Overall analysis of the programme
Social and political unrest caused by conflicts over autonomy, and compounded by the economic crisis of the past six years, continued in a number of provinces in the Indonesian archipelago during 2003. The secessionist conflict in Aceh province escalated in 2003; martial law was declared in May. The Indonesian Red Cross (Palang Merah Indonesia or PMI) has played an important role in the man-made disaster, providing humanitarian aid to the worst affected sectors of the population. The entire organisation has for a considerable time been occupied with the Aceh conflict, and a number of programme activities have been postponed due to the conflict.

Four years on from the democratic elections of 1999, Indonesia's economic outlook remains uncertain and the current economic growth rate of 3 per cent holds no prospect of reducing the dramatically high unemployment, estimated at nearly 9 per cent in 2003 (or some 40 million people) and expected to rise to 9.2 per cent in 2004, according to the Economist Intelligence Unit’s Country Report for 2004. The forecast GDP growth for 2004 is 4-4.5 per cent, while inflation is expected to remain around 5 per cent, down from an average of 6.6 per cent in 2003 (and 11.9 per cent in 2002). The Indonesian Rupiah appreciated for much of 2003 in response to falling inflation; at year’s end the rate was Rp8,420 against the US dollar, up from 9,311 at the end of 2002.

Meanwhile, average basic wages continue to be depressed and the country’s industrial capacity underutilised and shrinking as international companies face reduced production demands. According to the latest statistics, an estimated 50 million people (almost 25 per cent of the population) live below the poverty line, with many more on the margins. Poverty related vulnerability is therefore still very high throughout the country. Large numbers of people have no access to education and basic health care; malnutrition is widespread, as is exposure to diseases.
In 2003, the Federation played an increasingly active role in facilitating ties between PMI and new partners and donors working in Indonesia. Three new partners started up bilateral programmes in Indonesia: the Danish Red Cross Society (community-based disaster preparedness), the Netherlands Red Cross Society (community-based first aid and capacity building) and the Australian Red Cross Society (health and disaster preparedness). Service agreements, incorporating the role of the Federation as facilitator and coordinator, have been established between the Federation and Partner National Societies (PNS).

The development of a Cooperation Agreement Strategy (CAS) for Indonesia, involving all partners operating or providing programme support in Indonesia, was finalised by the end of the year. The document and the accompanying Memorandum of Understanding is to be signed by all partners in early 2004. The CAS featured prominently on the agenda of the Indonesian partnership meeting in Jakarta in November.

Meeting the needs of the most vulnerable in Indonesia continues to present a challenge for the Indonesian Red Cross and the Federation. Much preparation and planning has gone into the implementation of disaster management, health and organisational development projects. As the Federation’s Indonesia Appeal for 2003 was 103 per cent covered, it was possible to implement all planned Federation/PMI disaster management activities. The most striking result is that PMI now has available a core group of well trained volunteers ready to be deployed to any disaster/conflict situation in the country.

While the Indonesian Red Cross has managed to increase its operational capacity and raise public awareness of its purpose and image, the society still requires financial and capacity building support to overcome difficulties in responding to the vast needs throughout the archipelago.

The process to develop a new five year Strategic Plan 2005-2009 has commenced and was given direction by the Annual General Meeting in December 2003. A statutes review working group, comprised of 17 members from the National Board and various chapters, convened in 2003 to ensure that a consultative process is undertaken throughout the society.

While the direct impact of organisational development (OD) activities is not immediately visible, the number of chapters participating in national meetings, etc. indicates that the organisation is becoming more cohesive and operating as a unified society. While this is always difficult to measure in a tangible way, an increasing number of chapters and branches are seeking out advice and guidance from the national office, and where a new project is suggested, chapters and branches have responded positively. More are looking to implement programmes in their area, i.e. Satgana (rapid response) teams or community-based first aid (CBFA) projects. Certainly an increased number of projects/programmes are being implemented provincially.

The year 2003 was a significant one for PMI, particularly in that the society has become more effective operationally. Facing a number of hurdles and challenges, PMI’s disaster management division performed outstandingly throughout the year. All planned activities were accomplished and at the same time 32 different natural events were responded to all over Indonesia (in addition to the conflict responses in Sulawesi, Maluku and Aceh). More than 60,000 people directly benefited from this work. This rate of progress is possible due to the high level of commitment on behalf of PMI – not an easy task in Indonesia where the national society (NS) needs to be on constant alert to natural disasters and conflict situations. It is not without sacrifice, however; in August, a PMI Satgana volunteer from the Bogor (West Java) branch paid for his commitment with his life during a rescue operation in his district.

The disaster management (DM) programme was well supported by a number of donors, such as USAID, the national societies of Japan, the Netherlands, Sweden, Norway, Iceland and New Zealand, as well as the Department for International Development (DFID) through the British Red Cross Society, the Norwegian government through the Norwegian Red Cross Society, the Australian government, the New Zealand government and the American owned Freeport PT mining company. Coordination and cooperation was excellent between the DM division in the national office and provincial chapters and district branches in terms of information sharing, immediate disaster response followed by rapid assessments, and development, follow-up/monitoring of the regular DM capacity building programme. A significant achievement was also made in DM coordination and
cooperation between the Federation, ICRC and PNS with respect to knowledge sharing, joint training programmes, promotion of a common integrated approach in disaster and conflict management, and on the development of a community-based disaster prevention (CBDP) pilot project.

Further improvement is also noticeable with respect to external coordination and cooperation with various other organisations (government, the UN family, other international agencies and NGOs), especially in information sharing, joint assessment exercises and contributions to the facilitation of other stakeholders’ emergency response operations. Unfortunately, interdepartmental communication and cooperation are still sometimes difficult in the national office.

During 2003, natural disasters – ranging from floods, volcanic eruptions and earthquakes to droughts and landslides – placed the Indonesian Red Cross in a very challenging situation. With support from the Federation, PMI was able to respond to all disasters. Establishing and equipping the Satgana teams was one of the year’s main objectives. By the end of the year, 70 Satgana teams were operational throughout Indonesia. Fifty of the most disaster-prone areas were provided with standard equipment to help them carry out their duties.

In the long-term aftermath of the Bali bombing in October 2002, Indonesia has continued to suffer from terrorist activities. In 2003 several bombing attacks were made in various areas, most noticeably the suicide bombing of the JW Marriott Hotel in Jakarta. PMI’s Satgana teams were deployed immediately after the blasts to help evacuate the dead and the wounded; the teams received accolades from many quarters for their performance. These recent experiences have led to plans to start up a psychological support unit to assist Red Cross volunteers who take part in traumatizing emergency operations. A pilot project was initiated in 2003, to be further developed and refined in 2004.

Despite the numerous public health challenges that exist in Indonesia, it was not until the second half of the year that the Federation’s Appeal attracted sufficient support for the health programmes. Support to PMI’s health programmes was strengthened in July with the secondment of a Regional Health Trainee delegate (outposted to Jakarta from the regional delegation in Bangkok). Priorities were given to the CBFA/PHAST (participatory hygiene and sanitation training) and HIV/AIDS programmes. CBFA/PHAST was established as an integral part of PMI’s health and care programme and duplicated in different locations. Altogether, more than 15,000 people in various communities benefited from PMI’s CBFA programmes in 2003.

Federation support was concentrated in Banten province, West Java. In line with PMI’s five year strategic plan on HIV/AIDS (2001-2005), which aims to expand HIV/AIDS programmes outside Java, Bali and West Nusa Tenggara, the Federation supported the completion of a feasibility study on the North Sumatra HIV/AIDS programme, combined with capacity building of the Medan chapter and three local branches. The Federation also complemented the capacity building, training and information dissemination part of PMI’s HIV/AIDS programmes in the four high prevalence provinces of Jakarta, Bali, Riau and Papua. This effort was funded by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM). Significant achievements in the health sector were made possible by additional funds from the Japanese Red Cross Society for the HIV/AIDS programme, continuous support from DFID for the CBFA/PHAST programmes, and Norwegian Red Cross Society support responding to newly emerging needs such as psychological support in emergency situations.

A new two year bilateral health programme, supported by the Netherlands Red Cross Society (NLRC) has started, with a health delegate based in Jakarta concentrating on CBFA and some capacity building within the health sector. The Singapore Red Cross Society supported the CBFA/PHAST programmes in several districts in Sumatra and has indicated interest in continuing support. The Australian Red Cross Society is supporting HIV/AIDS programmes in Java and Bali, including the establishment of a telephone hotline counselling system. The American Red Cross Society has expressed interest in supporting the HIV/AIDS programmes in the future.

In the area of emergency health, PMI’s Psychological Support Programme Working Group was established and held two provincial and one national workshop to further develop the programme. Responding to the SARS outbreak, a workshop – aimed at disseminating correct information on the virus – was held in cooperation with the Ministry of Health; information was widely distributed by volunteers. The first Blood Donor Recruitment and Motivation workshop in Medan, North Sumatra took place in October.
As part of regional cooperation, PMI sent volunteer trainers to East Timor four times to conduct first aid, first aid training-of-trainers (ToT), CBFA and HIV/AIDS training for the East Timor Red Cross Society (CVTL). In September, PMI hosted the 15th Asian Red Cross and Red Crescent Regional Task Force on HIV/AIDS (ART) meeting and strategic planning workshop with the participation of eleven NS from East and Southeast Asia.

**Objectives, Achievements and Constraints**

**Disaster Management**

**Objective 1**
Over two years, PMI's disaster preparedness/management capacity is expanded to manage the national DM programme, with limited technical support from the Federation.

**Achievements**

**Capacity building**
- Two PMI trainers participated in the Federation’s standard ToT course in France in July, with the objective being to learn advanced knowledge/tools and techniques, improve PMI’s TOT programme accordingly, and build human resource capacity in the 15 most disaster-prone provincial chapters.

**ToT training**
- A seven day general ToT course was organised in June for local trainers with the objective being to strengthen local training capacity. Thirty people from fifteen of the most disaster/conflict-prone chapters participated.

**Basic disaster management training**
- Four regional basic DM training courses were organised between September and December. 120 of the best Satgana volunteers from 15 of the most disaster/conflict-prone provinces participated in a seven day intensive basic DM course, with the objective being to learn and study best practices in hazard and risk mapping, risk reduction measures, safe access to the community and security, community awareness, emergency planning and response, follow up/monitoring, reporting and coordination.

**PMI National Rapid Response Team (Tim Khusus) formally recognised and trained**
- 35 staff and volunteers from all over Indonesia attended a ten day intensive disaster and conflict response training course in August, organised jointly with ICRC’s Indonesia delegation. Twenty of the best participants, with various fields of expertise and experience, were selected to be part of the national rapid response team (Tim Khusus). The updated training curricula covered the following main modules/topics: the Red Cross/Red Crescent Movement; security and safe access; global response tools; the Better Programming Initiative; sectoral responses during emergencies; emergency planning/assessment; camp management; relief management; coordination; teamwork; and leadership. Eight Tim Khusus members were utilised in ten different disaster and conflict response operations, i.e. early warning, assessment, information sharing, coordination, developing plans of action, response, reporting and follow up/monitoring.

**Impact**
A cost-effective training management system has been initiated in the 15 most disaster/conflict-prone chapters by providing local trainers with standardised training skills. Each disaster/conflict-prone chapter has at least two volunteers with basic disaster and conflict response knowledge. Procedures for field assessment and information gathering have been improved. Staff and volunteers in targeted provinces and districts are increasingly aware of their roles and responsibilities at different phases of disaster management.

**Constraints**
Due to frequent emergency situations, some training courses had to be delayed. Providing advance training opportunities assumed that participants had good English skills, while in reality very few of them did. Therefore
the training was not well targeted. In 2004 English language training courses for selected volunteers will be initiated in cooperation with PMI’s organisational development division.

Two other significant constraints have affected the implementation of planned capacity building activities: lack of adequate human resources in PMI’s DM division; and the frequency of emergency situations in Indonesia. The staffing level within the DM division is an issue still to be resolved. Two posts were opened in 2003; one was filled in September while the other post was still vacant at the end of the year.

Long-term involvement in disaster response activities by key staff in the DM division has contributed to delays in planned DM capacity building activities. In addition to the ongoing Aceh conflict, PMI responded to 32 different emergency situations throughout the year. To address this situation, utilising the Tim Khusus members in more and longer emergency operations is already proving effective.

Objectives 2 and 3
The material resources required for building PMI’s capacity to provide a standard response is enhanced by 2004. PMI’s capacity for timely and effective disaster response is strengthened by 2004.

Achievements
Standard response equipment sets for most high-risk (disaster/conflict-prone) district branches
- Fifty standard response equipment sets were provided to the fifty branches most at risk to enhance the standard response capacity of targeted Satgana teams to provide immediate emergency services (rescue, first aid, evacuation, field kitchen services) in the time of disasters and conflict.

Access to safe drinking water for flood victims
- Two portable water equipment sets with 10,000 L capacity are available at PMI’s national office.
- A group of staff and volunteers participated in an orientation session on emergency deployment and the provision of safe drinking water to the flood victims

Establishment of an emergency storage network
- The Surabaya warehouse was formally recognised as part of the joint logistics centre of ICRC, the Federation and PMI, and formal agreements made. To further enhance the Jakarta logistics base, four modified mobile containers (able to provide emergency relief to 1,000 families or 5,000 beneficiaries) and one specially modified medicine storage system (with the capacity to store emergency medicine for 30,000 beneficiaries) were installed and made fully operational in the national office premises.
- Progress was made towards the objective of establishing emergency regional storage facilities in six strategic locations to serve the whole country. The regional storage centre in Bali (with 300 families’ capacity) was established with the support of the Australian Red Cross Society. After lengthy discussions and advocacy on behalf of the Indonesia delegation, the Danish Red Cross Society has formally agreed to establish another three regional emergency storage facilities in 2004 (with 1,500 families’ capacity altogether) in Padang, West Sumatra, Makassar, South Sulawesi, and Lampung, South Sumatra.

Enhancement of emergency response facilities
- Emergency provisions of tarpaulins, mosquito nets and family kits (comprising water containers, hygiene items and essential household materials) for an additional 6,500 people were pre-positioned in Jakarta and Surabaya for emergency situations.

Standard logistics system
- Twenty-one staff and volunteers from eight provincial chapters attended a five day intensive logistics course aimed at implementing a standardised logistics system in the regional emergency storage centres to make them fully operational.

Impact
- Fifty high risk (disaster/conflict-prone) district branches are well equipped and each of them has the capacity to provide emergency services (rescue, first aid, evacuation and field kitchen services) to at least 1,000
families or 5,000 individuals. In total, 250,000 beneficiaries can be supported by these facilities during emergencies.

- 60,000 people directly benefited from PMI’s emergency response activities in 32 different DM operations. More than 1,000 Satgana volunteers from some 30 district branches took part in these operations, coordinated by about half of PMI’s 30 provincial chapters.
- Distribution of relief items appears to be well organised. A standard logistics system is in place in the eight selected chapters; and the national office receives periodic reports from these chapters, as agreed.

Constraints
- Further capacity building of the national society, in terms of operational and emergency management, is still required. This is a slow process, requiring the strategic approach selected by the Federation, as well as secure and consistent long-term support.

Objective 4

By 2004, PMI has developed a well functioning early warning/disaster management information system and is playing an active role within the local, regional and global disaster management networks.

Achievements
- Significant improvement in the monitoring of hazards and potential risks, as well as information sharing between high risk disaster/conflict-prone chapters and PMI’s DM division. Simultaneously, the number of users of the global disaster management information system continued to rise in the high risk chapters. PMI remains one of the most active contributors to the system.
- Continued participation in the ongoing development of the Southeast Asia Disaster Management Network.
- Two weeks on-the-job training provided to the Myanmar Red Cross Society’s disaster preparedness (DP) programme officer at PMI’s national office.
- Three PMI staff, supported by the Federation, participated in a five day relief workshop in the Republic of Korea.
- The DM delegate was involved in developing a training curriculum on emergency response for the Malaysian Red Crescent Society volunteers and conducted a seven day training course in cooperation with the regional DM coordinator.
- The disaster preparedness/disaster response programme in Bali (supported by the Australian Red Cross Society) and the CBDP pilot project in Lampung, South Sulawesi and West Sumatra (supported by the Danish Red Cross Society) continued developing in close coordination with the Federation, ICRC and other PNS.

Impact
- PMI’s overall readiness and ability to respond to disasters has time and again been highly appreciated by local authorities and other stakeholders.

Constraints
- The lack of effective coordination and information sharing within the PMI structure (especially in emergency situations) is still identified as a major constraint. Improved mechanisms for networking and information sharing between the national office and chapters/branches (as well as within the national office) will be the key to further enhancement of the national society’s DM capacity.
PMI response to natural disasters 2003

<table>
<thead>
<tr>
<th>Affected province/ type of disaster</th>
<th>Period</th>
<th>Number of beneficiaries</th>
<th>Type of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jambi: flood</td>
<td>January</td>
<td>250 families</td>
<td>Rice and medicine</td>
</tr>
<tr>
<td>Riau: flood</td>
<td>January</td>
<td>1,000 families</td>
<td>Instant food, water and hygiene kits</td>
</tr>
<tr>
<td>South Sulawesi: flood and landslides</td>
<td>January</td>
<td>155 families</td>
<td>Rice and medicine</td>
</tr>
<tr>
<td>West Nusa Tenggara: earthquake</td>
<td>January</td>
<td>300 families</td>
<td>Cooked food, family kits and tarpaulins</td>
</tr>
<tr>
<td>West Java: landslides</td>
<td>January</td>
<td>500 families</td>
<td>Instant food, water and hygiene kits</td>
</tr>
<tr>
<td>Jakarta: flood</td>
<td>February</td>
<td>200 families</td>
<td>Hygiene kits</td>
</tr>
<tr>
<td>West Java: flood</td>
<td>February</td>
<td>550 families</td>
<td>Instant food, water and hygiene kits</td>
</tr>
<tr>
<td>Banten: flood</td>
<td>February</td>
<td>250 families</td>
<td>Cooked food and water</td>
</tr>
<tr>
<td>West Kalimantan: flood</td>
<td>February</td>
<td>1,000 families</td>
<td>Instant food, sleeping mats and hygiene kits</td>
</tr>
<tr>
<td>Central Java: flood</td>
<td>February</td>
<td>250 families</td>
<td>Instant food, water and hygiene kits</td>
</tr>
<tr>
<td>East Nusa Tenggara: flash floods</td>
<td>March</td>
<td>600 families</td>
<td>Food parcels, water purification tablets, hygiene kits, family kits and tarpaulins</td>
</tr>
<tr>
<td>West Java: landslides</td>
<td>April</td>
<td>250 families</td>
<td>Rice, instant food and hygiene kits</td>
</tr>
<tr>
<td>Riau: floods</td>
<td>April</td>
<td>7,000 families</td>
<td>Evacuation, emergency medical care, rice, instant food, and hygiene kits</td>
</tr>
<tr>
<td>West Java: floods</td>
<td>May</td>
<td>50 families</td>
<td>Evacuation, rice and instant food</td>
</tr>
<tr>
<td>Jambi: floods</td>
<td>May</td>
<td>300 families</td>
<td>Rice and instant food</td>
</tr>
<tr>
<td>Central Sulawesi: floods</td>
<td>May</td>
<td>200 families</td>
<td>Instant food and medicines</td>
</tr>
<tr>
<td>North Maluku: volcanic eruption</td>
<td>July</td>
<td>1,000 families</td>
<td>Evacuation</td>
</tr>
<tr>
<td>North Maluku: earthquake</td>
<td>August</td>
<td>200 families</td>
<td>Evacuation and first aid</td>
</tr>
<tr>
<td>West Java: landslides</td>
<td>September</td>
<td>14 families</td>
<td>Rescue and evacuation</td>
</tr>
<tr>
<td>West Jakarta: wildfire</td>
<td>October</td>
<td>186 families</td>
<td>Hygiene kits and milk powder</td>
</tr>
<tr>
<td>West Java: landslides</td>
<td>November</td>
<td>30 families</td>
<td>Evacuation, rice and instant food</td>
</tr>
<tr>
<td>East Java: floods and landslides</td>
<td>November</td>
<td>95 families</td>
<td>Evacuation, public kitchen and family kits</td>
</tr>
<tr>
<td>North Sumatra: flash flood</td>
<td>November</td>
<td>402 families</td>
<td>Evacuation, emergency medical care, non-food relief and psychological support</td>
</tr>
<tr>
<td>West Java: floods</td>
<td>November</td>
<td>566 families</td>
<td>Evacuation and first aid</td>
</tr>
<tr>
<td>Central Java: landslides</td>
<td>December</td>
<td>44 families</td>
<td>Rice and instant food</td>
</tr>
<tr>
<td>East Java: flash floods and landslides</td>
<td>December</td>
<td>159 families</td>
<td>Evacuation and field kitchen</td>
</tr>
<tr>
<td>Central Java: floods and landslides</td>
<td>December</td>
<td>1,204 families</td>
<td>Evacuation, rice and instant food</td>
</tr>
<tr>
<td>Banten: floods</td>
<td>December</td>
<td>283 families</td>
<td>Evacuation, rice and instant food</td>
</tr>
<tr>
<td>Riau: floods</td>
<td>December</td>
<td>350 families</td>
<td>Emergency medical care, medicine and baby milk powder</td>
</tr>
</tbody>
</table>

Organisational development

Programme Objective
Through strategic guidance and technical assistance, PMI has improved its governance and management skills and capacities at national office, chapter and branch level.

Objective 1: Guidance for governance and management
Strategic guidance and technical advice is provided to the PMI leadership and management in its organisational development process.
Achievements

• The statute revision process was initiated and carried forward during the last months of 2003. The first proposed changes were presented to the Annual General Meeting (Mukerdha) in December. Further changes are foreseen and a number of chapters and branches will be visited by the national leadership in 2004. The revision process has brought up for discussion and debate a number of key issues, such as governance versus management, emblem misuse, membership, volunteer development, etc. So far, the NS has not been overly enthusiastic in making good use of the Federation’s statute revision guidelines, but their importance continues to be impressed upon the society.

• The strategic planning process has commenced. The methodology and format for the new strategy was agreed upon and work begun on preparations. Sectoral strategic planning workshops were scheduled for March 2004 and the process expected to be finalised in time for the General Assembly at the end of the year.

Constraints

• Not all members of the working group (including national board members) set up for the statute revision are fully dedicated to using the opportunity to make the needed radical changes to the statutes, such as making provisions for a clear separation of governance and management. Overall, there is general reluctance within PMI’s leadership to confirm a clear delineation of roles and responsibilities, particularly between governance and management.

• Overall, the capacity of PMI’s national office is stretched. The organisational structure, not least the management structure and competencies, is a cause of delay in various areas, such as the approval of draft guidelines. Another hindrance is the apparent difficulty in sticking to plans and working according to plans.

• The continued armed civil conflicts in Aceh and other parts of Indonesia, take up a large portion of the top leadership’s time and concentration. While the Aceh situation has positive side effects (see Impact), the overall result for development and reforms at the national level is negative.

• The major constraint to all organisational development in the PMI, and in fact the country as a whole, has a far-reaching and deep-rooted tradition of decisions being made at the top – i.e. lack of a democratic tradition. Presently, Indonesia is going through a painful social and political transition, accompanied by a series of economic, political, cultural and health-related problems that affect all levels of society.

Impact

• Improved financial reporting to both the Federation and PNS.

• The direct impact of any OD activities is not immediately realised, but through the number of chapters participating in national meetings etc, the organisation is becoming more cohesive and operating as a unified society. While this is always difficult to measure in a tangible way, an increasing number of chapters and branches are seeking out advice and guidance from the national office and where a new project/activity is suggested chapters and branches have responded positively. More are looking to implement programmes in their area, i.e. Satgana teams or CBFA projects. Certainly an increased number of projects/programmes are being implemented provincially.

• Gradually, PMI managers are adopting a more long-term approach to their work, and in chapters and branches there is increasing support (although by no means universal) for a ‘professionalised’ structure, i.e. with clear delineation between governance and management, at least at the national level.

• Situations such as the armed conflict in Aceh have a positive effect on the organisation, giving it an immediate focus and an opportunity to exemplify Red Cross principles, particularly in the province itself, where PMI is well known and respected by all sides.
Objective 2: Strengthening chapters and branches
The capacity of chapters and branches in resource development, administrative procedures and management information is increased.

Achievements
- The database is not accessible yet to all levels of the organisation. While a number of chapters and branches have been supplied with computers and other basic office equipment, both by the Federation and PNS, communication between national office and the provinces is still not systematic. A new financial accounting system has been installed in the national office finance division (the result of the still ongoing financial review which started in mid 2003). It is now planned to introduce this same system gradually in all chapters, probably over a period of 2-3 years.
- Three planned resource development workshops did not take place in 2003 for a number of reasons, the main one being overload at national office level. The workshops are now planned for 2004.
- Administrative and governance guidelines have been produced, but are still in draft form with the PMI’s leadership.
- PMI’s accounts (for 2001 and 2002) underwent external auditing for the first time in 2003.
- Orientation sessions were held for volunteers and staff in three chapters, each attended by some 30 people. Session content included basic Red Cross/Red Crescent information, overview of organisational development, communications, finance, office management and PMI statutes and regulations.
- A Project Planning Process (PPP) workshop for 20 persons from national office, chapters and branches took further the process of institutionalising PPP as the PMI’s main planning tool. A PMI national office staff member co-facilitated the workshop, increasing the training capacities at national office level.
- New chapter and branch boards are taken through orientation, facilitated by national office staff and the Federation, usually with the participation of ICRC.

Constraints
- The financial review team recruited early in 2003 had not finished its work by the end of the year, although a large part of its work had been completed. The team’s report of findings has not been presented.
- Indonesian infrastructure is weak (e.g. only eight million internet users) which impedes use of the internet as a common tool.
- PMI’s finance division had three heads during 2003, which obviously was very disruptive to its function; the current head is a capable individual who is committed to making the necessary reforms and improvements.
- While individual national board members are still responsible for programme and service divisions, not all of them are active and therefore do not provide the support and guidance needed by divisional managers. Signing cheques and making financial commitments on behalf of the society are still the exclusive responsibility of the chairman and the treasurer.
- National law limits fundraising by chapters and branches to two months of the year. The economic situation in the country, along with historical baggage, discourages many branches and chapters from actively engaging in innovative fundraising and income generation activities.

Impact
- The external audit is a major step forward on PMI’s road to transparency and accountability.
- The orientation sessions for new staff and boards are establishing a better informed structure at regional level.
Objective 3: Volunteer training and leadership skills
PMI’s capacity to deliver training for volunteers and enhance leadership skills for key volunteers is strengthened.

Achievements
- The training standardisation process is ongoing, i.e. efforts to ensure that all training provided by PMI and its partners meets certain minimum standards and is uniform, as much as is sensible.
- A strong cadre of volunteers is available in many provinces. PMI, in cooperation with the Federation, has identified the 50 most disaster-prone areas in Indonesia and, increasingly, programmes and nationally driven activities are focussing on these. In all, more than 900 people (volunteers and staff) took part in PMI training at the national level in 2003 as follows:

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based first aid</td>
<td>278</td>
</tr>
<tr>
<td>Tracing and mailing service</td>
<td>173</td>
</tr>
<tr>
<td>International humanitarian law and public relations</td>
<td>85</td>
</tr>
<tr>
<td>First aid</td>
<td>75</td>
</tr>
<tr>
<td>Leadership</td>
<td>32</td>
</tr>
<tr>
<td>Disaster management</td>
<td>60</td>
</tr>
<tr>
<td>Basic DM</td>
<td>120</td>
</tr>
<tr>
<td>Training-of-trainers</td>
<td>30</td>
</tr>
<tr>
<td>Tim Khusus</td>
<td>35</td>
</tr>
<tr>
<td>Logistics</td>
<td>30</td>
</tr>
</tbody>
</table>

Constraints
- Progress with the standardisation issue continues to be hampered by the heavy workload in the national office, lack of planning and insufficient time management.

Impact
- The training provided by PMI and its partners in 2003 is gradually proving its worth, not least in the area of disaster management, where a number of Satgana teams have performed brilliantly during the numerous disaster operations undertaken by PMI.
- While there is a strong cadre of committed and motivated volunteers in many areas of Indonesia, other regions are lagging behind. In Papua, for instance, the Red Cross is largely non-existent and efforts to motivate PMI’s elected officials have been for naught.

Objective 4: Human resources capacity
Human resources capacity in under-resourced chapters is improved, together with management skills at national office.

Achievements
- Although the number of chapters and branches categorised as ‘good’ by the PMI’s OD division actually went down slightly in 2003 as compared to 2002 (or from 17 per cent to 13 per cent and 29 per cent to 28.6 per cent respectively), the main reason for the discrepancy appears to be better monitoring and evaluation of the data collected. In 2004, the delegation will attempt to evaluate the impact of the overall OD and capacity building work.
- Chapters and branches working with PNS, chiefly the Danish and Netherlands Red Cross Societies (in CBDP and CBFA), are showing marked improvement and enthusiasm and are better able to retain staff and volunteers.
- The ongoing statute revision and strategic planning process are both run in a participatory manner, with direct participation of chapters and branches, which should gradually lead to better adherence to national direction.
- The national office has a stable core group of committed and skilled staff with steadily increasing confidence.
- There has been no recordable progress on gender awareness. While nearly half of the national office’s division heads are women, few females are elected to chapter and branch boards; the national board has two women.
Constraints
• The outdated telephone system in PMI’s national office is a major constraint when gathering information from chapters and branches; there are too few lines and all calls have to go through an operator who will then place calls. Connections are unreliable in large parts of the country and internet usage within PMI is still limited.
• There is a lack of communication between Jakarta and provinces, particularly those outside Java.
• Indonesia, like most countries in Asia, has a traditional male-dominated culture.

Impact
• Improved monitoring of chapter and branch activities and progress.
• Gradually improving data collection and analysis at the national office.
• Steadily increasing skills and capacities in national office.

Health and care

Objective 1
The impact of hygiene, water-related and vector-borne diseases, daily emergencies and injuries is mitigated through community-based preventative programmes.

Achievements
• A CBFA programme, combined with PHAST, was established as an integral part of PMI’s health and care programme and duplicated in different locations. More than 15,000 people benefited from the PMI’s CBFA programmes in 2003 (supported by the Federation and bilateral donors).
• The Federation funded (through DFID) CBFA/PHAST programme in Banten province (Serang branch) took off in July. 1,156 families (or 5,900 people) gained knowledge on basic hygiene and sanitation practices. Twenty-five CBFA volunteers from targeted communities were selected and trained. Thirty first aid kits were purchased and distributed. Eight of these volunteers and seven from PMI’s Serang branch were trained as PHAST facilitators in the community. Basic waste facilities were constructed. The branch conducted a series of community meetings in line with the PHAST steps.
• The Federation supported CBFA officer demonstrated sufficient capacity to manage the programmes and his contract with PMI was extended for 2004. The Federation’s salary support will gradually decrease and be replaced by PMI’s own funding. Recruitment of additional staff is under consideration.
• A half-day information workshop on SARS was conducted by PMI’s national office in cooperation with the Ministry of Health, targeting PMI volunteers in Jakarta and surrounding areas. 150 volunteers in and around the capital disseminated information to local communities.

Constraints
• Increasing numbers of bilaterally funded CBFA/PHAST projects, combined with PMI’s ongoing health programme, have stretched human resources in the national office, with officers carrying a heavy workload.
• In trainings at community level, the overall educational level of community participants is found to be very low (mostly elementary school), which calls for further training and capacity building efforts.
• Planned construction in 2003 was postponed until 2004 due to Ramadan (the Muslim fasting month) and requirements to utilise funds before the end of the year.
• A number of community requests for the CBFA/PHAST programme have been turned down due to lack of financial and human resources.
• Starting up of the new Federation funded CBFA/PHAST programme in Atambua, West Timor (East Nusa Tenggara province) was delayed due to limited capacity of the chapter/branch and communication difficulties.

Impact
• Community capacity in Serang was strengthened through the branch capacity building process. The community identified its own capacity, options for improving sanitation and gradual steps to be taken. There was increased commitment and ownership of the programme among the community who agreed to cover the cost of the piping system with their own funds.
• Almost 100,000 people received information on SARS through PMI volunteers.
Objective 2
There is increased knowledge and changes in attitudes with regard to HIV/AIDS among PMI members and targeted sections of the community.

Achievements
- 3,000 information kits on first aid and HIV/AIDS distributed to the national office and 11 chapters (where HIV/AIDS prevalence is on the rise), commemorating the 58th Anniversary of PMI and World First AIDS Day in September. Chapters distributed to targeted branches in their area and the branches distributed to communities, specifically targeting industrial/office districts, teachers, Red Cross youth trainers and members of district AIDS commissions.
- The Australian Red Cross Society supported the HIV/AIDS hotline counselling in East Jakarta. Training was successfully conducted and services commenced. The possibility of expansion of the programme to other chapters/branches outside of Java has been identified.
- PMI hosted the 15th ART meeting and strategic planning workshop (25-29 September, Bali) in which 11 national societies from Southeast and East Asia and three delegates from PNS (Australia, Netherlands and Norway) attended.
- Completion of the Medan chapter (North Sumatra) HIV/AIDS programme feasibility study and sensitisation meeting with key stakeholders. A three year proposal with plan of action and budget was submitted to the Japanese Red Cross Society for possible long-term funding.
- Development of the Indonesian version of the Federation’s “Community Home-Based Care for PLWHA” manual was finalised.
- More than 700 young people participated in the World AIDS Day umbrella design competition which was held in five major cities in Indonesia. The event was jointly funded by PMI, the Federation and GFATM.
- 4,000 HIV/AIDS baseline data forms, 10,000 home care manuals, 4,000 comics “Against Stigma and Discrimination Towards PLWHA” were printed for programmes in Jakarta, Bali, Riau and Papua.
- 100 HIV/AIDS Youth Peer Education (YPE) facilitators attended refresher courses in Jakarta (76 hours, 20 participants, 5 times), jointly funded by GFATM and the Federation.
- 20 participants (6 from Pekan Baru, 6 from Karimun and 8 from Batam) went through the YPE Core Trainers Training (82 hours), jointly funded by GFATM and the Federation.

Constraints
- As in the case of the CBFA/PHAST programme, human resources at PMI’s health and care division are overstretched due to the implementation of various activities. Training needs are not always matched with available funds to support individual and tailor-made training opportunities.
- Constraints on utilisation of funds for capacity building need to be balanced against the needs of PMI (e.g. GFATM funds cannot be used for capacity building in chapters and branches).
- Funding for the HIV/AIDS programme does not meet the needs, such as in the case of the Medan chapter which lacks funds to purchase essential hardware for the pilot programme (vehicle, computers and fax machines). There is unconfirmed funding for pilot programmes in South Sulawesi, East Kalimantan and Papua.
- There are time constraints and limited capacity of PMI health staff in responding to requirements of donor funding HIV/AIDS programmes (GFATM, the Australian, Netherlands, American and Japanese Red Cross Societies, the Federation).

Impact
- 3,000 community members in high risk areas received information on first aid promotion and HIV prevention.
- Members of ART from 11 national societies in East and Southeast Asia shared information on HIV/AIDS programmes and received strategic planning training during the 15th ART meeting and workshop hosted by PMI
- More than 5,000 people received HIV/AIDS and STI information on World AIDS Day 2003.
- Increased awareness on HIV/AIDS and STI issues among board members and key staffs/volunteers of Medan chapter and selected branches in North Sumatra
- HIV/AIDS programme identified by board members as a key priority area for the next five year strategic plan (2005-2009) during the Annual General Meeting in December 2003.
- Recruitment of a full-time HIV/AIDS programme manager in the national office approved by the board.
- More than 30 CVTL staff and volunteers directly trained by three PMI HIV/AIDS peer educators, resulting in HIV/AIDS activities in 10 districts in East Timor.

Objective 3
The number of non-remunerated volunteer blood donors is increased to equal or exceed one per cent of the low risk population.

Achievements
- Three day training on ‘blood donor motivators for voluntary non-remunerated blood donor from low risk populations’ organised in Medan, North Sumatra (lowest voluntary blood donor rate in the country), jointly funded by the Federation and PMI’s National Blood Centre as the first activity for PMI specifically focusing on voluntary blood donor recruitment.

Constraints
- Communication with the independently operating National Blood Centre is sometimes difficult; the centre is in a different part of town. Large scale training programme not yet possible due to limited funding in this area.

Impact
- It is too early to assess impact. Thirty participants and eight observers from provincial blood transfusion units, PMI chapters and branches, local agencies and government representatives took part in the training. Trainers and facilitators were trained in workshops organised by WHO Southeast Asia regional office, the Japanese Red Cross Society and the Federation.

Objective 5
Enhanced provision of first aid training for first aid instructors at the national level.

Achievements
- Messages on promotion of first aid widely disseminated with distribution of 3,000 first aid promotion kits to PMI staff, volunteers and general public on World First Aid Day.
- Revision and standardisation of PMI’s first aid manual completed (with limited support from the Federation).
- PMI’s first aid trainers sent to East Timor (four instructors on three occasions) to conduct first aid and instructors’ training requested by CVTL. Positive feedback from CVTL gave high ratings for the skills of the trainers.

Constraints
- Lack of funding support through the Federation. Repeated requests by PMI for funding support to upgrade and standardise first aid services in branches in the 50 most disaster-prone areas.

Impact
- Immediate recordable impact is hard to assess. Nevertheless, the three first aid and instructors’ trainings conducted by dedicated PMI first aid trainers in East Timor is an important step for CVTL on its way to become recognised as a humanitarian organisation that can provide quality voluntary services in the community, both by the government and major NGOs in the country.

Objective 6
Introduction of psychological support and care components in the ‘Health in Emergencies’ programme.

Achievements
- Psychological Support Programme Working Group established within PMI with members from the health and care, disaster management, communications and training divisions.
- Two working group meetings held to develop programme.
- Visits made to International Medical Corp (IMC) Bali and materials shared.
Two day Psychological Support Programme workshop organised with 20 participants, including PMI staff from Aceh, Maluku, West Kalimantan, Bali, Jakarta, medical doctors from PMI Bogor Hospital, ICRC and the Federation’s health delegates, as well as representatives from UNICEF and IMC.

Constraints
- Development of a comprehensive programme stagnated as PMI failed to clarify which national office division or individual should have the lead role (overlapping across conflict, disaster and health issues). It is envisaged that the initiation of the ‘Health in Emergencies’ programme and appointment of a programme manager within the health and care division could ease this problem.

Impact
- Information shared on psychological impact among conflict victims and volunteers from relevant provinces.
- Identification and mapping of general information and the overall picture of problems and needs in the area of psycho-social support in Indonesia.
- Identification of PMI’s existing and potential capacity (human resources) to develop the psycho-social support programme and relevant partner organisations.
- Increased awareness among PMI leadership and staff on the psychological needs in emergency and conflict situations.

Humanitarian Values
The programme was included in the 2003 Indonesia Appeal based on the Hanoi declaration in 1998, which recognised communications as a priority area for the Red Cross/Red Crescent in the region. Although all national societies pledged to fulfil this commitment, communications in the PMI continue to remain a low priority with correspondingly low capacity.

Objective
PMI has achieved a higher degree of visibility and credibility as an advocate for humanitarian values.

Achievements
- 68 public relations (PR) officers from chapters and branches have been trained in communication and PR.
- Procurement of a portable exhibition stand, used by the national office to promote the organisation and its activities.
- Production and distribution of the Annual Report.
- Production and distribution of PMI’s Red Cross calendar.
- Procurement of essential visual equipment for the communications division.
- Ongoing advocacy on behalf of the delegation to PMI’s leadership, encouraging recognition of the importance of communications as a part of the society’s core services and structure.

Constraints
- Lack of funding is still a major drawback to the progress of this programme. The development of a comprehensive communications strategy for PMI was put on hold until it can be integrated with the overall development of the 2005-2009 strategic plan.
- Insufficient planning in the communications sector and lack of coordination with other divisions.

Impact
- Provision of equipment and tools is enabling the national office’s communications division to approach its work in a more strategic manner.
- Regional PR and communications training workshops sow the first seeds of a nationwide network of skilled communications workers in all chapters.
- PR officers trained and motivated within 68 chapters and branches. Communications between the national office and provinces is improving and there are signs of increased information from chapters and branches.
- The exhibition stand has been successfully used in the national office and some chapters improving the presentation of PMI information.
Federation Coordination

In 2003, three new partners commenced bilateral programmes in Indonesia and the need for coordination and facilitation becomes steadily more crucial. Last year’s Status Agreement with the Indonesian government confirms the Federation’s role and responsibility in coordinating and facilitating all PNS activities in Indonesia. Enhanced coordination between PMI, PNS, ICRC and the Federation has improved support to the national society. A common platform for supporting PMI to achieve its goals, through coordination, cooperation and communication, is found in the PMI’s Strategic Plan 1999-2004, as well as in the CAS for Indonesia.

Objective
All cooperation between PMI and its partners is well coordinated.

Achievements
- Service agreements have been signed between the Federation and the Danish and Netherlands Red Cross Societies.
- The CAS for Indonesia was finalised and accepted by all PMI’s partners, clearly outlining the Federation’s coordinating role.
- An agreement on the financial management of workshops and training events was revised and signed by all partners (the Federation, ICRC, Danish, Australian and Netherlands Red Cross Societies).
- A partnership meeting was held with the participation of PMI, ICRC, the Federation and all PNS supporting PMI.
- Monthly coordination meetings with all partners are held in the national office.
- Quarterly CBDP working group meetings with PMI, ICRC, the Federation and the Danish Red Cross Society.

Constraints
- No major constraints.

Impact
- Steadily improving cooperation and coordination between the PMI, the Federation and partners, as seen in the CAS process, the workshop agreement and the monthly coordination meetings.
- With the CAS in place, support for the preparations of PMI’s new strategic plan have been better coordinated. All partners agree that the approach manifested in the CAS was much needed. Throughout the CAS process, the need for cooperation and coordination was recognised, leading to more and better planned coordination efforts.
Overview of PMI’s cooperation with PNS and external partners

<table>
<thead>
<tr>
<th>Partners/PNS</th>
<th>Activities in 2003</th>
</tr>
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<tbody>
<tr>
<td><strong>Australia</strong></td>
<td>Following the Bali bombing in October 2002, the Australian Red Cross Society has worked with the Bali chapter and its branches in disaster management, health and capacity building. This programme will be ongoing for another two years.</td>
</tr>
<tr>
<td><strong>Denmark</strong></td>
<td>Started up its CBDP programme in two chapters, South Sulawesi and Lampung (Sumatra), in May 2003. Two bilateral delegates are working in the regions. Service agreement with the Federation has been signed.</td>
</tr>
<tr>
<td><strong>Netherlands</strong></td>
<td>In March, a four year bilateral CBFA programme in Indramayu, West Java, and Singkawang, West Kalimantan was started. Capacity building elements at national office level and HIV/AIDS programmes in selected branches are included in this programme. One bilateral health delegate is monitoring the programme. Also supported was the Federation’s 2003 Appeal for the capacity building programmes. A Service agreement with the Federation was signed.</td>
</tr>
<tr>
<td><strong>Japan</strong></td>
<td>Supported the Federation’s 2003 Appeal for disaster management and health programmes. Ongoing discussion on a three year agreement between the Japanese Red Cross Society, PMI and the Federation. In July 2003 a Japanese health trainee delegate began her mission in Indonesia, outposted from the regional health unit in Bangkok.</td>
</tr>
<tr>
<td><strong>Sweden</strong></td>
<td>Supported the Federation’s OD and DM programmes in 2003.</td>
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<tr>
<td><strong>Britain</strong></td>
<td>Supported the Federation’s 2003 DM programme</td>
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<tr>
<td><strong>Norway</strong></td>
<td>Gave delegate support (Head of Delegation) and support to the OD and DM programmes, as well as to the new psychological support pilot programme.</td>
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<tr>
<td><strong>Iceland</strong></td>
<td>Provided delegate support (OD delegate from October to December).</td>
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<tr>
<td><strong>New Zealand</strong></td>
<td>Gave support to the OD delegate (January to September), as well as support to the OD and DM programmes.</td>
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<tr>
<td><strong>Singapore</strong></td>
<td>Initiated three bilateral CBFA projects in Sumatra.</td>
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<tr>
<td><strong>External support</strong></td>
<td>Support to the DM programme.</td>
</tr>
<tr>
<td><strong>US Aid</strong></td>
<td>Support to the OD and health programmes.</td>
</tr>
<tr>
<td><strong>DFID</strong></td>
<td>Supported PMI’s food distribution to internally displaced people.</td>
</tr>
</tbody>
</table>

International representation

The Indonesia delegation, established in 1998, aims to complement the efforts of PMI to assist and empower the country’s most vulnerable groups. It has achieved this by strengthening the NS and supporting various activities, in close cooperation with other stakeholders. The delegation’s contact with other international organisations, UN and other agencies within the international community continues to increase.

Objective

PMI and the Federation have leading roles in national and international fora respectively.

Achievements

- PMI and the Federation have managed to influence the humanitarian agenda in Indonesia, particularly in the areas of HIV/AIDS and disaster management.
- The Federation has increased its communications and contacts with foreign embassies and UN offices in Jakarta.
- The Federation has regular meetings with ICRC at different levels.
- Federation delegates have participated in a wide range of international meetings and conferences.
- The Federation’s Head of Delegation is a member of the International Working Group for People Smuggling, Trafficking and Related Crimes.

Constraints

- PMI is widely seen and respected by international governments, donors and NGOs as a disaster response organisation. While the NS understands and respects its role, its systematic and continuous external communications are still areas that require improvement.
The importance of separating PMI’s governance and management to further strengthen PMI as a transparent and accountable organisation continues to be raised in discussions with the national society’s leadership.

Impact
While the direct impact of international representation activities are hard to quantify, PMI’s and the Movement’s image in Indonesia has improved. As a result of increased information flow and a growing reputation, the Federation in Indonesia is increasingly seen as a reliable and accountable partner by government and intergovernmental agencies working in the country, resulting for instance in rapid funding for emergency operations and thus limiting the need for international appeals.