The first 30 days: organizing rapid response (Indonesian Red Cross Society/IRC)

Summary
The emergency response of the Red Cross and Red Crescent Movement to the earthquake and tsunami disaster has been fast and unprecedented. The Indonesian Red Cross Society was amongst the first organizations on the spot carrying out retrieval of dead bodies, evacuation of survivors followed by delivery of emergency health responses, distribution of food and non-food relief, clean water, temporary shelter as well as reunification of separated families. IRC have had more than 1200 volunteers working around the clock to aid the affected peoples. IRC has been supported by all components of the Movement in its endeavour to support the affected people. The International Federation has provided large quantities of relief goods, emergency relief units to supply clean drinking water, health services, communication, logistics, distribution and accommodation support. The International Committee of the Red Cross has supported IRC with non-food items, shelter materials, body bags, medicine, water and sanitation, and has established a referral field hospital. An unprecedented number of sister national societies has also contributed to the relief efforts with cash, goods, delegates and support programs in water, health, psycho-social support, etc.

The first three days:
The Indonesian Red Cross (IRC) has 30 Chapters and more than 350 Branches nationwide. In the Tsunami hit regions, IRC has two Chapters (one covering Ace Province and the other covering the North Sumatra Province) and has 19 and 17 Branches, respectively. Usually when a natural disaster happens, branches in the closet vicinity will report to the Chapter in the province and the Chapter will report to the IRC National Office in Jakarta. The Branches may directly report to the National Office in real emergency cases.

However, on 26 December 2004, when the Tsunami happened after the earthquake, all communication lines were destroyed and cut off and the IRC Chapters and Branches, therefore, could not send any information to the National Office. This has delayed the response/relief activities more than it usually takes. 5 to 6 hours after the Tsunami, the water started to recede and revealed the picture of the “death city”: dead bodies emerging among rubbles, and revealing a scene of many people, still alive though only slightly, severely injured, lying down or panicking every where. For many people it felt like a nightmare, because in a second they have lost their families, their belongings and everything.

By this time, IRC Aceh Besar Branch which was not affected by the Tsunami started its operations with 20 Red Cross Volunteers who were also not affected and survived the disaster. The volunteers immediately came to the Red Cross Branch office and started to help the injured people with limited available equipments. In the first day, they managed to evacuate about 100 wounded people with 3 IRC ambulances to 7 center points for health services where health personnel were available. Unfortunately many health facilities were also destroyed. Even the referral hospital in the capital city of Aceh province could not be used as the building was filled up with mud and no medical personnel were available; a condition that continued for more than one week. “Aceh Utara”(Aceh North) hospital is the only IRC hospital in Aceh province. Though located quite far from Aceh Besar, the IRC hospital started to assist the wounded victims from the first day. IRC volunteers also retrieved and collected dead bodies in front of the Red Cross office. In total, the volunteers retrieved around 500 dead bodies in the first day.
IRC volunteers’ priority activities during the first three days were concentrated on retrieval, burial and proper handling of dead bodies in order to prevent outbreak of communicable diseases such as cholera which was a real threat at that time. In the second day, around additional 20 Red Cross volunteers joined in. Within 3 days the volunteers supported by the community evacuated and transported 500 wounded, and together with the army, retrieved and collected 15,000 dead bodies and buried them in a mass graveyard.

In total, the Red Cross volunteers retrieved and transported 62,413 dead bodies by 31st March 2005 and buried them in 24 mass graveyards.

On the second day IRC distributed 500 tarpaulins and 400 hygiene kits in Aceh Besar.

**The forth to 14th day:**
Meanwhile, the International Federation of Red Cross and Red Crescent Societies (the Federation) deployed a Field Assessment and Coordination Team (FACT) within 72 hours of the disaster, basing itself out of Banda Aceh as soon as it was logistically feasible. By 3rd January, FACT members were conducting aerial and rapid touchdown assessments with a helicopter in the districts of Aceh Jaya, Aceh Barat and Simeulue islands. The assessments were conducted in towns located farthest from Banda Aceh, along the east coast to Sigli and Lhoksemawe and along the west coast to Meulaboh, where the densest pockets of population were located. This proved to be a wise strategy, and enabled RC/RC to identify and assist communities not yet reached by other agencies. For example RC ERU (Emergency Response Unit) Teams were thus the first to provide water in Meulaboh, Samalanga and Sigli and among the first to reach Calang. In addition, this helped IRC in identifying the most proper place to set up ERU Basic Health Care (BHC) centres supported by different Red Cross Societies. ERU BHC in Meulaboh started its operation on 4th January and ERU BHC in Teunom commenced on 10th January 2005. The International Committee of the Red Cross (ICRC) started its field hospital operation with capacity of 100 beds in Lhong Raya on the same day.

On the forth day, the IRC National Office deployed a medical action team (7 medical personnel) to the affected areas in Meulaboh equipped with a medical emergency kit and other personal kits. The team set up a health post which was located inside an IDP camp (arranged by the Indonesian Army/TNI) and also ran a mobile clinic nearby some remote IDP camps. The medical team also supported paramedics to reopen their public health centers by providing them with medicines. Medical doctors have already left their post in these public health centers.

Also on the forth day, the first medical team managed to arrive at Calang coast (Aceh Jaya) using a navy ship from Malang (East Java). The RC volunteer team included a doctor and a nurse equipped by limited medicines. The team provided basic health services and distributed food and clothes.

Several external Red Cross and Red Crescent Societies such as the South Korean Red Cross, Slovak Red Cross, Japanese Red Cross, Singapore Red Cross and Malaysian Red Crescent also sent their medical team to support the IRC in the field starting from the second week.

IRC National Office started to organize deployment of volunteers from outside Aceh to the field a week after the Tsunami. Some IRC Chapters/Branches outside Aceh sent their
volunteers and/or medical team by themselves or as part of a team deployed by their local authorities.

From the second week, IRC started to conduct psycho-social assessment in Aceh together with the Federation. Findings included: most of the people in the affected area

- were traumatized by the Tsunami and earthquake;
- were in a grief phase;
- have moved to a temporary shelter not only because their houses were destroyed but also because they were afraid of entering their houses again with a possibility of another earthquake happening;
- lost their means of living and could not sustain their daily activities;
- were worried about their future;
- stressed with lack of privacy by staying together in a big camp
- felt insecure due to high dependency on aids provided by the humanitarian organization and the government.

Starting from the eleventh day, Water and Sanitation (WatSan) ERU from the Spanish RC started to produce and distribute drinking water with the capacity of 200,000 – 350,000 liters per day for 4,000 families and 35,000 IDPs in four camps and to hospitals.

**The third week to the end of the first month post Tsunami:**
IRC National Office deployed its medical action team in Banda Aceh from the beginning of the third week. Within the first 30 days IRC sent 30 medical personnel to Banda Aceh, 38 to Meulaboh, and 6 to Simeulue. Medical volunteers were divided into seven groups and were located at 7 command posts. The teams also set up 7 health posts and ran mobile clinics nearby several IDPs camps. The mobile clinics examined and treated 50 - 100 patients per day. Gradually, IRC increased it running capacity to 14 units of health posts and, mobile clinics operating in 32 different IDP camps.

During the first 30 days, IRC National Office deployed 820 well trained volunteers. They have been divided into different groups with different assignment, such as to distribute food and non food items, organize field kitchens, remove dead bodies, assist the medical teams, to support tracing and re-establishment of family links (supported by the ICRC).

In some areas of Banda Aceh, Aceh Besar and Meulaboh, IRC also conducted fogging to prevent the spreading of dengue and malaria.

IRC also provided psychological support to the returning volunteers. In the first 30 days, IRC National Office conducted experience sharing sessions two times for the volunteers who came back from the field. The sessions aimed at giving opportunities to the volunteers to share experiences, feelings and thought to help them identify current and anticipated stresses and how to cope and manage them.. The volunteers were informed that these are normal reactions after being in such tensed and abnormal situation. The volunteers felt this was a mean to release emotional tensions, complaints and suggestions and also make them understood of their own mood changes, and an opportunity to learn about reaction to stresses and how to manage stresses.

Voluntary blood donor recruitment and blood transfusion service is one of the IRC main activities based on the mandate from the government. IRC has Blood centers in Banda Aceh, Lhoksemawe and Langsa. Though the blood center in Banda Aceh was destroyed it resumed
its operation three weeks after the Tsunami with limited amount of blood donated. IRC National Office organized a delivery of 60 blood bags every 3 days from Jakarta.

Starting from the beginning of the third week, WatSan ERU in Samalanga and Sigli (supported by the French RC) produced 170,000 liters and 120,000 liters per day, respectively, for 20,000 IDPs at 21 sites. At the same time, WatSan ERU (supported by the German RC) in Teunom produced 35,000 liters per day.

Activities on sanitation and environmental health in Meulaboh began on 13th January, focusing on the clean-up of garbages as part of vector control activities. Before the end of the first month, sanitation activities were undertaken in Teunom by constructing latrines at schools and in selected IDP settlements.

**What went well:**
- During the first 30 days, the emergency response of the Red Cross Red Crescent Movement to the disaster has been fast and unprecedented. IRC has been assisted by all components of the Movement in this endeavor.
- IRC was amongst the first organizations on the spot and has handled the dead bodies, evacuated the survivors and those injured, delivered emergency health care services, distributed food and non-food relief items, provided water and temporary shelters, and supported reunification of separated families.
- More than 2,000 Red Cross volunteers have been working around the clock to aid the affected people. Regular coordination meetings were held with all parties in the field.

**Areas to be strengthened:**
- The medical action team sent from the IRC National Office should be well equipped and well trained. They should arrive on the spot to operate during the “golden period” under the MoH coordination.
- Coordination mechanisms, communication lines and information system between and within National, Provincial, District level need to be improved.
- Standard operation procedures in emergency situation should be defined for all sectors at all levels.
- Volunteer mobilization from external Chapters and Branches should be well coordinated, and well prepared before sending them to the field. Mobilization of local volunteers should be encouraged.
- More proactive roles should be taken by the IRC National Office, provincial Chapters and district Branches in regards to coordination (with partners and external parties).