

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action (EPoA) Indonesia: Aceh Earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRID011	Glide n° EQ-2016-000127-IDN
Date of issue: 12 December 2016	Date of disaster: 7 December 2016
Operation manager: Giorgio Ferrario, IFRC Head of CCST and Representative to ASEAN	Point of contact: Arifin Muhammad Hadi, PMI Head of Disaster Management Division
Operation start date: 7 December 2016	Expected timeframe: 5.5 months (until 31 May 2017)
Overall operation budget: CHF 941,847	DREF allocation: CHF 374,880 ¹
Number of people affected: 66,064 displaced	Number of people to be assisted: 5,000
Host National Society: Indonesian Red Cross Society – Palang Merah Indonesia (PMI) – has 34 provincial chapters and 474 district branches nationwide, with 23 branches in Aceh. PMI has so far mobilized at least 100 volunteers and 32 staff for the response.	
Red Cross Red Crescent Movement partners actively involved in the operation: PMI works with the IFRC and ICRC as well as American Red Cross, Australian Red Cross, Canadian Red Cross and Japanese Red Cross Society in-country. Most are supporting longer-term programmes but some may potentially support PMI's response to the earthquake on bilateral basis.	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. They include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies.	

A. Situation analysis

Description of the disaster

A 6.4 magnitude earthquake struck off Pidie Jaya Regency, province of Aceh in Sumatra Island, Indonesia, around 05:00h local time, on Wednesday 7 December 2016, killing at least 100 people and damaging more than 200 houses. According to the US Geological Survey (USGS), the quake was centred 17 kilometres northeast of Pidie Jaya – around 121 km southeast of Banda Aceh – and had a depth of 10 km. Indonesia's agency for meteorology climatology and geophysics (BMKG) indicated that there was no risk of a tsunami.

The national disaster management agency's (BNPB) and the regional disaster management agency (BPBD) are coordinating the response and collating information on the earthquake's impact. Their reports indicate that earthquake's impact on infrastructure resulted to damages to some 11,378 houses, 109 offices, 88 shop-houses, 58 mosques, 33 schools and one fish markets. There has also been damage to main roads, which resulted in constraints to accessing some of the affected areas, as well as to electric facilities and towers causing power outages.



PMI medical team takes care of a patient in Pidie Jaya Hospital.
Photo: PMI.

¹ The DREF allocation will be complemented by an extended plan of action linked to the longer-term plan (Operational Plan 2016-2017), which is partly funded by Australia's Department of Foreign Affairs and Trade (DFAT) – with a confirmed contribution of AUD 700,000 – as well as activities to be covered by funding mobilized by PMI through its domestic fundraising campaign.

According to BNPB, at least 100 human lives have been lost, with 666 people injured and 65,064 displaced. The number of casualties is not expected to increase significantly as most people who were trapped in rubble have been rescued and bodies retrieved.

Search, rescue and retrieval efforts are underway, with villagers and multi-agency teams, including personnel from Palang Merah Indonesia (PMI), National Search and Rescue Agency (BASARNAS), BNPB, BPBD, Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies involved. Assessments as well as delivery of immediate assistance which includes first aid and basic medical services are also being undertaken alongside search, rescue and retrieval efforts.

The Government of Aceh Province has issued a provincial level state of calamity to be applied for 14 days until 20 December 2016. The BNP has indicated that there is no request for international assistance at this stage.

Summary of the current response

PMI has been on the ground from the onset, with its base units mobilizing volunteers – many of whom are members of the affected communities – to support search, rescue and retrieval efforts, delivery of immediate assistance and undertake rapid assessments. The national headquarters of PMI has deployed a team of four – a member of the Governing Board, the head of disaster management department, a staff of the disaster management department and a communications officer – to support the response in Pidie Jaya. Additional volunteers and staff members have also been deployed to the affected areas from neighbouring provinces and districts.

To enable its base unit in Pidie Jaya to deliver immediate assistance to the affected people, PMI dispatched body bags and relief supplies (blankets, family kits, hygiene kits and tarpaulins) for 1,000 families from its warehouses in Aceh, Banten and Padang. The National Society also mobilized two ambulances (with medical crew), as well as one double cabin vehicle and two operational vehicles (for evacuation) from its base units in Bireun and Lhoksumawe. To address immediate water needs, PMI has mobilized two 5,000-litre water tanks to the affected area. The National Society has also launched a domestic fundraising campaign – [Bantuan Kemanusiaan Untuk Korban Gempa Pidie Jaya - Aceh](#) – for the earthquake response.



PMI dispatched from its preposition stocks – hygiene kits, tarpaulins and jerry cans – to Pidie Jaya. **Photo: PMI.**

Overview of Red Cross Red Crescent actors in-country

PMI works with the IFRC and ICRC as well as American, Australian, Canadian and Japanese Red Cross Societies in-country. All these partners are coordinating with PMI on how and where they can provide support.

Movement Coordination

The IFRC Country Cluster Support Team (CCST) in Jakarta is providing technical and coordination support to PMI and has deployed two personnel alongside the PMI headquarter team; one to work closely with PMI on needs assessment and the other to support communications and media relations needs. The CCST is also facilitating financial support to PMI. The funding for this plan is being sought through two approaches: this Disaster Relief Emergency Fund (DREF) allocation and an extended plan of action linked to the longer-term plan, which is partly funded by Australia's Department of Foreign Affairs and Trade (DFAT).

The CCST is supporting PMI in Movement coordination and so far, four meetings of all Movement partners with presence in Indonesia – including the ICRC – have been held to discuss the response and how to support the National Society's response in a coordinated manner. The meetings include a Movement Mini Summit. It is important to note that in August 2016, the CCST organized a Movement readiness planning meeting during which all Movement partners with presence in Indonesia explored overall preparedness for three disaster categories as portrayed in the Indonesia Humanitarian Country Team (HCT) 2016 emergency response preparedness report.

Coordinating with the authorities

PMI and the IFRC are coordinating with BNPB and the Ministry of Social Affairs (MOSA) to obtain more information on the humanitarian impact caused by the earthquake. PMI is also in close coordination with the District Health Office (DHO) to obtain updated information on the immediate medical needs of injured people, especially those who need further medical assistance.

Inter-agency coordination

At country level, IFRC participates in meetings of the HCT held both during disasters and non-emergency times. PMI and IFRC are also involved in relevant national cluster information sharing, planning, and analysis at all levels.

Thus far, IFRC has shared information on the PMI response with the HCT and participated in two HCT meetings. The IFRC is also engaging with MOSA, which is the lead of national shelter cluster, on the support required for cluster coordination, with IFRC ready to provide technical experts to support MOSA in this regard.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs analysis

Within hours after the earthquake, PMI deployed teams from neighbouring base units and national headquarters to support the base unit in Pidie Jaya in undertaking an emergency response while at the same time, conducting rapid assessments to obtain a general idea of urgent needs in the most affected communities. In addition to the National Society's own staff and volunteers, personnel of IFRC are participating in the rapid assessments.

Based on initial information from PMI teams on the ground, analysis of needs on reports from its base units, review of secondary data – including updates from BNPB and BPBD – situation reports by AHA Centre and media reports, PMI has determined needs that span immediate assistance to early recovery.

Psychosocial support

Initial observations indicate that some survivors are displaying signs of trauma, with several apprehensive of going indoors for fear of aftershocks. In addition, some survivors have lost close family members, friends or neighbours. There is the need to provide psychosocial support in affected communities. PMI personnel, some of whom are directly affected by the quake, will also need stress debriefing and other support in the coming weeks.

Health

Ocular surveys and secondary data show a substantial impact on health facilities, including the Pidie Jaya Hospital, resulting in the disruption of health services. The capacity of facilities that are intact will be stretched, especially with increasing number of earthquake-related injuries. To ensure continued delivery of health interventions in severely affected areas, there is a need for deployment of emergency health units with standardized medicine, paramedics and equipment. Furthermore, survivors who have sustained serious injuries need crutches and wheelchairs to prevent deterioration of conditions and support their mobility. To address these needs, PMI will provide first aid services, deploy an emergency health unit to Pidie Jaya, and provide crutches and wheelchairs to survivors who have sustained serious injuries. However, no medicines will be procured using the DREF allocation.



PMI mobilized emergency response teams and 6 ambulances to assist affected communities in Aceh. **Photo: PMI.**

Non-food relief

Given the displacement and disruption of day-to-day activities, there is a need for the provision of non-food relief, especially in areas where markets have been disrupted and normal supply of goods hampered. As such, PMI will provide essential relief, including blankets and family kits, in the most affected communities.

Cash

Assessments are underway, and among others will look at the option of providing unconditional cash in areas where markets are still functioning. In areas where market systems are constrained and access remains poor, severely limiting the utility of cash transfers, cash interventions will be considered once markets resume operations.

Shelter

In view of the significant damage to people's homes – and considering that many survivors are apprehensive of going back indoors for fear of aftershocks – there is a need for emergency shelter assistance. There is a need for emergency shelter solutions, including provision of tarpaulins and tools to ensure that affected families are not exposed to harsh weather elements. Subsequently, families whose houses have been damaged will need assistance to undertake repairs to their damaged homes. Where feasible, cash transfers need to be considered to give the affected households the option of obtaining their choice of shelter materials.

Water

There is a disruption of water supply in some of the affected areas based on various reasons, including damaged reservoirs or water distribution lines. Displaced families also need to access safe water in areas where they have temporarily settled. In the immediate term, there is a need to provide safe water via water purification systems as well as provision of water purification tablets. In the medium term, affected communities will need to be supported to rehabilitate damaged water systems. PMI is deploying a water purification system and will provide target households with water purification tablets.

Hygiene

Given the damage to houses and the fact that some people are afraid of returning indoors due to fear of aftershocks, hundreds of families remain unprotected from weather elements. The rainy season is currently on and has the potential of compounding the health and hygiene situation, especially linked to inadequate shelter conditions that leave affected people exposed to harsh weather elements. Disease prevention and health promotion activities need to be undertaken in order to prevent the occurrence of outbreaks of diseases, including water and vector-borne diseases. There is also the need to promote safe water handling, and to provide hygienic items to reinforce practice.

Sanitation

Rubble from collapsed houses and buildings needs to be cleared or recycled. Clearing of rubble needs to be done in a manner that will not lead to accumulation of debris, which combined with stagnant water as a result of potential rains during the season, may pose public health risks. As part of vector control, PMI will focus on creating awareness about the importance of clearing debris and ensuring that community members clear spots that could potentially collect stagnant water, especially in view of the dengue threat. The national WASH Sub-Cluster has identified needs for emergency latrines in displacement sites as an intervention to address open defecation. In this regard, PMI will support the provision of emergency latrines in displacement sites.

Beneficiary selection

PMI will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to gender and diversity in emergency programming, for example by targeting women-headed households, pregnant or lactating women, men and boys made vulnerable by the disaster, families that have not received any or sufficient assistance from the government or other organizations, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic humanitarian needs on their own. These groups will be considered according to level of impact.

Feasibility and delivery capacity

The PMI has technical capacity and experience to deliver in this response with limited support from IFRC and other Movement partners. The disaster is localized and falls under 'Category A' of the three disaster categories portrayed in the Indonesia HCT 2016 emergency response preparedness report – which means it can be handled by the authorities and national organizations such as PMI. However, PMI has requested financial support from IFRC to scale up its response. The IFRC will provide technical support to PMI as per the National Society's request.

B. Operational strategy and plan

Overall objective

This operation aims to assist 5,000 people affected by the earthquake in the districts of Bireuen and Pidie, and Pidie Jaya Regency with appropriate immediate and medium-term assistance in a timely, effective, and efficient manner, as well as accompany them to recover and increase their resilience to future shocks.

Proposed strategy

The operation consists of closely integrated sectors aiming to provide:

1. **Immediate household needs** assistance, including distribution of essential household **non-food items** and **unconditional cash grants**;
2. **Health** interventions focusing on **psychosocial support**, **first aid**, deployment of an **emergency health unit**, and **provision of crutches and wheelchairs**;
3. **Water, sanitation and hygiene promotion** interventions focusing on improving access to safe water, provision of emergency latrines, and reduction in risk of diseases (water and vector-borne and water-related);
4. **Shelter and settlements** assistance to support access to safer living conditions during the initial states of the emergency by the provision of tarpaulins and orientation on the use, and dissemination of IEC materials on safer shelter awareness;

Geographically, the operation will focus on affected areas of Bireuen and Pidie, and Pidie Jaya Regency. PMI will also undertake interventions using resources it has or it will mobilize bilaterally and/or from non-Movement sources.

Crosscutting matters

Gender, diversity and protection

PMI will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to gender and diversity in emergency programming, including targeting women-headed households, pregnant or lactating women, and men and boys made vulnerable by the disaster. The following considerations apply:

- prevention of sexual and gender-based violence, such as by taking into account the needs of boys and girls in planning/rehabilitating water facilities;
- disability inclusion (which recognizes that people with disabilities have the same fundamental rights as other members of the community);
- involving the most vulnerable groups within community engagement and local decision-making processes;
- adapting interventions for people living with disabilities or who are aged/frail and require access points, such as handrails in homes.

Community engagement and accountability

PMI has a long history of working and communicating with affected communities, including during the responses to the earthquake and tsunami of December 2004. Community accountability and feedback/response mechanisms will be integrated into programming to ensure that affected populations have direct access to information on the nature and scope of services provided by PMI, along with processes that will enable community participation and feedback.

Operational support services

Human resources

The operation will be implemented by the PMI base units in the districts of Bireuen and Pidie, and Pidie Jaya Regency utilizing existing staff, but with support of the Aceh Provincial chapter and the national headquarters. Where needed, the National Society will hire additional project staff.

The IFRC will provide technical support and guidance to PMI, including by assigning a manager for the response. In addition, one member of the Regional Disaster Response Team (RDRT) will be mobilized to support the response.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

To meet the immediate operational needs, PMI has sufficient stocks of relief items prepositioned across various warehouses and which have been released to the affected areas. All in-country transportation of relief items are being carried out utilizing PMI existing fleet although in some cases additional trucks have been rented.

Procurement to replenish some items, including tarpaulins, may be supported internationally via the IFRC Regional Logistics Unit (RLU) in Kuala Lumpur. The RLU in Kuala Lumpur will extend technical support to PMI and the IFRC CCST as needed.

Communications

IFRC and PMI communications teams are working closely together in order to build public awareness around the humanitarian needs. Key messages, talking points and news stories will be produced with particular emphasis placed on communicating around the needs of affected people, key milestones and timelines in the operation. Ensuring that the operation is well documented through audio-visual coverage will be an important element of the communications plan. High quality photographic and video material will be produced.

Information technology and telecommunications

PMI will ensure that staff and volunteers involved in the operation can be reachable via mobile phones, with satellite phones provided as backup.

Information management (IM)

PMI will utilize existing capacity to facilitate the collection, collation, analysis and dissemination of relevant multi-sectoral data and information so as to support evidence-based decision making that can contribute to an effective humanitarian intervention. If required, surge IM support will be sought from the Asia Pacific Regional Office.

Planning, monitoring, evaluation, and reporting (PMER)

Reporting on the operation will be carried out in accordance with the IFRC DREF minimum reporting standards. As this operation will most likely be scaled up, subsequent reporting will be done within the context of a scaled up operation.

Security

As regards PMI staff and volunteers, the National Society's security framework will apply. For IFRC personnel, including potential surge support, the IFRC security framework will be applicable. Coordination will also be observed with the ICRC through regular information-sharing in accordance with the existing, agreed, arrangements.

Administration and Finance

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. PMI has been supported for many years by the IFRC and is accustomed to these financial procedures. The IFRC finance and administration team in the IFRC Jakarta CCST will continue to provide support to the operation as requested by PMI and the IFRC programme manager/budget holder.

Resource Mobilization

This DREF allocation complements an extended plan of action for the Aceh earthquake response – whose overall budget is CHF 941,847 – linked to the longer-term plan (Operational Plan 2016-2017) for Jakarta CCST. The overall plan is currently 96 percent covered – with a total of CHF 903,200 already secured, i.e. through a combination of this DREF allocation (CHF 374,880) and a contribution of AUD 700,000 (approximately CHF 528,320) from Australia's Department of Foreign Affairs and Trade (DFAT).

Partners who wish to support the response may replenish the DREF allocated or contribute towards the Operational Plan for Jakarta CCST to cover a CHF 38,647 funding gap. Please contact the [IFRC Asia Pacific Regional Office](#) for more information.

C. DETAILED OPERATIONAL PLAN

Health

Need analysis: Some survivors are displaying signs of trauma, with several apprehensive of going indoors for fear of aftershocks. In addition, some survivors have lost close family members, friends or neighbours. There is the need to provide psychosocial support in affected communities. Disruption of health services due to substantial impact on health facilities, including the Pidie Jaya Hospital. The capacity of facilities that are intact will stretched, especially with the increasing number of earthquake-related injuries. To ensure continued delivery of health interventions in severely affected areas, there is a need for deployment of emergency health units with standardized medicine, paramedics and equipment. Furthermore, survivors who have sustained serious injuries need crutches and wheelchairs to prevent deterioration of conditions and support their mobility.

Population to be assisted: Up to 1,000 households in five communities to be reached with psychosocial support (support also extended to operation staff and volunteers), basic medical treatment and first aid; and up to 50 injured people will receive mobility aid equipment. No medicines will be procured using this DREF allocation.

Outcome 1: The immediate and medium-term risks to the health of affected population are reduced											
Output 1.1 Psychosocial needs of the affected populations are met											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
1.1.1 Conduct psychosocial support training of trainers (ToT) for PMI staff and volunteers											
1.1.2 Conduct psychosocial support activities in communities											
1.1.3 Reproduce and distribute IEC materials on psychosocial support and child protection											
1.1.4 Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers											
Output 1.2 Target population is provided with rapid medical management of injuries and diseases											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
1.2.1 Set up one emergency health facility in affected community and provide basic treatment											
1.2.2 Provide first aid in affected communities											
1.2.3 Provide crutches and wheelchairs to 50 injured people											

Water, sanitation and hygiene

Need analysis: There is a disruption of water supply in some of the affected areas based on various reasons, including damaged reservoirs or water distribution lines. Displaced families also need to access safe water in areas where they have temporarily settled. In the immediate term, there is a need to provide safe water via water purification systems as well as provision of water purification tablets. In the medium term, affected communities will need to be supported to rehabilitate damaged water systems. Given the damage to houses and the fact that some people are afraid of returning indoors due to fear of aftershocks, hundreds of families remain unprotected from weather elements. The rainy season is currently on and has the potential of compounding the health and hygiene situation, especially linked to inadequate shelter conditions that leave affected people exposed to harsh weather elements.

Disease prevention and health promotion activities need to be undertaken in order to prevent the occurrence of outbreaks of diseases, including water and vector-borne diseases such as dengue. There is also the need to promote safe water handling, and to provide hygienic items to reinforce practice.

Rubble from collapsed houses and buildings needs to be cleared or recycled. Clearing of rubble needs to be done in a manner that will not lead to accumulation of debris, which combined with stagnant water as a result of potential rains during the season, may pose public health risks. As part of vector control, PMI will focus on creating awareness about the importance of clearing debris and ensuring that community members clear spots that could potentially collect stagnant water, especially in view of the dengue threat. The national WASH Sub-Cluster has identified needs for emergency latrines in displacement sites as an intervention to address open defecation. In this regard, PMI will support the provision of emergency latrines in displacement sites.

Population to be assisted: Up to 1,000 households in five communities to be reached with safe water distribution and hygiene promotion activities while emergency latrines will be provided in five displacement sites.

Outcome 2. The immediate reduction in risk of waterborne and water-related diseases in targeted communities											
Output 2.1. Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
2.1.1 Distribute safe water via temporary water distribution points											
2.1.2 Provide water purification tablets (100 per household) to affected families											
2.1.3 Conduct sessions on household water treatment alongside distribution water purification tablets											
Output 2.2. Hygiene-related goods which meet Sphere standards are provided to the target population											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
2.2.1 Distribute hygiene kits to 1,000 households											
Output 2.3. Access to adequate sanitation facilities in displacement sites increased											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
2.3.1 Provide emergency latrines in displacement sites											
Output 2.4. Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population											
Activities planned	Month	1	2	3	4	5	6	7	8	9	10
2.4.1 Mobilize existing volunteers to participate in basic hygiene promotion activities											
2.4.2 Undertake hygiene promotion activities alongside distribution of hygiene kits and provision of latrines											

Livelihoods

Need analysis: It is still early to quantify the extent of damage caused on livelihoods. Assessments are underway, and among others will look at the option of providing unconditional cash in areas where markets are still functioning. In areas where market systems are constrained and access remains poor, severely limiting the utility of cash transfers, cash interventions will be considered once markets resume operations.

Population to be assisted: Up to 500 households in five communities to be reached with livelihoods support (unconditional cash grant). The modality will be via bank transfer in coordination with local banking service providers.

ANNEX 1: ASSUMPTIONS AND RISKS TABLE TEMPLATE

ASSUMPTIONS & RISKS	LIST IF SPECIFIC AFFECTED SECTORS OR STATE 'ALL'	Likelihood	Impact	CAN CONTROL; MITIGATE / INFLUENCE; OR ONLY FACTOR-IN
Adequate support (technical, material, and financial) is available for the operation	All	M	H	Factor into commitments
Access and logistics for delivery of materials is not hampered by bad weather conditions and blocked roads	All	H	H	Factor into logistics planning

Budget**DREF OPERATION**

MDRID011 : Indonesia : Aceh Earthquake

Budget Group	DREF Grant Budget CHF
Shelter – Relief	28,000
Clothing & Textiles	58,000
Water, Sanitation & Hygiene	55,000
Medical & First Aid	17,050
Other Supplies & Services	32,500
Cash Disbursements	35,500
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	226,050
Storage, Warehousing	6,000
Distribution & Monitoring	20,700
Transport & Vehicle Costs	18,000
Logistics Services	16,000
Total LOGISTICS, TRANSPORT AND STORAGE	60,700
International Staff	5,850
National Society Staff	14,000
Volunteers	16,900
Total PERSONNEL	36,750
Workshops & Training	4,250
Total WORKSHOP & TRAINING	4,250
Travel	2,400
Information & Public Relations	10,250
Office Costs	6,600
Communications	5,000
Total GENERAL EXPENDITURES	24,250
Programme and Supplementary Services Recovery	22,880
Total INDIRECT COSTS	22,880
TOTAL BUDGET	374,880

Reference documents



Click for:

[DREF budget](#)

[Map](#)

Contact information

For further information, please contact:

In Indonesian Red Cross (Palang Merah Indonesia), Jakarta:

- ✓ Dr. Ritola Tasmaya, MPH, secretary general; phone: +62 217 992 325; fax: +62 217 995 188; email: pmi@pmi.or.id
- ✓ Arifin M. Hadi, head of disaster management; mobile: +62 812 9777 7755; fax: +62 217 995 188; email: arifinmuhammadhadi@gmail.com

In IFRC Country Cluster Support Team, Jakarta:

- ✓ Giorgio Ferrario, Head of CCST and Representative to ASEAN; mobile: +62 (0) 811 824 859; email: giorgio.ferrario@ifrc.org

In IFRC Asia Pacific Regional Office, Kuala Lumpur:

- ✓ Martin Faller, Deputy Regional Director; email: martin.faller@ifrc.org
- ✓ Nelson Castano, Head of Disaster and Crisis Unit (DCPRR); email: nelson.castano@ifrc.org
- ✓ Necephor Mghendi, Operations Coordinator; mobile: +60 12 224 6796; email: necephor.mghendi@ifrc.org
- ✓ Riku Assamaki, Regional Logistics Coordinator; mobile: +60 12 298 9752; email: riku.assamaki@ifrc.org

For resource mobilization and pledges:

- ✓ Diana Ongiti, Relationship Manager, Emergencies; mobile +60 19 274 4960; email: diana.ongiti@ifrc.org
- ✓ Please send all pledges for funding to zonerm.asiapacific@ifrc.org

For communications enquiries:

- ✓ Patrick Fuller, Communications Manager; mobile: +60 12 230 8451; email: patrick.fuller@ifrc.org

For planning, monitoring, evaluation and reporting (PMER) enquiries

- ✓ Peter Ophoff, Head of PMER, email: peter.ophoff@ifrc.org

In IFRC Geneva:

- ✓ Susil Perera, Senior Officer, Response and Recovery; phone: +412 2730 4947; email: susil.perera@ifrc.org
- ✓ Cristina Estrada, Response and Recovery Lead; phone: +412 2730 4260; email: cristina.estrada@ifrc.org

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



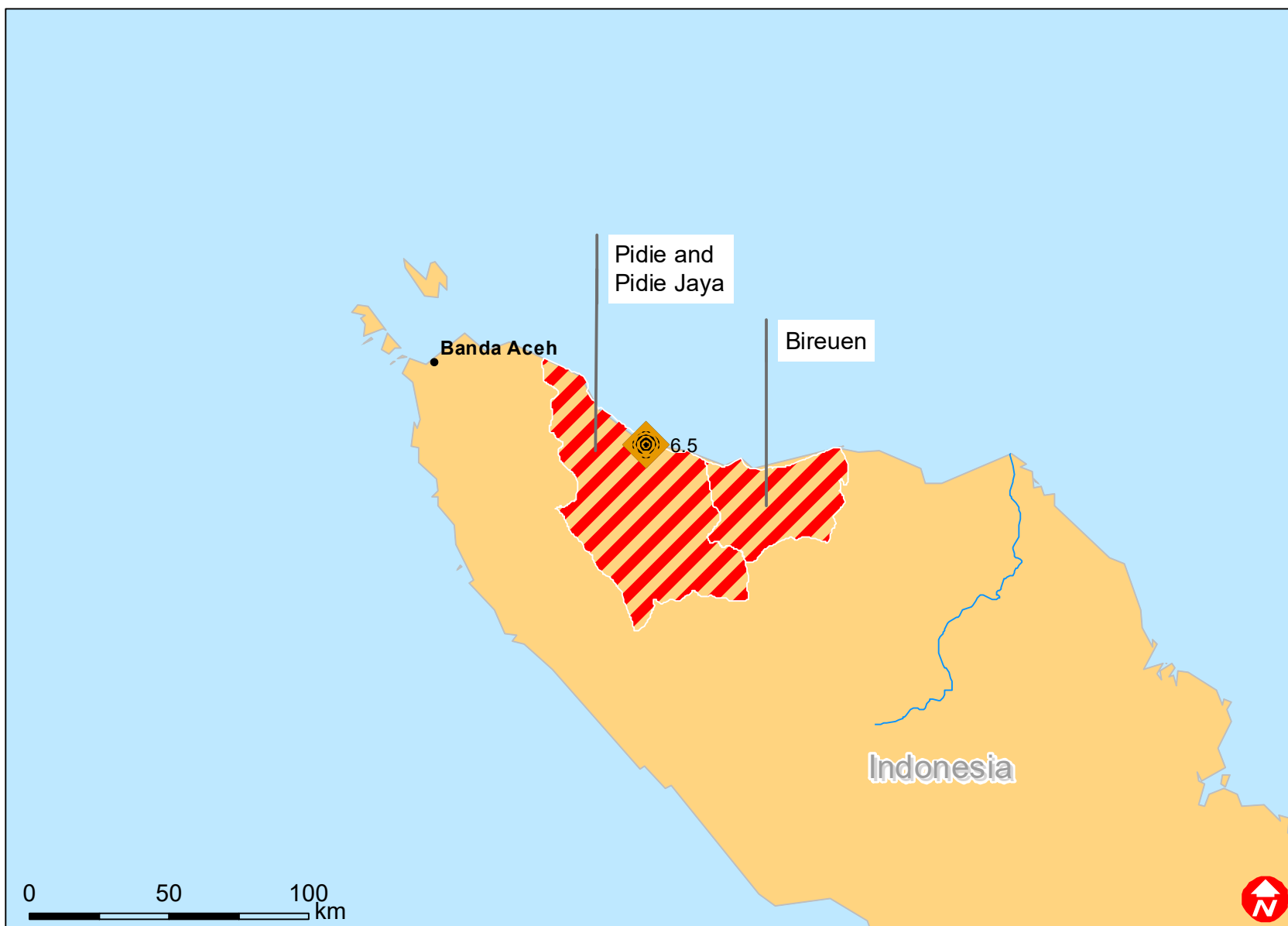
**Enable healthy
and safe living.**



**Promote social inclusion
and a culture of
non-violence and peace.**



Indonesia: Aceh Earthquake



-  earthquake
-  Affected Areas