

PMI Experience Working for Children Survivors 2006 Java Earthquake Response



Background

On May 27, 2006, at around 5:53 pm, a tectonic earthquake measuring 5.9 magnitude hit 20 km south-southeast of Yogyakarta at a depth of 33 km. Earthquake shocks were felt from the southern coastal areas of Java through to the northern region. The most severe damage occurred in Bantul, Yogyakarta and Klaten District in Central Java. It is estimated that 6,234 people died, 18,000 seriously injured, 37,000 suffered minor injuries. More than 130 thousand homes were destroyed, 450 thousand more damaged by the quake. About 1.5 million people lost their homes and had to live in tents or temporary shelters.

PMI assembled a team of humanitarian operations to coordinate the handling of victims and the impact of the earthquake in Yogyakarta and Central Java. This team linked PMI National Head-quarters, PMI Yogyakarta (DIY), PMI Central Java and the Federation of the Red Cross and Red Crescent Societies (IFRC) Delegation in Jakarta. The operation was controlled through the command post at PMI DIY, covering the affected areas in Yogyakarta (Bantul, Sleman, Kulon Progo, Gunung Kidul and Yogyakarta Districts) and Central Java (Klaten, Boyolali, Magelang, Sukoharjo, Purworejo, Temanggung, and Karanganyar Districts). Rapid assessment followed by detailed assessments determined the PMI response services as follows:

Response Service	Water Sanitation	Tracing Mailing Service	Health Care	Social Service	Psycho-social Support Program	Relief	Logistics and Transport	Administrative & Secretariat
Activity	Water Distribution Toilet building Well Cleaning	Search Missing Person	- Mobile clinics - PMI health care services	School kits distribution	Victims psychosocial supports	Assessment and distribution of relief items	Stock Update Fleet Management	- Report Recap - Media publications - Archiving - Volunteer Organization - IT and Communication back up

The team worked during the emergency response phase, from May 27 to July 15, through the early recovery phase on October 27, 2006. 3600 volunteers were mobilized from various provinces throughout the country with the assignment period of up to 15 days.

Vulnerability and Resilience Context

In Central Java, children were identified as the key vulnerable groups to be given priority in providing response services. In addition to being the victims of disasters, children are vulnerable due to the collapse of their regular protection system. Children victims stayed in evacuation points, lost their play grounds, and their school time. Most schools were converted into camps, and their playing fields were used for family tent sites. Those attended schools outside the affected area, were also reluctant to stay far apart from their families, for fear of the possible aftershocks or, the Mount Merapi alert notice become a reality. The school attendance rate was drop significantly. Peer to peer approach was used in facilitating the focus group discussions to enable systematic support for children to share their concerns and to assist each other.

In contrast to the common assumption that children are able to recover from trauma faster than adults, PMI volunteers observed several children with swing mood or tend to withdraw, while apparently maintained interaction with their family members. The volunteers found a child with trauma to walls as she believed that it was walls that took the live of her father. She revealed it during a drawing session, which was one of the PMI trauma healing activities for children. Her recovery activities were carried inclusively. She was gradually reintroduced to brick wall, together with her peer group of other children who were not experience trauma or had no experience trauma to walls or collapse buildings.

Other inclusive activities were organized in the form of team sports, such as soccer, or religion based activity, such as Quran recitation. The PMI team built their capacities in being sensitive to understand the root causes of the problems, in order to facilitate children's resilience. For example, in the case of teenagers lacking of attention from their parents. Many parents developed quick-tempered behavior due to significant rest time and quality deprivation. After in-depth interviews and personal approaches, it was found the parents had to provide care at night for their babies, who experienced sleeping difficulties. The babies was later diagnosed to be malnourished, then, treated with nutritious meals. By solving the problem, teenagers got back their parent's attention, and the relationship in the families was rebounded.

PMI Commitment

Initially, the PSP team was trained to help the other PMI volunteers to manage their stress after long assignment term. Immediately after the training completed, PMI deployed 50 members of the team to organize healing activities for evacuees in Klaten District. The Indonesian Government

released an alert notice on the Mount Merapi eruption and instructed people lived around the Volcano to evacuate. It had been three months and the people had gotten The sutiation lasted for three months and the people got tired of living in the temporary shelters. The Volcano was not erupted, instead, Klaten was hit by a devastated earthquake. The team was mobilized to Klaten, already developed experience on working with childres, to continue assist children survivors getting through their difficult time.



Based on rapid and detailed assessments, PMI added on the services list basic needs for children, such as baby food, logistics for girls, as well as the needs for learning and playing. The management of trauma healing activities was classified according to the age groups. Children aged 7-10 years were given drawing, and counseling. Children at 10-15 years of age were facilitated in drawing activity, also writing poetry or stories. Children over the age of 15 years could attend group discussion and sharing sessions with their peers. The PMI team monitored the progress on a weekly basis to determine new approach or follow up actions. Working with children in turn built trust among adults, which allowed PMI team to be more effective in delivering the other response services.

Resources.

The organizational capacities of the PMI Central Java Province and Klaten District were already strong, equipped with office building, governance structure, the existence of basic services, and adequate number of volunteers. PMI Central Java was particularly capable in establishing emergency operation post. Due to the earthquake status and scale, PMI worked together with the Movement Partners, such as from: the IFRC, the ICRC, the Spanish Red Cross, the Japanese Red Cross, the French Red Cross, the Netherlands Red Cross, the Danish Red Cross, the

American Red Cross, the Australian Red Cross, the British Red Cross, the Italian Red Cross, the Malaysian Red Crescent, the Turkish Red Crescent, the Qatar Red Crescent, the United Arab Emirates Red Crescent. External partners involved were the CHF International, the International Organization for Migration (IOM), the Java Reconstruction Fund.

Creating Safe Environments for Children in Emergencies

PMI volunteers were in charge on ensuring the evacuee numbers. The child population data obtained from the village authorities was compared to the number of children at the evacuation points. Similarly, volunteers sorted out the relief items according to the needs of the age groups and genders. In the public kitchens, PMI engaged the community members that assigned themselves on a daily schedule to develop menu, and ensured that food for babies was available. Children lived with and always under the supervision of their parents. Pregnant women, the elderly, persons with disabilities and children were prioritized in staying into family tents, which were limited.

The other main need was clean water. PMI in cooperation with the Movement Partners provided well cleaning service, so that children could use bathroom in their house preventing them from sharing the public bathrooms too long. The response activities made use of the equipment, the systems and the logistics of the Merapi eruption preparedness. PMI volunteers were already on alert, promptly shared tasks, many other volunteers stood by in responding to the increase number of evacuees, to conduct evacuation, and delivered needs assessment. Through the financial support from the Danish Red Cross, PMI was able to further explore the children's stress situation, and conducted the required follow up services after the recovery phase was completed.

Challenges and Recommendations

PMI faced two main challenges: PMI personnel lacking of understanding and sensitivity to the risks and the needs of children, and the mainstreaming of child protection in the emergency services. Children would not normally share their situation and needs, unless they have trust in the PMI volunteers services. Whereas, the negligence to treat trauma adversely impact the development of the child.

The recommendations based on the lessons in responding the 2006 Java earthquake are:

1. Ensure the protection of children in PMI's programs and services. This can be achieved through the implementation of the Sphere Project or the Minimum Standards in Humanitarian Action for Child Protection. In addition, PMI ensures the Child Protection Policy to integrate into PMI policies, and PMI personnel sign the code of conduct.
2. Educate PMI response personnel to understand the children's vulnerabilities and resilience, and to ensure that their



actions will not cause any harms to children. A steering team to be developed to monitor the service quality, assist personnel on duty, as well as to ensure safe environments are established for both children, and for PMI personnel during emergencies.

3. Engage children's participation in response activities. Children can give input on their needs and safety, and contribute to their recovery. Children need to know where to go to get help, and stay close to their families.
4. Educate beneficiaries, especially adults on their rights and responsibilities to prevent violence, as well as on accessing reporting mechanisms in the event of harmful acts to children.