

Plan 2010-2011



Indonesia

Executive summary

The International Federation's Indonesia country office is currently preparing a five-year strategy to support the new Indonesian Red Cross (Palang Merah Indonesia/PMI) five-year strategy. This appeal represents two years of an initial four-year plan. Information on the longer-term country office plans can be obtained directly from the country office.

The plan builds on the considerable work of the International Federation and its partners who have been the largest organization over the last five years working in the tsunami-affected areas and having spent a record USD 1.3 billion in the process. In addition to the enormous assistance provided to an estimated 750,000 beneficiaries in the form of shelter, relief supplies, emergency medical care, hospitals, roads, community centres, warehouses, and water and sanitation programme, nearly 3,000 PMI staff have gained valuable experience and skills from working in the operations. Through this plan, the country office will build on the significant foundations laid during the tsunami operation.



Indonesian Red Cross (Palang Merah Indonesia) volunteers in action.
Photo credit: The International Federation/ Lasse Noorgaard

Indonesia continues to be a focus of significant investment in risk reduction while also demonstrating considerable leadership in the field. The country office seeks to support PMI and its partners in delivery of lasting community resilience in a country often hit by major disasters and by doing so, also contribute to the regional and global knowledge base on risk reduction.

Importantly, in following a community-based approach, disasters, as determined by communities, can range from public health issues to natural disasters. Regardless of lead methodology, i.e. community-based first aid or integrated community-based risk reduction, the Indonesian Red Cross works to empower communities and facilitate a decrease in risk and vulnerability, and an increase in community resilience.

To support this community-based approach, the country office works in an integrated manner with the host national society, such that artificial demarcation between health and disaster management cannot be applied to community-based work. As communities do not live in sectors, the country office supports risk reduction programming determined by the needs of the people and therefore, in this appeal, the section on disaster management seeks to cover risk reduction in the broadest community-driven sense.

Other key priorities for the Indonesian Red Cross are to continue to increase its organizational capacity to respond to disasters in a time and cost-efficient manner and to sustain its structure across the country such that the Indonesian Red Cross remains as asset to the community and the government.

The Federation country office is committed to supporting organizational growth and stability through the provision of financial and technical resources to streamline core business areas of the national society as well as guide organizational development as a support to service delivery through programme execution.

Capturing valuable learning as the tsunami operations close in 2010, the Federation country office will work with PMI to adopt and incorporate these findings, as applicable into its long-term planning and preparedness for response.

The budget for this plan is CHF 2,809,301 (USD 2.72 million or EUR 1.84 million) for 2010 and CHF 3,140,744 (USD 3.04 million or EUR 2.06 million) for 2011.

[Click here to go directly to the attached summary budget of the plan](#)

Country context

Indonesia is the world's largest archipelago, comprising some 17,508 islands. It has a population of approximately 228 million people, the fourth largest in the world. Of this, nearly 60 per cent live on the densely populated island of Java, where rising income disparity has led to some of the nation's more complex social problems.

Forming part of the "Pacific Ring of Fire", Indonesia is prone to earthquakes and volcanic eruptions aside from tsunamis, floods, landslides and severe drought. With the population growth of 1.4 per cent annually¹, an increasing part of the population is pushed into marginalized areas including unsafe areas outside embankments, areas prone to mudslides, and areas with high geological activity. Additionally, such areas offer only rudimentary access to basic life necessities of clean and safe water, sanitation, and health services. The issue of climate change further increases vulnerabilities through more frequent and less predictable extreme weather events. Rapidly growing population, unplanned urbanization, increasing poverty and environmental degradation also contribute to the high level of vulnerability.

Indonesia at a glance:

Population	Approximately 228 million ²
Gross national income per capita	USD 1,280 ³ (East Asia and Pacific – USD 1,627)
Population below national poverty line	17.8 per cent ⁴
Life expectancy at birth	67.9 years ⁵ (East Asia and Pacific – 70 years)
Infant mortality (per 1,000 live births)	30 (East Asia and Pacific – 29)
Access to an improved water source (percentage of population)	77 per cent (East Asia and Pacific – 79 per cent)

List of disasters and associated losses (January 2000 – May 2009):⁶

Type of disasters	Frequency	Loss ⁷
Earthquake	31	7,064 killed, 162,397 affected
Flood	53	2,493 killed, 489,357 affected
Landslides	25	1,050 killed, 387 injured
Volcanic eruption	9	93,428 affected
Wave surge / tsunami	2	166,510 killed, 35,000 affected (in one incident) 532,898 homeless (in one incident)

¹ World Bank Data and Statistics, World Development Indicator 2005

² UNFPA State of World Population 2007 projected figure

³ World Bank Data and Statistics, World Development Indicator 2006

⁴ World Bank Data and Statistics, Indonesia Social Indicators 1990-2005

⁵ World Bank Data and Statistics, World Development Indicator 2006

⁶ EM-DAT Emergency Disasters Database

⁷ Rough calculation of total numbers, some disasters reports do not specify loss of life and number of injured.

Indonesia: health challenges:

Maternal mortality ratio	307 per 100,000 ⁸
Dengue hemorrhagic fever	23,893 cases, 65 deaths (2007)
Avian influenza	104 cases, 83 deaths recorded in West Java, DKI Jakarta, Banten, North Sumatera, East Java, Central Java, Lampung, South Sulawesi, West Sumatera, South Sumatera, Riau, and Bali (data as of 16 August 2007)
Measles	122 times with 1,467 cases, CFR 0.48 per cent (2005) ⁹
Malaria morbidity rate	18.94 per 1,000 people (2005) ¹⁰
HIV/AIDS	9,565 cumulative reported cases ¹¹ , consisting of 4,244 HIV infection cases and 5,321 AIDS cases of which 1,332 died.

With these complex and widespread health and disaster challenges, the Indonesian Red Cross (PMI), as auxiliary to the government by presidential decree, has the advantage of its widespread network to offer assistance. With 33 chapter offices at provincial level and 402 branches at municipality level and 797,096¹² volunteers spread in the municipality and district level, their network has considerably easy access to the most vulnerable people.

However, the equitable provision of services across Indonesia has been a long-standing challenge for the organization. It is mostly a reflection of each chapter and branch's capacity. Based on an evaluation of PMI's capacity end of 2006, only 15 per cent of the chapters were performing well, 30 per cent were categorized as fair, and 46 per cent weak with the remaining nine per cent either newly established chapters or lacking sufficient data. Similarly, only 35 per cent of branches are characterized as well-functioning, 14 per cent fair, 42 per cent weak and nine per cent yet to be evaluated.¹³

National Society priorities and current work with partners

While many of the partner national societies remain focused on tsunami-affected areas until 2010, a few of the partner national societies are able to support the PMI in activities in other locations. With increasing coordination support based on a regional approach from the International Federation, better identification of partners and operational alliances for other parts of Indonesia has been made possible. So far, 14 partner national societies have indicated their support to PMI (including support within the tsunami operation), namely the national societies of Australia, Belgium-Francophone, Canada, Denmark, France, Germany, Ireland, Japan, Netherlands, Norway, Spain, United States, and the Hong Kong branch of the national society of China.

As presented in the chart, the support indicated by most national societies is still concentrated to the tsunami affected areas (indicated by the 25 per cent and 10 per cent support dedicated to Nanggroe Aceh Darussalam and West Sumatra), while only some 6 per cent of support is dedicated to the national headquarters.

The year 2010 sees the consolidation of transition processes begun in 2009 by PMI and its partners. The new PMI strategic plan covering December 2009 up to December 2014 sets the direction for the organization and its partners, with a new cooperation agreement strategy (CAS) being formulated to reflect this new strategy.

The PMI remains focused on consolidating a 'back to basics' approach, drawing its resources back to the original PMI core activities. These include community-based activities for risk reduction, which also covers the prevention of disease and pandemic, and aims to build more resilient communities. The remaining important activities seek to strengthen PMI's efficiency and accountability in carrying out these activities with communities and at times of disaster.

It is important to recognize the significant achievements of the Movement in the tsunami-affected areas; the completion of activities during 2010 means that the Federation during this 2010-2011 appeal period will be supporting PMI and a number of partner national societies in an adjustment period. Of primary importance is the protection of the over-USD1 billion invested in the recovery and rehabilitation effort; ongoing support to longer term evaluations of programmes conducted while scaling down in order to minimize harm to the PMI while also

⁸ UNDP Indonesia Progress Report on the Millennium Development Goals, 2000

⁹ Ministry of Health, Republic of Indonesia, Indonesia Health Profile 2005; Jakarta 2007

¹⁰ Ministry of Health, Republic of Indonesia, Indonesia Health Profile 2005; Jakarta 2007

¹¹ Data per 31 December 2005, Ministry of Health, Republic of Indonesia, Indonesia Health Profile 2005; Jakarta 2007

¹² Data based on PMI internal evaluation per end of 2006, comprising Youth Red Cross (PMR), volunteer corps at university and branch level (KSR) and professional volunteers (TSR).

¹³ Data based on PMI internal evaluation per end of 2006. At the time of evaluation, PMI had 33 chapters at provincial level and 389 branches at municipality level.

offering the coordination services to Federation members as programmes are developed and implemented in other parts of Indonesia.

Secretariat-supported programmes in 2010-2011

Continuing the 2009-2010 plan, this plan will continue to build on the strengthening of PMI national headquarters in carrying out its coordination, policy making and chapter support role.

Disaster management

a) The purpose and components of the programme

Programme purpose

The Indonesian Red Cross (Palang Merah Indonesia/PMI) efficiently delivers emergency response and recovery assistance for communities affected by disaster and assists communities in building resilience and reducing vulnerability to disasters.
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The disaster management programme budget is CHF 1,636,364 for 2010, and CHF 1,822,407 for 2011.

Programme component 1: Organizational preparedness

Outcome: PMI has an effective mechanism and improved capacity to deliver emergency response
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Under this component, the International Federation will support PMI in further developing and refining PMI's logistics system, covering the standardization of logistics system and warehouse management, as well as the hiring and training of logistics staff in these areas. Strengthening the PMI's preparedness for disaster, this component also includes reaching the targeted placement of disaster preparedness (DP) containers in 15 priority chapters as defined by PMI, and prepositioning of stocks in these DP containers. Organizational preparedness will also include further development of volunteers (*SATGANAI/satuan penanggulangan bencana* or disaster response team, medical action teams, water and sanitation emergency response teams, etc), and the establishment of proper financial mechanism and establishment of contingency funds which will allow speedy transfers of funds to permit a timely response to emergencies.

Understanding and applying international disaster response law as well as the Indonesian government's disaster management law will underpin many of the activities designed to ensure organizational readiness. In addition, further developing and refining an evidence base (hazards and vulnerability mapping) to manage organizational resources remains a priority, as is the accessibility of such data. Networking to other stakeholders and disaster management systems will be worked on in conjunction to refining the evidence base.

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

Disasters, defined by communities, may range from natural to public health disasters and therefore the PMI, supported by the International Federation and partner national societies, employs community-based methodology that meets the needs identified by the community. This may sometimes require leading with a community-based first aid approach or hygiene promotion or community-based disaster risk reduction.

In order to deliver these community-based approaches, the PMI chapters and branches need to have capacity to manage these programmes and therefore, the integral first step of these community-based programmes that must be included is the organizational development of PMI.

In collaboration with partner national societies, a number of integrated community-based risk reduction (ICBRR) programmes are being conducted in Sumatera, Sulawesi, Kalimantan and Java. Additionally, the current ICBRR project in four target communities in West and East Jakarta will continue to be implemented in collaboration with German Red Cross and Netherlands Red Cross

Programme component 3: Coordination
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Outcome: PMI's involvement and coordination within and outside the Red Cross Red Crescent Movement is increased.

In collaboration with Movement partners as well as the Indonesian government and the Indonesian amateur radio organization (*Organisasi Radio Amatir Indonesia/ORARI*), PMI will continue its efforts in establishing a radio

communication network in all 15 priority chapters, building on the project started in the tsunami-affected areas of Aceh and Nias. Further participation in national and international meetings for knowledge sharing and network building will continue to ensure maximum utilization of internal and external resources, building towards improved and coordinated humanitarian action.

Number of people reached by the overall programme – families/people, men/women, indirectly reached, etc.

b) Potential risks and challenges

Frequent disasters coupled with the closure of the tsunami recovery operation may draw on the resources of PMI, leading to possible delays in programme implementation. Additionally, socio-economic pressure may see an increase in urban migration, while increased incidence of disease due to malnutrition may have significant impact on health and hazard vulnerability. The International Federation will support PMI in advocating such issues and strengthen the social cohesion through community-based risk reduction activities.

Health and care

a) The purpose and components of the programme

Programme purpose
The Indonesian Red Cross (Palang Merah Indonesia/PMI) efficiently delivers a public health emergency response for communities affected by disaster, and assists communities in building resilience and reducing vulnerability to disease.

The health and care programme budget is CHF 333,258 for 2010 and CHF 416,583 for 2011.

Programme component 1: Emergency health
Outcome 1: PMI has an effective mechanism and improved capacity to deliver response during health emergencies
Outcome 2: PMI has a contingency plan in place for pandemic preparedness

Through this component, the International Federation supports PMI in building its capacity to deliver health assistance during emergencies. This includes the formation and training of medical action teams, water and sanitation response teams, etc. Additionally, the International Federation also supports PMI pandemic preparedness against new and emerging diseases, e.g. A1N1 and H1N1.

Programme component 2: Community-based health and first aid
Outcome 1: Communities have an increased knowledge of potential risks to health and have adopted appropriate behaviour to reduce risk
Outcome 2: Reduced morbidity and mortality rates from identified community health risks (e.g. malaria, HIV/AIDS, dengue, injuries, etc.)

This component is mainly about community-based primary health risk reduction programmes carried out to increase the communities' knowledge of potential risk and therefore, reduce risky behaviour. These programmes are more than just training as it involves change of mindset and behaviour of the communities, and are intrinsically linked to the ICBRR or disaster risk reduction programmes the PMI run.

Programme component 3: Voluntary, non-remunerated blood donor recruitment
Outcome: Increased supply of safe blood from voluntary, non-remunerated blood donors.

The International Federation will continue its support to PMI in its collaboration with the association for blood donors (*Persatuan Donor Darah Indonesia/PDDI*) to encourage and develop strategies for recruitment of non-remunerated blood donors. The International Federation will also support PMI in delivering on outcomes of an assessment of its blood transfusion units.

Programme component 4: Partnership and networking
Outcome 1: PMI efficiently exchanges information and mobilizes resources across all levels and with other stakeholders.
Outcome 2: PMI is an active contributor to national policy and planning on public health emergency response and primary health risk reduction.

To ensure maximum utilization of PMI's capacity and skills as well as external resources, the International Federation continues to provide technical and financial support in hosting and attending national and international meetings, through which PMI's health network can be maintained and further developed.

b) Potential risks and challenges

Increased incidences of diseases in the community continue to place a significant burden on vulnerable groups, while new and emerging diseases will potentially create new vulnerabilities in the community. The International Federation will support PMI in advocating mitigation of such issues if/when they occur, and strengthen social cohesion through community-based primary health risk reduction and hygiene promotion as part of integrated community-based risk reduction initiatives.

Organizational development/capacity building

a) The purpose and components of the programme

Programme purpose
The Indonesian Red Cross (Palang Merah Indonesia/PMI) is a respected, efficient partner of community, civil society and the government in Indonesia in responding to the needs of the vulnerable.

The organizational development/capacity building programme budget is CHF 766,952 for 2010 and CHF 809,959 for 2011.

Programme component 1: National society organizational development process
Outcome: Modernization of PMI headquarters core management competencies

The International Federation's organizational development and capacity building work will focus on PMI national headquarters supporting and facilitating capacity building of chapters, branches and sub-branches to reduce vulnerability in communities. It is proposed to support this under the PMI regional approach and at the same time, synergize similar efforts supported by partner national societies. Some of the areas that will continue to be supported include the establishment or refinement of sustainable systems, procedures, and staffing, including development or refinement of finance system, human resources management and systems, information technology system and support, and performance management implementation. Additionally, crucial to the sustainability of the national society upon reduction or cessation of external support, is ensuring the financial sustainability through identification of core business components and sustainability options as well as the development and implementation of a resource development strategy. To maintain the current volunteer base and work towards its strengthening and development, the International Federation will also support PMI in strengthening its volunteer management system.

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

PMI's new strategic plan (December 2009-December 2014) will guide PMI's work and thus, the Federation's work during this appeal period. Using the new strategic plan, PMI and the International Federation will work together to develop an organizational development and capacity building needs analysis and long-term plan. This plan should be comprehensive and represent the views and needs of PMI at all levels of the organization as well as reflecting analysis of the vulnerabilities of communities. This will require a genuinely participative process to ensure deep and broad PMI ownership which will need to be iterative and will take time. PMI is a large organization with 33 chapters, more than 400 branches and an even larger number of sub-branches working or aspiring to work throughout the largest archipelagic country in the world. Generating organization-wide concepts and strategies, policies and plans in an organization of this size takes time and resources.

Additionally, as an important part of developing a constituency base for PMI fundraising, volunteer recruitment and ensuring the organization's relevance to current situation, information exchange with stakeholders will be ensured through participation in national and international meetings, whether internal or external.

b) Potential risks and challenges

The regular occurrences of disaster in Indonesia continue to place pressure on the national society to retain the capacity in which it has already invested, while addressing regular emergencies. These may at times redirect PMI's finite resources from sustainable institutional capacity building. The continued presence of the "Indonesian Red Crescent" forms a challenge for PMI in representing itself to the community and well as investing in its legal base.

Principles and values

a) The purpose and components of the programme

Programme purpose

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

The principles and values programme budget is CHF 72,727 for 2010 and CHF 91,795 for 2011.

Programme component 1: Promotion of humanitarian principles and values

Outcome 1: Increased internal and external understanding on the Red Cross Red Crescent Fundamental Principles and humanitarian values, as well as PMI's role.

This component focuses on the need to further strengthen PMI's positive image among the community as well as improving the understanding of the Fundamental Principles and humanitarian values within the national society and in the community. This will be achieved by integrating these principles and values in integrated community-based programmes.

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

Outcome 1: Vulnerable people are empowered with enhanced abilities to combat discrimination, intolerance and violence

Through this component, the International Federation will continue its support towards PMI's efforts to reduce stigma and discrimination against people living with HIV/AIDS (PLWHA), as well as gender discrimination. These efforts will be done through various activities such as campaigns and community-based programmes.

Role of the secretariat

Within the International Federation country office, in response to addressing PMI's request for supporting programme integration, a sectoral approach to programming is gradually being replaced by a geographically defined development strategy. Delegates with management and organizational development capacities work with PMI counterparts to manage needs in a geographical area. This geographical focus allows PMI divisions to work in a coordinated, integrated way with the chapters in specific geographic areas, building on participatory planning processes at each chapter to identify programme priority areas and to ensure national and provincial operational alliances are maximized. In this way, qualitative and quantitative baseline data is also expected to be captured.

In addition, support in programme areas is also provided from the International Federation's Southeast Asia regional office in Bangkok and the Asia Pacific zone office in Kuala Lumpur.

a) Technical programme support

The International Federation provides technical support through the deputy head of country office overseeing all aspects of programme development, especially in monitoring and evaluation; regional coordinators guiding the geographical development approach outlined above and supporting the organizational development and capacity building of PMI; a disaster management coordinator; and a water, sanitation and hygiene promotion/health coordinator offer expertise in some specific sectoral projects while supporting capacity building in the respective PMI division.

b) Partnership development and coordination

The International Federation supports PMI in meeting the needs for the development of the different geographic regions, by providing technical and strategic advice on programme design and policies. In addition to this, PMI is assisted in coordination with the regional programme coordinators in the management of many of the international and global initiatives on disaster management, such as the Hyogo Framework for Action, the IDRL Guidelines as well as other international and national health priorities. The International Federation is actively involved in supporting PMI develop a cooperation unit within the national headquarters to manage partnerships in-country.

c) Representation and advocacy

Through the development of a communications strategy with the PMI, tools such as position papers on important humanitarian issues will be developed. Also, linked to the community-based programmes, local level advocacy strategies will be designed based on community needs.

d) Monitoring and evaluation

Monitoring and evaluation are areas that clearly need strengthening within the International Federation country office and PMI. The country office will continue to support the PMI headquarters in integrating monitoring and evaluation as a key function of PMI headquarters.

In addition, the International Federation country office will support that through the provision of technical advice for the development of tools and guidelines, the preparation of monitoring plans and, as appropriate, take the lead in monitoring or review teams from PMI to ensure the transfer of skills and knowledge.

Promoting gender equity and diversity

The PMI has a policy on mainstreaming gender into disaster management. The application and monitoring of this policy in disaster management programmes and others will be a focus of secretariat support to PMI during this operating period.

Quality, accountability and learning

As part of the strategic planning process, PMI has begun a process of reflective learning on the tsunami and Java earthquake response programmes in order to build lessons learned and good practices into the next five-year strategic plan. The International Federation will continue to work with PMI to identify the best mechanisms to formalize knowledge sharing within the organization, especially including community and volunteer feedback into organizational learning.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

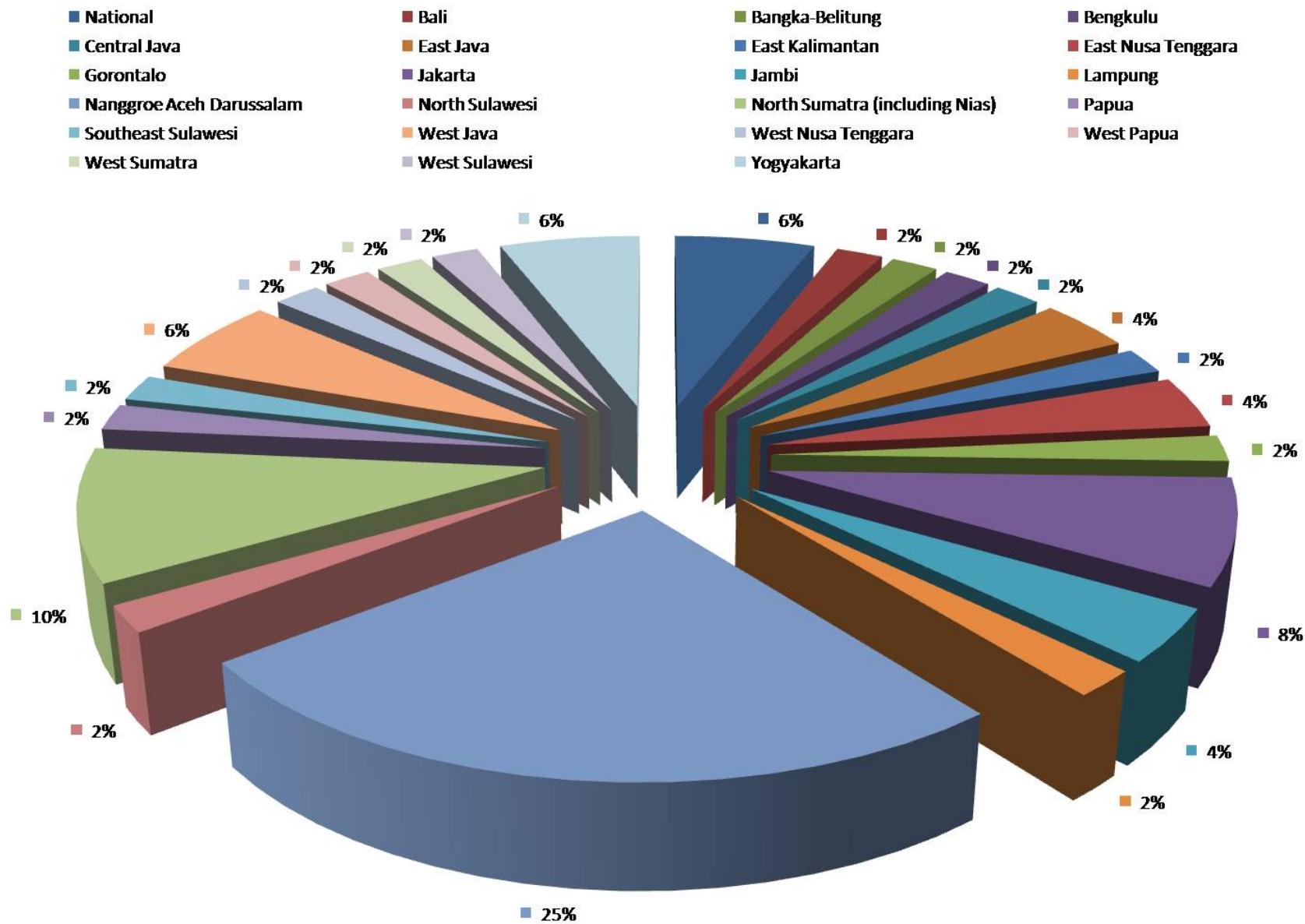
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Please send pledges of funding to zonerm.asiapacific@ifrc.org

[<map below; click to return to title page>](#)

Support by province



MAAID002 - Indonesia

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	110,200	40,425				150,625
Land, vehicles & equipment	199,700	3,000	130,000			332,700
Transport & Storage	11,600	12,600	12,600			36,800
Personnel	401,265	72,219	398,000			871,484
Workshops & Training	711,206	97,760	135,000	20,000		963,966
General Expenditure	96,029	85,592	41,500	48,000		271,121
Depreciation						
Contributions & Transfers						
Programme Support	106,364	21,662	49,852	4,727		182,605
Services						
Contingency						
Total Budget 2010	1,636,364	333,258	766,952	72,727		2,809,301

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	141,000	40,425				181,425
Land, vehicles & equipment	157,901	663	101,289	146		260,000
Transport & Storage	28,444	14,987	18,642	526		62,600
Personnel	534,074	112,011	446,366	8,768		1,101,219
Workshops & Training	582,602	99,086	102,579	20,292		804,560
General Expenditure	257,027	121,670	87,145	55,950		521,792
Depreciation	2,901	663	1,289	146		5,000
Contributions & Transfers						
Programme Support	118,456	27,078	52,647	5,967		204,148
Services						
Contingency						
Total Budget 2011	1,822,407	416,583	809,959	91,795		3,140,744



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



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, GRUMP, Federation