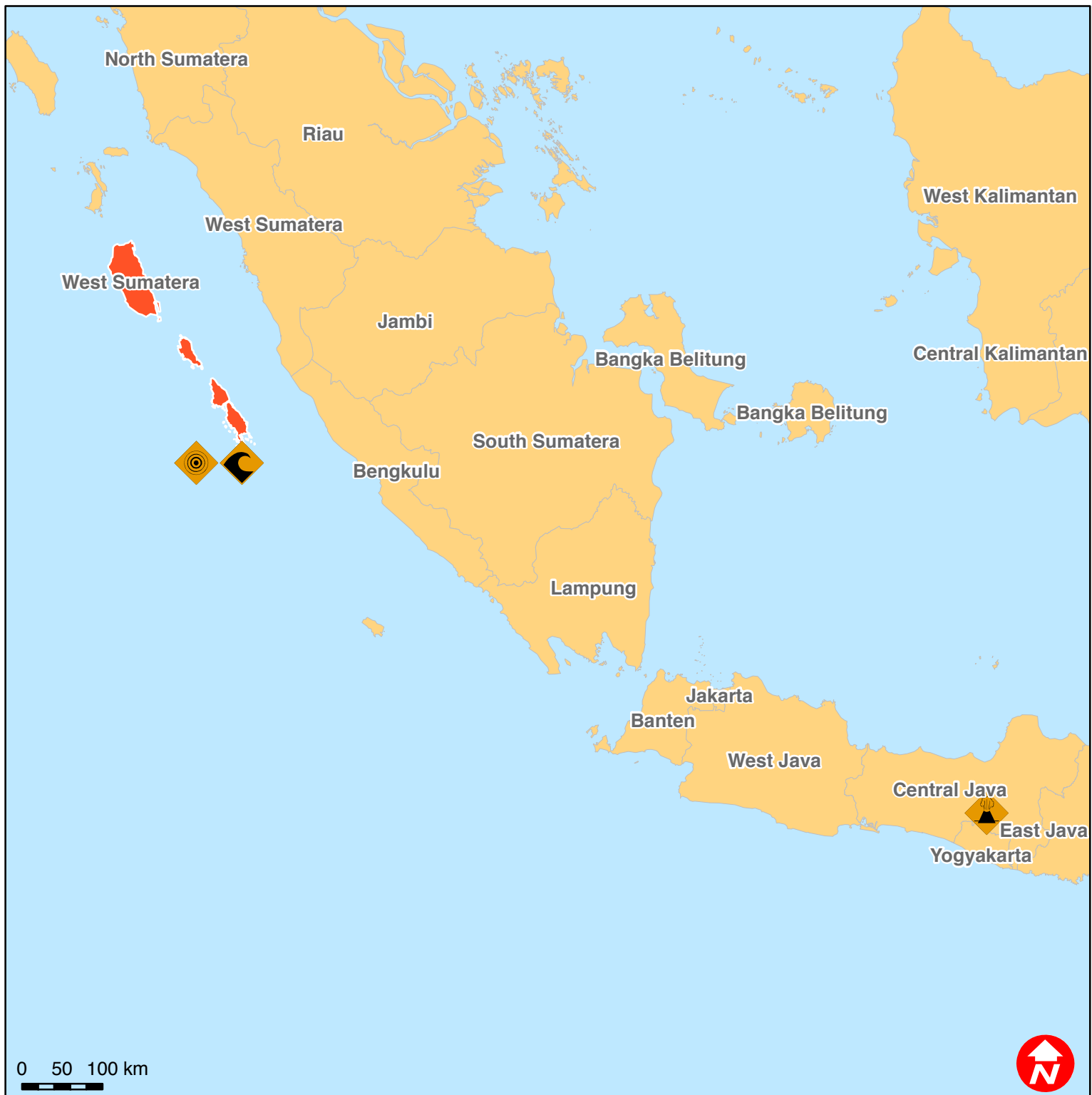
**BUDGET SUMMARY**

Budget Group	Multilateral Response	TOTAL BUDGET CHF
Shelter - Relief	112,250	112,250
Shelter - Transitional	416,250	416,250
Clothing & Textiles	137,500	137,500
Food	180,000	180,000
Water & Sanitation	159,000	159,000
Other Supplies & Services	834,950	834,950
<b>Total Supplies</b>	<b>1,839,950</b>	<b>1,839,950</b>
Distribution & Monitoring	126,000	126,000
Transport & Vehicle Costs	308,000	308,000
<b>Total Transport &amp; Storage</b>	<b>434,000</b>	<b>434,000</b>
International Staff	48,800	48,800
National Staff	8,000	8,000
National Society Staff	240,000	240,000
<b>Total Personnel</b>	<b>296,800</b>	<b>296,800</b>
Travel	11,000	11,000
Office Costs	66,000	66,000
Communications	5,000	5,000
Financial Charges	500	500
<b>Total General Expenditure</b>	<b>82,500</b>	<b>82,500</b>
Program Support	172,461	172,461
<b>Total Programme Support</b>	<b>172,461</b>	<b>172,461</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>2,825,711</b>	<b>2,825,711</b>





# Indonesia: Earthquake, tsunami and volcano



-  Merapi
-  Earthquake and tsunami
-  Mentawai islands