The First 30 days:
Organizing Rapid Response

Indonesian Red Cross Society (IRC)
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The first three days:

- The first day (after water started to recede):
  - In Aceh Besar, a spontaneous action from 20 volunteers
  - evacuated the slightly to severe injured (100)
  - evacuated the dead bodies (500) with limited equipment and ambulance, only happened in well functioning Branch and the office was not affected by Tsunami
Day 2 – Day 3:

- Community mobilization -- working together with 40 IRC volunteers
- Working together with the armies
- Distribute 500 tarpaulin & 400 hygiene kit
- Evacuated & transported 500 wounded, and 15,000 dead bodies – retrieved & collected
After Forth Day

Federation deployed Field Assessment and Coordination Team (FACT) --- aerial and rapid touchdown assessments by helicopter to Aceh Jaya, Aceh Barat and Simeulue island.

explore east coast & west coast, where the densest pockets of population were located ----

could identify the most proper place to set up ERU BHC or ERU Watsan
Emergency response of RCRC
Movement to tsunami – fast & unprecedented

• ERU BHC (Japan RC) in Meulaboh
• ERU BHC (German RC) in Teunom
• Field Hospital (ICRC/Norwegian RC) in Lhong Raya
• ERU Watsan (Spanish RC) in Meulaboh
• ERU Watsan (French RC) in Sigli & Samalanga
Deployment of Medical Action Team (MAT)

• Day-4 to Meulaboh: first MAT
• Day-15 to Banda Aceh: first MAT to BA

In the first 30 days: 74 medical personnel have been deployed
Set up 14 units health post,
Mobile clinic to 32 different IDP camps.
Deployment of volunteers

- Spontaneous action from local volunteers
- Spontaneous deployment from Chapters/Branches outside Aceh
- Organized by IRC National Office (after one week):
  More than 2000 volunteers have been deployed to the site
  In 30 days– deployed 820 volunteers: relief distribution, organize field kitchen, remove dead bodies, assist medical teams, support tracing & re-establishment of family links
Psychosocial support program

- Assessment in the second week, most people:
  - were traumatized by Tsunami & earthquake
  - were in grief phase
  - People move to shelter & leave their house
  - Lost their means of living & 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 Humanitarian Organization & government
Psychological support to volunteers

• Sharing session for volunteers who came back from the field, since people working in the tension situation also traumatized with the situation.

• Benefit: a mean to release emotional tensions, complaints, suggestions, understanding of their own mood changes, learn about reaction to stress & how to manage stress
Blood Bank (mandate from government) destroyed in Banda Aceh

- **Beginning of the third week, starting to run blood bank.**
  Due to limited blood donors, IRC National Office organized a delivery of 60 Blood Bags every 3 days from Jakarta

  In Lhoksemawe – in the second week, also got supply 90 bags from Jakarta
Obstacles

- Local IRC collapse
- Communication cut off
- Lack of transportation means
- Staff and volunteers in Aceh also in grief phase --- need support from outside
- No clear standard of procedure in emergency situation
What went well

• Emergency response of the RCRC Movement to disaster has been fast and unprecedented
• IRC was amongst the first organizations on the spot and has handled the dead bodies, evacuated the survivors & those injured, delivered emergency health care services, distributed food and non-food relief items, provided water & temporary shelters, supported reunification of separated families
• More than 2.000 IRC volunteers have been working on the spot
• There was a regular coordination meeting with all parties in the field
Areas to be strengthened

- IRC Medical Action Team should be well trained & well equipped, Should arrive on the spot to operate during the “golden period” under the MOH coordination
- Coordination mechanism, communication lines & information system between and within National, Provincial, District level need to be improved
- Standard operational procedures in emergency situation should be defined for all sectors at all levels
- Volunteer mobilization from external chapters/branches should be well coordinated, well prepared before sending them to the field. Mobilization of local volunteers should be encouraged
- More proactive roles should be taken by IRC National Office, Provincial Chapters – District Branches in regards to coordination (with partners and external parties)
Continued

• To improve the capacity of IRC at all level
• To empower the community.