

# ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## INDONESIA

27 May 2005

### In Brief

Appeal No. 01.64/04; Appeal target: CHF 1,458,813 (USD 1,140,483 or EUR 946,140); Appeal coverage: 154.5%.

[\(click here to go directly to the attached Financial Report\).](#)

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. This annual report also covers the operational period from 1 November to 31 December 2004 not covered by the last programme update. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>.*

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### Operational context

Meeting the needs of the most vulnerable in Indonesia has continued to present a challenge for the Indonesian Red Cross (Palang Merah Indonesia/PMI) and the Federation in 2004. During the year, Indonesia suffered a number of disasters. The year started with the Federation launching an emergency appeal on 1 January, following the devastating floods in Jambi, North Sumatra during which 25,000 people were forced to leave their homes. The year ended with the terrible tsunami disaster in Aceh killing more than 230,000 people. Between these two disasters, the country was hit by several natural disasters as well as the terrorist bombing outside the Australian embassy on 9 September. During all of these disasters, PMI succeeded in responding effectively and significantly, in line with its mandate as agreed with the Indonesian government. The Federation's delegation played an important role, in advising and supporting PMI during all of these disaster operations. The PMI's national office and affected branches responded effectively to all of the emergency situations, thereby enhancing its image as a reliable and accountable organization.

The parliamentary and presidential elections which were held in 2004 provoked concerns about the security situation in the country – particularly as these were the first democratically-held direct elections of a president in Indonesia. In the event, both elections were held without violence – a significant development for the democratic process in the country. Signals from international sources indicate a growing interest in foreign investment for the first time since the Asian economic crisis of 1997-1998.

The magnitude 9.0 earthquake that struck off the western coast of northern Sumatra early on the morning of 26 December triggered massive tidal waves (or tsunamis) that inundated coastal areas in a number of countries around the Indian Ocean. The Indonesian province of Aceh was the most severely affected, with over 230,000 people killed or missing and presumed dead. Over half of the provincial capital – the town of Banda Aceh – was destroyed, and along the hundreds of kilometres of the densely populated west coast there appears to have been almost complete destruction, reaching up to three kilometres inland. Although many PMI volunteers lost their lives during the disaster, the SATGANA teams (rapid response teams) from Aceh nevertheless started providing immediate relief support in the area. Building up and equipping SATGANA teams has been one of the biggest programmes for PMI and the Federation over the last four years. These rapid-response SATGANA teams are growing in numbers across the country and, given the country's endless disasters, they lack no opportunity to test their skills. However, one concern is that the SATGANA teams are only marginally linked to PMI's more traditional volunteer force. This issue will be tackled during the new integrated approach starting up in 2005. The society's strong commitment to disaster management/risk reduction and conflict is reflected in its Strategic Plan 2005-2009 which identifies disaster management/risk reduction and conflict as PMI's core programme areas – and central to the Federation's disaster management programme for 2005.

PMI is slowly moving in the right direction, even if at times the organization falters and falls a few steps to the contrary. The Strategic Plan 2005-2009 could be an important catalyst for change, or at least show the way forward, but only if there is genuine commitment on the part of the leadership to turn the national society into a well-managed organization with professional standards and approaches. While PMI has managed to increase its operational capacity and raise public awareness of its purpose and image, the society still requires financial and capacity-building support to overcome difficulties in responding to the vast needs throughout the archipelago.

While the direct impact of organizational activities is not immediately visible, the number of chapters participating in national and other meetings indicate that the organization is becoming more cohesive and operating as a unified society. Although this is always difficult to measure in a tangible way, an increasing number of chapters and branches are seeking advice and guidance from the national office; furthermore, when new projects are suggested, chapters and branches have responded positively – with more of them looking to implement programmes in their area (i.e. SATGANA teams or CBFA projects). Certainly, increased numbers of projects/programmes are being implemented provincially.

The new five-year strategic plan and the revision of PMI's statutes were adopted at the general assembly in December. The use of accepted planning tools and methodologies during the strategic planning process continued to improve the society's planning capacities and skills. The draft strategic plan has identified the four following strategic goals for 2005-2009:

<b>Organizational Development</b>	<b>Disaster Management</b>	<b>Health and Care</b>	<b>Communications</b>
PMI has the structures, systems, skills and capacities to deliver quality services to the most vulnerable throughout Indonesia.	PMI has the capacity and resources to provide timely and effective assistance to vulnerable people affected by disasters and conflict.	PMI has the capacity to provide quality health and social services to vulnerable communities.	PMI has the capacity to communicate effectively with its members and the public, and provide quality communications support to the organization's capacity building and service delivery.

There was continued progress throughout 2004 on the development of guidelines for a cohesive approach to capacity building and in the implementation of projects in chapters and branches – seeking to limit the initiation of activities and projects in areas where PMI does not have the necessary organizational structure. Increased sectoral cooperation within PMI has created a sense of momentum among staff and volunteers and is already showing signs of better coordinated and more consistent programming in 2004.

There was continued social and political unrest during 2004 in a number of Indonesian provinces, mainly caused by conflicts over independence/autonomy and compounded by the ongoing economic crisis. Most of the nearly 650,000 people who remained displaced throughout the country in mid-2004, had lost their productive assets as a

direct consequence of conflict or in exchange for food, and continued to require humanitarian and recovery assistance during the year.

One of main highlights for PMI in 2004 was its general assembly, which saw the approval of new statutes and of the five-year strategic plan. This will constitute the framework for all support to the national society during the next five years. The overwhelming natural disasters that hit Indonesia during the year, coupled with the significant response from PMI, have repeatedly confirmed the thrust and reliability that PMI has built up with the Indonesian population.

## **Health and care**

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

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

**Operations from January to December 2004 (against the summary logframe)**

### ***Expected Result 1***

Increased capacity of PMI's health and social service division to coordinate, manage and monitor health activities of chapters and branches, as well as to work with external donors.

- A five-year health strategic plan (2005-2009) developed as part of the organizational development programme together with other PMI divisions, representatives from chapters and branches, ICRC and bilateral partners.
- The health and social welfare division created three new positions and recruited/appointed new staff as follows: a HIV/AIDS programme manager; a first aid, ambulance and health-in-emergency (HiE) programme manager and an assistant to the community-based first aid (CBFA)/water and sanitation (WatSan) programme. In addition a new social service programme manager responsible for psycho-social support programmes was recruited.
- The percentage of Federation salary support to the CBFA/WatSan programme manager's position was reduced and replaced by PMI's own funds.
- The health and social welfare division established standard procedures in advertising, recruiting and appointing new staff, together with the PMI's human resource personnel and the Federation.
- The Federation's health delegate in Timor-Leste conducted monthly visits to the Federation's delegation and PMI throughout the year.
- The Federation's delegation recruited a local health programme officer in the last quarter to provide daily support to the PMI.
- PMI's national office staff conducted periodical monitoring visits to various project sites together with the Federation's health delegate and the programme officer.

### **Planned activities not conducted**

Adequate introduction training for newly recruited national office staff was not conducted due to immediate needs for staff to start up programmes and engage in other emergency operations (such as outbreak of diseases and natural disasters). They could only attend a Red Cross orientation course and standard training-of-trainers (ToTs).

The performance review/appraisal for newly recruited staff was not formally conducted this year, as all positions were filled only towards the end of the year.

### ***Expected result 2***

Enhanced training in first aid and home care for instructors at national level.

- The first aid, ambulance and HiE unit was established under the health and social welfare division and a manager for the unit was recruited.

- Throughout the year, PMI first aid instructors at national level continued to support the Timor-Leste Red Cross (Cruz Vermelha de Timor-Leste/CVTL) by sending volunteer first aid trainers.

### **Planned activities not conducted**

Activities to streamline the first aid programme with other programme activities were not conducted in a constructive way due to time constraints of the newly recruited first aid manager and the staff from other divisions.

### **Expected result 3**

Targeted communities are empowered to address their own challenges in hygiene, sanitation and first aid.

### **CBFA/WatSan and dengue/malaria response**

3.1 The CBFA/WatSan programme at the Gelam village, Banten province with the Serang branch PMI using the participatory hygiene and sanitation transportation (PHAST) approach, started in 2003 and continued throughout 2004 – number of beneficiaries: 165 families.

- Artesian well and 72 latrines were constructed through consultative and participatory process using the PHAST approach. Communities constructed the pipelines to their respective houses on their own.
- Village volunteers trained in CBFA conducted door-to-door family visits to promote hygiene and sanitation to the community members. They also motivated the community to properly maintain and manage the facilities already constructed.
- 2,500 copies of water and sanitation information, education and communication (IEC) materials developed and printed in Bahasa Indonesia following the PHAST materials/guidelines.
- ‘Lessons learned’ documentation of the PHAST process from the Gelam experience was compiled and documented both in Bahasa Indonesia and English.

3.2 A baseline assessment for starting a CBFA/WatSan programme at Kereana village, Atambua in East Nusa Tenggara (NTT) – an area bordering Timor-Leste – was conducted during the second quarter as part of the PMI’s comprehensive and integrated programme initiative. The potential number of beneficiaries stands at 250-500 families.

3.3 A baseline assessment for starting a CBFA/WatSan programme at Kelo Beretes village, Cianjur in West Jawa – an ex-IDP residence – was conducted during the last quarter using the PMI’s comprehensive and integrated programme initiative methodology. The potential number of beneficiaries is about 525 families.

3.4 Dengue outbreak response activities were conducted in 14 provinces. Number of beneficiaries: 84 villages, 104 schools and 25,000 families.

- The national office distributed *abate* (insecticide) to 11 provinces with dengue outbreaks reaching an epidemic level and to three other provinces with increasing incidence of the disease.
- Branch volunteers distributed *abate* to communities (84 villages: 25,000 families).
- The national office purchased *abate* for reserves.
- The national office issued guidelines for Red Cross youth (RCY) trainers and distributed them to 42 branches.
- Branches mobilized RCY to carry out school activities; cleaning water tanks by draining at least once a week, covering water reservoirs, changing water in flowerpots every day, burying all waste which can

stagnate water, putting *abate* into water reservoirs which are difficult to be drained or provide Abate in areas where clean water is not available.

- RCY distributed information brochures, leaflets and stickers at schools and to the communities.
- Branch volunteers identified dengue patients at eight hospitals who may need specific support due to their poverty status.
- RCY and PMI staff and volunteers conducted sampling surveys in targeted areas examining mosquito larvae in open water containers.
- Banners for communities and uniforms for PMI volunteers were produced and distributed.

3.5 Malaria outbreak response activities (five districts in West Java. Number of beneficiaries = 14,514 families/55,517 persons – five branches in West Java are responsible for the project).

- Proposals were developed by five branches and compiled.
- Plan of action and budget were developed.
- 90 first aid kits were purchased for the CBFA activities.
- Extensive planning process was held with relevant divisions, such as organizational development to undertake an integrated approach for the capacity building of chapter and branches to enable them to conduct the project.

#### **Planned activities not conducted**

In Serang, 47 per cent of families could not construct latrines in 2004 as they did not have enough money to contribute due to wedding and other events in the village. Not all PHAST steps took place due to constraints in methodologies and difficulties in maintaining the community's motivation.

The NTT Atambua project did not start this year due to constraints in human resources in other divisions to implement the integrated initiative and due to other important national events, natural disasters and bombing at the Australian embassy.

The CBFA training focusing on Malaria in West Java did not take place at the branch level this year as the HiE programme manager had to spend lots of time responding to HiE issues from the unexpected frequency of natural disasters. The training was also delayed due to difficulties in conducting management training before the project started since other divisions were also not available.

#### ***Expected result 4***

Increased knowledge, improved behaviours and attitudes towards HIV/AIDS among targeted sections of the community and PMI members.

4.1 The HIV/AIDS project of the North Sumatra chapter and three branches started in 2004 – the estimated number of beneficiaries over the three years (2005-2007): 25,000 people living in high-risk populations and 300,000 members of the general public, especially the youth.

- A programme socialization workshop was conducted, with the participation of board members and key staff of North Sumatra chapter and branches.
- The North Sumatra chapter recruited a HIV/AIDS programme manager and appointed three programme officers at branch level and provided them with necessary training.
- The socialization workshop targeting local stakeholders conducted both at provincial and district levels by the chapter and branches. Participants included local government officials, the provincial AIDS commission and NGOs working in the area of HIV/AIDS in North Sumatra.
- The financial management and reporting structure were discussed and agreed between the Federation, PMI's national office, chapter and branches.

- The programme implementation team and office established in the chapter.
- The chapter and three branches were equipped with vehicles and office equipment needed to implement the programme.
- Financial and reporting training was conducted for the chapter and three branches by the national office and the Federation.
- A baseline survey was conducted by the three branches to collect data on the target populations (housewives, shopping centre workers, discotheque/pub workers, commercial sex workers, high school/university students)
- 30 youth peer education (YPE) core trainers, 100 YPE facilitators and 500 YPE educators were trained in 2004.
- The national office staff, Federation's health delegate and programme officer conducted regular monitoring visits.
- A rapid review was conducted by the end of the year, suggesting amendments and changes for future plans.
- The Federation supported the PMI and the Japanese Red Cross Society (JRCS) in the process of transferring the project as a bilateral project from 2005.
- A bilateral memorandum of understanding (MoU) between PMI and the JRCS was developed and finalized. An agreement framework between the Federation and the JRCS outlining Federation support in 2005 was drafted.

4.2 Capacity building support to PMI HIV/AIDS programmes funded by the GFATM continued.

4.3 The World AIDS Day 2004 was commemorated at the national office, PMI's Bali chapter and one branch in North Sumatra (partly funded by the Federation's regional delegation in Bangkok).

#### **Planned activities not conducted**

Adequate and sufficient management training for newly recruited and appointed staff of the North Sumatra chapter and branches was not conducted due to unclear understanding of the chapter and branches' capacity, and human resource constraints at the national office.

Regular coordination meetings and partnership building initiatives with the provincial AIDS commission and related organizations did not take place due to limited capacity of the programme manager and unclear guidance from the national office. Activities targeted at high-risk groups did not start due to the quality of the baseline survey. Structured cooperative relationships between the PMI blood transfusion service and the HIV/AIDS programme were not cleared due to the complexity of the problem.

#### ***Expected result 5***

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

- Efforts to strengthen links between the provision of safe blood, voluntary blood donor recruitment and HIV/AIDS programme were incorporated in the health strategic plan.
- Representatives from the central blood transfusion unit attended all major national HIV/AIDS-related workshops and meetings.

#### **Planned activities not conducted**

Workshops or training funded by the Federation did not take place this year (except the regionally-funded voluntary blood donor recruitment ToT) due to lack of funding in this programme area.

#### ***Expected result 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.

6.1 PMI started its psycho-social support programme and recruited a programme manager in 2004.

- The health and social service division recruited a social welfare programme manager with background in psychology in the last quarter.
- The health and social service division conducted a joint assessment with the disaster management staff to identify psycho-social support needs of displaced flood-affected people in Bohorok, North Sumatra.
- A training curriculum for basic psycho-social support for the flood-affected people (especially orphaned children) was developed. (The training was conducted by funds from the OCHA).
- A team of volunteers with psycho-social background conducted a rapid review study to follow up the psycho-social projects in North Sumatra.
- PMI recruited seven psychologist volunteers to provide support to the families affected by the Jakarta Australian embassy bombing together with other NGOs.

6.2 The Federation provided coordination services to the AusAID/Australian Red Cross by undertaking the monitoring and supervision responsibilities of a local NGO funded by the AusAID providing socio-economic support to the families affected by the Australian embassy bombing in October 2004.

- A MoU between the Federation and Aisiyah (local NGO) was developed and signed.
- A letter of agreement between the Federation and the Australian Red Cross was signed.
- The Federation provided support to Aisiyah in developing its annual budget and plan of action.

#### **Planned activities not conducted**

The planned training for volunteers to provide psychological first aid to volunteers working in disaster situations did not take place in 2004 as the social welfare manager was recruited only by the end of the year and the internal process for the plan's approval was delayed.

#### **Analysis of health and care programme in 2004**

About 65 per cent of the expected results and the overall objective for 2004 health and care programme were met. The major achievement includes the strengthened PMI health and social welfare division/programmes' position within the overall national society's structure. The newly developed five-year health strategic plan (2005-2009) has set the strategic direction and strengthened the position of community-based health and social welfare programmes within the PMI structure, after receiving less attention and importance compared to other major programmes in the past. The strategic direction will also serve as a guiding principle for Federation support in health in the coming years, especially in terms of donor coordination.

The establishment of new positions and recruitment/appointment of new staff have also contributed to the expansion of the health activities. With the recruitment of a new HiE programme manager, the health division's involvement in major natural and technological disasters has increased compared to previous years. The community-based WatSan pilot project in Serang, Banten province, the HIV/AIDS project in North Sumatra and the community-based approach to the response to the dengue outbreak have all provided PMI with an opportunity to demonstrate internally and externally that it can provide community-based health services to the communities by empowering the communities themselves. This would have been impossible without the recruitment of competent and qualified additional staff, and the training of community volunteers.

The objective was not entirely met due to several reasons:

- the delay in the approval of new positions and recruitment of planned personnel at the national office level;
- the delay in the implementation of activities due to the unexpected sequence of events such as natural disasters and the Kuningan bombing in Jakarta;
- human resource constraints at the national office, chapter and branch levels, despite efforts to increase the number and quality of staff; and
- difficulties in coordinating project implementation with other divisions to ensure an integrated organizational development approach.

The strengthened position of the health and social welfare programmes, although still requiring further reinforcement, will ensure increased PMI involvement in empowering communities in the areas of health over the coming years. This has been demonstrated during the response to the tsunami disaster in which PMI emphasized the importance of not only the curative and relief aspects of health and care programmes but the significance of planning for long-term community-based health activities to ensure sustainability at community level. The year has seen a substantial increase in health-related activities and this effect is envisaged to last for the coming years.

### **Conclusion**

The 2004 health and care programme has made certain impacts quantified through the number of beneficiaries and their quality measured in terms of increase in the health programmes' profile within the PMI structure. The effects, however, could have been more substantial if all planned activities could have taken place. The total budget for 2004 was underspent due to the reasons mentioned in the previous section, as well as new income received at the end of the year. All underspent funds will be carried forward to 2005 to continue with existing projects as well as to start up new projects. The careful planning and review process that has taken place in 2004 will form the base for a more quality-oriented community-based approach for the programming in 2005.

## **Organizational development**

### **Introduction**

The Federation's multi-faceted organizational development support to PMI focuses on governance, management, IT and financial development, and human resource capacity building. These programmes are implemented at the national office and in a number of chapters and branches (totalling 30 and 354 respectively), particularly in disaster-prone areas and those hosting partner national society sponsored programmes such as CBFA and CBDP.

**Goal: PMI has become a well-functioning society, able to mobilize 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 levels.**

### **Operations from 1 January 2004 to 31 December 2004**

#### ***Objective 1: Governance and management development***

##### ***Expected result***

Revised statutes, strategic plan and standardized planning procedures in place; PMI's public profile and accountability enhanced.

- PMI's new *Strategic Plan 2005-2009* was approved by the national assembly in early December, following an intensive process which began already in 2003. The new plan is a combination of national society development plan and strategic plan – aiming to strengthen PMI at all levels and to deliver quality services in the core areas. The planning process was widely consultative and inclusive, and had the enthusiastic participation of PMI's managers and staff. At the same time, it was of concern that the top leadership's participation in the process was limited.
- New statutes were approved at the national assembly. While the revised statutes do not meet the guidelines approved by the Federation's governing board, there are slight improvements, particularly with regard to management structures. Frequent attempts by both the Federation and the ICRC delegations in Jakarta to have the national board's working group on statutes follow the guidelines and take the step, for instance, to separate the governance and management functions, did not meet with success. It is hoped that the national board elected in December will be willing to take the issue up again and continue the revision of PMI's statutes.
- The situation, whereby there is a lack of planning culture in the organization, is slowly changing and the logical framework methodology is becoming the norm, although often is a simplified version.

- PMI's public profile continues to improve, while it was noted in the strategic planning process that there is a considerable gap between the public/stakeholder perception and that of officers and staff at provincial and district level. It appears that the internal perception is that most things are working well, while external stakeholders seem to feel that although PMI performs well in disaster relief, there is considerable lack of management skills, accountability and transparency.
- For the first time, PMI's accounts were audited externally and published for public observation.
- Management skills and management structures in the national office, and in chapters and branches, are still weak. Cultural constraints often hamper the introduction of simpler and more efficient management systems – all decisions still need to come from the top; initiative is not particularly encouraged and for mid-level managers to take action, even on routine things such as annual planning, this will only happen following a formal letter and request from the board.

### ***Objective 2: Chapter and branch development***

#### ***Expected result***

Enhanced human resource maintenance and fundraising capability with improved communications between the national office and chapters.

- Management and governance training/orientation sessions were held during a number of chapter and branch assemblies; this activity will continue in 2005. Material support was given to a number of chapters and branches, such as fax machines, basic furniture and equipment. With Indonesia's ongoing administrative restructuring, a number of new branches have been formed (in new districts) and most of these lack the basic tools or equipment needed to keep an office open, let alone run basic activities.
- PMI's salary scales are still well below that of the government and the organization is therefore unable to recruit competent and skilled staff; often new staff is recruited based on their salary requirements. While this practice normally means that turnover of staff is low, it does not encourage or allow for the recruitment of professional managers in a competitive market.
- Plans for developing comprehensive resource development programming, initiated during the first half of the year, have been on hold for a variety of reasons, a major one being the understaffing and lack of capacity in PMI's organizational development division. The strategic plan calls for increased emphasis on human and financial resource development.
- Communications between the national office and chapters and branches are slowly improving, even if they tend to be conducted in a formal and time-consuming way.

### ***Objective 3: Volunteer development***

#### ***Expected result***

A cadre of selected key volunteers is available nationally.

- During 2004 a decision was made (reflected in the strategic plan) to review and, possibly, revise PMI's entire volunteer structure and introduce volunteer management and development mechanisms.
- The rapid-response SATGANA teams are growing in numbers across the country and given the frequency of disasters in the country, there are always opportunities to test their skills. The concern is that the SATGANA teams are only marginally linked to PMI's more traditional volunteer force. This issue will be tackled during the review described above.
- Volunteers are under the national office's human resource, volunteers and training division. With limited programme staff, much of this division's time goes into organizing various training workshops for other divisions, chapters and branches at the expense of much needed volunteer development and management.

- Work has continued on developing standard curriculum for training needs in all sectors. It is expected that this work will be finalized in 2005.

#### ***Objective 4: Management support and training***

##### ***Expected result***

PMI has better motivated and focused staff able to carry forward development at all levels.

- The strategic planning process was in many ways very motivating for the national office staff and participants from other parts of the country. Many from mid-management levels were able to learn and gain experiences from the process, which has proven to be beneficial for the overall planning carried out in the national office. It is, however, of concern – and even a cause for demotivation – that the current management structure is unfavourable to these same managers who require higher-level approval even for trivial matters.
- The time-consuming decision making process in the society is further in disfavour of staff motivation and focused prioritization. Yet another factor is the low salary PMI is able to pay its staff and the lack of coordinated resource development initiatives, which would be one way to recruit and retain competent staff.

#### **Analysis of the organizational development programme in 2004**

Overall, the expected results for the four objectives were met – to a degree. A strategic plan was developed and approved. The volunteer force is more efficient than before. More chapter and branch governance and management members are aware of their roles and responsibilities. But while the revision of statutes was undertaken, the result was not satisfactory.

The nature of organizational development is such that success can never be determined by ticking off preset conditions. However, PMI is slowly moving in the right direction even if, at times, it would seem to be the contrary. The *Strategic Plan 2005-2009* could be an important catalyst for change, or at least show the way forward, but only if there is genuine commitment on the part of the higher leadership to turn the national society into an organization with professional standards and approaches.

In a country like Indonesia, frequent disasters and conflict will inevitably affect the progress of all programmes. The ongoing conflict in Aceh continues to take up much of the chairman's and the secretary-general's time, while frequent disasters and emergencies of varying degrees of severity will continue to preoccupy those involved. Preparations for the national assembly required an inordinate amount of time from the organizational development division and, indeed, from other divisions as well.

A number of excellent ideas for the further development of the society, in addition to the framework provided by the strategic plan, are being discussed between the society's managers and the delegation. There are, for instance, harmonious views on the need for integrated programming although it has not been possible to make nearly as much progress on that issue as would have been needed. The risk in this field is always that disasters and emergencies interrupt plans and schedules, not least given the staffing situation already described.

It is too early to say for certain whether the programme in 2004 has had lasting effects, although it is clear that the national society has made certain commitments for the coming five years. It may even be too early to say whether the organizational development programme over the last three to four years has had a significant lasting effect. Given that Indonesia is in a painful and often confusing political and social transition, the number of vulnerable people is still rising and one should be careful when placing expectations on these very people struggling to survive from day to day.

#### **Conclusion**

Overall, the organizational development programme and the need for systematic and coherent work in this field is gaining recognition in the society. Many representatives of chapters and branches have communicated their perceived need for assistance and support in the development of their organizational units.

At the same time, the low capacity at the national level and the bureaucratic structures often mean that planned activities are delayed, postponed or cancelled. This, of course, will affect budgetary spending – in this case, considerable underspending.

Again, planning in a country like Indonesia is risky business. The Asian tsunami at the end of December has already had the effect that all plans for 2005 will need to be completely revised. In fact, it is difficult to achieve that amount of work outside of Aceh and North Sumatra in 2005.

## **Disaster management**

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

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

### **Operations from January to December 2004**

#### *Expected result 1*

PMI's disaster management capacity is expanded to manage the national disaster management programme, with limited external support.

- A five-year disaster management/risk reduction strategic plan (2005-2009) was formulated as part of the overall strategic planning process.
- Two seven-day disaster management/risk reduction ToT courses were conducted for PMI's 30 most disaster-prone provincial chapters. The objective was to allow each of these 30 chapters to have at least two disaster management/risk reduction trainers capable of sharing knowledge and skills with local SATGANA (PMI's field action teams) volunteers.
- Five basic disaster management/risk reduction courses organized by the local trainers; and 150 SATGANA volunteers were trained in the provinces of South Sulawesi, South Sumatra, Central Kalimantan and East Nusa Tenggara – under an intensive seven-day training course.
- A three-day orientation workshop on disaster preparedness/disaster response planning process conducted for PMI's Jakarta chapter and its five branches; participated by 25 board members/head of offices and SATGANA team leaders with the objective to formulate individual disaster preparedness/disaster response plans, disseminate and practise.
- In total, 15 representatives from 15 most high-risk provincial chapters participated in a three-day orientation workshop on the community-based disaster preparedness/risk reduction planning process; with the objective to have a clear understanding on planning process, tools and explore individual status through a strengths, weaknesses, opportunities and threats (SWOT) analysis on sustainable community development in terms of disaster management/risk reduction.
- PMI's national office and its chapters in Jakarta, East Java and Bali formulated their very first draft outline of the disaster preparedness/disaster response plan.
- PMI's first disaster management working group meeting for 2004 was held in April (representatives from 15 most high-risk areas of Indonesia) to review and finalize the disaster management/risk reduction section of PMI's *Strategic Plan 2005-2009*; the second meeting was held in October to review ongoing programme activities, the national office's disaster management structure, and explore avenues to improve internal communications and coordination, with a view to streamline the division accordingly.

**Planned activities not conducted**

Separate ToT workshops on disaster preparedness/disaster response planning, CBDP planning process, and participatory follow-up/monitoring/reporting mechanism did not take place as a review process undertaken at the beginning of the year incorporated all these three aspects in the general disaster management/risk reduction ToT course; 60 local trainers were trained under this new curriculum.

***Expected result 2***

PMI's capacity for timely and effective disaster response is strengthened by 2005.

- The 35 best PMI SATGANA volunteers and staff (members of Tim KHUSUS, PMI's national response team: participants from all over Indonesia) attended a 10-day intensive disaster and conflict response training course; based on lessons learned from 2003 and 2004.
- Some 25 staff members and volunteers from eight selected chapters attended a five-day intensive logistics training/workshop course with objective to review the course curriculum from lessons learned; and aimed at implementing a standardized logistics system and to put it into practice in daily work.
- A standard response equipment set was replenished for a targeted number of 18 most disaster-prone provincial chapters to enhance the response capacity of targeted branches and their action team - SATGANA volunteers; in terms of being able to provide immediate standardized emergency services (rescue, first aid, evacuation, field kitchen services) in any emergency situation.
- Three regional emergency storage facilities established in three strategic point of Indonesia (Padang – West Sumatra; Makassar - South Sulawesi; and Lampung – South Sumatra).
- Following the Jambi flood operation, systematic replenishment of emergency pre-positioned stock was carried out for the Jakarta and Surabaya regional warehouses; supplies including tarpaulins, family kits, mosquito nets, water containers and body bags were supplied for 6,000 families for the benefit of most vulnerable 30,000 people at risk.
- In addition, water purification tablets with a five-year shelf life for 50,000 families (250,000 people) also made available as contingency stock.

**Planned activities not conducted**

The replenishment of emergency pre-positioned stock was not carried-out as planned for the new three emergency storage facilities (Padang - West Sumatra; Makassar - South Sulawesi; and Lampung - South Sumatra); due to incomplete repair/renovation work.

***Expected result 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.

- Commemorating World Risk Reduction Day in mid-October, PMI joined the local government in Jakarta to organize a full week of events (6-11 October). On this occasion, PMI SATGANA volunteers and staff from the national office, in five high-risk chapter and local branches took part in rallies, seminars, exhibitions, school visits, simulation exercises, appeared on media and disseminated awareness raising material to the public and school students. It is estimated that the events reached at least five million people.
- Significant improvement in the monitoring of hazards and potential risks, as well as information sharing between high-risk disaster- and conflict-prone chapters and PMI's disaster management division. With the support of PMI's Tim KHUSUS, an emergency network system has been established and is now functional between the national office and 18 high-risk provincial chapters, based on telephone and internet systems. Simultaneously, the number of users of the global disaster management information system continued to rise in the high-risk chapters and PMI remains one of the most active contributors to the system.

- Three senior staff members from PMI's disaster management division, jointly supported by the Federation's regional and country delegations, participated in a five-day logistics workshop in Cambodia and a four-day leadership development in disaster management training in the Philippines.
- With the joining of PMI's former head of disaster management division as senior response/emergency preparedness officer for Southeast Asia region and participation in the 7th and 8th Southeast Asia Regional Disaster Management Committee Meeting, PMI's disaster management division continued to participate in the region's disaster management network and its development.
- The CBDP pilot project in Lampung, South Sulawesi and West Sumatra (supported by the Danish Red Cross Society) continued developing in close coordination with the Federation, ICRC and other partner national societies.

### **Planned activities not conducted**

The planned school education programme was postponed to 2005 in order to ensure proper coordination in project implementation with other divisions under an integrated approach.

### **Analysis of the disaster management programme in 2004**

The year 2004 was another significant year for PMI and its disaster management division, as they faced a number of challenges and performed outstandingly, throughout the year. It is estimated that 90 per cent of activities were accomplished, while at the same time 31 different natural events were responded to all over Indonesia. More than 130,000 people directly benefited from this work (see the PMI response chart for 2004 below).

By the end of the year, 18 high-risk chapters were well equipped and the response capacity of the targeted branches to provide emergency services (rescue, first aid, evacuation and field kitchen services) was enhanced. The replenished emergency response equipment allows PMI to provide immediate support to up to 60,000 vulnerable people at any given time across Indonesia. More than 2,000 SATGANA volunteers in 70 teams were engaged in different forms. These services have been used in all of the 31 disasters which occurred during the year – thereby minimizing the loss of life during these various emergencies in 19 different provinces.

A cost-effective training management system has been initiated in the 30 most disaster- and conflict-prone chapters by providing local trainers with a standardized disaster management/risk reduction training capacity. Each chapter in disaster- or conflict-prone provinces has at least two trainers with basic disaster management/risk reduction knowledge including knowledge sharing, volunteer/community organization and mobilization. In 2004, more than 250 SATGANA volunteers were trained by the local trainers in basic disaster management/risk reduction, standard logistics and emergency response operation.

To monitor the reflection of the substantial investment, the emergency response operations also provided an excellent opportunity for PMI's headquarters and the Federation, as all the affected provincial chapters and districts were beneficiaries under the disaster management capacity building programme of 2003/2004. With the improved capacity, PMI was the first humanitarian agency to respond to all 31 disasters. At field level, PMI's SATGANA teams were engaged in all affected provinces, together with relevant local government units, in evacuation, first aid, registration, assessment, and field kitchen mobilization. Under the presence and guidance of headquarters and Federation representatives, management/staff and volunteers in targeted areas confidently implemented their updated knowledge on overall emergency operations and follow-up activities (i.e. coordination, detailed assessment, procurement, basic logistics, beneficiary selection/verification, standard relief management, reporting and monitoring/follow-up visits) and built a strong foundation for an effective response to any future emergency intervention.

With their increased knowledge, two successful post-emergency follow-up monitoring/reporting processes were undertaken by the Tim KHUSUS and SATGANA volunteers for the Jambi flood and Nabire/Papua earthquake emergency response operations and shared with donor communities. All 35 Tim KHUSUS members were utilized in different forms both in disaster and conflict response events (in aspects of early warning, assessment, information sharing, coordination, developing plans of action, response, reporting and follow-up/monitoring).

PMI's profile as an effective actor in disaster management and risk reduction was also heightened when some five million people were targeted by the local SATGANA volunteers with awareness-raising messages.

Coordination and cooperation was excellent between the disaster management division in the national office and provincial chapters and district branches in terms of information sharing, immediate disaster response followed by rapid assessments, development and follow-up/monitoring of the regular disaster management capacity building programme. Further external coordination and cooperation was also noticeable in the field of disaster management between the Federation, ICRC, partner national societies, other stakeholders and donor communities – with respect to knowledge sharing, joint training programmes, assessment exercises, contributions to the facilitation of other stakeholders' emergency response operations, promotion of a common integrated approach in disaster and conflict management, and the development of a CBDP pilot project.

About 10 per cent of the tasks for this year were left unaccomplished to ensure proper coordination in project implementation with other divisions under an integrated approach. Based on the lessons learned over the years, PMI's disaster management division is now working with other programme divisions on sustainable development and capacity building through an integrated approach to strengthen the local network and to increase and improve its service delivery to communities.

### **Conclusion**

Throughout the year, the disaster management programme was well supported (the budget was more than 100 per cent covered) by a number of donors, such as AusAID, USAID, the national societies of Australia, Netherlands, Sweden, Norway and New Zealand, as well as the Department for International Development (DFID) through the British Red Cross Society, the Norwegian government through the Norwegian Red Cross, the Australian government, the New Zealand government and the American owned Freeport PT mining company.

Based on follow-up findings analysis, the operation can be determined as having been appropriate and effective. Credit should go to all our valued donors for their constant support in disaster management capacity building programmes and for making possible the various humanitarian initiatives. The capacity building of the national society and vulnerable communities – in terms of preparedness, full and equal operation, and emergency management/risk reduction – is a slow process, requiring a strategic/integrated and comprehensive approach. Therefore, close cooperation is planned with associated delegation programmes and national society divisions, to ensure cohesiveness and consistency in the Federation's support to PMI.

The society's strong commitment to disaster management/risk reduction and conflict is reflected in its *Strategic Plan 2005-2009* which identifies them as PMI's core programme areas which are central to the Federation's disaster management programme for 2005.

## PMI response chart for 2004

<b>PMI disasters response 2004: (supported by the Federation, AusAID, USAID, UN-OCHA, the national societies of Denmark, Sweden, Norway, Netherlands, New Zealand, UK, Australia, Japan, Spain and Monaco, Freeport Mining PT and local businesses)</b>			
Affected provinces/ type of disaster	Period	Number of beneficiaries	Type of assistance
Jambi – flood	January	21,660	Assessment, family kits (household and hygiene items), temporary shelter (tarpaulins) and safe water.
Riau – flood	January	5,000	Assessment, medical care and medicine
South Sulawesi – flood	January	5,500	Assessment, medical care and medicine; rice and other instant food.
Palembang – flood	January	5,000	Assessment and family kits (household and hygiene items)
Bali and Lombok – earthquake	January	2,245	Assessment, evacuation, emergency food, family kits (household and hygiene items) and temporary shelter.
East Java – cyclone/flash flood	January	100	Assessment, household items and school kits.
East Java – petrochemical plant explosion	January	250	First aid, evacuation, assessment and emergency ambulance service.
Central Java – flash flood/landslide	January	500	Assessment, emergency food, clothing and medical care.
Lampung – flash flood	January	2,530	Assessment and hygiene kits.
East Nusa Tenggara (NTT) – volcanic activity	January	–	Assessment and monitoring.
North Jakarta – fire	January	600	Evacuation, assessment, emergency food and clothing.
North Sumatra – flash flood/mudslide	February	1,750	Assessment, evacuation, household items and medical care.
Papua – earthquake	February	10,000	Assessment, blood service, medicine, family kits, temporary shelter (tarpaulins, mosquito nets) and safe water.
Bali – landslides/tsunami	February	770	Assessment, emergency food, tarpaulins, clothing and hygiene items.
West and South Kalimantan – flood	February	5,000	Assessment, emergency food and family kits (household and hygiene items).
West Sumatra – earthquake	February	1,250	Evacuation, assessment, family kits (household and hygiene items) and temporary shelter (tarpaulins, mosquito nets).
West Java – flood	February	1,500	Assessment, emergency food and health care.
South Sulawesi – landslide	March	250	Search and rescue, first aid, evacuation and assessment.
West Java – landslide	April	750	Evacuation, search and rescue, needs assessment, public kitchen, relief distribution: rice, noodles and hygiene kits.
East Java – flood	May	3,775	Assessment, mobile medical team and public kitchen.
North Sulawesi – volcanic eruption	June	19,373	Evacuation, assessment, field kitchen and mask distribution.
East Java – volcanic eruption	June	5	Evacuation, first aid and ambulance service and assessments.
West Java – malaria outbreak	June	925	Assessment, and relief distribution: mosquito nets, rice and noodles.
Gorontalo – flood	July	8,300	Evacuation, health post, assessment, relief distribution: rice, noodles, bread and dry fish.
East Nusa Tenggara – volcanic eruption	September	750	Assessment, mobile medical team and public kitchen.
South Kalimantan – fire	September	4,500	Evacuation, first aid, health post and assessment.
West Java – flood	October	450	Evacuation, assessment, medical service and public kitchen.
Central Java – flood/landslide	November	3,650	Evacuation, first aid, assessment and public kitchen.
East Nusa Tenggara (NTT) – earthquake	November	20,000	Assessment, medical care, relief distribution: tarpaulin, family kits and mosquito nets.
Papua – earthquake	November	5,000	Assessment, medical care, relief distribution: tarpaulin, family kits, mosquito nets, blankets and clothing.
Aceh/North Sumatra – earthquake/tsunami	Until 31 December 2004	2,000	Evacuation and transportation of injured victims, dead bodies, relief distribution in Medan and Nias : food, water, family kits.
<b>Total for 31 events: 130,383 beneficiaries</b>			

## Implementation and management

### Coordination

The Federation's position and its role as a facilitator and coordinator of international support and assistance to PMI, continue to grow in importance. The Federation's presence in Indonesia is also centred on supporting PMI's development and activities, in line with the society's strategic priorities, although without direct operational participation. The year 2004 saw new bilateral programmes in six chapters – supported by the Danish, Australian and Netherlands Red Cross societies. In line with the Federation's status agreement with the Indonesian government, the delegation assists in this process as facilitator and coordinator. The delegation has formal service agreements with all partner national societies.

In line with Strategy 2010, the delegation has increased its focus on coordination in 2004. The coordination responsibilities have clearly reflected the added value of the Federation's Secretariat for PMI, most particularly in ensuring effective and cohesive assistance to the national society's strategic priorities, based on its five-year strategic plan. Building the accountability and reliability of PMI as the largest and most important humanitarian organization in the country remains one of the main targets for the Federation's delegation in Indonesia.

The situation created after the tsunami disaster in late December will demand an even stronger need for coordination and leadership on the part of the Federation's delegation.

Eight Movement coordination meetings were held during the reporting period, where all partners met to coordinate 2004 working plans.

The table below details partner support to PMI in 2004 (disaster response not included).

Partner national society	Activities in 2004
Australia	Following the Bali bombing in October 2002, the Australian Red Cross works with the Bali chapter and its branches in disaster management, health, and capacity-building. The Australian Red Cross is also supporting the Federation's regionally recruited disaster management delegate. Through this partner national society, AusAID provides valuable support to the Federation's disaster management and capacity-building programmes.
Great Britain	The British Red Cross supports the 2004 Indonesia Appeal, specifically the disaster management programme. It also supports the Federation's regionally recruited disaster management delegate.
Denmark	The Danish Red Cross is running three bilateral CDBP projects (in South Sulawesi, Lampung and West Sumatra) with two of its delegates. The projects are coordinated by a central working committee including PMI, ICRC and the Federation.
Netherlands	In 2003, the Netherlands Red Cross commenced a four-year bilateral CBFA programme in Indramayu, West Java, and Singkawang, West Kalimantan. A service agreement with the Federation is in place. The Netherlands Red Cross also provides four-year support to the Federation's 2003 appeal for the organizational development, disaster preparedness and humanitarian values programmes, focusing on capacity-building. This partner national society also supports the disaster management delegate.
Norway	The Norwegian Red Cross provides delegate support and also supports the organizational development, disaster management, and health and care programmes.
Japan	The Japanese Red Cross Society supports the disaster management and the HIV/AIDS programmes in 2004.
Sweden	The Swedish Red Cross supports the disaster management and organizational development programmes as well as costs for the regionally-recruited disaster management delegate.
Iceland	The Icelandic Red Cross provides full funding for the organizational development delegate in Indonesia.
Singapore	The Singapore Red Cross has started three WatSan projects in three districts in Sumatra.
<b>External support</b>	
DFID	DFID is supporting the Federation's health and care, and organizational development programmes.

### **Representation**

The Federation's delegation in Indonesia continues to develop more effective advocacy, communication and external relations. In 2004, the delegation continued to advocate Red Cross and Red Crescent principles and values in various international and national forums such as UNICEF, WHO, OCHA, ECHO, USAID, AusAID, and while visiting various foreign missions.

Discussions and information about Red Cross and Red Crescent activities aim at increasing the government's understanding and acceptance of humanitarian values.

### **Governance support**

The overall goal for PMI is to become a well-functioning society, able to mobilize support and carry out its humanitarian mission, addressing the needs of the most vulnerable in Indonesia. The Federation's support to achieve this goal has been through strategic guidance and technical assistance, such as facilitating the development of the new five-year strategic plan, which was adopted by the general assembly in December.

Improving governance and management skills and capacities at national, chapter and branch levels was one of the main targets of the strategic planning process.

### **Delegation management**

The Federation has continued 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. The delegation continues to attract and coordinate international support for PMI's humanitarian operations.

Further support will be provided to develop capacity at national, chapter and branch levels to manage, monitor, evaluate and directly report to partners on programme development and funding received from partner national societies through the Federation, the ICRC and other partners.

In line with the Cooperation Agreement Strategy (CAS) framework, the delegation has continued to facilitate implementation of bilateral programmes supported by partner national societies. The cooperation within the Movement has been further improved in 2004. Regular meetings with all partners are held.

### **Progress/Achievements**

- The CAS 2004-2006 memorandum of understanding between all partners was signed on 8 May.
- Five coordination meetings were held for all partners, harmonizing Movement cooperation in Indonesia.
- A new agreement for the financial management of workshops and training events was agreed on and signed by all partners (the Federation, ICRC, Danish Red Cross, Australian Red Cross and the Netherlands Red Cross).
- Negotiations have been ongoing for several months with the Indonesian government regarding the extension of the Federation's status agreement, with positive signs of success.
- Meetings were held with the Indonesian government before and during different emergency operations.
- The appeal for 2004 was more than 110 per cent funded.
- Federation delegates visited the American, Australian, Chinese, Norwegian, Danish and Japanese embassies in Jakarta as part of the ongoing efforts to improve and maintain good external relations.

### **Constraints**

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

**[Financial Report below; click here to return to the title page.](#)**

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA064
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>Budget (A)</b>	274'233	665'994		507'909	10'695	1'458'831
<b>Opening Balance (B)</b>	169'600	-252'818		189'878	-9'360	97'301
<b>Income</b>						
<b>Cash contributions</b>						
<i>American Government</i>		129'192				129'192
<i>Australian Government</i>	37'134	48'779				85'913
<i>Australian Red Cross</i>		482'114		113'022		595'136
<i>British Red Cross</i>	61'057	112'401		30'529		203'987
<i>Icelandic Red Cross</i>				66'058		66'058
<i>Japanese Red Cross Society</i>	45'374					45'374
<i>Netherlands Red Cross</i>	905	197'377		95'162		293'444
<i>Norwegian Red Cross</i>	37'868	50'490		37'868	11'375	137'600
<i>Swedish Red Cross</i>		81'840		27'843		109'683
<i>Switzerland - Private Donors</i>	24'000					24'000
<i>USAID</i>		356'858			16'685	373'544
<b>Cash contributions (C1)</b>	<b>206'338</b>	<b>1'459'050</b>		<b>370'481</b>	<b>28'060</b>	<b>2'063'929</b>
<b>Reallocations (within appeal or from/to another appeal)</b>						
<i>American Government</i>		2				2
<i>Hong Kong Red Cross</i>		0				0
<i>Japanese Red Cross Society</i>	-60'000					-60'000
<i>Monaco Red Cross</i>		11'391				11'391
<i>Norwegian Government</i>	1'177					1'177
<i>Swedish Red Cross</i>		8'382				8'382
<b>Reallocations (C2)</b>	<b>-58'823</b>	<b>19'776</b>				<b>-39'047</b>
<b>Inkind Personnel</b>						
<i>Icelandic Red Cross</i>				74'400		74'400
<i>Norwegian Red Cross</i>					102'000	102'000
<b>Inkind Personnel (C4)</b>				<b>74'400</b>	<b>102'000</b>	<b>176'400</b>
<b>Other Income</b>						
<i>Bank Interest-Current Acc-Federation</i>					377	377
<b>Other Income (C5)</b>					<b>377</b>	<b>377</b>
<b>Total Income (C) = SUM(C1..C5)</b>	<b>147'515</b>	<b>1'478'826</b>		<b>444'881</b>	<b>130'437</b>	<b>2'201'658</b>
<b>Total Funding (B + C)</b>	<b>317'115</b>	<b>1'226'008</b>		<b>634'759</b>	<b>121'077</b>	<b>2'298'959</b>

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>Opening Balance (B)</b>	169'600	-252'818		189'878	-9'360	97'301
<b>Income (C)</b>	147'515	1'478'826		444'881	130'437	2'201'658
<b>Expenditure (D)</b>	-203'135	-702'920		-412'394	-112'709	-1'431'158
<b>Closing Balance (B + C + D)</b>	<b>113'980</b>	<b>523'087</b>		<b>222'365</b>	<b>8'368</b>	<b>867'800</b>

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA064
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		<b>274'233</b>	<b>665'994</b>		<b>507'909</b>	<b>10'695</b>	<b>1'458'831</b>	
<b>Supplies</b>								
Shelter			3'855				3'855	-3'855
Clothing & textiles			22'478				22'478	-22'478
Water & Sanitation		34'823	7'682				42'506	-42'506
Medical & First Aid			12'010				12'010	-12'010
Teaching Materials		730					730	-730
Utensils & Tools			62'288				62'288	-62'288
Other Supplies & Services		6'209	12				6'222	-6'222
<b>Total Supplies</b>		<b>41'763</b>	<b>108'327</b>				<b>150'089</b>	<b>-150'089</b>
<b>Capital Expenditure</b>								
Vehicles			5'863	54'311			60'174	-60'174
Computers & Telecom	2'700	9'170	899		18'927	2'392	31'388	-28'688
Office/Household Furniture & Equipm.		9'514	8'747		22'239		40'500	-40'500
Others Machinery & Equipment		187	374		374	-935	0	0
<b>Total Capital Expenditure</b>	<b>2'700</b>	<b>24'734</b>	<b>64'331</b>		<b>41'540</b>	<b>1'457</b>	<b>132'062</b>	<b>-129'362</b>
<b>Transport &amp; Storage</b>								
Storage			1'637	16'816			18'453	-18'453
Distribution & Monitoring			79	668		50	797	-797
Transport & Vehicle Costs	21'804	685	83'423		2'923	5'776	92'807	-71'003
<b>Total Transport &amp; Storage</b>	<b>21'804</b>	<b>2'401</b>	<b>100'907</b>		<b>2'923</b>	<b>5'826</b>	<b>112'057</b>	<b>-90'253</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	448'430	649	90'274		1'198	2'213	94'335	354'095
Delegate Benefits		16'280	53'640		152'118	79'420	301'459	-301'459
Regionally Deployed Staff	128'330							128'330
Staff-on-Loan			750			865	1'615	-1'615
National & National Society Staff		8'723	20'073		20'235	12'892	61'922	-61'922
Consultants	4'445				2'641		2'641	1'804
<b>Total Personnel Expenditures</b>	<b>581'205</b>	<b>25'653</b>	<b>164'737</b>		<b>176'192</b>	<b>95'390</b>	<b>461'972</b>	<b>119'233</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	546'062	38'019	156'261		76'784	1'580	272'645	273'417
<b>Total Workshops &amp; Training</b>	<b>546'062</b>	<b>38'019</b>	<b>156'261</b>		<b>76'784</b>	<b>1'580</b>	<b>272'645</b>	<b>273'417</b>
<b>General Expenditure</b>								
Travel	112'732	4'876	20'096		13'684	6'206	44'862	67'870
Information & Public Relation	40'020	8'040	7'939		9'489	936	26'404	13'616
Office Costs	59'484	2'129	5'839		8'008	10'500	26'476	33'008
Communications		5'109	12'665		-2'026	1'505	17'253	-17'253
Professional Fees			11'068		14'009	941	26'018	-26'018
Financial Charges		43	595		151	36'998	37'787	-37'787
Other General Expenses		11'125	4'466		22'271	-55'526	-17'664	17'664
<b>Total General Expenditure</b>	<b>212'236</b>	<b>31'322</b>	<b>62'668</b>		<b>65'585</b>	<b>1'561</b>	<b>161'136</b>	<b>51'100</b>
<b>Program Support</b>								
Program Support	94'824	13'204	45'690		26'491	6'895	92'280	2'544
<b>Total Program Support</b>	<b>94'824</b>	<b>13'204</b>	<b>45'690</b>		<b>26'491</b>	<b>6'895</b>	<b>92'280</b>	<b>2'544</b>
<b>Operational Provisions</b>								
Operational Provisions		26'039			22'879		48'918	-48'918
<b>Total Operational Provisions</b>		<b>26'039</b>			<b>22'879</b>		<b>48'918</b>	<b>-48'918</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'458'831</b>	<b>203'135</b>	<b>702'920</b>		<b>412'394</b>	<b>112'709</b>	<b>1'431'158</b>	<b>27'673</b>
<b>VARIANCE (C - D)</b>		<b>71'098</b>	<b>-36'927</b>		<b>95'515</b>	<b>-102'014</b>	<b>27'673</b>	