

Appeal 2001-2002



International Federation
of Red Cross and Red Crescent Societies

Indonesia (Appeal 01.43/2001)

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1. Institutional and Resource Development	236,292
2. Disaster Preparedness	567,669
3. Health and Care	520,891
4. Coordination and Management	528,057
Total	1,852,909

Introduction

National Context

Indonesia is an archipelago of 13,700 islands extending across a distance of 5,000 km. Its more than 200 million population, predominantly rural, is 87% Muslim and made up of numerous ethnic groups. The country, which in June 1999 held its first democratic elections for more than four decades, continues to be plagued by growing poverty and ethnic, religious and political unrest.

During the early 1990s, Indonesia was known for its sound economic management and spectacular growth. However, the Asian financial crisis in 1997/8 revealed an unhealthy banking sector, untenable levels of private foreign debt and uncompetitive business practices. Indonesia sought IMF assistance early in the crisis and eventually brokered a US\$42 billion rescue package. Economic reform has been slow and although the downhill slide of the economy stopped in early 1999, there are still few real signs of sustained recovery. Unemployment remains high, real wages are still low and industrial production remains well below capacity.

The worsening economic environment has had a number of serious humanitarian consequences. An estimated 40 million people are now considered to be living below the poverty line (*World Bank, July 1999*). Severely-increased levels of poverty-related vulnerability can now be found throughout the country. This includes pre-crisis, low-income families in urban areas that no longer have a formal income, female-headed households in both urban and rural areas dependent on income through casual labour, the elderly, street children, and rural landless who find it increasingly difficult to find work (*World Bank 1999*).

As a result of reduced income, many children can no longer afford to attend school and access to health care is no longer available for growing numbers of the population. Malnutrition has increased to levels not experienced for decades (World Bank, July 1999). Unless real wages increase substantially, people's coping mechanisms will continue to erode and increasing numbers will join the ranks of the most vulnerable.

At present, life expectancy at birth averages 64.5 years and infant mortality is 54 deaths per 1,000 live births. The population growth rate is 1.53 per cent (1995-98, *Indonesia Bureau of Statistics*) and the fertility rate stands at 2.61 children born per woman (*CIA country fact file, 1998 data*).

Social and political unrest has increased considerably since the onset of the crisis. Fueled by the worsening economic situation, tension between transmigrant and indigenous groups erupted into serious communal violence, with hundreds of deaths and tens of thousands displaced, particularly in West Kalimantan and the islands of Maluku province, where migrants have lived for generations. In Aceh, clashes between the army and secessionist groups intensified. East Timor's independence led to violent attacks between pro- and anti-independence groups. These frequent occurrences of internal strife have produced a dramatic increase in the number of vulnerable people, particularly among the estimated 343,695 internally displaced (*WFP 15 August 1999*). In late 2000, up to 200,000 displaced people were living in camps in West Timor.

Besides the political and economic uncertainty, Indonesia is under constant threat from a range of natural disasters. With large parts of its territory covering fault lines between tectonic plates, earthquakes are frequent. There is also a high risk of volcanic eruptions, tsunamis, floods, forest fires (leading to 'haze' phenomenon) and landslides; the El Niño effect is thought to be the cause of drought in the east of the country.

National Society Priorities

The overall country strategy (policy guidelines) of the Indonesian Red Cross for 1999-2004 is as follows:

- Dissemination and developing the application of the basic principles of the Red Cross and Red Crescent Movement and International Humanitarian Law in Indonesian society.
- Conducting quality and timely Red Cross services, covering:
 - humanitarian assistance in emergency situations
 - social and public health services
 - blood services
- Enhancing youth development in Red Cross activities.

Priority Programmes for Federation Assistance

The goal of the Federation in Indonesia is to build PMI capacity in the four core areas of humanitarian values, disaster response, disaster preparedness and health and care in the community (see Strategy 2010). Building on the society's 1999 National Convention, and by providing support to the key programmes, the Federation will harness resources (including regional resources) to enable PMI to be better placed to provide quality services to the people of Indonesia.

Given the continued high level of unrest stemming from separatist movements and religious or ethnic differences, the Federation delegation will support PMI, in co-ordination with the ICRC, in its response to these events. It will also give particular attention to supporting the Society's governance in developing PMI's vision and mission; in strengthening management capacity at all levels; and in developing a branch development plan and strategy.

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1. Institutional and Resource Development

Background and progress to date

With Indonesia still undergoing tremendous political and social changes, the Indonesian Red Cross (PMI) needs to adapt to the new challenges these changes present. This has been recognized by the newly elected governance board and the newly appointed Secretary General as one of the most fundamental challenges facing the society in the years to come.

The overall goal of this programme is to make the National Society more relevant for the vulnerable in Indonesia. It aims to broaden the mandate of the PMI and to promote changes, both in activities and in the composition of the governance boards at provincial and local levels throughout the country. During the programme period a number of chapters and branches will be identified and provided special support and training.

This is a new programme but it is based on the recognized need for transformation and the experience gained during the collaboration over the past two years between the Federation Delegation and the PMI.

The PMI is a diverse organisation scattered across a huge archipelago, whose population, approximately 209 million, is the fourth largest in the world. In its 55 years of existence, PMI has operated as a collection of related but semi-autonomous provincial organizations, rather than as a unified and centrally led Red Cross Society. Authority has of necessity been decentralized to the level at which it could function effectively.

The operational level is at the branch level; the provincial chapters provide coordination. At present, some branches carry out disaster preparedness activities and provide relief support to local authorities, in addition to managing blood transfusion services. These two activities have traditionally been considered as the entire mandate of the PMI.

It is estimated that at present 70 to 80 per cent of the PMI's branches are inactive, mainly because of this very narrow interpretation of the society's mandate. There has been little scope or motivation for PMI to be active in areas with few natural disasters, since activities targeting vulnerable people were always considered to be the responsibility of the government's social welfare department. However, with the recent abolition of this department and the disappearance of its services, the mandate of PMI and the scope of its activities need to be revised, as does the composition of its governance at local and provincial level.

The National Society's recently appointed central governance board and newly appointed secretary general are committed to finding ways to improve and strengthen the society. This is reflected in the PMI strategic workplan for 1999-2004 which was adopted during the society's National Convention in November 1999.

This Convention demonstrated that some chapters and branches are keenly interested in change, in order to better respond to needs and better reflect the composition of society. Similarly, it is known that motivated volunteer groups and teams exist, even in areas where the branch as such is inactive.

This programme will identify those chapters and branches (and groups) most likely to become willing collaborators for change, in an effective and affordable way. At the same time all branch staff, volunteers and board members, as well as local heads of public administration, will be targeted and educated through discussions and information on the possible future scope of Red Cross activities in Indonesia.

Goal The PMI will be recognized by the general public as a relevant organization for the vulnerable in Indonesia.

The ultimate aim - although not within the initial programme period - will be to have well functioning chapters and branches throughout the country.

Objectives and Activities planned

A number of chapters and branches will be directly supported in their change process; branches throughout the country will embark on discussions about mandate and activities relating to Strategy 2010 and the PMI strategic workplan, and will reflect on needs in their local community.

Objective 1 To enable the PMI to undertake relevant activities of benefit to the most vulnerable among the local population through discussions on a wider mandate for the Red Cross, in which all PMI chapters, branches and volunteer units as well as the administrative heads of districts and provinces will take part.

Activities to achieve objective 1:

- An intensive nationwide information campaign will be organised, targeting PMI management, governance, staff and volunteers at all levels, as well as heads of the provincial and district government administration (governors/bupatis).
- The main element in the campaign will be the launching of a twice-monthly newsletter covering all aspects of what makes for an outstanding Red Cross branch. Possible topics are: the relevance of Strategy 2010 for a PMI branch, the PMI strategic plan and its value as guidelines for PMI branches, descriptions of successful activities of PMI branches and of branches of societies in the Southeast Asia region, and discussion of the concept of vulnerability.
- The newsletter will be short and simple. Feedback will be encouraged. Through it, the PMI national headquarters will be able to better identify those chapters and branches which are ready for a more traditional institutional development programme and stimulate enthusiasm and motivation among Red Cross staff and volunteers. In addition it will ensure that local authorities are updated about Red Cross work and are involved in a dialogue about relevant activities.

Objective 2 To ensure that all sections of PMI are familiar with the contents of the five year plan and to enable them to develop, plan and implement relevant activities based on it.

Activities to achieve objective 2:

- Develop a brochure presenting the PMI five year plan and clearly highlighting goals and objectives.
- Assist chapters to organise meetings for branches to discuss and explain the plan and the Federation's Strategy 2010.
- Develop new, appropriate, localised Red Cross activities derived from the plan, according to the needs of vulnerable people in the different localities and within the framework of Strategy 2010, or adapt existing activities.

Objective 3 To develop a chapter and branch development programme based on the selection of five chapters and ten branches which have clear potential and are committed to change.

Activities to achieve objective 3:

- Conduct joint assessments of the selected chapters and branches to ascertain the specific development needs of each (PMI, Federation, donor/s).
- Establish a standard chapter and branch development approach for the PMI, using the above assessments and learning gained from the situation in existing well functioning PMI chapters and branches.
- Based on individual chapter/branch assessments, develop clear plans for ID processes appropriate for each one (as applicable, governance/management training, management skills development, exchange of experience and learning opportunities, development of organisation/structure, personnel procedures and management, finance and budget management, programme design and management, English language training, computer skills).

Objective 4 To achieve improved representation of civil society on the boards of PMI chapters and branches.

Activities to achieve objective 4:

- PMI national office senior staff and possibly national board members will actively monitor the chapters and branches that are due to renew their statutory chapter/branch board, in order to encourage a board membership that holds the promise of social engagement and increased relevance for local vulnerable

groups. Through the active involvement by PMI national headquarters, provincial governors and district bupatis can be convinced that a board representing a broad cross section of civil society will be of major local benefit.

- Organize Red Cross orientation workshops for new board members.

Objective 5 To enable three chapters and their five provincial branches which have experience of Federation supported activities to strengthen their management capacity.

Activities to achieve objective 5:

- The PMI chapters of Nussa Tenggara Timur, East-Kalimantan and Bengkulu, and the five branches within these three chapters will participate in a more traditional branch development programme. Through quarterly participatory workshops with inputs from PMI national headquarters, the Federation (regional) delegation and national external facilitators, they will discuss how to apply the society's strategic workplan to their local situation, determine activities, improve management systems and structure, source funding for activities, and design, implement, monitor and evaluate activities.

Expected results

- PMI's activities are relevant and of benefit to the most vulnerable among the local population.
- All PMI chapters and branches will have been encouraged to discuss and review their mandate and activities.
- All PMI chapters and branches will have received information about Strategy 2010, the PMI strategic workplan, successful activities of peer branches and regional branches, and the concept of vulnerability through the newsletter.
- All sections of PMI are familiar with the contents of the five year plan and are implementing relevant activities based on it.
- Five PMI chapters and ten branches committed to change will be implementing sound Red Cross programmes and projects.
- Three chapters and their provincial branches will have strengthened their management capacity.
- PMI national office will have positively identified those branches and chapters that are good potential targets for a more traditional institutional development project.
- PMI chapter and branch boards will fully reflect the variety of civil society:
 - At least half of all chapter boards elected during 2001 will consist of members representing a broad cross-section of civil society.
 - At least one third of all branch boards elected during 2001 will consist of members representing a broad cross-section of civil society.

Indicators

- Number and type of PMI activities (HQ, chapters and branches) relevant to the five year plan and to Strategy 2010, and the number and category of vulnerable people who benefit.
- Number of five year plan dissemination sessions held, and numbers in attendance.
- Number of newsletters distributed.
- Amount and type of feedback from newsletters.
- Change in composition of PMI chapter and branch boards.
- Whether the chapters and branches benefit from the national networking.
- Number and type of management training inputs and their perceived impact on chapter and branch performance.

Critical assumptions

- There is no further escalation of troubles in Indonesia; this would disrupt the programme, and might also affect the resource capacity of the national headquarters.
- Chapters and branches accept that the national headquarters takes the lead in the change process and welcome its increased involvement, guidance, support, coordination and cooperation.
- The newsletter will be widely distributed once it reaches the provinces and branches, in order to maximise its impact.

Monitoring and Evaluation arrangements

A monitoring group consisting of senior level PMI executives and board members, together with Federation representation, will oversee this programme. They will meet regularly (every month, to start with) in order to share information, report on the various processes, resolve problems and agree on the next steps.

Monitoring reports will be prepared quarterly as part of the Federation, or other, reporting schedule. Evaluation of parts of the programme (e.g the communications element) may be conducted after one year. For the capacity building elements, results or impact may take longer to be perceived, although the indicators listed above should provide the substance for progress evaluation.

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2. Disaster Preparedness

Background and progress to date

The Indonesian archipelago is prone to numerous natural disasters every year. The country stretches over 3,500 kilometres in a west-east direction and is located on the intersection of several tectonic plates. A chain of volcanic mountains, 32 of them still active, extends through the southern islands from Sumatra to Timor in the east. Frequent seismic activity with earthquakes stronger than 5.0 on the Richter scale occurs several times a month. Large parts of the archipelago are susceptible to droughts and subsequent crop failure, but the most frequent and often deadly disasters across Indonesia are landslides and floods during the rainy season. In recent years, there has been an upsurge of civil unrest, often requiring the Indonesian Red Cross Society (Palang Merah Indonesia - PMI) to provide first aid, relief and tracing in cooperation with ICRC. These civil disturbances seem likely to continue.

PMI is the only NGO to be a member of the working group of Indonesia's disaster management coordination board (BAKORNAS) at the central level, and the corresponding institutions at the provincial and district level.

Disaster response is one of the PMI's two main services (the other being blood transfusion). It is responsible for all disaster response in the first two weeks after a disaster, an assignment that usually involves evacuation, providing shelter, food and first aid. It is also mandated to assist the local government structures with disaster response.

PMI has a large network of branches with access to trained volunteers who are mostly senior high school and university students. In many branches PMI also has a core group of volunteers made up of professionals from the health and other sectors.

For more than two years, PMI has been operating a national disaster preparedness (DP) programme. Its main outputs have been 230 trained community based disaster preparedness (CBDP) trainers in 23 provinces, plus a notable improvement of equipment at the provincial level through the provision of Mobile Emergency Unit Vehicles to 15 provincial chapters.

A small number of branches have received a basic kit of DP equipment, for use by its volunteer corps, locally named "SATGANA units", enabling them to provide evacuation services, shelter, first aid and wet-feeding during the early stages of a disaster. A joint rapid response unit, "Team Khusus", was created, based on the experiences gained in several joint operations with ICRC in conflict areas.

While the Society is anxious to improve its disaster response, it also recognises the importance of developing mitigation and prevention at community level. It realises it must involve volunteers more actively on a day-to-day basis at all levels, and strengthen the human resource base and activities beyond the island of Java, where most efforts have been concentrated until now.

This programme is based on the objectives of the DP related activities in the activity plan of the PMI, which was approved in November 1999. Specifically, it identifies the following DP related activities:

- Training and preparation of SATGANA-teams in 50 disaster-prone branches, and improvement of recruitment criteria in all branches.
- Provision of disaster handling equipment to 50 disaster-prone branches in accordance with the disaster profile in each region.
- Performance of community-based disaster handling activities, such as community-based disaster preparedness. Preparation of guidelines in 2001, and preparation of implementation instructions for disaster handling which is complementary to other implementation instructions in related government agencies in 2002-2004.

The programme was further developed and refined in accordance with the recommendations of the DPP Review Team, which carried out field trips and interviews in disaster-prone and conflict-prone areas in October 2000. The team consisted of Institutional Development (ID) and DP specialists as well as interested donor representatives.

It also takes recent social and political events into consideration. The violent clashes in various parts of the archipelago pose a new challenge for the PMI, as the authorities turn to it to provide relief in areas affected by conflict and tension. The society has not yet fully developed its preparedness and response capacity in terms of training, field competence and financial resources. Many chapters and branches also need a higher degree of independence from the authorities in order to be – and to be perceived as – a neutral intermediary.

The many challenges facing PMI have been recognised by the new management team and reflected in the recently approved Strategy Plan. All components of the Movement are working closely together to enable the PMI/Movement to live up to its mandate and provide assistance in the years to come.

Goal To improve the DP/DR/CP management capacity of the PMI at national, chapter and branch level in line with its 'Strategy Plan/Policy Guidelines 1999-2004' (submitted to the 17 PMI National Convention, November 1999).

Objectives and Activities planned

Objective 1 Identify – in close coordination with the Federation and ICRC – the best possible programme to improve PMI's Disaster Preparedness/Disaster Response/Conflict Preparedness (DP/DR/CP) management capacity through the development of a pilot project in two Chapters, one in a conflict prone area and one in a natural disaster prone area.

Activities to achieve objective 1:

- Launch a pilot project to review and evaluate the existing DP/DR/CP programmes, and to identify any DP programmes which can serve as a model for future programmes.
- In 2001, the first phase of DP work will take place on a pilot basis in two chapters and their branches. One will be in a natural disaster prone area, and the other will be in a conflict prone area. After reviewing and making any necessary changes, the pilot programmes will be replicated and extended to other areas in 2002. How many depends on the results of the pilot phase.
- The NHQ DP/Relief Department will recruit two university graduate level staff. One will monitor and administer the overall implementation of the project objectives. The other will be tasked with providing guidance and support towards the implementation of the CBDP activities at the village level.

Objective 2 To improve the disaster response capacity of PMI in five Chapters and five Branches, through the provision of relief materials.

Activities to achieve Objective 2:

- Stockpile and maintain a limited quantity of non-perishable relief goods in five chapters and five Branches.
- Develop a suppliers' data base and specification list for emergency relief materials in Jakarta, Surabaya, and Singapore.

Objective 3 To strengthen the PMI's disaster response by establishing SATGANA teams in 50 branches and a Rapid Response Team at national headquarters, based on recent relief experience in areas of civil unrest.

Activities to achieve Objective 3:

- Establish 50 SATGANA units in 50 branches in disaster/conflict prone areas, and draw up the necessary mobilization procedures for emergencies.
- Provide special training in management in times of natural disasters and conflicts to 30 volunteers and subsequently form a national Rapid Response Team.
- Carry out a national radio communication feasibility study, and put its recommendations into practice.

Objective 4 To conduct disaster management training for staff/volunteers in three areas.

Activities to achieve Objective 4:

- Conduct disaster management training for 50 staff/volunteers from 5 Chapters and 15 Branches in Sulawesi in 2001, Sumatra in 2002, and Java in 2003.

Objective 5 To enhance community participation in Community Based Disaster Preparedness in two PMI Branches.

Activities to achieve Objective 5:

- Develop a CBDP programme in two selected chapters in disaster prone areas.
- Conduct CBDP training for staff and volunteer corps members in the two chapters. The 230 chapter level CBDP trainers, trained by the 1998-99 DP programme, will be drawn upon to channel CBDP skills and knowledge at branch level. As a result, 150 new volunteers from 50 branches in 15 chapters will be trained in CBDP and work with selected target communities. Skills and knowledge will include: needs assessment, operational planning, working with communities, community development, evaluation and project monitoring.

Objective 6 To review and update, together with the Federation and ICRC, existing training modules and materials and develop them into a coherent training concept and training programme on disaster preparedness and response.

Activities to achieve Objective 6 :

- Review, update, and standardize training modules and materials to ensure that training always provides volunteers with sufficient knowledge and skills for practical application, specific local conditions or specific disasters.
- Assess the level of competency of the certified trainers and trained volunteers and provide refresher training on a regular basis.
- Develop a curriculum extension for relief work in social unrest situations, in cooperation with ICRC.
- Develop an earthquake response training curriculum in collaboration with a national or international disaster management training institute.

Objective 7 Enhance the cooperation of PMI, ICRC, and the International Federation as a Movement through the collective process of developing DP in Indonesia on the basis of the Federation's Development and Cooperation Policies and the Agreement on the Organization of the International Activities of the Components of the Movement (Seville Agreement).

Activities to achieve Objective 7:

Establish a small task force within the Movement in order to coordinate closely the development of the DP programme and its implementation in the chosen pilot areas.

Expected results

- Improved management control.
- Better understanding of risks/hazards at PMI chapter and branch level in each area.
- Setting up of contingency plan both at chapter and branch level, meeting the specific needs.
- Gender sensitivity ensured through needs assessment with particular focus on women.
- National Society will be equipped with appropriate relief materials and mobile capacity.
- To have trained PMI staff, volunteers (50 Satgas, Rapid Response Team composed of 30 specialized volunteers for earthquake disaster) available in emergencies.
- Speedy procurement of relief materials meeting Sphere standards.
- PMI staff/volunteers trained for disaster management.
- To be better prepared for disaster through increased awareness of possible hazards in the community.
- 150 PMI volunteers from 50 branches and 15 chapters will have been trained.
- Development of standardized practical modules and materials to be used throughout the country.
- To be able to maintain the level of skills of trainers, staff, and trained volunteers.

- To utilize financial, material and human resources effectively to develop PMI's DP work such as in staff/volunteer training, programme implementation, reporting.

Indicators

- Identification of DP model programmes in both natural disaster prone area and conflict areas.
- Provision and proper maintenance of relief materials in five chapters and five branches.
- Establishment of SATGANA teams in fifty branches, and one Rapid Response Team at NHQ.
- Fifty trained volunteers/staff in five chapters and 15 branches.
- Implementation of CBDP programme in two pilot areas.
- Review of the existing training modules completed.
- Establishment of a small task force to develop DP activities.

Critical assumptions

- The commitment of the governance and management of PMI at all levels to implement a nationwide programme will continue.
- NHQ will create a sound management control system to ensure that the chapters and branches observe instructions.
- The most critical success factor for the CBDP programme will be the degree of sustainable commitment and enthusiasm of community members for the implementation of activities and their collaboration with the PMI volunteer corps members.
- Increased physical capacity, namely, an increased number of staff members at PMI NHQ, Chapter and Branch level.
- PMI will endeavour to fulfill its obligation to be the first to respond when disasters strike.
- Each component of the Movement in Indonesia will work together in order to achieve a coherent, coordinated and joint, or complementary, Movement approach.

Monitoring and evaluation arrangements

Quarterly field visits by the NHQ staff and quarterly programme and financial reports submitted to NHQ will monitor the achievements of the programme. Monitoring of the CBDP programme will be done through field visits undertaken at least twice a month and through regular communication among Branches, Chapters and NHQ. An annual evaluation by DP/CBDP/ID specialists, with participation of interested donors, will be undertaken to ensure that activities are moving towards achieving the goal and objectives of the programme.

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3. Health and Care in the Community

Background and progress to date

Despite decades of economic growth, many rural populations in Indonesia lack adequate access to effective public health facilities. Although primary health care services have been established in remote rural areas, they are usually staffed by minimally qualified personnel, have limited and /or irregular hours of operation, are under-stocked, and are out of reach of many communities. As a result they are under-utilised.

At present, Indonesia's infant mortality rate is 49 per 1000 live births and the under-five mortality rate 71 per 1000 live births (*UNICEF 1998*). The effect of the ongoing economic crisis on public health care provision is expected to negatively impact these figures. The province of East-Kalimantan has an infant mortality rate of 58 per 1000 live births, 18 per cent higher than the national average.

Although the government of Indonesia recognises the importance of an adequate rural water supply and sanitation in promoting human development and the need to improve health through community based sustainable approaches, the budget deficit and high public debt limit its ability to launch new initiatives.

In 1999 the Indonesian Red Cross (PMI) decided to focus its future health activities on community based health-cum-water/sanitation projects, with a strong emphasis on preventive and promotional activities. The society had implemented such projects before, but on an ad-hoc basis.

This community based first aid (CBFA) health programme aims at assisting two particularly poor communities which have restricted access to health services, or no facilities at all, in east and Central Kalimantan. The project will target three villages on Tarakan island, north east of Kalimantan, with a total population of 1,032. In Tarakan, drinking water is typically collected from nearby rivers, which are frequently contaminated by up-stream industrial oil pollution, or rainwater is used, which is unsafe because of poor and unhygienic collection/storage practices. None of the households has a latrine or bathing/washing facilities, and household waste is a common feature around dwellings. Hygiene standards are poor. Diseases such as diarrhoea are frequent and closely linked to the lack of access to safe water and adequate sanitation facilities.

The other project area is in Kotawaringin Timor in Central Kalimantan. Eight villages in the Kota Besi sub-district, where poor quality water is one of the main health problems, have been selected. In Kotawaringin Timor only 4.5 per cent of the population have access to clean water. Facilities include hand-pumps, hand dug wells and minor spring collection points in mountain areas. Access to adequate sanitation is even lower than 4.5 per cent. As in Tarakan, hygiene standards are very poor.

The programme will seek to improve health in the project communities by improving water and sanitation facilities and by training some community members to treat daily emergencies and take action to prevent common diseases. The programme also contains a capacity building element: it will improve the management and training capacity of the relevant PMI branches and the national headquarters, which will provide guidance and support and ensure transparency and accountability.

The capacity building (ID) aspects of the programme will take place at three levels and will include:

At Community level

- A core of CBFA volunteers, who will conduct health activities.
- Community members who will collect funds and maintain facilities.
- Adults in the community who will understand the importance of hygiene and act accordingly.

At Branch level

- A core of trainers.

- Improved capacity of Branch members to plan, coach, monitor and evaluate the activities related to the programme.
- A programme manager in each Branch with the capacity and skills to run the programme.
- Fundraising activities conducted by the Branch.

At headquarters level

- Improved distance management of the CBFA programme by the Head of Health and Community Welfare.

This small scale, community based, pilot health project will be the first of its kind undertaken by the National Society and will be closely monitored for possible replication in other geographical areas. It is hoped it will serve as an example for other Branches and will lead to similar CBFA activities all over the country. When the programme is running well, a workshop will be held for Branches and learning points will be shared. A booklet will be produced on the implementation process, the successes and failures and opportunities for the future, and will be distributed to Red Cross Branches and Chapters and to key public figures.

Goal The overall goal is to improve the health status of the members of the target communities.

Objectives and Activities planned

Objective 1 To bring about a 40 per cent decrease in incidence of water and vector-borne diseases in the targeted communities, as a result of community-based preventive activities by the end of 2002.

Activities to achieve objective 1:

- Construct clean water facilities and combined bath/latrines facilities.
- Train trainers who will conduct training sessions for CBFA volunteers.
- CBFA volunteers will carry out door-to-door visits to convey preventive health messages on the proper use of toilet facilities, proper storage of drinking water, and other activities.
- Mobilize the community to take part in regular clean-up sessions, and the collection/disposal of garbage.

Objective 2 To build sustainable, improved local capacity for the effective diagnosis and initial treatment of 80 per cent of the common diseases and injuries in the targeted communities by the end of 2002.

Activities to achieve objective 2:

- CBFA volunteers who have been trained by trainers will diagnose and treat common diseases and refer a patient when needed.
- CBFA volunteers will give first aid in an emergency or accident.
- CBFA volunteers will provide health education to community members related to emergencies and injuries.

Objective 3 To strengthen management support systems and structures in the targeted Branches and at headquarters level. The Branch is able to run the programme totally by the end of 2002. Headquarters is able to support other Branches and Chapters without support from the Federation at the end of 2010.

Activities to achieve objective 3:

- Recruit a Field Operational Team that plans, manages and evaluates the programme.
- Recruit a programme manager (who is part of the Field Operational Team) who has the overall responsibility for the programme and will visit the targeted villages weekly.
- Create a core group of trainers who can give training in various subjects.
- Train a core group of CBFA volunteers to carry out health activities in their communities.
- Adapt the training module for the CBFA volunteers to their educational background.

Expected results

Expected results for objective 1:

East Kalimantan

- 297 water tanks will have been installed in the 3 targeted villages by the end of July 2001.
- 38 combined bath/latrines facilities will have been installed in the 3 targeted villages by the end of July 2001.
- 25 Training of Trainers' courses will have been given at Branch level by the end of 2001.
- Every family will have been visited at least 25 times per year by CBFA volunteers.
- A minimum of 36 health education sessions on preventive activities, proper use of toilet facilities, proper storage of drinking water, will have been conducted by each CBFA volunteer in the targeted villages by the end of 2002.
- A minimum of 6 regular clean-up sessions and collection/disposal of garbage, through community mobilisation, will have taken place in every targeted village by the end of 2002.

Central Kalimantan

- 20 wells will have been installed in the eight targeted villages by the end of 2002.
- 20 combined bath/latrines facilities will have been installed in the eight targeted villages by the end of 2002.
- 25 Training of Trainers' courses will have been conducted at Branch level by the end of 2002.
- Every family will have been visited at least 25 times per year by CBFA volunteers.
- A minimum of 18 health education sessions on preventive activities, proper use of toilet facilities, proper storage of drinking water, will have been given by each CBFA volunteer in the targeted villages by the end of 2002.
- A minimum of 3 regular clean-up sessions, and collection/disposal of garbage, through community mobilisation, will have taken place in every targeted village by the end of 2002.

Expected results for objective 2:

East Kalimantan

- 21 trained CBFA volunteers will be able to diagnose and treat common diseases and refer a patient when needed by the end of July 2001.
- The CBFA volunteers will be able to give first aid in an emergency or accident, by the end of July 2001.
- The CBFA volunteers will give health education related to emergencies and injuries, on a monthly basis to community members, by the end of July 2001.

Central Kalimantan

- 42 CBFA trained volunteers will be able to diagnose and treat common diseases and refer a patient when needed, by the end of 2002.
- The CBFA volunteers will be able to give first aid in an emergency or accident, by the end of 2002.
- The CBFA volunteers will give health education related to emergencies and injuries, on a monthly basis to community members, by the end of 2002.

Expected results for objective 3:

East Kalimantan

- One Field Operational Team will have been set up and will plan and evaluate the programme by the end of 2002 without the support of the Federation.
- One programme manager (who is part of the Field Operational Team) will have taken on overall responsibility of the programme at the end of 2002 without the support of the Federation.
- A core group of 25 trainers will have been set up and will give training in various subjects by the end of year 2002.
- A core group of 21 CBFA volunteers will have been formed and will be carrying out health activities in their communities by the end of 2002.

Central Kalimantan

- One Field Operational Team will have been set up and will plan, manage and evaluate the programme with 80 per cent responsibility at the end of year 2002.
- One programme manager (who is part of the Field Operational Team) will have taken on 80 per cent responsibility for the programme by the end of 2002.
- A core group of 20 trainers will have been set up and will give training in various subjects by the end of year 2002.

- A core group of CBFA volunteers will have been formed and will be carrying out health activities in their communities by the end of year 2002.

Indicators

Objective 1:

- Decrease of 40 per cent of diarrhoea caseload reported in target villages.
- 298 water tanks and 38 sanitation systems in East Kalimantan.
- 30 wells and 30 sanitation systems in Central Kalimantan.
- Community members maintain 90 per cent of the facilities.
- All houses are visited each month by CBFA volunteers.
- Once a month community meetings held.
- In every village a place is allocated and a hole is dug where rubbish is collected and burned.
- 60 per cent of villagers participate in cleaning of facilities.
- Two cleaning sessions held per year.

Objective 2:

- Emergencies/injuries are treated in 50 per cent of the cases, as reported by programme manager to headquarters.
- 60 per cent of adults are able to treat injuries at home and can give oral rehydration salts.
- 25 TOT (Trainers of Trainers) with coaching skills.
- 21 CBFA volunteers carry out health activities.
- CBFA volunteers record drug use and receipts and programme manager counter-checks.

Objective 3:

- Two programme managers at Branch level running the programme with 80 per cent or 100 per cent responsibility.
- 1 training course for trainers given in each province.
- 1 training course for CBFA volunteers given in each province.
- 1 refresher training course for trainers given in each province.
- 1 refresher training course for CBFA volunteers given in each province.
- 25 trainers of trainers.
- 21 CBFA volunteers active (90 per cent) in the community.

Critical assumptions

Internally:

- Branches are willing to participate.
- Communities are actively involved in improving their health situation.
- Communities are receptive to door-to-door visits.
- Communities are able to contribute funds and time for the maintenance of facilities.
- Communities take responsibility for communal facilities.
- Communities accept and understand the advantages of a clean environment.
- Communities are committed to utilising the water and sanitation facilities.
- Trained staff and volunteers remain with the society.
- Availability of skilled expertise for staff recruitment in Indonesia.
- Availability of skilled expertise to adapt the CBFA module.
- Branches are able to raise funds through fundraising activities.

Externally

- Availability of technical support by the Federation for the first three years.
- Sufficient funds to support the programme for the first three years.

Monitoring and Evaluation arrangements

The programme manager at Branch level will monitor activities (CBFA volunteers, construction of water and sanitation facilities, meetings with community, meetings with local officials) weekly. He/she will receive support for the first nine months from the Federation delegate. The Field Operational Team at Branch level will assist the programme manager in monitoring activities. It will receive support for the first nine months from the Federation delegate. Headquarters will monitor on a quarterly basis. The Chapter will monitor on a six months basis.

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4. Co-ordination and Management

Background and progress to date

Indonesia and the Indonesian Red Cross (PMI) are going through a period of traumatic changes. External support to facilitate the changes in the PMI will ensure a better, more prepared and responsive National Society. Although this investment will have immediate effects, it needs to be a long term commitment if it is to ensure tangible and significant results.

The Federation delegation in Indonesia was opened in January 1998, a few months before the downfall of president Suharto. Since then, support from the Federation to the PMI has mainly concentrated on management issues, facilitating decision-making by PMI leadership and presenting the PMI to funding agencies as a capable and credible partner in the field of disaster response.

The Federation has given support to the society during natural disasters and participated in all assessment missions after major disasters.

Together with the recently elected leadership of PMI, an institutional analysis was made and the conclusions agreed upon. Certain fundamental issues were identified which need to be addressed to further develop and strengthen the society.

Additionally, the Federation has given important support to both the process and the implementation of the PMI strategic plan.

Finally, an important aspect of Federation support has been to assist the PMI in determining its field of activity within the core areas of Strategy 2010, as well as with the design of pilot projects in Community Based First Aid (CBFA)/Water and Sanitation (WatSan) (Kalimantan) and Community Based Disaster Preparedness (CBDP) (West Timor).

Goal To promote the Red Cross Red Crescent Movement in Indonesia and to assist the PMI in implementing its strategic plan by providing consolidated technical guidance and support as requested.

Objectives and Activities planned

Objective 1 To provide overall co-ordination and management for Federation supported programmes and operations in Indonesia. Specifically, to lead the process of developing a Country Assistance Strategy for the PMI.

Activities to achieve objective 1:

- Develop by July 2001 an integrated country assistance strategy in co-operation with the PMI, involved National Society donors and the ICRC.
- Provide line management of the Federation delegates in Indonesia.
- Liaise regularly with the regional delegation in Bangkok and with other country delegations in South East Asia.

Objective 2 To work closely with the PMI and ICRC to ensure a co-ordinated and integrated approach to assisting internally displaced persons (IDPs) and communities recovering from violence.

Activities to achieve objective 2:

- Lead discussions between ICRC, PMI and the Federation on operational modalities for providing assistance to IDPs.

- Develop practical working arrangements to ensure that assistance to vulnerable people is maximised and that the mandates of the components of the Movement are respected in accordance with the Seville Agreement.
- Work with other concerned bodies in Indonesia to seek sustainable solutions to the IDP issue.

Objective 3 To manage the Federation country delegation in Indonesia.

Activities to achieve objective 3:

- Assist delegates to create work plans based on the agreed programmes and ensure that these are monitored.
- Conduct regular meetings with Federation delegates.
- Ensure Federation accounts and financial matters are dealt with in a timely and transparent manner.
- Ensure an effective file management system in the delegation.

Objective 4 To actively seek new ways of funding PMI operations.

Activities to achieve objective 4:

- Liaise actively with donor missions in Indonesia and the key multilateral donors in order to further develop the credibility of the programmes and operations of the Federation and PMI.
- Ensure that all key donors in country receive appeal documents and situation reports as well as the regional newsletter (Asia Pacific FOCUS).
- Encourage the PMI to work in partnership with the delegation on developing new funding initiatives.
- Initiate discussions on possible funding lines with multilateral donors such as the World Bank and Asian Development Bank.
- Ensure satisfactory service and support for communications with, and visits from key National Society donors.

Objective 5 To represent the Federation and the Red Cross Red Crescent Movement in Indonesia, and advocate on its behalf.

Activities to achieve objective 5:

Together with the regional information department in Bangkok:

- Further increase the coverage of the work of the Federation and the PMI in national and international media.
- Develop a coherent and workable communication strategy for PMI.
- Liaise with government ministries and other bodies as needed.

Expected results

- The delegation will be functioning well and playing a facilitating role with PMI in its development and programming.
- The Jakarta donor community will have an increased understanding of the role of the Federation and the work of the PMI.
- There will be a close and professional working relationship between PMI, ICRC and the Federation.
- A negotiated and agreed Inclusive Country Assistance Strategy (ICAS) will have been completed by July 2001.

Indicators

- An Inclusive Country Assistance Strategy by July 2001.
- Agreement on a co-ordinated programme for IDPs across the country.
- Increased in-country support to programmes in this appeal as well as to ongoing programmes and relief operations.

Critical assumptions

- The level of violence in the country does not escalate to a point where development programmes are partially or entirely affected, and the main focus of the country delegation is modified.
- The key partners in the Movement maintain their determination to co-operate in a successful operational plan for IDPs and for other operations.

- The current commitment of the governance and management of PMI to implement meaningful and nation-wide programmes is sustained by the further development of the society's capabilities and by the responses from provinces and branches.

Monitoring and Evaluation arrangements

Through the biannual reports of the country delegation and regular contact with the regional delegation and Federation Secretariat.

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DELEGATION: INDONESIA					
PROGRAMME	DP	Health & services	IDRD	Coord. & mgt	TOTAL
Shelter & construction	0	185,735	0	0	185,735
Clothing & textiles	0	3,377	0	0	3,377
Food & seeds	0	0	0	0	0
Water	0	0	0	0	0
Medical & first aid	74,037	6,754	0	0	80,791
Teaching materials	5,604	12,664	500	0	18,768
Utensils & tools	0	0	0	0	0
Other relief supplies	144,228	0	0	0	144,228
Sub total supplies	223,869	208,530	500	0	432,899
Land & Buildings	0	0	0	0	0
Vehicles	0	33,770	0	0	33,770
Computers & telecom	8,461	10,131	17,000	0	35,592
Medical equipment	0	0	0	0	0
Other capital expenses	0	3,377	0	3,846	7,223
Sub total capital	8,461	47,278	17,000	3,846	76,585
Programme management	38,278	35,124	15,933	35,607	124,942
Technical services	11,458	10,514	4,770	10,659	37,401
Professional services	12,707	11,660	5,289	11,821	41,477
Sub total programme support	62,444	57,298	25,992	58,086	203,820
Transport & storage	0	11,447	0	11,932	23,379
Personnel (delegates & expatriates)	145,512	109,983	103,300	355,230	714,025
Personnel (local staff)	39,901	43,828	8,200	16,654	108,583
Sub total personnel	185,413	153,811	111,500	371,884	822,608
Travel & related expenses	40,690	24,707	16,800	48,731	130,928
Information expenses	24,992	2,364	18,500	3,462	49,318
Expert fees	14,084	0	30,000	3,846	47,930
Admin. - general expenses	7,716	15,456	6,000	26,270	55,442
Training workshops / seminars	0	0	10,000	0	10,000
Sub total travel, training, general exp.	87,482	42,527	81,300	82,309	293,618
Total budget	567,669	520,891	236,292	528,057	1,852,909