

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

INDONESIA

Appeal no. 01.64/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	274,233
Disaster Management	665,994
Organisational Development.	507,909
Representation, Management, and Implementation	10,695
Total	1,458,831¹

¹ USD 1,094,123 or EUR 933,652

National Context

Indonesia is an archipelago of 13,700 islands extending across a distance of some 5,000 km and plagued by poverty and ethnic, religious and political unrest. Its population of approximately 230 million people, the fourth largest in the world, is 87 per cent Muslim, predominately rural and made up of numerous ethnic groups. Of this, nearly 60 per cent (120.5 million people) live on the densely populated island of Java, where rising income disparity has led to some of the nations more complex social problems.

Four years on from the democratic elections of 1999, Indonesia's economic outlook remains uncertain and the current growth rate of three per cent holds no prospect of reducing unemployment, which, at a reported 40 million people, is dramatically high. Meanwhile, average basic wages continue to be depressed and the country's industrial capacity is under-utilised and shrinking as international companies are reducing production demands. According to the latest statistics, about 49.5 million people (almost 25 per cent of the population) are still living below the poverty line, with many more on the margin. Large numbers of people have no access to education and basic health care; malnutrition is widespread, as is exposure to diseases.

There is still social and political unrest in a number of provinces, caused by conflict over autonomy, and compounded by the economic crisis, which has continued for the past six years. The secessionist conflict in Aceh has deteriorated in 2003, with the peace agreement between the Indonesian government and GAM (Free Aceh Movement) lasting only for a brief period. Since mid-May, when the province was placed under martial law, clashes have increased between the Indonesian military and the secessionists. Since the Bali bombing in October 2002, the spectre of terrorism has been ever present, with a series of major incidents through 2003 adding to the detriment of day-to-day living and a fragile economy.

Across Indonesia, the threat of natural disaster is ever present, and the country has its fair share of natural and man-made disasters. Earthquakes are frequent and there is also a high risk of volcanic eruptions, tsunamis, floods, landslides, forest fires, and, in some regions, drought. This ill-fated combination together with large-scale ecological exploitation has taken a significant human and economic toll on the country and its people. The prevalent poverty renders large numbers of people even more vulnerable.

Red Cross Red Crescent Priorities

National Society strategy and programme priorities

The Indonesian Red Cross - Palang Merah Indonesia (PMI) - is the only voluntary organisation in Indonesia that has true nation-wide coverage and is thus viable for international organisations as an implementing agency. It adds value to the country's humanitarian work in the fields of health, including blood transfusion and emergency response and aims at assisting and empowering the most vulnerable groups in ways that complement the efforts of the Indonesian government, the UN and other aid agencies.

The society regularly demonstrates its capacity to respond in a timely and effective way during natural and man-made disasters, with the bomb blast in Jakarta in mid-2003, a recent and notable example. It also continues to play an important role in bringing food to the most vulnerable caught in the Aceh conflict, working alongside the ICRC.

The leadership of PMI is firmly committed to developing the society as an important auxiliary, but independent partner, to the government. Some significant progress in realising the potential of PMI has been evident in 2003. Through a series of regional-based management workshops, staff and volunteers in chapters and branches have gained a common understanding of the PMI's mission, vision and strategic plan, creating a more unified entity. Important future challenges centre on the formulation of resource development strategies, improving financial transparency and practices and achieving an independent and representative governance structure at all levels.

In 1999, PMI adopted a five-year strategic plan that incorporated the following four priorities:

- disseminating and developing the application of basic principles of the International Red Cross and Red Crescent Movement and international humanitarian law throughout Indonesian society;
- optimisation and consolidation of the organisation, development of potential, and improvement of PMI resources (human and material);
- the delivery of quality and timely Red Cross services covering humanitarian assistance in emergency situations, social and public health services and blood services; and
- enhancing youth participation in Red Cross activities.

In July 2002 the PMI conducted a mid-term review of the plan to ensure it was on track to achieve the declared objectives. The outcome of this review is being integrated into the divisional business plans for 2003 and 2004 and the priorities for this appeal. It is in these areas the PMI seeks to strengthen its capacity and is seeking partners to assist.

Movement context

The Federation delegation was established in Indonesia in 1998 and aims to strengthen PMI as an organisation, as well as support its activities, in close cooperation with other stakeholders at country, regional and international level. Cooperation with PMI is positive and has shown some encouraging results in the last few years, including the nearly doubling of active chapters - from 23 per cent in 2001 to 43 per cent in 2002. In addition a strong cooperative atmosphere has been created between the ICRC and partner national societies (PNS).

Based on PMI's progress, as well as the cooperation agreement strategy (CAS) – initial draft prepared in the second quarter of 2003 - the Federation has formulated a provisional exit strategy to take effect by 2007, with a schedule outlined as follows:

- *2004*: the current delegation strength of three delegates (head, organisational development and disaster management) will be reduced to two at the end of 2004, to help coordinate activities of the four bilateral PNS. The PMI Strategic Plan 2005-2009 will be presented to the General Assembly in November 2004, and serve as a useful tool for the Federation's exit strategy.
- *2005/2006*: the Federation delegation remains at two delegates (head and programme coordinator) covering capacity building as well as overall coordination and facilitation of bilateral programmes.
- *2007*: A single Federation representative works with PMI and its partners, with PNS providing programme support to the society. By the end of 2007, the Federation should be ready to close its office.

The growing number of PNS programmes are overseen by a board comprising representatives from the Federation, ICRC and PNS and chaired by PMI, which finalises programme proposals and provides coordination and liaison on policies surrounding programme implementation.

<i>Red Cross Partners – Expected Activities in 2004</i>	
Australia	HIV/AIDS, capacity building and disaster preparedness (Bali)
Britain	Capacity building and disaster preparedness
Denmark	CBDP (West Sumatra, Lampung and South Sulawesi), capacity building
DFID	CBFA (West Java and West Kalimantan)
Iceland	Capacity building, delegate support
Japan	Capacity building and disaster preparedness, HIV/AIDS
Netherlands	Capacity building, CBFA (West Java and West Kalimantan), HIV/AIDS
Norway	Capacity building and disaster preparedness, delegate support
Singapore	CBFA (Sumatra)
Sweden	Capacity building and disaster preparedness

Strengthening the National Society

Working through delegations in Jakarta and Bangkok, the Federation provides support to PMI, practically and financially through four programmes, without participating directly in project implementation. This strategy has been developed on the basis of the considerable humanitarian needs in Indonesia, the development requirements of PMI and the added value the Federation and member societies can offer. Priority will be given to strengthening the capacity of PMI to deliver integrated and effective programmes to the most needy, while harnessing the resources of the Red Cross Red Crescent Movement (for example, building on the Danish Red Cross bilateral work on the community-based disaster preparedness programme).

The priority programmes will be as follows:

Health and Care: the Federation, supported by the Japanese Red Cross, will increase awareness and help change attitudes about HIV/AIDS among targeted sections of the community as well as PMI members. Emphasis will also be given to develop PMI's capacity and implement a programme for improving the health status of the most vulnerable in targeted areas.

Disaster Management the Federation will focus on strengthening PMI's disaster management capacity towards self-reliance.

Organisational Development the Federation will provide in-country support and facilitate regional technical assistance in organisational change, resource development, skills training in planning and reporting, financial systems development as well as policy development. Emphasis will also be given to gender mainstreaming, as well as to the integration of youth and volunteers into programmes.

Implementation and Management: the Federation will work with PMI, ICRC and PNS to help ensure external support is in the best long-term strategic interest of the society. Emphasis will be given to ensure programme sustainability and effective use of resources, and to build overall capacity of the organisation. The Federation will also continue its activities in international fora. To achieve its overall objectives in Indonesia, the Federation will maintain an in-country office comprising four expatriate and two local staff.

1. Health and Care

Background

Since the Asian financial crisis of the mid/late nineties, hardship continues to impact on an increasingly stretched health sector of Indonesia. Among Southeast Asian countries, Indonesia, together with Myanmar, spends the lowest percentage of GDP on health - 0.6 and 0.4 per cent respectively in 2000 (Human Development Indicators 2003, UNDP). Both public health expenditure and per capita public health expenditure fell drastically from 1998 to 2000. During the same period, contact frequency and use of public as well as private health facilities saw a sharp decrease. It is widely recognised that public health spending is grossly inadequate in the country.

Large parts of the population, particularly in rural areas, still have limited access to basic health care and educational facilities. Overall, the country's health statistics are stark. According to the 2002 UNDP Human Development Index, only 56 per cent of births are attended by skilled health staff; there are just 16 physicians per 100,000 people; the under-five mortality rate is 48/1,000; and malnutrition in this sector of the population is 26 per cent. These indicators, though showing improvement until the financial crisis, are once again putting a burden on the country's health infrastructure. Vector-borne diseases such as dengue and malaria are still endemic, with the incidence rate of malaria at 48 per 100,000 in 2000, and dengue and dengue haemorrhagic fever occurrence fluctuating yearly - in 1998 two large epidemics covering 201 districts affected over 120,000 people and caused 2,900 deaths.

The PMI health and social services division undertakes a number of health and care projects, which will require funding to strengthen human capacity so as to better deliver services that have direct impact at the community level:

- *Water and sanitation* remains a challenge, with 76 per cent of the population having access to improved water supply and just 66 per cent with adequate sanitation. Water quality is poor due to ground water contamination resulting from unsatisfactory sanitation disposal. High incidence rates of diarrhoea, skin and eye infections are associated with the lack of adequate water and sanitation facilities and poor hygiene practices. Limited knowledge about basic health care and disease prevention measures also contributes to the poor conditions, especially in rural areas. In view of these conditions PMI supports the construction of water and sanitation facilities, linked to hygiene education and community-based first aid (CBFA) training.
- *HIV/AIDS* epidemiological data shows a striking increase in the number of people infected with HIV since 1995. HIV prevalence in donor blood has increased eightfold since 1995, while in several areas HIV prevalence rates among sex workers is approaching five per cent. The epidemic is concentrated in certain provinces, but as of 2002 a total of 29 provinces had reported cases of HIV. Transmission of HIV through sexual intercourse accounts for the highest number of new infections, followed by transmission through needles shared by injecting drug users. Commensurate with the increase in number of people testing positive for HIV, figures for AIDS cases have also risen sharply, indicating that response to the disease needs to cover not just prevention but also treatment, care and support. At the same time, although antiretroviral drugs are available, access remains difficult, partly because of the high cost, but also because specific clinical measures are required in their use and supervision. Though a variety of initiatives have been undertaken to reduce stigma and discrimination against people living with HIV/AIDS (PLWHA) and their families, such prejudice continues

(Indonesia National HIV/AIDS Strategy 2003-2007). HIV/AIDS activities were not initially included in PMI's 1999-2004 policy guidelines, but the seriousness of the global epidemic threat led to an expansion of the health programme and the strategic planning review in July 2002 confirmed that HIV/AIDS is now a priority project for the national society. As a founding member of the Asian AIDS task force, PMI has developed considerable capacity at headquarters level; however, capacity to assess, implement and maintain HIV/AIDS programmes at branch level varies.

- *Health in emergencies* has been brought to the forefront over the last year with the bomb blasts in Bali in October 2002 and Jakarta in July 2003 and an increasing demand on mechanisms and structures to respond to and cope with such situations. The relief operation that followed the bomb blast in Bali was a difficult and traumatic experience for many PMI staff and volunteers who, for the first time, were afforded psychological support through debriefings. Based on lessons learnt, PMI has decided to develop psychological support teams at headquarter, chapter and branch level. The outbreak of SARS (severe acute respiratory syndrome) in the region also presented PMI with many challenges and through initiatives such as public information and awareness campaigns the society was directly involved in the response to the outbreaks. Also as part of the Federation's emergency appeal, launched in May 2003, the society undertook further activities to respond to the SARS outbreak, thus building its capacity ahead of potential future outbreaks of infectious diseases.
- *First aid* is an important activity for PMI with more than 1,000 first aid stations countrywide, some with attached ambulance services. There is, however, a need to improve the quality of first aid training and to upgrade and standardise the first aid training curriculum.
- *Blood transfusion activities*, including blood collection and transfusion services, are implemented and run by an independent body to PMI. However, these services still pose a financial burden on the society. PMI blood centres provide critical data on HIV/AIDS prevalence to government, UN organisations and other major NGOs.

Overall Goal

The health status of the most vulnerable is improved in targeted areas.

Programme Objective

PMI's health and care capacity is enhanced through the increased involvement of communities in preventative and information health programmes.

Expected Results

The programme is based on six key projects that will have the following overall results:

1. Increased capacity of PMI health and social service division to coordinate, manage and monitor health activities of chapters and branches, as well as work with external donors.
2. Enhanced training in first aid and home care for instructors at national level.
3. Targeted communities are empowered to address their own challenges in hygiene, sanitation and first aid.
4. Increased knowledge, improved behaviours and attitudes towards HIV/AIDS among targeted sections of the community and PMI members.
5. The number of non-remunerated volunteer blood donors is increased to equal or exceed one per cent of the low risk population.
6. Mechanisms and structures are put in place to respond effectively and cope with emergency health situations in targeted sections of the community, especially in psychological support.

Expected Results	Indicators	Assumptions	Activities
Project One: Strengthening capacity of health and social services division and branches			
Strong management and support systems/structures developed at headquarter and branch level	Performance review of existing and newly-hired staff	Long-term funding available and national society to take over	National health strategic planning process; establish a recruitment and performance system for health staff
Project Two: Improving quality of first aid and home care training level			

First aid unit established at headquarters; quality and upgraded training curriculum and equipment maintained at the national level.	The frequency of refresher courses conducted and the number of curricula distributed and used at branch level	Long-term funding available and PMI to take over	Employ a first aid manager responsible for programmes and streamline first aid activities
Project Three: Improving hygiene/ sanitation conditions and practices in targeted communities			
A decrease in incidence of water-related and vector-borne diseases in the targeted communities of Atambua chapter, East Nusa Tenggara	Workshop report and final project proposal at the chapter level; number and quality of CBFA staff/Red Cross volunteers (RCV) trained	Commitment of volunteers and community members and availability of local resources	Project management training and training of volunteers; construction of water and sanitation facilities
Project Four: Improving knowledge and changing behaviours and attitudes towards HIV/AIDS			
Trained instructors/facilitators available in targeted chapters and branches in high prevalence areas, able to plan, implement and follow up programmes	Number of volunteers trained and chapters and branches having quality HIV/AIDS programmes	Continuous commitment from chapter and branch level and availability of long-term funding to ensure sustainability	Hire HIV/AIDS manager; conduct anti-stigma and discrimination campaigns; YPE/WPE*, counselling and community support activities
Project Five: Improving number and quality of voluntary non-remunerated blood donors (VNRBD)			
Number of VNRBD rises to equal or exceed one per cent of those able to donate blood	Increased number of blood donors and enhanced availability of blood product stocks	The risk of voluntary donors using the blood bank for free blood tests can be managed	Organise workshops on non-remunerated voluntary blood donor recruitment
Project Six: Establishing structure to respond effectively and cope with emergency health situations			
Negative impact of working in emergency health situation mitigated and improved through providing psychological support to PMI volunteers	Frequency of deployment of the psychological support team in the event of natural and man-made disasters and the number of chapters establishing a team	Activities can be sustained during non-emergencies with quality and standard maintained and controlled	Organise workshop and training at targeted chapters/branches; train 10 trainers and 50 volunteers able to provide psychological support to volunteers

*Youth Peer Education/Women Peer Education

Monitoring and Evaluation

Monitoring and evaluation will be an integral part of all projects, and will be coordinated with other programmes. Specific details are shown in the relevant paragraph in the OD section.

2. Disaster Management

Background

Geologically and ecologically Indonesia is highly vulnerable and disaster-prone. It is located at the friction points of three continental tectonic plates, causing earthquakes and tsunamis, and lies in the 'belt of fire' with 128 active volcanoes. Large parts of the archipelago are susceptible to drought and subsequent crop failure, but the most frequent disasters across Indonesia are landslides and floods during the rainy season. Besides these calamities, the prevalent poverty adds to Indonesia's vulnerability. Furthermore, since 1997, the political, social and economic collapse, coupled with frequent clashes and violence between different religious and ethnic groups and the secessionist movements in Aceh, East Nusa Tenggara, West Kalimantan, Maluku, North Maluku, and Papua have created a huge problem of internal displacement affecting 19 different provinces.

The particular geographical and geological characteristics of the country place Indonesia as the third most vulnerable of 13 Asian countries susceptible to natural disasters for the period 1964-1986. The *1996-1997 Disaster Report* issued by the Indonesian Ministry of Social Affairs detailed 991 occurrences of natural disasters - an average of nearly three natural disasters per day. Statistically, the average number of people affected by natural and man-made disasters in Indonesia has been on an upward trend for more than 20 years - an annual average of 212,000 from 1981-1990, 709,000 (1991-2000) with the figure for 2000 put at nearly 760,000 per year. Logistics pose a particular challenge: of the 13,700 Indonesian islands, Java, Sumatra, Sulawesi and Bali have well

developed road systems; railways only exist in Java and Sumatra, whereas direct air and sea transport routes are limited to the main island.

The frequency of disasters suggests that disaster management will remain one of PMI's core services. By presidential decrees of 1963 and 1990, PMI is mandated to respond within the first two weeks of a disaster, in close coordination with Bakornas, Satkorlak and Satlak (respectively the national, provincial and local coordination bodies for natural disasters). The latest presidential decree of January 2001 attributed additional obligations to Bakornas-PBP to deal with the internal displacement problem.

PMI's network of 30 chapters, 339 branches, 59 Satgana (multi-purpose volunteer corps for response at branch level) teams with a large number of volunteers from schools and universities, including doctors and other professionals, provide a strong human resource base for disaster management. Over the first six months of 2003, for instance, in response to a series of floods, lands lides and earthquakes, almost 7,000 families were assisted across a dozen provinces through help with evacuation as necessary, emergency medical care and distribution of family and hygiene kits, instant/cooked food, medicines, water, sleeping mats, water purification tablets and temporary shelter.

The present programme, implemented under the PMI disaster management division, is formulated on the basis of *PMI Policy Guidelines 1999-2004*; *December 2000 Final Report of Review of DP/CP Programmes of PMI*; and recommendations of the July 2003 PMI disaster management working committee meeting.

Highlights from the range of PMI disaster management activities in 2002, include:

- each of the 15 most disaster-prone chapters had two professional trainers run Satgana team training on updated/revised curriculum for basic disaster management (including conflict);
- 59 Satgana teams conducted disaster management (including conflict) activities; performance was recognised by the stakeholders at various levels;
- four Satgana teams (120 volunteers) were trained in disaster management curriculum (including conflict);
- standard equipment has been provided to 50 Satgana teams covering most disaster-prone branches;
- two portable water systems provided to the two chapters most frequently facing floods, to ensure safe drinking water for flood victims;
- 18 mobile emergency units provided with standard emergency kits are fully operational, covering the 15 most high-risk provincial chapters;
- a core group of 20 dedicated volunteers identified and appointed for the formation of 'Team Khusus', a rapid emergency response unit, at the national headquarters level, have been trained in advance response mechanisms (including conflict);
- formulation and signing of the joint logistics service cooperation agreement for Indonesia, between PMI, ICRC and the Federation;
- an integrated approach in Federation, ICRC and PMI disaster management and conflict activities was developed;
- establishment and advocacy for regional emergency storages facilities, with minimum stock in eight strategic points covering most disaster-prone areas (including conflict);
- a disaster management working committee and its sub-groups (comprised of representatives from disaster-prone chapters, heads of department at PMI, Federation DM and OD delegates and representatives from ICRC and PNS) are fully operational;
- Australian Red Cross funded the Bali DM programme, while Danish Red Cross funded CBDP pilot projects in South Sulawesi, West Sumarta and Lumpung assisted by the Federation;
- PMI membership of the regional disaster management committee.

Among the difficulties encountered and lessons learned:

- lack of adequate staff in the DM division, with appointment of coordinators not yet finalised;
- involvement in disaster response activities, for instance in Aceh, by division staff has contributed to delays in planned DM work - only a quarter of opportunities in local resource mobilisation were used, before and during emergency operations;
- lack of effective coordination and information-sharing at certain levels within the PMI structure;
- poor communication and information-sharing between key departments at national headquarters level, as well as between chapters and branches.

The programme for 2004/2005 builds largely on accomplishments and lessons learned. It addresses the problems identified, and aims at integrating overall disaster management and conflict in close harmonisation with other stakeholders at national, regional and international level. All support is aimed at upgrading the PMI disaster management capacity towards self-reliance.

Overall Goal

PMI is able to meet its obligations under Indonesian law and assure timely and effective assistance to victims of disasters and conflicts.

Programme Objective

PMI develops disaster preparedness levels consistent with the capacity to provide timely and effective assistance to victims of disasters and conflicts and also enhancement of community-based preparedness.

Expected Results

The programme is based on three key projects that will have the following overall results:

1. PMI's disaster management capacity is expanded to manage the national disaster management programme, with limited external support.
2. PMI's capacity for timely and effective disaster response is strengthened by 2005.
3. PMI has developed a well-functioning early warning/disaster information system (at least in 15 high-risk provincial chapters) and is playing an active role within a local, regional and global disaster management network by 2005.

Expected Results	Indicators	Assumptions	Activities
Project One: Strengthening disaster preparedness capacity			
Increased capacity and effectiveness at headquarters and 15 of the most disaster-prone chapters/branches	Regular and relevant activities for growing number of DM staff/volunteers/trainers	Commitment of all stakeholders, including members, volunteers and donors to fulfil their respective roles	Meetings/workshops/training/orientation/information dissemination; and practice/knowledge-sharing/monitoring, follow-up and reporting
Project Two: Building disaster response capacity including standard logistics systems			
Disaster response capacity enhanced in 50 most disaster-prone branches; standard logistics system with emergency storage and pre-positioned stock in 8 regional locations	Number of well-prepared branches; frequency and quality of emergency response; available regional technical support	Relevant systems, resources and technical support is in place	Meetings/workshops/training/orientation/information dissemination; and practice/knowledge-sharing/monitoring, follow-up and reporting
Project Three: Early warning/disaster information system and knowledge sharing			
Established early warning /DMIS* and knowledge-sharing between 15 most disaster-prone chapters, including public youth education and awareness programmes	Frequency of information exchange and involvement of chapters and branches; information material developed, published and distributed; frequency of PMI contributions to regional initiatives	Suitable and committed training candidates; full support from PMI management	Establish communications network between headquarters and 15 most disaster-prone chapters; run awareness programme for 10,000 students and their families; information dissemination for public in 15 most disaster-prone chapters and 50 branches; engagement in regional/global DM events

* Disaster management information system

Monitoring and Evaluation

Monitoring and evaluation will be an integral part of all projects, coordinated together with other programmes. Specific details are shown in the relevant paragraph in the OD section (below).

3. Organisational Development

Background

Organisational development (OD) within the PMI is a primary focus for senior management and the national board. The PMI strategic work plan (1999-2004) clearly reflects these priorities and serves as a basis for the Federation's development programme. This plan is nearing completion and priority is being given to achieve the stated objectives by the General Assembly in 2004. Work has started on the formulation of the 2005-2010 plan. The programme in 2004 builds on developments initiated in 2002 and 2003, particularly strengthening skills and capabilities of the national office team, and improving the capacities of chapters and branches focusing on disaster-prone areas.

With the devolution by Government of greater autonomy to provinces and the slow adoption of democratic practices, PMI faces a pressing need to change its own practices and attitudes from bureaucracy and tradition to that of an independent, business-like organisation. Branches and chapters need to strengthen capacity to ensure constructive interaction with local governments, in an increasingly competitive community. On the positive side, PMI enjoys a high community profile and strong links to key Government figures and has used this to its advantage during the many disaster and conflict emergencies of the past year.

PMI is a diverse organisation scattered across a nation of approximately 230 million people. There are now 30 chapters and 339 branches of which 43 per cent and 44 per cent, respectively are considered 'well functioning', according to the PMI annual questionnaire. In 2003, through a number of nationally sponsored training sessions and greater involvement of chapters in national programmes, PMI is becoming more unified. An increasing number of chapters are turning to national headquarters for guidance and leadership to implement programmes. This has tested the human resource capacity at headquarters, a key issue in PMI's future business plans. With all chapters now 'on line', communications with headquarters are greatly enhanced; a standardised orientation programme, also means that new governance, management and volunteer members are now receiving a more thorough initiation into PMI.

The OD programme in PMI is multifaceted with projects in resource, IT and financial development, and human resource capacity building. These programmes are not only implemented at headquarters but are being implemented in chapters and branches, particularly in disaster-prone areas and those 'hosting' PNS sponsored programmes such as CBFA and CBDP. The OD programme in 2004 will continue to capitalise on the base established in the past two years.

The Federation seeks to continue initiatives taken so far by PMI in developing its organisational and resource capacity and to continue to realise the potential that has been demonstrated in achieving the objective of a well-functioning national society in Indonesia. One of the most difficult aspects of revitalising the PMI is the concept of 'independence versus being auxiliary to the government', particularly at chapter and branch level. The PMI's capable handling of the situation in Aceh is one good example of this. At a national level, there is a need for the board to devolve authority to the senior management level in order to create a more flexible and responsive organisation.

Overall Goal

The PMI has become a well-functioning society, able to mobilise support and carry out its humanitarian mission, addressing the needs of the most vulnerable in Indonesia.

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.

Expected Results

The programme is based on four key projects that will have the following overall results:

1. Strategic guidance and technical advice is provided to the PMI leadership and management in their organisational development process.
2. The capacity of chapters and branches in resource development, administrative procedures and management information is increased.
3. PMI's capacity to deliver training for volunteers and enhance leadership skills for key volunteers is strengthened.

4. Human resources capacity in under-resourced chapters is improved, together with management skills at national headquarters level.

Expected Results	Indicators	Assumptions	Activities
Project One: Governance and management development			
Revised statutes, strategic plan and standardised planning procedures in place; PMI's public profile and accountability enhanced	Increase in numbers of chapters and branches considered 'well-functioning'	Continued commitment of national board and management to implement the 'change process'	Working group meetings, national forums, new finance system, auditing, national statistics, and publications
Project Two: Chapter and branch development			
Enhanced human resource maintenance and fundraising capability with improved communications between national office/chapters	Volunteer statistics, chapter and branch reports, use of database	Chapter and branch boards committed to change	Orientation seminars, resource development workshops, web-based information systems developed
Project Three: Volunteer development			
Cadre of selected key volunteers available nationally	Volunteer confidence increased and cadre of leadership volunteers available	Astute selection of volunteer leaders from all programme areas	Leadership and volunteer courses
Project Four: Management support and training			
PMI has better motivated and focused staff able to carry forward development at all levels	Increased activity and consistent reporting levels achieved by chapters with improved productivity from national office	Chapter boards support national initiative; all chapter managers apply standard procedures and follow national system	Introductory and senior management workshops; management training

Monitoring and Evaluation

A workshop centred on 'participatory follow-up, monitoring, evaluation and reporting' to share standard tools, methodologies and timeframes will be held during the implementation period. Key managers and staff in health, DM and OD at the national office and targeted chapters/branches will participate. Follow-up workshops will take place as necessary, to strengthen technical aspects of individual programmes.

Targeted chapters and branches will conduct regular follow-up and monitoring activities as well as half-yearly and annual review meetings. Participants will include PMI management committee members, heads of office, working committee members, technical managers and Satgana team leaders. A standard 'review report' will be produced every six months, reporting on past progress and presenting an activity and budget plan for the following half year. Progress reports will reflect identified indicators, pinpoint constraints and outline possible solutions. An annual report and plan will also be compiled using this information.

PMI national office staff and Federation delegates will regularly monitor operations. Progress will be reflected in quarterly programme updates and an annual report. Pilot projects running for more than three years will be subject to a mid-term review, the outcome of which will determine the direction and level of expansion of the projects.

4. Representation, Management and Implementation

Coordination

The PMI has received considerable support through the Movement for both emergency operations as well as capacity building over the last five years. The Federation presence in Indonesia is centred on the support of PMI in its development and activities, in line with the society's strategic priorities, though without participating directly at the operational level. In 2002 several partners initiated bilateral programmes in Indonesia. Based on its status agreement with the Indonesian government, the Federation assists in this process as facilitator and coordinator. The finalised cooperation agreement strategy is due to be signed between all partners in the country by early 2004.

Representation

Although the Federation delegation in Indonesia has consistently advocated Red Cross Red Crescent principles and values in various international and national fora, there is a clear need to step up these important activities. In 2004, the Federation will enhance its participation and advocacy at international fora, in close interaction with ICRC - a collaboration that will present a unified image of the Movement in Indonesia. Together with PMI and ICRC, the Federation will also target heads of national government ministries and local heads of public administration. Discussions and information about Red Cross activities will be aimed at increasing government understanding and acceptance of humanitarian values. The lack of national regulations on the use of the Red Cross emblem, which has potential for misuse, is an issue that will need to be further addressed. The PMI is collaborating with the Ministry of Justice to draft such regulations.

Delegation Management

The Federation will continue its long-standing support to PMI, by advising and assisting the society in its general operational and institutional management, including the process of capacity building. It will continue to attract and coordinate international support for PMI humanitarian operations. Further support will be provided to develop capacity at the headquarter, chapter and branch level to manage, monitor, evaluate and directly report to donors on programme development and funding received from PNS through the Federation, or ICRC and other donors.

Where relevant within the CAS framework, the Federation delegation will continue to facilitate implementation of bilateral PNS supported programmes with PMI. It will also represent and attract support for the work of the Federation and its members, specifically of PMI. As overseas government aid agencies increasingly delegate decisions relating to local programme funding support to their in-country representatives, the delegation in Indonesia will improve and extend its information-sharing network with the government, inter-governmental organisations, diplomatic missions, NGOs and the media.

The delegation will review its recruitment policies for delegates and local staff, with a view to identifying ways and means to ensure an appropriate socio-cultural induction period for delegates and systematic training and career development strategies for staff.

Governance Support

The overall goal for PMI is to become a well-functioning society, able to mobilise support and carry out its humanitarian mission, addressing the needs of the most vulnerable in Indonesia. The Federation support to achieve this goal has been through strategic guidance and technical assistance. During 2003, PMI has improved its governance and management skills and capacities at national headquarters, chapter and branch level

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.64/2004

Name: Indonesia

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	2,700	0	0	2,700
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	2,700	0	0	2,700
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	2,760	16,284	0	2,760	0	0	21,804
TRANSPORT & STORAGE	2,760	16,284	0	2,760	0	0	21,804
Programme Support	17,825	43,290	0	33,014	695	0	94,824
PROGRAMME SUPPORT	17,825	43,290	0	33,014	695	0	94,824
Personnel-delegates	26,000	281,400	0	141,030	0	0	448,430
Personnel-national staff	33,576	48,540	0	46,214	0	0	128,330
Consultants	0	0	0	2,445	2,000	0	4,445
PERSONNEL	59,576	329,940	0	189,689	2,000	0	581,205
W/shops & Training	100,770	212,000	0	233,292	0	0	546,062
WORKSHOPS & TRAINING	100,770	212,000	0	233,292	0	0	546,062
Travel & related expenses	54,100	29,500	0	29,132	0	0	112,732
Information	23,950	0	0	8,070	8,000	0	40,020
Other General costs	15,252	34,980	0	9,252	0	0	59,484
GENERAL EXPENSES	93,302	64,480	0	46,454	8,000	0	212,236
TOTAL BUDGET:	274,233	665,994	0	507,909	10,695	0	1,458,831