

# Situation Report

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## Indonesia – No. 01/2010

### Mt. Merapi Eruption, Yogyakarta

Submitted by ACT FORUM INDONESIA

9 November 2010

#### **Brief description of the situation**

Mt. Merapi is a volcano situated at an elevation of 2,980 metre above sea level. It is the most active of the 129 active volcanoes in Indonesia, located between Yogyakarta and Central Java. On 20<sup>th</sup> September 2010, the alert level of Mt. Merapi was raised from normal to advisory and it was raised again to the highest level (warning) on 25<sup>th</sup> October 2010.

On Tuesday 26<sup>th</sup> October 2010 at 18.10 Western Indonesian Time, Mt. Merapi erupted and took the life of 32 people. Most of them were residents of Kinahrejo sub-village, Umbulharjo, Cangkringan, Sleman District. Two weeks after the first eruption, Mt. Merapi continues to spew deadly pyroclastic flows that so far have claimed 168 lives and injured 453 people, according to BNPB. As of November 8<sup>th</sup>, the volcano has caused at least 278,000 people living within a 20 km radius on its slope to flee their homes in the districts of Sleman, Yogyakarta and Magelang, Boyolali and Klaten, Central Java.

Tents, village halls, schools, universities, religious buildings, government office buildings and sports stadiums now serve as evacuation centres. Evacuees are staying in at least 210 of these centres located across four districts, which present numerous problems. They are overcrowded and offer no privacy and poor sanitation facilities. Some men have been forced to sleep outside the buildings and shelters, giving priority to women, children and older people.

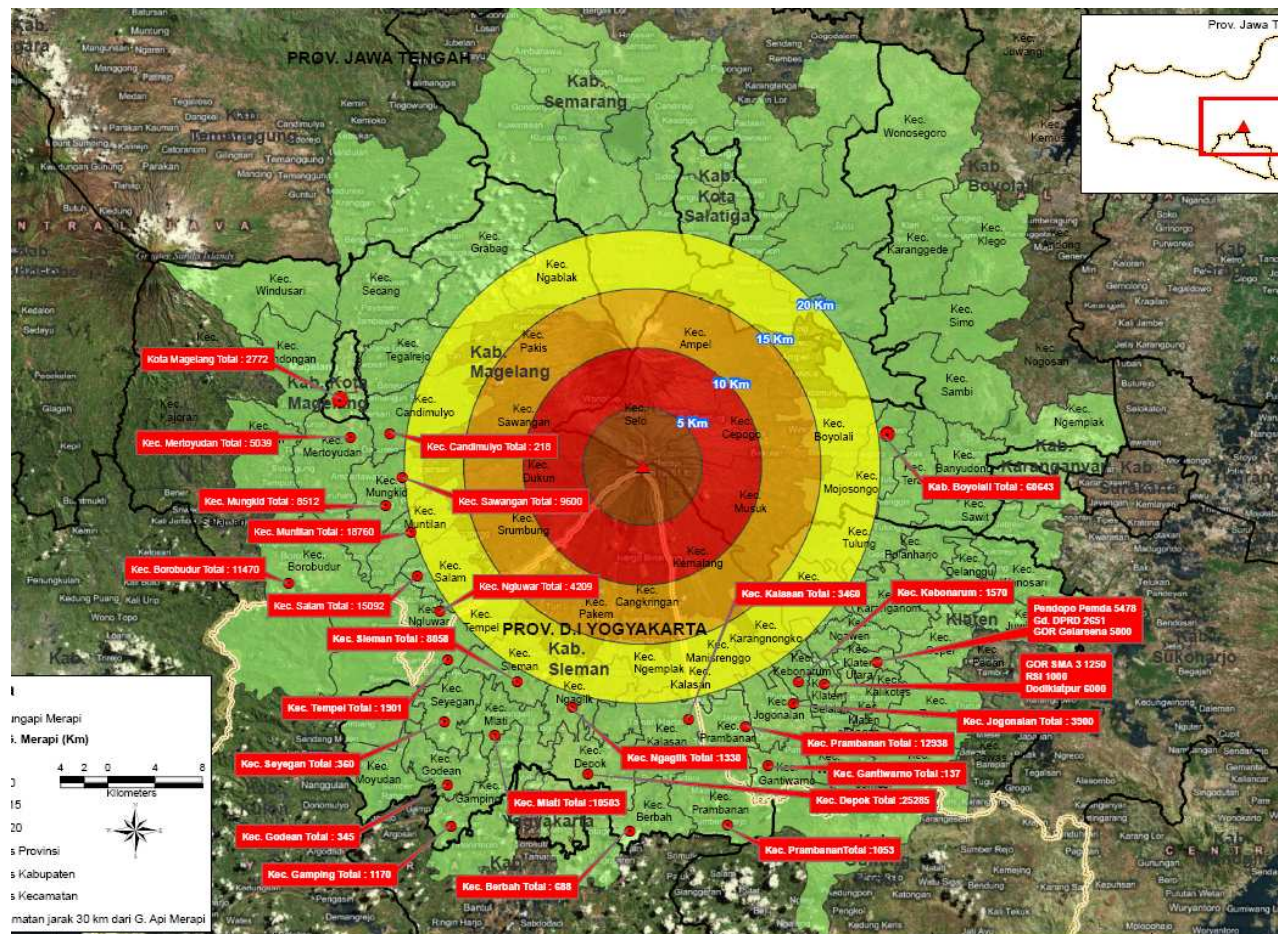
#### **Potential Risk and Impact**

Sanitation, hygiene and health remain the main concerns for the temporary sites housing people who have been forced to leave their homes, even though the construction of temporary latrines began in a few locations shortly after the volcano erupted. The volcanic ashes are causing upper respiratory infections and sore eyes in many people. They may also cause problems for people whose respiratory system is already compromised by disorders such as asthma. A number of children, women and older people are experiencing fevers and colds, and there has been an increase in cases of gastritis as people become more distressed.

Cramped conditions in the evacuation centres and anxiety over the possibility of future eruptions are having an impact on the psychological wellbeing of the disaster-affected population, particularly among those who were living in the hardest-hit zone, whose houses were destroyed and cattle killed by the first eruption on 26<sup>th</sup> October. “Most evacuees cannot sleep well. Every time they hear a rumble they are terrified of another eruption that will harm them and force them to move again to a new safe shelter,” reports Guntur, a volunteer and former Mertojudan Seminary team member. While there are mental health specialists available in certain evacuation centres, they cannot be everywhere at once.

Beside the need to distribute practical items and food, there is huge concern about the livelihoods of people who have been displaced. Many are returning home every morning to feed their cows and goats, even though they are aware that it is not allowed as their homes are located in dangerous zone. Their livestock are their main assets, and people will exchange their safety to care for them: the inability to earn money from milk or selling their labour in the sand-mining industry, coupled with the costs of the gasoline they need to travel back and forth, is creating financial problems for people. Two people have committed suicide as a result of severe depression caused by this economic uncertainty, while sixty people are reported to be suffering serious distress at Maguwoharjo evacuation centre; some of them will be sent to hospital (*Harian Jogja daily news, 9 Nov 2010*)

Many evacuation centres (posko) can only be used for a limited period as they are private buildings and have to revert to their normal usage. This poses a serious problem, since the volcano activities is expected to remain active for some time and people will not be able to return home in the immediate future. This will mean that government and formal evacuation centres will become even more crowded. A number of families and homes in Yogya and surrounding areas in Central Java have accommodated friends, family members and relatives seeking refuge, the result of strong social bonds in Yogyakarta. But, in the long run, if the displaced people cannot return home soon, another social problem may develop in relation to the host families.



### National Response

The President has given full authority over the response to BNPB and has further mobilised national resources such as military personnel and line ministries, as needed. The Ministry of Social Affairs has mobilised 1,600 volunteers to assist with the provision of food, shelter and practical items to the affected population. The President has opted to sit in and lead the response in Yogya directly since last Friday. An Emergency has been declared, scheduled to last for a month.

**ACT Indonesia Forum Response:** ACT Indonesia Forum members are in the process of finalising the ACT preliminary appeal.

### Christian Reformed World Relief Committee (CRWRC)

Supporting its local partner, the emergency arm of the Indonesian Christian Church (GKI), CRWRC will directly fund the emergency response to provide:

1. Distribution of food for 600 refugees during the emergency phase (7 days)
2. Distribution of hygiene kits for 600 refugees
3. Distribution of 100 blankets and floor mats for senior citizens and children

So far the GKI (Indonesian Christian Church) Jogja served the community around Mount Merapi in Ring 2 area, which is situated close to the Ring 1 area. Our partner provides for daily needs and offers a health service in the coordination post and as a door-to-door service.

Church World Service (CWS)

CWS is conducting further need assessment through its local partners KYPa, Mitra Alam and L-Paska in the following IDPs sites:

1. Sleman Districts: Auditorium YKPN, Auditorium UPN, UPN Stadium, Yogyakarta University, Concat culinary park, Pogung Elementary School, and Maguwoharjo Stadium
2. Magelang District: NU University building and Mungkid sub-district
3. Klaten District: Stadium Klaten, Klaten DPRD building, Klaten Town Hall and Military Training Centre
4. Boyolali District: Cepogo sub-district.

Diakonie Katastrophenhilfe (DKH)

Since 26<sup>th</sup> October, DKH has been supporting PW ANSOR Jateng and PC ANSOR Magelang in managing evacuation post (Posko) at Jln. Talun KM 2 No. 1, Banyu Biru, Dukun, Magelang (Contact persons: Madjidun – 08122954687, Habibulloh – 08112510971) to help 3.269 IDPs in eight (8) evacuation buildings at Srumbung, Dukun and Sawangan Sub-districts. On 28<sup>th</sup> October, two other organizations from Yogyakarta namely Dian Mandala and YKDKI (Yayasan Kerabat Desa Kota Indonesia) joined the Posko to supply various emergency needs. Since Monday, 1<sup>st</sup> November 2010 psychological support targeted school-aged children has been conducted by DKH in cooperation with Faculty of Psychology, Satya Wacana Christian University, Salatiga.

The following emergency relief items have been supplied:

- 2,000 packets cooked food (for the first two days while public kitchens are set up)
- 6 cartons drinking water
- 500 floor mats
- 500 blankets
- 100 baby blankets
- 100 packets baby food
- 400 packets hygienic kits
- 200 packets sanitary pads
- 1,500 masks
- cooking utensils for 5 public kitchens
- 500 kg rice
- 60 litres of cooking oil
- a quantity of various kinds of vegetables, either purchased or donated by vegetables vendors at Salatiga market place.

A DKH Program Officer has been seconded to provide advice on POSKO and evacuation camp management, as quite a large amount of emergency relief goods are being provided by the surrounding community and local NGOs.

On the psychological side, 15 students from the Psychology University UKSW Salatiga (3 teams of 5 five students) are visiting evacuation camps every day to cheer up the stressed children.

Mobile health services are also provided by POSKO through 3 ambulances (each consist of 1 doctor, 2 nurses and quantity of medical supplies) seconded by the Moslem Hospital Demak, Kudus and Jakarta.

As of Monday 8 November, works on constructing 20 emergency latrines (5 at IPPHTI Training Centre where 250 IDPs who have been moved at least 4 times since the first eruption and 15 at Pesantren-turned-evacuation-camp in Muntilan)

YAKKUM/YEU

All Yakkum units are involved comprehensively in this response through:

1. Mobile medical services done by medical teams from 8 hospitals served more than 2,000 patients in 2 weeks (database update is ongoing). The 5 main diseases suffered are acute respiratory infection, skin/dermatitis, diarrhea, cephalgia, myalgia and gastroenteritis.
2. Medical and psychosocial service for 120 disabled people in 2 weeks
3. Logistic needs met by YAKKUM development units and their networks (HFI, JKLPK, local churches, companies, universities, public donations) for 10,000 people who have been displaced, in the form of food and practical items to be distributed within 2 weeks.
4. Twenty four emergency toilets established in 3 evacuation centers in Klaten (Jatinom), Sleman (Hargobinangun) and Magelang (Srumbung)
5. Facilitating a children's program for 110 children at an evacuation center (at Hargobinangun) to comfort them, create a sense of normality, introduce them to disaster education in a child-friendly way (using clown performances and games), and offer story-telling and assisted study as schools are temporarily closed.
6. Following the trend of acute increased psychological problems among the affected population, YAKKUM experts in psychiatry, psychology and counselling are developing a barrack-based referral system for psycho/psychiatric care to ensure that proper attention is given to early symptoms and that they can provide an early curative/counselling service.

YEU is coordinating with the Government of Hargobinangun village, Pakem, Sleman and Sidorejo village, Kemalang, Klaten to help people who have had to flee their homes. Involving people's organisations in Klaten and in Boyolali to be part of the temporary displacement post and meeting the basic needs of the affected population is one of our strategies to ensure the community participation and ownership as they are the first responder in the ground. YAKKUM units are also coordinating online and running a joint blog to share what we have done for this disaster as well as earthquake and tsunami response in Mentawai.

Beside the short term emergency response, YEU plans to sustain the good practice of community-based barrack management & long-term preparedness as well as strengthening the capacity of disaster-training centres in facilitating the community and institution-based disaster preparedness (rehab phase).

Yayasan Tanggul Bencana di Indonesia (YTBI)

YTBI did an assessment together with the Javanese Christian Church in Prambanan Central Java, focusing their facilitation on 2,000 people who had been displaced in Prambanan and Jogonalan Klaten. The evacuation centre is crowded and sanitation facilities are lacking. There are concerns that people are suffering from acute respiratory infection, diarrhea and dermatitis. YTBI is responding to people's needs by distributing baby food and women's underwear in those 2 focused areas. Forthcoming needs include additional sanitation and toilets; tents; medicine for acute respiratory infection, diarrhea and dermatitis; masks; trauma healing.

**Any funding indication or pledge should be communicated to ACT Chief Finance Officer, Jean-Daniel Birmele ([jbi@actalliance.org](mailto:jbi@actalliance.org)).**

**For further information please contact:**

ACT Deputy General Secretary, Jill Hawkey (phone +41 22 791 6069 or mobile phone +41 79 376 1711)

ACT Assistant Regional Program Officer, Gaby Bartholomew (phone +41 22 791 6036)