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Annual report Indonesia

 International Federation
of Red Cross and Red Crescent Societies

MAAID002
26 April 2012

**This report covers the
period 1 January 2011 to
31 December 2011.**

*PMI volunteers prepare to practice
their skills in water rescue, as part
of ASEAN Regional Forum Disaster
Relief Exercise (ARF DIREx) in
Manado, South Sulawesi
in March 2011
(Photo by Ahmad Husein/IFRC)*



In brief

Programme outcome

The purpose of the International Federation of Red Cross and Red Crescent Societies (IFRC) programme is to support the institutional capacity-building of the Indonesian Red Cross (Palang Merah Indonesia/PMI), and facilitate a coordinated approach of the Red Cross Red Crescent Movement in supporting PMI's programmes and development in Indonesia.

Programme summary

In accordance with PMI priorities, IFRC support in 2011 focused on the development of a nationwide policy platform for all areas of PMI's work. Following development of higher level organizational policies in 2010 and early 2011, a wide range of technical implementation guidelines were developed in 2011 for disaster management, organizational development, health and social services, finance, logistics and human resources. All guidelines were drafted with substantial participation from PMI chapters and branches to promote ownership and implementation nationwide. At the same time, PMI leadership and key staff developed a three-year, nationwide capacity-building programme targeting all 33 chapters, and 120 of approximately 430 branches as well as 800 sub-branches.

Initial focus in 2012 will be on the 33 chapters and the branches in each provincial capital. These provincial capital branches will be developed as centres of excellence from which the capacity-building initiative can be replicated to other branches and sub-branches in 2013- 2014.

Financial situation

The total 2011 budget was CHF 3,488,513. This appeal received CHF 6,135,416 (176 per cent of the budget). The excess in coverage is due to the reallocation of unspent funds from emergency appeals for both the West Sumatra earthquake and the Merapi/Mentawai operation to the country development programme. Overall expenditure up to the reporting period was CHF 2,622,639 (75 per cent) of the budget.

Budget allocation for each programme is as follows:

| Programme | 2011 Budget (CHF) |
|----------------------------|-------------------|
| Disaster Management | 1,017,146 |
| Health and Care | 542,915 |
| Organizational Development | 1,868,812 |
| Principles and Values | 59,640 |
| Total budget | 3,488,513 |

During the second half of the year, in response to un-reconciled working advances of CHF250,000, IFRC and PMI agreed to adopt a reimbursement system to avoid the risk of substantial foreign exchange losses. In the second half of the year, the outstanding working advances were reconciled and the consequent risk reduced. However, due to issues related to PMI's financial management capacity, the reimbursement system will continue until certain agreed criteria have been met.

[Click here to go directly to the financial report.](#)

No. of people we have reached

The IFRC Indonesia country office focuses primarily on support to, and capacity building of the PMI national headquarters. This support and capacity building enhances the ability of the PMI headquarters to deliver support, capacity-building and coordination to its 33 chapters and more than 400 branches and in turn, the national society's overall capacity to deliver services to vulnerable people throughout Indonesia. IFRC's focus in 2012 will expand to the chapters and branches targeted by the nationwide capacity building programme.

Our partners

With the signing of a programme agreement between PMI and Red Cross Society of Monaco in late 2011, the number of partner national societies supporting PMI in longer-term community-based programmes and organizational development reached 14, in addition to IFRC and ICRC.

IFRC has actively supported PMI in developing partnerships with national, regional and global organizations and participating in conferences, training courses, meetings and simulations at all levels, for youth and volunteers, in health and particularly, disaster management. This programme was supported by the Australian government, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross Society, Netherlands Red Cross (from Rockefeller Foundation) and Taiwan Red Cross Organization.

On behalf of Indonesian Red Cross, IFRC would like to thank all partners and donors for their generous and invaluable support of this programme.

Context

Outbreaks of communal violence continued to occur at irregular intervals in different parts of the country, mostly related to religious differences or land rights issues. Acts of violence in the province of Aceh increased towards the end of the year in the run-up to provincial elections. Tensions also exist in the province of Papua.

While there were no large disasters in this reporting period, the response programmes for the Merapi eruption and Mentawai earthquake which occurred in 2010, continued for most of the first half of the year. PMI's West Java earthquake response programme was completed at the end of September.

In PMI, a significant restructuring in the national headquarters saw the creation of new units and posts as well as the transfer of many staff members to new positions. At the same time, the need for greater integration of the work of the various units was emphasised. This naturally led to short-term disruptions in workflows.

The second half of 2011 saw finalization of the technical implementation guidelines to support the implementation of 11 organizational policies developed earlier in the year. These guidelines complete the structural and policy framework on which to base subsequent development of nationwide capacity to respond to disasters and promote resilience through community-based programmes. The programme has been further developed in this reporting period into a three-year plan (2012 – 2014) to increase the organizational capacity of 800 sub-branches, 120 branches and all 33 chapters nationwide. The guidelines were presented to representatives of all PMI chapters and other stakeholders at a national organizational development workshop in late November and will use existing partner national society-supported community-based programmes as an entry point in those provinces in which they are implemented.

In 2011, PMI signed a number of programme agreements with partner national societies (details of which can be found in [the mid-year report](#) and [programme update 2](#)). In addition to more community-based risk reduction programmes, 2011 also saw the start-up of a youth programme (Youth as Agents of Behaviour Change) supported by Norwegian Red Cross in the provinces of Central and East Java.

In response to concerns about PMI's partnership management strategy and capacity given the large number of Red Cross and Red Crescent Movement partners with whom it works, a consultant was engaged in the second half of the year to examine the issues and recommend initiatives. The consultancy work has been completed. Finalization of the report will continue through the first half of 2012.

For IFRC, 2011 saw the closure of all remaining emergency response programmes and offices with the Aceh tsunami programme closing in May. The exit phase of the West Java programme funded from the annual appeal, was concluded in September. For the first time since December 2004, the IFRC delegation maintained only one office in Jakarta.

Progress towards outcomes

Disaster Management

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| Programme purpose |
| The Indonesian Red Cross (Palang Merah Indonesia/PMI) efficiently delivers emergency response and recovery assistance for communities affected by disaster and assists communities in building resilience and reducing vulnerability to disasters. |
| Programme component 1: Organizational preparedness and response |
| Outcome: PMI has an effective mechanism and improved capacity to delivery emergency response. |

Achievement:

PMI continued building their organizational preparedness and response capacity through a series of capacity building programmes and events. These included responses to disasters in-country and engagement with international emergencies as part of their national and international programmes.

PMI held several annual and strategic planning meetings to evaluate its 2009 and 2010 activities where community representatives and relevant government ministries including the National Disaster Management Agency (Badan Nasional Penanggulangan Bencana/BNPB); social and welfare, health and other technical agencies were involved. In 2011, PMI organized extensive planning meetings focusing on integrated planning, urban disaster risk reduction, emergency operations centre management, contingency planning and regional disaster arrangements, logistics management in disaster response and finalization of their 2012 work plan.

A national contingency planning workshop was conducted in July in Bandung, West Java, as well as tabletop exercises, disaster simulations and standard operating procedure (SOP) reviews in West Sumatra, West Java, Jakarta and Yogyakarta. As a result, PMI produced the initial draft of SOPs for nine different types of hazards: flood, earthquake, volcano eruption, cold lava flood, landslide, tidal wave, typhoon, wild fire and tsunami. These will be tested and synchronized together with the development of the PMI national contingency plan. In early 2011, contingency planning was a priority topic in PMI's disaster management committee meeting, and in this meeting, a roadmap was produced to guide planning and decision-making through to 2012.

PMI has developed six regions around the country with contingency planning documents for each to allow for more rapid response as well as appropriate training and capacity-building based on regional needs and priorities. The strengthening of PMI's contingency planning and preparedness capabilities in both PMI's central and regional locations has proven effective during the most recent emergencies. Decentralized management structures and management training have helped PMI considerably to mobilize resources more quickly, effectively and efficiently to aid those most affected by these disasters. PMI, with support from IFRC, have also revised their contingency planning process and set up a funding mechanism to be better able to prepare, more rapidly deploy and have immediate access to funds, thus ensuring a quicker and more timely response at both provincial and district levels.

A series of exercises was conducted to continually test and challenge PMI staff in areas of natural disaster emergencies. In March, PMI participated in a regional disaster simulation "ASEAN Regional Forum (ARF) Disaster Relief Exercise (Direx)" in Manado, North Sulawesi province. The simulation was based on earthquake and tsunami scenarios, covered search and rescue, civil/military cooperation, dead body management, logistics, disaster response first aid, ambulance service, emergency assessments, restoring family links, shelter, water and sanitation, radio communications, water rescue and personal survival skills. Participatory hygiene and sanitation transformation (PHAST) training-of-trainers has prepared staff and volunteers to disseminate good hygiene behaviour messages to vulnerable people.

IFRC and the Indonesian Society for Disaster Management (Masyarakat Penanggulangan Bencana Indonesia/MPBI) conducted training for trainers on the Sphere Project for Humanitarian Charter and Minimum Standards on Humanitarian Response, in November. Up to 24 humanitarian response and disaster management practitioners from international NGOs, Partner National Societies and PMI participated in the event. The training was aimed at exploring how the Sphere Handbook can be applied as a tool for disaster response, exploring the links between the Humanitarian Charter and humanitarian action, and applying the principles of adult learning to designing and running a Sphere learning event. Participants also learned to demonstrate a range of training and facilitation skills and to prepare for running a Sphere learning event in the field or for their respective organizations.

IFRC supported the activities, which include simulations, specialist training and the acquisition of specialist equipment for emergency response team (Satuan Tanggap Bencana/SATGANA) and medical action team (MAT) volunteers. Specialized SATGANA training is now accompanied with specialist equipment for deployment and by response to the diverse emergency needs in the provinces. PMI has conducted specialized volunteer training programmes to help build stronger team capacities and strengthen synergies across sectors and chapters. Basic volunteer training is now a prerequisite for SATGANA volunteers prior to any further training or personal development. In addition, many of these volunteers and/or volunteer

management staff were selected for other more specialized training such as early warning systems, emergency water and sanitation, search and rescue and medical action team procedures.

IFRC also provided technical support to strengthen the logistics and telecommunication management systems that enable PMI to manage their vast network of offices and warehouses as well as to ensure a more rapid response in times of disaster. Logistics training for the west region of Indonesia was conducted in March in Padang, West Sumatra province. The same training for the central and eastern regions is being planned for 2012.

The results of PMI/IFRC logistics monitoring assessment have been used to help PMI identify and reflect on key constraints, opportunities and capacity considerations related to programme logistics. Four priority areas were identified and capacity building plans are now an intrinsic part of PMI's annual work plans for the coming year. These four areas include national management capacity of the PMI fleet, warehousing, procurement and general logistics (including asset management).

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| Programme component 2: Community preparedness |
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| Outcome: Communities have a reduced vulnerability to disasters. |
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Achievement:

PMI has increased its work on contingency planning since 2010. A road map was developed in early 2011 followed by field-testing of IFRC's draft contingency planning package, carrying out tabletop exercises and participating in disaster response simulations. The concept to regionalize disaster response capacity and resources has existed for some time but plans to develop six regional response centres were firmed up in 2011, and pending availability of the necessary resources, physical development should begin in 2012.

IFRC has supported PMI's ability to enhance community preparedness for disaster. Considerable investment has been made through a combination of community-based lectures, visual presentations, simulations, interactive exercises and through production of promotional awareness-raising information, education and communication (IEC) materials. Disaster response equipment was purchased and issued to emergency volunteers in selected sub-districts and villages.

IFRC works closely with PMI to transfer knowledge to strengthen community capacity in identifying, managing and responding to local hazards and emergencies. Many of the early warning and emergency response techniques used to build PMI's capacity and knowledge in 2010, were replicated in 2011 in 54 villages in disaster-prone areas of South East Sulawesi, North Sulawesi, West Sulawesi, Central Java, Yogyakarta, Jakarta, Nusa Tenggara Timor (NTT) and Nusa Tenggara Barat (NTB) provinces.

Through the integrated community-based disaster risk reduction (ICBRR) programme, PMI has been able to advocate for many of its other disaster practices and guidelines to be better integrated into community-based systems. Supported by a consortium of partners including IFRC, PMI's urban-focused ICBRR project in Jakarta addressed the root causes of disaster in four high-risk areas of the city selected for involvement in the pilot programme. The project aims at helping to reduce vulnerabilities to natural and man-made hazards, including the negative impacts of climate change. Locations include five sub-districts in West and East Jakarta: Kedaung, Kaliangke, Rawabuaya, Cawang and Bidara Cina sub-districts. All are considered urban slum areas, housing approximately 40,000 people.

The community-based action team (CBAT) recruitment target of 100 per cent for four new sub-district areas has been achieved. In total, there are 120 CBAT volunteers from four newly selected target areas certified through training and formal examination.

Other activities included updating disaster risk data in previously targeted areas and facilitating vulnerability and capacity assessments (VCA) and risk mapping plans through a participatory rural approach (PRA) in the new locations.

Potential future leadership for disaster risk reduction (DRR) initiatives in the communities is already evident in many cases where CBAT volunteers have assumed a greater role in mobilization and coordination during emergencies. Some of these interventions included rapid assessments, risk identification and mapping, planning workshops, first aid, emergency relief and search and rescue. A good example of PMI's ability to transfer its learning and knowledge into community systems was observed during the 2010 Mount Merapi disaster where CBAT volunteers used their combined knowledge to respond quickly and effectively in the wake of the erupting volcano.

In some cases, radio communication systems were quickly set up to transmit critical information about the emergencies. An example was recently observed when a major flood struck the city of Jakarta, inundating much of the eastern part of the city. PMI volunteers along with community volunteers assisted local authorities in Cawang sub-district to evacuate people and organize camps for those displaced. Due to their prompt action, no casualties were reported from this disaster.

Contingency stocks that had been pre-positioned across the country were accessed and distributed to assist the PMI volunteers and CBATs to provide essential services within hours of the onset of various disasters.

Programme component 3: Coordination

Outcome: PMI's involvement and coordination within and outside the Red Cross Red Crescent Movement is increased.

Achievement:

PMI continues to be an important disaster management partner for the Indonesian government and other stakeholders. PMI staff have participated regularly in government, regional and international forums and other activities, such as the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) and Global Facility for Disaster Reduction and Recovery (GFDRR). PMI continues to be involved with many national disaster and risk reduction agencies and forums including the BNPB, National Platform for Disaster Risk Management, National Council on Climate Change, Ministry of Health and the Department of Agriculture.

Throughout the year, PMI has also been engaged in ongoing strategic training, drills and simulations with other national counterparts, which helped to strengthen relationships and coordination with other humanitarian organizations. PMI has played an active role in the national platform for disaster risk reduction that comprises government agencies, NGOs, the media, private companies and universities. Under this platform, representatives from PMI have been chosen as co-facilitators for the reporting team of the disaster risk reduction global platform of the Hyogo Framework for Action (HFA), which aims to assess the Indonesian government's progress in addressing [the five HFA priorities](#).

PMI's network with other national and international humanitarian agencies has grown significantly during 2011. Because of this growth, PMI has been regularly involved in numerous private, public, corporate and government events, initiatives and agreements both domestic and global. PMI has developed memorandums of understanding with several national media agencies to assist in the dissemination of disaster-related success stories, promotional health messages and children's stories. Various corporations have donated materials, vehicles and equipment, and provided specialized consultancies to assist PMI to build a better perception of its role in the country and reaffirm its profile as the leading humanitarian agency in Indonesia.

The Government of Indonesia recognizes PMI as an organization that has considerable experience and resources for disaster preparedness, response, community-based early warning and community-based disaster preparedness activities. PMI has also become a key partner of the Indonesian government, especially the BNPB, in conducting emergency programmes and exercises as well as providing valuable human and material resources. PMI has also been working closely with the Indonesian government's Department of Forestry and Fire Brigade in a forest fire preparedness programme.

PMI's roles in national forums and networks make it one of the leading institutions in the country. This has elevated the recognition and ability of PMI as a key actor in disaster management activities. PMI's work with and understanding of the national framework on DRR and also its involvement in the national rapid reaction teams, along with its ongoing organizational and operational capacity development, have all contributed to a more explicit and dynamic engagement with government, private, corporate and international Red Cross Red Crescent Movement partners.

Challenges:

Based on the PMI's emergency responses from 2009-2011 such as the Merapi (in Central Java), Lokon (in South Sulawesi), and various North Sulawesi and Maluku volcanic eruptions, the flooding in Sumatra and Java and earthquakes in Bali and Mentawai, a number of challenges have been identified that need more direct support and capacity building effort.

These challenges include:

- *The need to improve administrative processes and to better accommodate an increasing network of partners and donors who each have various interests and requirements expected of PMI.*
- *A more robust monitoring and evaluation mechanism to better identify impact and outcomes of investments made in PMI.* Now that a planning bureau is set up, IFRC is assisting in providing guidance and partnership to develop a basic system that will be built upon in the coming year.
- *An improved and more rapid communication, reporting and information-sharing system between branches, chapter, headquarters and Movement partners to enable better and more informed decision-making and to improve the possibility of receiving support from Movement partners should it be required.*
- *The setting up of a clear mechanism for access to and utilization of a contingency fund and the conditions related to how the fund is used.*
- *The ability to respond to any emergency anywhere quickly and effectively.* Often, geographic and transportation constraints have considerably hampered PMI's ability to mobilize essential resources and personnel to remote and difficult-to-access disaster locations.
- *The need to educate chapters and branches on procurement processes and full accountability in response to an emergency.* Some of the chapters and branches spontaneously responding to emergencies have lacked the knowledge and understanding of procedures to be followed to meet the various accountability and donor requirements for reimbursement of expenses incurred during the emergency.
- *The need for better routine reporting and documentation at chapter and branch level.* This will minimize delays in informed decision-making and receiving timely responses from the PMI leadership.

A very positive sign that PMI is becoming more self-sufficient, and not always dependent on donors for their support, is their current ability to raise substantial funding from both corporate and public donations (both in kind and in cash) for some of the recent emergencies. There is now a stronger realization that PMI will need to strengthen its resource and financial management ability, and at the same time, review its administrative processes to enable better management of the international appeals and Partner National Society resources that are being provided through PMI to implement for numerous activities around the country.

PMI's recent responses to the Merapi and Mentawai disasters were the first major activities that the new PMI senior management had to manage from day one, resulting in many site-monitoring visits by the chairman and PMI senior management. In doing so, they have made various commitments to the local government authorities and community members. The chairman and secretary-general have affirmed their

resolve to meet these commitments and have generated an impressive amount of corporate and public support (cash and in-kind) to help PMI achieve its targets.

Health and Care

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| Programme purpose |
| The Indonesian Red Cross (Palang Merah Indonesia/PMI) efficiently delivers a public health emergency response for communities affected by disaster, and assists communities in building resilience and reducing vulnerability to disease. |
| Programme component 1: Emergency health |
| Outcome 1: PMI has an effective mechanism and improved capacity to deliver response during health emergencies. |
| Outcome 2: PMI has a contingency plan and action when new/novel and emerging disease (pandemic preparedness) happens. |

Achievements:

Throughout this year, the PMI health and care division has been working on reviewing, refining and developing new policies, guidelines and standard operating procedures that will serve as guiding tools for how PMI responds to health-related needs in future. A key workshop focused on collating several existing procedures into more integrated guidelines on PMI's approach to health and care in Indonesia was also conducted in August 2011. It was attended by 43 representatives from PMI, IFRC, ICRC and most Partner National Societies. In addition, draft guidelines were introduced that focused on health in emergencies, public health and social health.

A revised structure was set up with three sub-division heads to focus more on the areas of health in emergency including water and sanitation, first aid and ambulance service, community health and social services. These sub-divisions are now accountable for the improved performance and service delivery of all PMI health-related activities. In addition, a water and sanitation emergency response unit and team have been established in the city of Bandung. This team is well-equipped and prepared for immediate deployment and response to meet water and sanitation emergency requirements during disaster situations.

IFRC has also been supporting PMI to better enhance its volunteer capacity. Specialist emergency training for volunteers has been carried out with specialized equipment provided to address some key capacity gaps and resource allocation in multi-hazard disasters, as well as specific volcano, flood and earthquake emergencies. IFRC also continues to work with PMI to enhance its pool of volunteers, to undertake first aid and specialized health care programmes. Lobbying and advocacy in schools, universities and other locations frequented by youth have resulted in many new young recruits entering PMI's volunteer service. Many of the staff involved in PMI capacity building training activities were deployed in ongoing emergencies and training programmes during 2011. During these programmes, staff have the opportunity to share lessons and their experiences with other chapters around the country.

Ongoing capacity building of the medical action teams has also been a key activity this year that included emergency refresher training, simulations, tabletop exercises, drills and deployment of trained volunteers for emergencies around the country.

Other PMI health activities included refresher training of trainers in first aid, training of trainers in water and sanitation, simulations, medical action team instruction, special sanitation services and hygiene promotion, and a psychosocial support art-therapy assessment project in July 2011 in Jakarta. This programme involved 17 psychosocial support specialists who assisted to develop practical psychosocial support programme (PSP) assessment guidelines.

Programme component 2: Community-based health and first aid (CBHFA)

Outcome: Communities have an increased knowledge of potential risks to health outbreak (e.g. malaria, dengue, diarrhoea) and have adopted appropriate behaviour to reduce risks.

Achievement:

A total of 94,348 households and 236,947 individuals from six sub-districts of Central and East Jakarta who were identified with health risks and related vulnerabilities have been reached through PMI's community-based health and first aid programme. Community members were trained to understand basic first aid techniques and safe health approaches. A baseline survey to provide a reliable benchmark for subsequent evaluation purposes was conducted in coordination and collaboration with the Climate Change Research Centre from the University of Indonesia. The group was also involved in the development of a training package along with information, education and communication materials to assist volunteers to disseminate best health practices and dengue awareness in vulnerable communities.

The revised CBHFA approach, which was recommended at the health national coordination meeting last year (RAKORNAS 2010), has now been used as the entry point for every health-related community empowerment activity that has been implemented this year. PMI has completed its CBHFA program in Indramayu, West Java Province and now this same process is being developed in Papua Province. Both of these programmes include a water and sanitation component, which is intended to provide the community with access to a safe water supply, adequate sanitation and hygiene promotion.

IFRC has also supported PMI in adapting the planning, monitoring, evaluation and reporting (PMER) components of the CBHFA toolkit. Currently PMI is field-testing the revised toolkit in the CBHFA programme, supported by American Red Cross and Spanish Red Cross, in Central Java and Kalimantan, and later will include another CBHFA programme in Kapuas branch of Central Kalimantan. The latter programme is supported solely by Spanish Red Cross and includes a key component mainly focusing on organizational development and strengthening of health and administrative capacity of the implementing branches.

Programme component 3: Voluntary, non-remunerated blood donor recruitment

Outcome: Increased supply of safe blood from voluntary, non-remunerated blood donors.

Achievement:

In 2011, PMI blood transfusion centres have managed 70 per cent of total blood needs in 520 districts of Indonesia. With one blood transfusion centre located in Jakarta and a network of 211 blood transfusion units located across Indonesia, PMI is able to manage 83 per cent of the voluntary non-remunerated blood donors (VNRBD). PMI is now working on developing new initiatives to achieve 100 per cent VNRBD by 2014.

PMI is working on developing a better strategy to achieve this target and has included a blood donor recruitment sub-division located in its blood transfusion centre. IFRC continues to support PMI on strategy development and planning in this area. Externally, PMI has now received a clear mandate from the government to run its blood transfusion service and to mobilize blood donors under a government decree issued last February. This decree now helps PMI to seek a more viable and sustainable source of funds to increase its capacity in this field.

PMI has been implementing and advocating for expansion of its blood donor recruitment and blood supply by opening blood donor units permanently in several universities and mosques around the country. This project has been running in the Makassar University in South Sulawesi and Nurul Islam mosque in Bekasi, East Jakarta. PMI has also worked with the management of several shopping centres and malls in Jakarta, Surabaya and Makassar city to open blood donor units as part of their corporate social responsibility (CSR)

programmes. These blood donor units are now an integral component of those malls and universities and are constantly receiving donors during operating hours.

In August, PMI launched 100 new mobile donor bus units, donated by various private donors and companies in Indonesia. A total of 60 units have been distributed to chapters in 2011 and the remainder will be distributed in early 2012. All 100 mobile donor units are planned to be in full operation by the middle of 2012. Chapters with a higher provincial population of more than two million will be given two mobile donor units. Further information was reported in [programme update 2](#).

Programme component 4: Partnership and networking

Outcome: PMI efficiently exchanges information and mobilizes resources across all levels and with other stakeholders

Achievement:

PMI health personnel have been involved in Asia Pacific planning meetings, facilitation and assistance at several technical conferences, which included dengue, climate change, disaster risk reduction, emergency public health, HIV, and other health-related programmes. They have also been active in similar forums at the national and regional levels. PMI was key and active participant in a multi-sector pandemic preparedness discussion held by the Asia-Europe Foundation (ASEF) in early June. PMI worked on the preparation of its national contingency planning arrangements, business continuity plan and country plan in relation to preparedness and response to potential emergency health and pandemic infectious disease concerns.

PMI launched the road safety programme in collaboration with three government offices in Jakarta: the police, the Ministry of Transportation and the Ministry of Health with a focus on advocacy and conducting first-aid training for bus drivers and bus crew members. This campaign is also being prepared for implementation in the areas outside of Jakarta including Surabaya, Bogor, Bandung, Medan, Solo, Semarang, Makassar, Manado, Yogyakarta and Padang where the frequency of road accidents is high.

IFRC provided funding support to PMI staff to attend national and international health training, conferences and forums such as the CBHFA lessons learnt and monitoring and evaluation workshop in Bangkok and the 10th ICAAP (International Congress on AIDS in Asia and the Pacific) in Busan, Korea. Information from this workshop was used to help improve the capacity of the headquarters staff through the sharing of experiences and lessons learnt from other national societies on the implementation of CBHFA programmes and to galvanize the scientific, programmatic, policy and advocacy developments on HIV and AIDS in the region.

Challenges:

- *The need for a stronger integration of health and disaster management programmes.* Many of the SOPs, guidelines and policies have been developed separately and very little effort has been made to synchronize and complete each activity. Since the new planning bureau has been established, it is expected that an integration strategy will be developed to help guide the divisions, bureaus and units on what components should be integrated.
- *The need for an improved and clearer planning process and better documentation of health and psychosocial interventions in future responses to incorporate a more structured process to include monitoring and evaluation of impacts.* A balanced community outreach strategy should be designed into the strategy from the outset, appropriately budgeted and resourced. This will enable effective two-way communication and full transparency between affected communities and PMI, and full transparency regarding entitlements and delivery methods.
- *The need for an improved financial management and reimbursement process.* Many programmes and activities have taken several months to be processed and finalized. Improvement is also required in the collection and processing of reliable data, especially in emergency responses where the situation is chaotic and early information about the evolving situation is key.

Organizational Development

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| Programme purpose |
| The Indonesian Red Cross (Palang Merah Indonesia/PMI) is a respected, efficient partner of community, civil society and the government in Indonesia in responding to the needs of the vulnerable. |
| Programme component 1: National society organizational development process |
| Outcome: Modernization of PMI headquarters core management competencies |

Achievement:

Under the rubric of development of the policy framework for nationwide capacity-building, PMI focused on completion of a large number of technical implementation guidelines to support implementation of the 11 organizational policies drafted in 2010 and completed in the first half of 2011. IFRC, as well as a number of Partner National Societies, have provided some financial support as well as substantial technical support for this work. More than 30 guidelines have been developed covering organization and planning, disaster management, social and health services, volunteers and youth, human resources, training, resource mobilization, public relations, finance and general secretariat affairs. The final stage of synchronization of these guidelines is planned for next year.

High priority for 2011 was the need for a new Indonesian law on the Red Cross Red Crescent emblem, to resolve the issue of the legal existence of an organization called the Indonesian Red Crescent (Bulan Sabit Merah Indonesia/BSMI). Another priority was to strengthen PMI's ability to generate increased national government funding. These priorities re-emerged following a hiatus since similar efforts resulted in a deadlock in 2008.

High-level lobbying by PMI leadership has resulted in the inclusion of this law in the national legislative programme for 2012. In December, PMI hosted the Southeast Asia Organizational Development Forum with logistical support from IFRC. This forum was attended by representatives of all Southeast Asian national societies, except Lao PDR whose leadership had other commitments, as well as IFRC colleagues from both zone and regional offices.

The PMI national headquarters planning and legal bureau has developed technical guidelines for a nationwide integrated planning, budgeting, reporting and monitoring and evaluation system with assistance from IFRC, American Red Cross and Canadian Red Cross. Finance management guidelines are 99 per cent completed and will provide standard financial management systems for all PMI work with Movement partners nationwide. This work has been supported by IFRC together with Australian Red Cross and Canadian Red Cross staff, with useful input from other partner national societies.

A number of other technical guidelines completed in 2011 cover most aspects of the national society's work, from early recovery programming to appointment of board members. In November and December, IFRC supported a number of initiatives from the PMI national headquarters training unit including a training of trainers' workshop, PMI office management training and a range of short training courses for PMI staff. In addition, IFRC has also supported the early development of plans to establish PMI national and provincial training centres as income-generating business units. Work on this will continue in 2012.

Following zone disaster management and organizational development meetings in May, the new IFRC framework for building strong national societies, as well as the proposed integration of community-based programmes, was presented to key PMI stakeholders. Additional follow-up in this area will be needed in 2012.

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| Programme component 2: National society leadership development |
| Outcome 1: Greater coordination between PMI headquarters and chapters |
| Outcome 2: Efficient communications and knowledge-sharing with stakeholders |

Achievement:

PMI participated actively in the 2011 Statutory Meetings, giving presentations on their plans to work on the protection of Indonesian migrant workers in Middle Eastern countries and the Indonesian disaster management law and related regulations. Staff from IFRC and ICRC actively supported preparation for these meetings and dissemination of pledges, resolutions and reports to PMI after the meetings.

IFRC staff worked with PMI colleagues as well as those from Australian Red Cross and French Red Cross on the development of a nationwide branch and chapter organizational capacity-building plan, which will target 120 branches and 800 sub-branches located in all 33 PMI chapters in the period 2012 – 2014. For the first time, this will provide a single programme framework, set of approaches, objectives and indicators for PMI national headquarters efforts to increase the capacity of its chapters and branches, which has hitherto been directed separately by various headquarters divisions.

IFRC also provided support for several national organizational development workshops held in January and November, in which PMI national headquarters draft work plans and budgets were presented to chapter representatives for their feedback in preparation for PMI's annual general meeting. IFRC supported a national PMI youth gathering (Jumbara) held in the province of Gorontalo in July, which included the participation of 35 representatives from 12 international contingents from other national societies as well as 2,500 PMI Youth Red Cross members (ranging between 10 and 18 years old) from the 32 provinces of Indonesia.

In addition to technical and financial support for a large PMI event to celebrate the Indonesian annual Volunteer Day on 26 December as well as volunteer and youth forum meetings, IFRC supported PMI participation in the Global Volunteer Conference held in Bulgaria, production of a video and a collection of volunteer stories, and a national volunteer project award. IFRC also supported PMI's participation at the Southeast Asia Youth Directors' Forum where they gave a presentation on youth and social media.

PMI was selected as the runner-up in the "Live our principles, celebrate our diversity, change our community" category of the International Federation Youth Award, for their project on youth character-building based on the seven Fundamental Principles of the International Red Cross and Red Crescent Movement. This event was supported by Norwegian Red Cross in Central and East Java provinces. PMI's youth representative was sent to the General Assembly to receive this award.

The second phase of the PMI–Danish Red Cross integrated community-based risk reduction programme (ICBRR) in Yogyakarta and Central Java, funded by IFRC from the annual appeal, closed in April. A final external evaluation was held in May and the results of this evaluation were summarized in the 2011 [mid-year report](#).

Challenge:

Un-reconciled working advances to PMI had resulted in a temporary freeze of new working advances to the IFRC country office for activities in August and beyond. This issue was successfully resolved in October but still resulted in the postponement of some planned activities. Consequently, many activities were conducted in November and December.

Principles and values

Programme purpose

The Indonesian Red Cross (Palang Merah Indonesia/PMI) is recognized as a reliable, trustworthy and impartial source of humanitarian assistance to vulnerable people.

Programme component 1: Promotion of humanitarian principles and values

Outcome: Increased internal and external understanding on the Red Cross Red Crescent Fundamental Principles and humanitarian values, as well as PMI's role.

Achievement:

IFRC continued to work with PMI and ICRC to disseminate the Fundamental Principles and humanitarian values to Red Cross volunteers, staff and board members, as well as government and non-government duty office bearers throughout Indonesia. IFRC attended and gave a presentation at a dissemination strategy development workshop supported by ICRC with representatives from 15 PMI provinces, which produced a draft dissemination strategy. IFRC also conducted three induction courses for its staff as well as for staff of PMI, ICRC and Partner National Societies.

An additional initiative was the formation of a working group on the use of social media to improve the image of PMI. Guidelines for use of social media are yet to be produced but following the Indonesian translation of IFRC's guidelines, PMI aims to have its own guidelines in the first quarter of 2012.

IFRC supported PMI's celebration of World Red Cross Red Crescent Day, as well as PMI's 66th anniversary at which the 'One Nation, One Emblem' campaign was launched. IFRC also sponsored PMI in organizing a seminar to socialize International Humanitarian Law with keynote speakers from ICRC, PMI and the National Law Development Agency (Badan Pembinaan Hukum Nasional/BPHN).

IFRC supported PMI's participation in international forums, including the Asia-Pacific Communications meeting in Kuala Lumpur, the Global Communications Forum in Geneva and the One Day on Earth campaign.

Programme component 2: Anti-discrimination and violence prevention/reduction

Outcome: Vulnerable people are empowered with enhanced abilities to combat discrimination, intolerance and violence

Achievement:

In 2011, IFRC communications staff contributed to the development process of a PMI Youth as Agents of Behaviour Change (YABC) programme, supported by Norwegian Red Cross, in the provinces of Central and East Java. Support was also provided for the participation of PMI's disseminating staff in the same process. Programme implementation began in late 2011 and will continue until 2013. It is hoped that at least some elements of this programme can be developed in PMI youth programmes in other parts of the country over time.

Challenges:

Submitting timely financial reports for activities remains a challenge for PMI. Significant organization structural and personnel changes within PMI have also affected the implementation of all designed communication and principles and values activities.

Working in partnership

The following National Societies had programmes and staff in Indonesia working with PMI in 2011: American Red Cross, Australian Red Cross, Belgian Red Cross, Canadian Red Cross, Danish Red Cross, French Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, Italian Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Norwegian Red Cross and Spanish Red Cross. In addition, the Red Cross Society of Monaco has recently signed an agreement with PMI to support a water and sanitation programme in the Mentawai Islands, off the west coast of Sumatra. Most of the programmes supported by these partners are community-based risk reduction or health and first aid, with a more or less explicit organizational development content. Other programmes supported include a YABC programme, a preparedness for shelter response, improved blood services and construction and management of PMI regional warehouses. These programmes are implemented in 21 of Indonesia's 33 provinces with ICRC-supported programmes in another three provinces.

According to a PMI report at a recent annual general meeting, total funding support from these Partner National Societies in 2011 is CHF13,356,562 (it is not clear whether this figure includes financial support for emergency response programmes). Financial support planned for 2012, according to the same report, totals CHF15,904,417. These figures represent a very significant percentage of PMI national headquarters' total annual budget. Further details of these programmes and of start-up of new programmes can be found in [the mid year report](#) and [programme update 2](#).

The cooperation agreement strategy (CAS), developed in 2004 and revised in 2007, expired at the end of 2009 and a replacement has not yet been put in place. However, the recently appointed board member for international relations plans to establish an international relations unit and the announcement of development of a new CAS as a priority for 2012 are very positive signs.

Contributing to longer-term impact

Following evaluations of the West Sumatra and West Java emergency response in late 2010 and early 2011 discussed in previous reports, an evaluation of the PMI-led Merapi and Mentawai emergency response programmes was commissioned in the second half of 2011. As the PMI senior leadership took some time to agree to the terms of reference for this review, the evaluation took place months after programme implementation had been completed. Nevertheless, the draft findings, which will be socialized at a workshop in February 2012, provide substantial input particularly in the areas of recovery programming, transitional shelter, water and sanitation and preparedness for response by PMI and its Movement partners. Such workshops are now regularly included in the IFRC-commissioned evaluations to ensure dissemination of findings and promote appropriate follow-up actions.

Other evaluations in 2011 included a lessons-learned and challenges ahead evaluation of the PMI–Canadian Red Cross ICBRR programme, called PERTAMA, completed in July 2011; and an external evaluation of programmes supported by Spanish Red Cross, strengthening of the PMI capacities in disaster-preparedness and management in the area of water and sanitation, completed in May. An external evaluation of German Red Cross support to disaster risk reduction projects, part of a regional study to document German Red Cross' engagement in DRR in Indonesia, Philippines and Viet Nam, was carried out in April. This evaluation covered two ongoing and two completed projects on DRR in schools in Central Java and Bengkulu provinces.

Senior PMI staff are aware that monitoring and evaluation of their work is an area that could be strengthened. To address this issue, a small, six-month programme with financial support from American Red Cross formed a small working group of IFRC and partner national society staff, led by the head of the PMI planning bureau, working on this issue. If this exercise shows promise, further funding may well be forthcoming.

Looking ahead

The transition period following the appointment of a new national chairperson and board with very few members having previous Red Cross knowledge or experience, and some new priorities and interests continued to influence IFRC work in 2011. Coordination of Movement partners was not a priority and neither were the revision of the PMI strategic plans, newly introduced PMI programmes and initiatives in line with Strategy 2020. However, recent developments in PMI described earlier in this report are a positive sign and it is hoped that the findings of the Movement cooperation consultancy mentioned earlier, will provide a positive impetus to the development of the new cooperation agreement strategy.

At the same time, the newly developed nationwide capacity-building programme has the potential to provide the strategic and operational framework for greater synchronization of Partner National Society-supported programmes and more focused use of these programmes to build capacity at chapter, branch and sub-branch levels. The passing of a new Emblem Law in 2012 is a high priority on PMI's agenda.

Challenges remain on the need for greater clarity to justify the existence and clearly articulate the role and function of PMI sub-branches. How they can be more strongly linked to work in and with communities which make better use of the considerable resource created through community-based programmes, is another challenge. These community-based programmes have been creating hundreds of community-based volunteers called CBAT (community-based action teams) and RKD (village health volunteers), who usually have no means for further work under the flag of PMI once programmes supported by partners end.

IFRC plans to pursue several lines of research aimed at providing PMI with an evidence base to facilitate policy-making and resource allocation in the areas of volunteer recruitment; training and mobilization (a cost benefit analysis); positive and negative factors in the strengthening (and weakening) of chapters and branches. It is expected that this research will provide solutions to reduce the high proportion of total funding in chapters and branches required for routine expenditure compared to that allocated for provision of services. The research is also expected to cover the existing and potential functions and activities of sub-branches. All these will be dependent on the interest and participation of PMI staff.

Contact information

For further information specifically related to this report, please contact:

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- **Federation Southeast Asia regional office, Bangkok**

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Please send all pledges of funding to zonerm.asiapacific@ifrc.org

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Find out more on www.ifrc.org

Development Programme Financial Report

MAAID002 - Indonesia

Annual Report 2011

| Selected Parameters | |
|---------------------|------------------|
| Reporting Timeframe | 2011/1-2011/9998 |
| Budget Timeframe | 2011/1-2011/12 |
| Programme | MAAID002 |
| Budget | APPROVED |

All figures are in Swiss Francs (CHF)

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL | Deferred Income |
|--|---------------------|----------------------------|------------------------------|-----------------------|----------------|------------------|-----------------|
| A. Budget | 1,017,146 | 542,915 | 1,868,812 | 59,640 | | 3,488,513 | |
| B. Opening Balance | 922,146 | 566,964 | 1,804,148 | 59,640 | 0 | 3,352,898 | |
| Income | | | | | | | |
| <u>Cash contributions</u> | | | | | | | |
| <i>Australian Government</i> | 269,956 | | | | | 269,956 | 700 |
| <i>China Red Cross, Hong Kong branch</i> | | 98,238 | 10,302 | | | 108,539 | |
| <i>Japanese Red Cross Society</i> | 103,854 | | 108,630 | | | 212,484 | |
| <i>Taiwan Red Cross Organisation</i> | 200,000 | 93,824 | | | | 293,824 | |
| <i>The Netherlands Red Cross (from Rockefeller Foundation)</i> | | -5,559 | | | | -5,559 | |
| C1. Cash contributions | 573,811 | 186,503 | 118,932 | | | 879,245 | 700 |
| <u>Other Income</u> | | | | | | | |
| <i>Balance Reallocation</i> | 715,840 | 145,202 | 591,968 | 152,160 | 298,103 | 1,903,273 | |
| C4. Other Income | 715,840 | 145,202 | 591,968 | 152,160 | 298,103 | 1,903,273 | |
| C. Total Income = SUM(C1..C4) | 1,289,651 | 331,705 | 710,900 | 152,160 | 298,103 | 2,782,518 | 700 |
| D. Total Funding = B + C | 2,211,796 | 898,668 | 2,515,048 | 211,800 | 298,103 | 6,135,416 | 700 |
| Coverage = D / A | 217% | 166% | 135% | 355% | | 176% | |

II. Movement of Funds

| | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | TOTAL | Deferred Income |
|---|---------------------|----------------------------|------------------------------|-----------------------|----------------|------------------|-----------------|
| B. Opening Balance | 922,146 | 566,964 | 1,804,148 | 59,640 | 0 | 3,352,898 | |
| C. Income | 1,289,651 | 331,705 | 710,900 | 152,160 | 298,103 | 2,782,518 | 700 |
| E. Expenditure | -716,362 | -311,706 | -1,546,778 | -47,793 | 0 | -2,622,639 | |
| F. Closing Balance = (B + C + E) | 1,495,434 | 586,962 | 968,270 | 164,007 | 298,103 | 3,512,776 | 700 |

Development Programme Financial Report

MAAID002 - Indonesia

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| Budget Timeframe | 2011/1-2011/12 |
| Programme | MAAID002 |
| Budget | APPROVED |

All figures are in Swiss Francs (CHF)

III. Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|---|----------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|------------------|----------------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | |
| A | | B | | | | | A - B | |
| BUDGET (C) | | 1,017,146 | 542,915 | 1,868,812 | 59,640 | | 3,488,513 | |
| Relief items, Construction, Supplies | | | | | | | | |
| Shelter - Transitional | 25,001 | | | 23,945 | | | 23,945 | 1,056 |
| Construction - Facilities | 60,000 | | | | | | | 60,000 |
| Medical & First Aid | 1,083 | 283 | 172 | | | | 456 | 628 |
| Teaching Materials | 250 | | | | | | | 250 |
| Utensils & Tools | 4,000 | | | | | | | 4,000 |
| Other Supplies & Services | 35,000 | 33 | | | | | 33 | 34,967 |
| Total Relief items, Construction, Su | 125,335 | 316 | 172 | 23,945 | | | 24,433 | 100,902 |
| Land, vehicles & equipment | | | | | | | | |
| Land & Buildings | | 8,615 | 66,343 | | | | 74,958 | -74,958 |
| Computers & Telecom | 28,500 | 22,635 | 618 | 1,383 | | | 24,636 | 3,864 |
| Office & Household Equipment | 600 | | | | | | | 600 |
| Total Land, vehicles & equipment | 29,100 | 31,250 | 66,961 | 1,383 | | | 99,594 | -70,494 |
| Logistics, Transport & Storage | | | | | | | | |
| Storage | 20,010 | 999 | | 10 | | | 1,009 | 19,001 |
| Distribution & Monitoring | 46,138 | 14,411 | 7,886 | 37,229 | 1,640 | | 61,165 | -15,027 |
| Transport & Vehicles Costs | 25,364 | 14,458 | 230 | 7,006 | | | 21,694 | 3,670 |
| Total Logistics, Transport & Storage | 91,512 | 29,868 | 8,115 | 44,245 | 1,640 | | 83,868 | 7,644 |
| Personnel | | | | | | | | |
| International Staff | 450,437 | 157,584 | 55,769 | 169,475 | | | 382,829 | 67,608 |
| National Staff | 232,843 | 72,066 | 62,389 | 34,908 | | | 169,363 | 63,479 |
| National Society Staff | 10,600 | | 5,121 | 7,717 | | | 12,838 | -2,238 |
| Volunteers | | | 1,266 | 7,086 | | | 8,352 | -8,352 |
| Total Personnel | 693,879 | 229,650 | 124,546 | 219,186 | | | 573,382 | 120,498 |
| Consultants & Professional Fees | | | | | | | | |
| Consultants | 192,499 | 660 | 2,818 | 77,946 | | | 81,425 | 111,074 |
| Professional Fees | | | | 4,000 | | | 4,000 | -4,000 |
| Total Consultants & Professional Fe | 192,499 | 660 | 2,818 | 81,946 | | | 85,425 | 107,074 |
| Workshops & Training | | | | | | | | |
| Workshops & Training | 853,082 | 271,721 | 69,428 | 154,185 | 30,022 | | 525,357 | 327,725 |
| Total Workshops & Training | 853,082 | 271,721 | 69,428 | 154,185 | 30,022 | | 525,357 | 327,725 |
| General Expenditure | | | | | | | | |
| Travel | 79,747 | 25,830 | 2,423 | 6,496 | 3,283 | | 38,031 | 41,716 |
| Information & Public Relations | 226,355 | 10,024 | 7,448 | 10,028 | 9,082 | | 36,581 | 189,774 |
| Office Costs | 9,292 | 1,632 | 6,145 | 103 | | | 7,879 | 1,413 |
| Communications | 26,629 | 5,361 | 1,424 | 3,340 | 847 | | 10,972 | 15,657 |
| Financial Charges | 3,222 | 16,447 | 2,332 | 8,515 | 3 | | 27,297 | -24,075 |
| Total General Expenditure | 345,246 | 59,294 | 19,772 | 28,482 | 13,214 | | 120,761 | 224,485 |
| Depreciation | | | | | | | | |
| Depreciation and impairment | 0 | | | | | | | 0 |
| Total Depreciation | 0 | | | | | | | 0 |
| Contributions & Transfers | | | | | | | | |
| Cash Transfers National Societies | 944,554 | 45,553 | | 899,001 | | | 944,554 | 0 |
| Total Contributions & Transfers | 944,554 | 45,553 | | 899,001 | | | 944,554 | 0 |
| Indirect Costs | | | | | | | | |
| Programme & Services Support Recov | 213,307 | 43,440 | 18,968 | 94,404 | 2,917 | | 159,729 | 53,578 |
| Total Indirect Costs | 213,307 | 43,440 | 18,968 | 94,404 | 2,917 | | 159,729 | 53,578 |
| Pledge Specific Costs | | | | | | | | |
| Pledge Earmarking Fee | | 3,411 | 227 | | | | 3,637 | -3,637 |

Development Programme Financial Report

MAAID002 - Indonesia

Annual Report 2011

| Selected Parameters | |
|---------------------|------------------|
| Reporting Timeframe | 2011/1-2011/9998 |
| Budget Timeframe | 2011/1-2011/12 |
| Programme | MAAID002 |
| Budget | APPROVED |

All figures are in Swiss Francs (CHF)

III. Expenditure

| Account Groups | Budget | Expenditure | | | | | TOTAL | Variance |
|------------------------------------|------------------|---------------------|----------------------------|------------------------------|-----------------------|--------------|------------------|----------------|
| | | Disaster Management | Health and Social Services | National Society Development | Principles and Values | Coordination | | |
| A | | | | | | | B | A - B |
| BUDGET (C) | | 1,017,146 | 542,915 | 1,868,812 | 59,640 | | 3,488,513 | |
| Pledge Reporting Fees | | 1,200 | 700 | | | | 1,900 | -1,900 |
| Total Pledge Specific Costs | | 4,611 | 927 | | | | 5,537 | -5,537 |
| TOTAL EXPENDITURE (D) | 3,488,513 | 716,362 | 311,706 | 1,546,778 | 47,793 | | 2,622,639 | 865,874 |
| VARIANCE (C - D) | | 300,784 | 231,209 | 322,034 | 11,847 | 0 | 865,874 | |