

Revised Plan 2011



Indonesia

Executive summary

The International Federation of Red Cross and Red Crescent (IFRC) Indonesia country office had begun preparing a five-year strategy to support the new Indonesian Red Cross (*Palang Merah Indonesia/PMI*) five-year strategy in 2009. Changes in the national leadership of PMI at the end of 2009 and subsequent changes in PMI national strategic priorities and policies and aspirations for their relationships with their Movement partners have delayed further refinement of this strategy. This revised appeal represents revised plans for 2011 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 tsunami response work of IFRC 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.

In Indonesia the significant changes within the national governance and management of PMI have brought a consolidation of the national society's strategic priorities, which are largely focused around blood services and improved disaster response. It has taken six months for the new Red Cross board to communicate and firm its vision for the direction of the national society. In line with the ambitious vision, the chairman and board members have been bold in reaching out to the corporate sector, media and diplomatic



Indonesian Red Cross (Palang Merah Indonesia/PMI) volunteers are in action during a national simulation of rapid action force for disaster response which is led and established by the Government of Indonesia early of 2010. PMI is involved in all the key divisions of this force. (Ahmad Husein/IFRC)

corps to position PMI as an organization that provides the foremost programmes in the humanitarian sector in Indonesia. The chairman and the board are building on the solid foundation, integrity and name of PMI. They are now refining the previous boards' strategy to match the new vision. The PMI's former core programmes have now been expanded to include a greater volunteer readiness in disaster management, improved blood collection services, forest fire support services and environmental programmes.

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. IFRC's key role is focusing on coordinating the strengthening of PMI's headquarters, chapters and branches, ICBRR, disaster preparedness and response, and support in scaling up PMI's blood services. All the

above programmes are underpinned by humanitarian diplomacy and funding both locally and globally where IFRC provides advice to the national society.

The PMI leadership is intent on strengthening the network of PMI branches country wide and the launch of its Annual Plan 2010-2011 reflects strong support for the development of their five-year strategic plan.

Indonesia continues to be a focus of significant investment in risk reduction while also demonstrating considerable leadership in the field.

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, PMI 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 PMI 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 it remains as asset to the community and the government.

The IFRC 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 provisions of IFRC's legal status agreement coupled with the increasing emphasis of the government to conclude tsunami operations in Aceh, has accelerated tsunami project closures in Aceh and led to a significant reduction in IFRC and partner national society delegate numbers.

The total 2011 budget is CHF 2,932,538.

[<Click to go directly to the attached summary budget>](#)

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 annually², an increasing part of the population is pushed into marginalized areas including unsafe areas near 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 234.2 million ³ (2010)
Gross national income per capita	USD 1,880 ⁴ (East Asia and Pacific/2008)
Population below national poverty line	17.8 per cent ⁵
Life expectancy at birth	71 years ⁶ (East Asia and Pacific)
Infant mortality (per 1,000 live births)	41 (East Asia and Pacific)
Access to an improved water source (percentage of population)	80 per cent (East Asia and Pacific – 87 per cent)

List of disasters and associated losses (2001– 2010):⁷

Type of disasters	Frequency	Loss ⁸
Earthquake	33	8,201 killed, 6,939,514 affected
Flood	58	2,547 killed, 2,921,291 affected
Landslides	23	900 killed, 275,579 injured
Volcanic eruption	10	2 killed, 117,445 affected
Wave surge / tsunami	2	166,510 killed, 35,000 affected (in one incident) 532,898 homeless (in one incident)

Health challenges:

Maternal mortality ratio	307 per 100,000 ⁹
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) ¹⁰
Malaria morbidity rate	18.94 per 1,000 people (2005) ¹¹
HIV/AIDS	9,565 cumulative reported cases ¹² , 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 408 branches at municipality level and 867,575¹³ 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 and performance end of 2009, only 42 per cent of the chapters were performing well, 45 per cent were categorized as fair, and four per cent weak with the remaining nine per cent lacking sufficient data.¹⁴

¹ World Bank Data and Statistics, World Development Indicator 2005

² Centre of Statistic Bureau, 2009 (revised figures based on population projection of Indonesia 2005-2015)

⁴ World Bank Data and Statistics, World Development Indicator 2006

⁵ World Bank Data and Statistics, Indonesia Social Indicators 1990-2005

⁶ World Bank Data and Statistics, World Development Indicator 2007

⁷ EM-DAT Emergency Disasters Database

⁸ Rough calculation of total numbers, some disasters reports do not specify loss of life and number of injured.

⁹ UNDP Indonesia Progress Report on the Millennium Development Goals, 2000

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

¹¹ Ministry of Health, Republic of Indonesia, Indonesia Health Profile 2005; Jakarta 2007

¹² Data per 31 December 2005, Ministry of Health, Republic of Indonesia, Indonesia Health Profile 2005; Jakarta 2007

¹³ Data based on PMI internal evaluation per end of 2009, comprising Youth Red Cross (PMR), volunteer corps at university and branch level (KSR) and professional volunteers (TSR). Data is taken from the document from Youth and Volunteer Board Member presentation of their Strategic Pan during Mukernas 2010.

¹⁴ Accountability report of PMI Board Member 2004-2009 on evaluation of PMI Capacity and Performance end of 2009. At the time of evaluation, PMI had 33 chapters at provincial level and 408 branches at municipality level.

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, Netherlands, Norway, Spain, United States, and the Hong Kong branch of the national society of China.

At the end of September 2010, fifteen partner national societies are implementing programmes in support of PMI. Of these six are still completing tsunami programmes in Aceh and Nias, nine are working with PMI on programmes in other parts of Indonesia and two more plan to do so in the near future.

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 and the core programme or on top programme initiatives (such as disaster management, improved blood transfusion services, forest fire support services, etc.) introduced by the new national headquarters board since their installation in January 2010 set 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 IFRC 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 offering the coordination services to IFRC members as programmes are developed and implemented in other parts of Indonesia

Secretariat supported programmes in 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.

The disaster management programme budget is CHF 1,837,456.

Programme component 1: Organizational preparedness and response
Outcome: PMI has an effective mechanism and improved capacity to deliver emergency response.

Under this component, IFRC will continue to support PMI to further analyse and identify ongoing trends, potential threats and community vulnerabilities through capacity building in multi-hazard preparedness planning and response systems. These include the following: strategic planning, impact and outcome assessment and monitoring, rapid response, assessment, reporting, logistics management (including supply chain and warehouse management), and specialised training of staff in these areas.

Strengthen its rapid deployment capacity and prepositioning of essential equipment like water treatment plants, logistic supplies, food, shelter and equipment for emergency medical assistance and care in several past emergency responses was made possible initially through locally prepositioned stocks and competent technical and management staff.

During 2011, IFRC will continue to support PMI's to develop its preparedness ability for disaster through prepositioning of stocks, reinforcing communication facilities, and building human resource and mobilization capacity in a minimum of 15 strategic locations across the country.

A PMI/IFRC logistics monitoring assessment was recently undertaken, which visited all the regional and central warehouse locations around the country. The assessment identified key constraints, opportunities and capacity considerations. The results of this assessment were used to develop stock and warehouse management guidelines, which were then disseminated through a training of trainers (TOT) on logistics. Trainers from this programme will now be deployed to various chapter offices around the country to subsequently train the chapter and branch staff on logistics. Ongoing discussions and training are intended to maximise this process and to develop an extensive logistic and warehouse management system.

IFRC will also support the PMI with specialised capacity building and training, as follow.

- Strategic planning, training, drills and simulation programmes to test, better enhance and further build the National Society internal capacity at headquarters, chapter and branch levels.
- Organizational preparedness that will include further development of volunteers (*SATGANA/satuan penanggulangan bencana*) or disaster response teams, medical action teams, water and sanitation emergency response teams, etc.
- Training of trainers and senior staff exercises will continue to help revitalise and motivate managers and identify competent field staff who can be clearly delegated specific emergency management tasks in new emergencies. This has already led to quicker deployment of staff in recent disasters as seen in the recent earthquake, volcano and flood emergencies. An assortment of recent specialized volunteer training programmes have been designed to help build stronger team capacities and strengthen synergies across sectors and chapters and assist PMI in reaching those most vulnerable in a more timely and effective manner. These programmes will be expanded to reach more chapters and branches that face similar needs. Many of the branch disaster response teams (SATGANA) are also in the process of developing branch level contingency plans that consider both technical and programme gaps and needs and utilize the learning from past responses and exercises. These areas include search and rescue, medical evacuation, specialised emergency first aid, support for victims of forest fire, ocean and river rescue, and several other specialities.
- Basic volunteer training is now also a prerequisite before any specialized trainings are offered. Ongoing capacity building in these areas along with the provision of appropriate and targeted equipment will further strengthen PMI's capacity to extend its reach around the country.

Funding will be provided to the PMI to help assess, equip and install key chapter and branch offices with essential equipment for monitoring, tracking and managing upcoming disasters. An improved financial mechanism, the establishment of contingency reserve and improved data base and management system will allow for a more speedy transfer of funds and human resource to permit a timely response to emergencies. Radio and communication systems are being provided to help ensure that communication between the disaster locations and external support offices are maintained. This will help to ensure regular updates, reporting and tracking options are constantly available even if electricity is unavailable.

Programme component 2: Community preparedness
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 IFRC 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.

IFRC will continue to work closely with the PMI to strengthen community resiliency to face the many ongoing threats and disasters across the country. Building a healthy, safe environment has become one of the key approaches of the National Society. As part of this focus, IFRC will assist the PMI with its ongoing disaster risk reduction (DRR) and climate change adaptation projects. Environmental awareness, climate change adaptation and integrated community-based risk reduction (ICBRR) programmes will continue to build early warning, preventative measures and small scale risk reduction activities in many high risk locations around the country. These participatory initiatives put the community as the backbone of the programme. Community participants are extensively involved in the planning, implementation, evaluation, and monitoring stages of the programme. As Indonesia is also very much influenced by the changes in the ecological system, due to the global warming and

climate change, climate change issues have been one of the main focus of ICBRR programme in Indonesia, particularly in urban areas.

IFRC also plans to assist the PMI with improved coordination and resource allocation with the partner national societies. One example is the second phase ICBRR-climate change adaptation project in Urban Jakarta. This project plans to be co-funded by IFRC with several other partner national societies to maximize synergies and partnership and build on existing PMI structures.

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.

Resource Funding will be provided to the PMI to help regularly assess, equip and install key chapter and branch offices with essential equipment for monitoring, tracking and managing upcoming disasters. Staff members are being trained to manage, maintain and operate the communication systems that have already been installed in 12 locations around the country. This communication system is intended to provide a communication lifeline and also to ensure that the systems are in accordance with national and international systems and operating procedures. In addition, other technical equipment like loud speakers, sirens, reflective and protective clothing, safety materials, computers, printers, GPS and phones help to reinforce the chapter, branch and community capacities to maintain readiness, preparedness and responsiveness directly at the community level.

PMI will continue to be supported, by IFRC, to play a critical role in helping to facilitate an interagency community based early warning systems as a means to better provide a stronger sense of personal safety and security through a participatory process of awareness, alert, readiness and community mobilization. A series of training programmes to develop trainers on ICBRR, hazard vulnerability capacity assessment (HVCA), risk mapping and community based action team (CBAT) is planned to be undertaken through 2011. The collective funding support by IFRC and the Movement partners for PMI will contribute towards building large numbers of skilled community volunteers, qualified disaster management trainers, programme staff and other resources to effectively implement the activities.

In collaboration with partner national societies, a number of 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*), and the local community based radio network (*Radio Antar Penduduk Indonesia/RAPI*), 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.

IFRC will continue to support the PMI's to disseminate information on humanitarian policy and planning particularly in the areas of emergency response and risk reduction. We continue to analyze and advocate that the marginalized, excluded and those most vulnerable are not left exposed and susceptible to exploitation, neglect, mistreatment and abuse with particular emphasizes on the importance of gender equity and diversity.

IFRC also continues to explore innovative ways to work with the PMI in encouraging decision makers (local and international government, community leaders, donors, lenders, etc.) to embrace mitigation efforts into new policies and strategies in order to save more lives, improve livelihoods, and strengthen coping mechanisms and to assist communities to quickly recover from ongoing disasters.

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.

IFRC has promoted the participation of PMI to participate and share its knowledge in the global platform for DRR. PMI will also be supported to further raise awareness about DRR at both national and global level and to maintain their participation in many national forums and discussions on topics that include IDRL, IHL, DRR, EWS, temporary shelter and other interagency and government facilitated discussions as well continue to be actively involved in a recently established rapid action force for disaster response (*Satuan Reaksi Cepat Penanggulangan Bencana*) which is led by the Government of Indonesia's disaster management agency (BNBP). PMI is involved in all the key divisions of the rapid action force response.

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. IFRC 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 402,144.

Programme component 1: Emergency health
Outcome 1: PMI has an effective mechanism and improved capacity to deliver response during health emergencies.
Outcome 2: PMI has a contingency plan and action when new/novel and emerging disease (pandemic preparedness) happened.

Through this component, IFRC will continue its support to PMI in building its capacity to deliver health assistance during emergencies. The strategic training on medical action team (MAT), emergency response team (ERT), and psychosocial support programme (PSP) during emergency will also include drills and simulation programmes. This is to test, enhance, further build, and maintain the emergency response teams. The regional-based formation and giving training of MAT, water and sanitation response team and psychosocial support volunteers will be continued as the previous disaster response experiences described positive impacts.

As many as eight MAT of PMI had been formed during 2010. There are now sufficient trained-MAT teams to cover all disaster-prone areas and in 2011 support will mainly focus on refreshment training. This will include some actions to strengthen the operational guidance and policy to maximize services during emergencies and non-emergency periods. The better operational guidance will be mainly contextualized based on the previous disaster response experience and lessons learnt during national workshops.

In water and sanitation, Spanish Red Cross has been supporting PMI water and sanitation emergency response team project for the last four years. Further support will be allocated to develop regional emergency water and sanitation capacity in Padang and Makassar for west and east Indonesia by increasing human resource skills and provision of appropriate equipment.

IFRC will continue to support PMI in conducting some specialized-training for new volunteers and refreshment training for those trained earlier. This component will also include support for sanitation in emergency training and skills to fill the gaps in existing PMI emergency response teams. A training centre, which is being constructed in Bandung, West Java (three hours from Jakarta), will be utilized for regional or national water and sanitation related training and others as well.

A regional approach will also be applied to the pool of available emergency response PSP specialized. PMI psychosocial support activities are proven to give positive impacts during previous emergency situations. During normal situations, this component will benefit PMI through volunteer character building. Integration of community-based health and first aid activities and people living with HIV/AIDS (PLWHA) support programmes is planned.

Additionally, IFRC and PMI prepare for new strains of pandemic disease and or disease outbreaks with immediate mobilization of assessment teams, volunteers mobilization and awareness campaigns for the most vulnerable people.

Programme component 2: Community-based health and first aid
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Outcome: Communities have an increased knowledge of potential risks to health outbreak (e.g. malaria, dengue, diarrhoea) and have adopted appropriate behaviour to reduce risks.
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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.

Communities are acknowledged as the most important actors in risk reduction. They are the front line of both immediate impact of a disaster and the initial, emergency response. One example is the Marmara earthquake that hit Turkey in 1999 where 98 per cent of the 50,000 people who were found alive were actually rescued by other local inhabitants rather than emergency personnel.

These programmes are more than just training as they involve change of mindset and behaviour of the communities, and are intrinsically linked to the water and sanitation and also ICBRR or disaster risk reduction programmes that PMI run.

First aid skills as a well-known programme of Red Cross are to be strengthened nationally. PMI plans to continue first aid training for its new volunteers and making the TOT training more affordable to all chapters. The further availability of first aid training in all chapters will increase PMI public image and sustainability.

The preparedness of vulnerable communities is addresses some communicable diseases of concern such as malaria, dengue, measles, tuberculosis and HIV/AIDS. Vulnerable communities are suffering more now as a result of climate change.

Before implementation, PMI will identify chapters and branches in remote regions where the most vulnerable people live. Using techniques such as focus groups and reviews of secondary data with Ministry of Health and local government, the profile of target groups will be collated.

Programme component 3: Voluntary, non-remunerated blood donor recruitment
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Outcome: Increased supply of safe blood from voluntary, non-remunerated blood donors.
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IFRC 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. IFRC will also support PMI in delivering on outcomes of an assessment of its blood transfusion units.

Programme component 4: Partnership and networking
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Outcome 1: PMI efficiently exchanges information and mobilizes resources across all levels and with other stakeholders.
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IFRC will continue to support PMI establishing good coordination with other stakeholders such as the cluster approach during emergencies to prevent overlapping, to share resources and to gain more technical advice. As the coordination with local government improves, the relationship with the international community will ensure PMI can establish proper monitoring and evaluation systems, a high priority to achieve program accountability through appropriate monitoring and evaluation approaches.

b) Potential risks and challenges

Increased incidence 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. IFRC will support PMI in advocating mitigation of such issues if or 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 (<i>Palang Merah Indonesia/PMI</i>) is a respected, efficient partner of community, civil
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society and the government in Indonesia in responding to the needs of the vulnerable.

The organizational development/capacity building programme budget is CHF 633,298.

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

IFRC'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 via the PMI regional approach and at the same time, synergize similar efforts supported by partner national societies. IFRC will work with PMI national headquarters to develop a comprehensive set of management competency objectives based on key management competencies needed to perform its key functions to the standards it sets for itself. Using this as a comprehensive capacity building plan will be developed.

Some of the areas that will continue to be supported include the establishment or refinement of sustainable systems, procedures, and staffing, in the areas of finance, human resources management and performance management, information technology, planning, and monitoring and reporting. Additionally, crucial to the sustainability of the national society upon reduction or cessation of external support, is ensuring 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.

Before the tsunami in late 2004, three participating national societies worked with PMI; only 15 remain. After the closure of the tsunami programme at the end of 2010 it appears that all fifteen, plus IFRC and International Committee of Red Cross (ICRC), will be supporting programmes requiring planning, budgeting, coordination, management, monitoring and evaluation and reporting capacity from PMI national headquarters. To support the substantial increase in partnership management capacity required, PMI national headquarters, as part of a restructuring exercise, has established new international relations and planning bureau in 2010. It is anticipated that substantial technical and financial support from IFRC to increase the capacity of this bureau, as well as financial management and reporting functions, will be needed in late 2010 and 2011.

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) and the new On Top priority programmes introduced by the new board since their installation in January 2010 will guide PMI's work and thus, IFRC's work during this appeal period. PMI and IFRC 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, 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 and blood donor recruitment and ensuring the organization's relevance to the current situation, information exchange with stakeholders will be ensured through participation in national and international meetings, both internal and external.

b) Potential risks and challenges

The recurring need to respond to disasters in Indonesia continues to place pressure on the national society to retain the capacity in which it has already invested. Entailing at times, there is a need to 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
Indonesian Red Cross (<i>Palang Merah Indonesia/PMI</i>) is recognized as a reliable, trustworthy and impartial source of humanitarian assistance to vulnerable people.

The principles and values programme budget is CHF 59,640.

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.

IFRC will continue the collaboration work with ICRC and PMI by taking more active role to strengthen the understanding of Fundamental Principles for volunteers, staff and selected specific target including media and universities through series of dissemination training and campaigns.

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, IFRC 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. In addition, IFRC will also continue to work on these cross-cutting issues with PMI and ICRC.

Role of the secretariat

Within the 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 IFRC's Southeast Asia regional office in Bangkok and the Asia Pacific zone office in Kuala Lumpur.

a) Technical programme support

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

b) Partnership development and coordination

IFRC 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. IFRC 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 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 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

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. IFRC 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	
IFRC's vision is to: Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.	IFRC's work is guided by Strategy 2020 which puts forward three strategic aims: 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
For further information specifically related to this plan, please contact:	
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[<budget and map below; click here to return to title page>](#)

MAAID002 - Indonesia

Budget 2011

Budget 2011

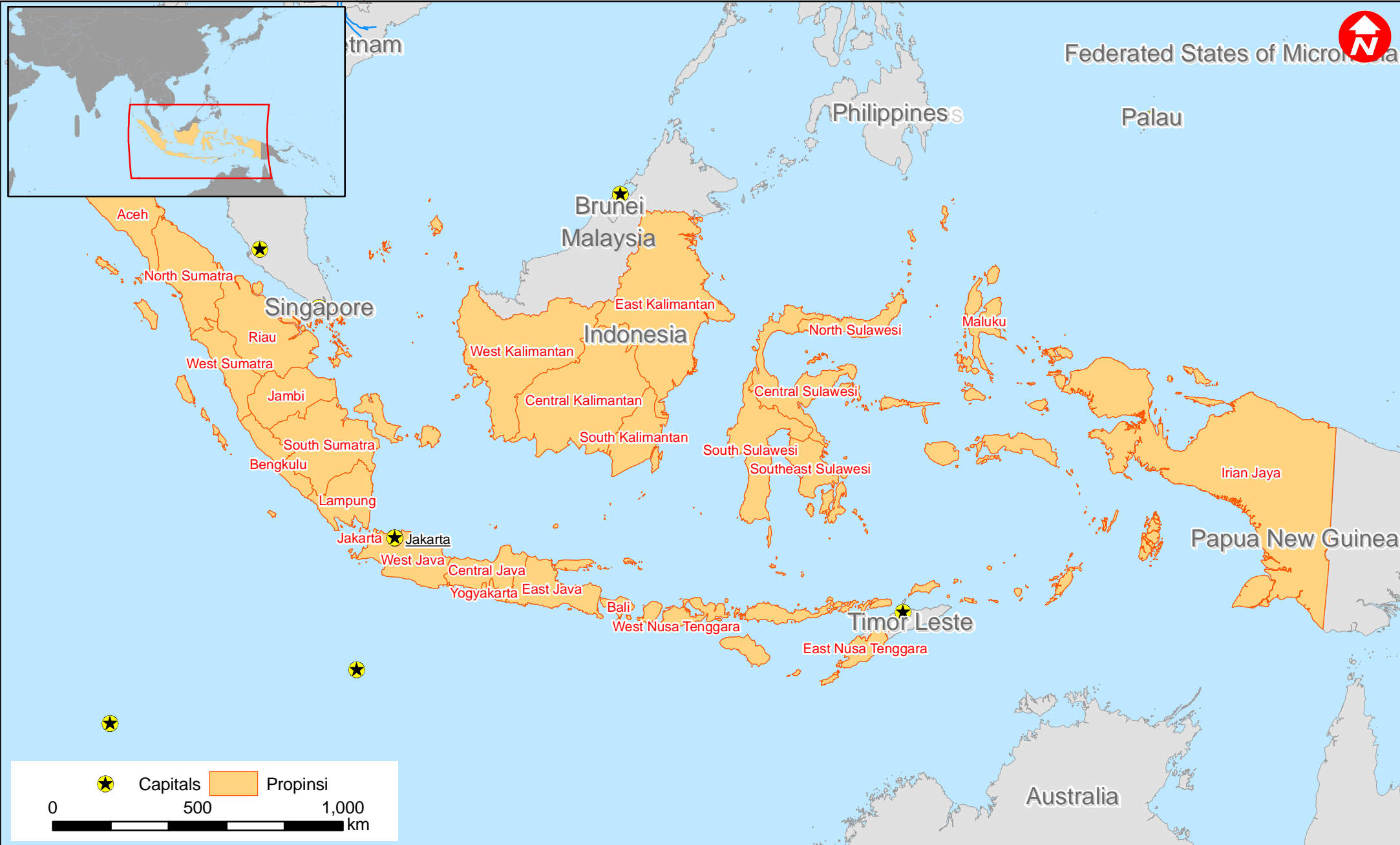
All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	510,000					510,000
Land, vehicles & equipment			15,000			15,000
Transport & Storage	43,800					43,800
Personnel	266,000	86,000	293,000			645,000
Workshops & Training	669,000	232,500	228,264	10,000		1,139,764
General Expenditure	236,511	59,100	58,382	46,000		399,993
Depreciation						
Contributions & Transfers						
Programme Support Services	112,145	24,544	38,652	3,640		178,981
Contingency						
Total Budget 2011	1,837,456	402,144	633,298	59,640		2,932,538



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