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Long Term Planning Framework 2012-2015 Indonesia country office

 International Federation
of Red Cross and Red Crescent Societies



PMI-trained volunteers provided psychosocial support services to earthquake affected children in Bandung, West Java. (Photo: PMI)

1. Who are we?

The Indonesian country office is part of the Secretariat representation of the International Federation of Red Cross and Red Crescent Societies (IFRC) in the Southeast Asia region. It has a strong in-country presence made up of 32 staff - eight programme staff (two international, six national), 23 administrative staff (two international and 21 national) and one country representative (international). Formally established in 1998, IFRC's country office in Indonesia works in one of the largest and most disaster-prone countries in the world. It is assisted in this task with 13 partner national societies working on development programmes throughout the country. It functionally reports to the IFRC Southeast Asia regional office in Bangkok, Thailand.

2. What is our mission?

To provide technical and financial support to the Indonesian Red Cross (Palang Merah Indonesia - PMI) to enable it to fulfil its role of delivering services to disaster-affected and vulnerable communities throughout Indonesia and to coordinate the involvement of IFRC members working with PMI.

3. Where have we come from and what have we done so far?

From the establishment of programme activity in Indonesia in 1999 until the 2004 Indian Ocean tsunami, the Federation country office and its budgets were small. Focus was on provision of support to PMI in the areas of organizational development and disaster management. The tsunami caused a huge and rapid increase in the size of the country office and in the complexity of its operations with the principal focus on taking the lead agency role in the Movement's tsunami response programmes in Aceh and Nias, which, at its peak, consisted of 12 field offices, over 600 staff and a budget of more than CHF1 billion.

IFRC was then asked to take on the lead agency role for the Yogyakarta earthquake response programme in May 2006 with the need for a further increase in the size and complexity of the country office's task. The exit phases of these programmes began in 2008-2009 with final programme closure at the end of 2010 or early 2011. However, the need to provide strong support to PMI-led responses to the September and October 2009 earthquakes in West Java and West Sumatra added additional management burdens.

By mid-2011, the Federation country office returned to the pre-tsunami sole country office situation with a focus on organizational development and capacity building work to support the mission described above.

However, Indonesia is one of the most disaster-prone countries in the world and its archipelagic nature makes disaster response particularly difficult. Situated on the 'Pacific Ring of Fire', a complex arrangement of tectonic plates and fault lines, the area is vulnerable to significant seismic and volcanic activity and their consequences. The country is also vulnerable to the effects of both flood and drought as the seasonal weather patterns and climatic fluctuations cause major disruption to many communities. It is now clear that disaster events are occurring more frequently and with greater intensity. Furthermore, the consequences of deforestation and the effects of climate change have exacerbated the impact on many communities now at risk from flash flooding, consequent landslides and rising sea levels. Similarly, the occurrence of protracted drought particularly in Nusa Tenggara Barat (NTB) and Nusa Tenggara Timur (NTT) appears to be climate-related with consequential food security issues for the affected communities. Thus, while planning for longer-term organizational development and capacity building work, IFRC has also needed to plan for an average of at least one medium or large disaster per year since the December 2004 tsunami.

With a population growth of 1.4 per cent annually, an increasing segment of the population is driven to marginal areas that offer only rudimentary access to the basic necessities of clean water, sanitation and health services. Unplanned urbanization, increasing poverty and environmental degradation also contribute to the high level of vulnerability.

The PMI Strategic Plan 2009-2014 has emphasized disaster response and emergency health as areas of prime focus for the National Society. However, with the assumption of a new governing board in early 2010, while the importance of disaster response and emergency health was re-emphasized, development in other areas has also assumed a high priority. 'On top' programmes that included enhanced blood collection and management, community-based forest fire intervention as well as the provision of spectacles to the elderly and indigent have subtly impacted the traditional areas of involvement in disaster management and the provision of health services. Regardless of these initiatives, there is also an effort to retain the 'back to basics' call of the previous board which sought to remove the emphasis on and significant flow of resources into disaster management, and force a consideration of development programmes looking at emerging vulnerabilities at community level.

The PMI leadership is intent on strengthening its network of chapters and branches and its annual planning from 2011 onwards reflects strong support for the development of a new strategic plan. To assist in this process, 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 to guide the organizational development as a support to service delivery through programme implementation. Currently PMI has a national presence with chapters in all 33 provinces, branches in 432 districts and sub-branches or special units in 3,406 other areas. There are 139 paid staff at the national headquarters in Jakarta and 2,045 at chapter and branch level. While the active membership is relatively small, the majority of the 867,500 members are of school age. However, there is a very active core of dedicated volunteers, numbering some 30,000 who comprise the PMI first response emergency teams throughout the country. To sustain its organization and programme activities requires an estimated CHF 16,076 million annually.

Importantly, by following a community-based approach, disasters, as determined by communities, can range from public health issues to a range of naturally occurring events. Regardless of lead methodology (integrated community-based risk reduction or community-based health and first aid), PMI works to empower communities

and facilitate a decrease in risk and vulnerability and increase community resilience. To support this community-based approach, the country office works with PMI in a way 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 people, addressing risk reduction in the broadest sense of the term.

PMI is progressively developing its relationship with corporate Indonesia and manages to achieve significant financial and material support on an annual basis. The Indonesian public is also becoming more responsive to internal appeals, thus providing PMI with greater flexibility in the way it responds to disasters and limiting its dependence on the Red Cross Red Crescent Movement components for financial support.

4. Who are our stakeholders?

IFRC seeks to serve the vulnerable people of Indonesia by building the capacity of its partner, PMI, to increase community resilience through sustainable delivery of relevant programmes delivered through volunteers. These programmes address community vulnerability from a range of perspectives including the effects of climate change, the impact of disasters, exposure to disease, and poverty.

The country office's funding comes from country development plans and emergency appeals. Since the recommencement of the country development planning process in Indonesia in 2008, the only funding support, amounting to approximately CHF2 million, has come from the Australian government (AusAID). While there has been some residual funding from the tsunami operation and emergency appeals, a major challenge for the country office from 2012 onwards will be development of more diverse funding streams for its country development plans on behalf of PMI.

PMI currently works with 13 partner national societies as well as IFRC and the International Committee of the Red Cross (ICRC). In addition, it has, in the last few years, received disaster response funding from other partner national societies, both bilaterally and through multilateral emergency appeals.

This table is a snapshot of the current situation and shows programmes¹ about to begin, those at various stages of implementation, and those about to be completed.

Partners	Disaster Response	DRR	Health	Watsan	OD	Comms	HD	IDRL	RM/PMER
Multilateral partner National Societies through IFRC:									
Irish RC	✓	✓							
Japanese RC	✓	✓							
Netherlands RC			✓						
Other multilateral partners through IFRC:									
AusAID	✓	✓			✓				
USAID	✓								
Bilateral partner National Societies:									
American RC	✓	✓	✓	✓	✓	✓			
Australian RC	✓	✓	✓		✓				
Belgian RC		✓			✓				
Canadian RC		✓			✓				
Danish RC		✓							
French RC		✓			✓	✓			

¹ Disaster risk reduction (DRR) – water and sanitation (watsan) – organizational development (OD) – communications – humanitarian diplomacy (HD) – international disaster response laws, guidelines and principles (IDRL) – resource mobilization/planning, monitoring, evaluation and reporting (RM PMER)

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German RC		✓	✓						
Hong Kong RC		✓	✓						
Italian RC		✓			✓				
Japanese RC		✓							
Netherlands RC		✓		✓					
Norwegian RC		✓	✓		✓				
Spanish RC		✓		✓	✓	✓			
Other bilateral partners:									
USAID	✓								
AusAID	✓								
ICRC	✓			✓	✓				

In addition to Movement partners, PMI has, and is keen to further develop, a number of domestic partnerships with non-Movement partners, both government and private sector.

5. Where are we going and how are we going to get there?

PMI delivers relevant services which increase resilience in a sustainable manner through its volunteer base nationwide. These include the integrated community-based disaster risk reduction and community based health and first aid programmes.

Together with PMI and its Movement partners, IFRC seeks to develop an overall organizational development/capacity building plan and objectives, and a partnership management strategy through which PMI can optimize the use of Movement partner resources in order to achieve its organizational development/capacity building objectives, and move towards the achievement of the programme goal.

The country office will be an interlocutor between PMI and IFRC, and will ensure that PMI decision-makers are well-informed about key Federation strategies, policies and initiatives. At the same time, IFRC will ensure that PMI's experience informs the development of Federation strategies, policies and initiatives. IFRC's work will promote the use of the approaches and tools in the newly developed *building stronger national societies* framework when and where these are appropriate to PMI's needs and priorities.

Business line 2: "To grow Red Cross Red Crescent services for vulnerable people"

Outcome 1: PMI has effective sustainable mechanisms and improved capacity to meet the needs of those affected by disasters.

Output 1.1: Activities to enhance the ability of PMI to improve, maintain and manage its assets and resources

Target: by 2015,

- *PMI has demonstrated improvement in the way it manages its assets and resources through significant development in its logistics capacity.*
- *PMI has demonstrated an ability to respond more effectively to disasters across the country.*
- *PMI is acknowledged as a key player in anticipating, responding to and managing the consequences of disasters in a coordinated and consistent manner.*
- *PMI's core programme areas show a strong integrated approach when dealing with disasters.*

Output 1.2: A series of exercises that will improve, enhance, test, inform and stimulate active readiness of PMI resources and response teams are conducted and evaluated.

Target: by 2015,

- *PMI has demonstrated the implementation of a training continuum that has significantly enhanced PMI response team preparedness and deployment*

- *Routine evaluation is conducted at least annually on response team readiness and operational effectiveness*

Output 1.3: Emergency volunteer and community mobilization teams are enhanced through equipment acquisition, training, drills and simulations.

Target: by 2015,

- *PMI has demonstrated an improved ability to effectively deploy integrated disaster response teams from national to local levels as necessary*
- *PMI will demonstrate a qualitative improvement in all health response team capacities.*

Outcome 2: PMI's preparedness capability is enhanced to ensure that the communities it serves are better aware, equipped, organized and trained to better prepare for ongoing and future disasters

Output 2.1: Activities that will improve PMI's ability to better communicate, plan and respond to disasters in a more informed and timely manner are conducted including review and active promotion of PMI standard operating procedures (SOPs) and guidelines to ensure appropriate systems, mechanisms and structures are in place.

Target: by 2015,

- *PMI is able to mobilize its resources through an effective, coordinated approach to disaster management and proactively provide information on its activities*
- *All necessary Juklak/Juknis (standard operating procedures/base reference documents) have been completed, evaluated and implemented for all operational areas of PMI*

Output 2.2: Establishment of an improved contingency mechanism to ensure PMI has the ability to access resources quickly.

Target: by 2015,

- *Contingency measures taken by PMI demonstrate a more strategic, appropriate and timely approach to emergency needs across the country.*
- *Contingency plans for all disaster-prone locations have been prepared and tested*
- *Sufficient contingency stocks based on contingency plans are positioned at regional warehouses and available as a priority*
- *Trained Logistics staff familiar with disaster response protocols are positioned at regional warehouses.*

Output 2.3: PMI contribution to increased community resilience through development programmes is substantially increased.

Target: by 2015,

- *Reporting data and evaluations from Movement and other partner-supported community based programmes demonstrate increased coverage and impact on increasing community resilience.*
- *PMI has developed policy that clarifies how the national society will routinely work with communities (i.e. in non-emergency periods)*
An increasing number of branches and sub-branches are implementing community-based programmes and can provide evidence that these are contributing to an increase in community resilience.

A 'disaster a day' is often accepted as the reality of life in Indonesia and the environment in which the PMI works. Each year, PMI responds to hundreds of disaster events. Most fall within the capacity of the responding branch but many require the allocation of more substantial resources from chapter or national level to be applied. On average at least one major disaster each year requires the intervention of the international components of the Movement through the provision of financial, technical or material resources. Exceptionally for catastrophic disaster events, an operation may be established at the request of PMI under the auspices of the Federation.

The outputs emphasize preparedness to respond to disasters appropriately to meet a range of community needs. Contingency planning forms a critical aspect of this process.

The PMI blood programme is expanding rapidly and requires the support of donors to sustain the levels of blood required. The voluntary non-remunerated blood donor (VNRBD) strategy is necessary to ensure that this programme succeeds.

Business line 3: “To strengthen the specific Red Cross Red Crescent contribution to development”

Outcome 1: Communities have reduced vulnerability to disaster

Output 1.1: Integrated community-based risk reduction activities in high-risk locations are implemented and supported.

Target: by 2015

- *PMI has streamlined its community-based programmes to show stronger synergies, greater impact and improved levels of community resilience that enable it to more effectively respond to disasters unassisted.*

Output 1.2: Community-based mitigation activities to reduce the potential impact of disasters that occur are implemented.

Target: by 2015

- *a process is in place to ensure that all high-risk disaster-prone areas have fully addressed potential threats to the community, risk mapping and response drills are routinely carried out and modified.*

Outcome 2: Communities have increased their resilience and improved behaviours to reduce potential risks and contribute to a more sustainable livelihood.

Output 2.1: A series of promotional materials and resources is developed and disseminated to vulnerable target groups.

Target: by 2015

- *PMI has a complete set of community-based risk reduction information, education and communications (IEC) materials consisting of print and multimedia products which are widely employed in risk reduction programmes.*
- *PMI’s community-based activities clearly demonstrate that where necessary, the attitudes of the targeted communities are being influenced, behaviour is being modified and practices changed.*

Output 2.2: Training and promotional programmes to improve awareness and community-based action team capacity to disseminate improved and safer living and hygiene practices are established.

Target: by 2015,

- *community-based action teams (CBAT) in 10 prioritized chapters have received community behaviour change training and practised it in their respective communities.*

Outcome 3: PMI has an effective voluntary non-remunerated blood donor programme and strategy to fulfil national requirements of blood banks and hospitals.

Output 3.1: A voluntary non-remunerated blood donor (VNRBD) strategy is developed.

Target: by 2015,

- *A VNRBD strategy is in place and validated for all blood collection units*
- *A public advocacy programme has been delivered to recruit sufficient VNRBDs*
- *The Indonesian public is aware of the VNRBD programme; and that PMI do not pay blood donors.*

Output 3.2: A voluntary non-remunerated blood donor programme is set up and running effectively.

Target: by 2015,

- *The Indonesian public has confidence in, and willingly donates blood to the PMI blood transfusion units.*
- *85 per cent of the blood supply required by the Indonesian health network is from VNRBDs.*

Outcome 4: (Health and care) PMI has effective sustainable mechanisms and enhanced capacity to deliver improved health services to meet the needs of those affected by disasters.

Output 4.1 Medical action, psychosocial support, water and sanitation and the capacity of community mobilization teams are enhanced through improved systems, resources and processes (equipment acquisition, training, drills and simulations).

Target: by 2015,

- *PMI has reviewed and improved its systems to allow for a more timely coordinated approach to community health and care services.*
- *PMI has developed a process for maintaining organizational and community-based readiness for future disasters.*
- *PMI is able to mobilize complete and fully trained and equipped teams to any disaster in any part of the country.*

Outcome 5: (Participatory hygiene and sanitation transformation): Waterborne disease prevention and management capacity in communities with poor access to water improved.

Output 5.1 Knowledge and practice of improved hygienic behaviour in targeted communities increased.

Target: by 2015,

- *PMI maintains a pool of PHAST-trained volunteers who are responsible for guiding local communities to conduct baseline surveys, identify priority waterborne disease issues, develop PHAST action plans and undertake PHAST sessions.*

Output 5.2 Targeted communities mobilize resources to prevent and manage waterborne diseases

Target: by 2015,

- *Community members involved in PMI-led community-based training and exercise activities are able to mobilize themselves to alert, prepare and respond to the potential increase and intensification of the impact of waterborne diseases resulting from a disaster event.*

Output 5.3 Communities improve knowledge and practices related to five common causes of morbidity and mortality.

Target: by 2015,

- *A mechanism to enhance community behaviour and adopt best practices is being used to improve community resilience in high risk locations where PMI is working.*
- *PMI has developed an appropriate health awareness and training package that is routinely used in PMI training and field activities.*

Output 5.4 Communities improve knowledge on transmission and prevention of HIV/AIDS and other sexually transmitted diseases

Target: by 2015,

- *PMI has developed a national guideline for HIV/AIDS and actively uses it to deliver more frequent and higher quality Red Cross services in HIV/AIDS prevention and socialization on anti-stigma and discrimination against people living with HIV/AIDS.*

Output 5.5 Targeted communities improve knowledge and mobilize resources available within the

community in prevent and manage any health-related issues emerging in the community.

Target: by 2015,

- *Targeted communities involved in PMI integrated community-based risk reduction (ICBRR) and community-based health and first aid (CBHFA) supported activities are proactively involved in health awareness, response campaigns and related activities.*

Outcome 6: (Organizational preparedness): Capacity in skilled human resources and relevant material resources for effective delivery of National Society programmes (disaster, health and welfare services improved)

Output 6.1 Adequate, diverse, gender-balanced staff and volunteers for emergency, disaster, health, and welfare action recruited, trained, retained and managed

Target: by 2015,

- *PMI's capacity assessment tool and OCAC² (where relevant) demonstrate satisfactory staff and volunteer capacity for programme implementation.*
- *PMI staff and volunteers actively maintain or seek to improve a balance of gender equity and diversity in the organization's structure, programmes and activities.*

Outcome 7: PMI delivers relevant services which increase resilience in a sustainable manner through its volunteer base.

Output 7.1: All PMI chapters, 120 (of 430) branches and 30 per cent of sub-branches deliver improved, relevant services in a sustainable manner for as long as needed through its branch-based volunteers

Target: by 2015,

- *Volunteer recruitment at branch level is increased commensurate with a need for service provision to the community.*
- *An evaluation/audit of PMI services has been conducted to determine relevance and effectiveness of programme activity.*

Output 7.2: PMI core management systems, capacities and competencies are modernized and effectively leveraged to build capacity in branches and chapters (finance, human resources (HR), IT, partnership development and management; planning, monitoring, evaluation and reporting (PMER); resource mobilization, volunteer and youth development): and PMI demonstrates professional engagement with its Movement partners, national counterpart organizations and the beneficiaries they serve.

Target: by 2015,

- *PMI resource mobilization capacity at all levels has increased as demonstrated by annual surveys of income generated nationally and reported in the Federation-wide reporting system (FWRS).*
- *Resource mobilization is adopted as a key aspect of PMI's business planning at national headquarters, chapter and branch levels with senior staff trained in resource mobilization techniques.*
- *Innovative fundraising mechanisms are employed to target the corporate sector and the growing middle-class in Indonesia.*
- *As PMI becomes more capable of mobilizing resources at the national level, the number of partner national societies providing direct financial support to development programmes has significantly reduced.*
- *PMI has secured private sector sponsorship and government financial support to sustain their principal mandated roles.*
- *PMI capacity assessment tools and OCAC (where relevant) show substantive improvement in specific capacities at national headquarters, chapters, 120 branches and 800 sub-branches.*
- *There is an increase in appropriate FWRS proxy indicators.*
- *PMI has used and positively evaluated some or all of the tools from the IFRC framework for stronger national societies*
- *PMI is able to provide accurate and timely financial reports for domestic and international funding which are accountable and transparent. PMI is producing annual financial reports which are*

² Organizational capacity assessment certification tool (OCAC)

comprehensive, externally audited and published

- *PMI has established and is implementing organization-wide HR management policies and systems which comply with Indonesian labour law and staff satisfaction surveys show good levels of satisfaction*
- *PMI has completed the FWRS comprehensively by 2014 at the very latest*
- *PMI use IT effectively to support organizational management and communications, and possess and use databases as management tools*
- *PMI youth programme is evaluated as providing appropriate/relevant and attractive objectives and activities for young people nationwide; PMI is regarded as a leader in regional youth networking activities*
- *PMI has volunteer management systems which demonstrate that they have the right number of volunteers with the right skills in the right places for programme and community needs*
- *PMI is close to achieving well-functioning national society status; IFRC is developing an exit strategy from Indonesia.*

Output 7.3: Quality assurance mechanisms provide an evidence base for strategic and operational planning and PMI participation in Red Cross Red Crescent Movement policy and practice discourse

Target: by 2015,

- *PMI has developed new community-based programmes that focus on recovery including community financial independence, food security and livelihoods.*
- *Policy on PMI's role from early recovery to more substantial involvement in recovery, reconstruction and development is clearly articulated*
- *PMI volunteer recruitment and training is based on accurate programme needs assessments and data on volunteer recruitment, training and retention costs.*
- *PMI actively participates in all evaluations of partner-supported programmes and routinely conduct evaluations of its own programmes*

Continuing the PMI emphasis on disaster preparedness, risk reduction and response the integrated community-based risk reduction (ICBRR) programme seeks to enhance the ability of disaster-prone communities to deal with the consequences of disaster. It also recognizes the role of volunteers and their involvement in programme implementation at community level.

Business line 4: “To heighten Red Cross Red Crescent influence and support for our work”

Outcome 1: Effective mechanisms for dissemination of humanitarian values, principles in action and communication within the Red Cross Red Crescent Movement, with the public and with targeted communities are in place.

Output 1.1: PMI communications capacity and skills are enhanced.

Target: by 2015,

- *At least one PMI communicator in each chapter is trained in basic communications skills with 50 per cent actively contributing to and participating in the activities of the national communications bureau.*
- *At least one PMI communicator in each chapter is trained in audio-video and/or other advanced communications skills.*
- *Internal communications networking procedures between PMI headquarters and chapters are developed and routinely implemented.*

Output 1.2: Plans and actions coordinated with Movement partners and external actors to achieve higher value from Red Cross work.

Target: by 2015,

- *PMI has an effectively functioning partnership management arrangement in place.*

Output 1.3: PMI effectively makes use of the Red Cross Red Crescent Movement membership and experience in diverse programming to play a major role in contributing to Movement policies, programme content, lessons learnt and advocacy. [see BL 3 output 7.3]

Target: by 2015,

- PMI is an active participant in key national and regional forums.
- Concept papers, high quality print and audio-visual material are available as tools to promote and advocate Red Cross Red Crescent messages to relevant partners and stakeholders.

Output 1.4 Relationships between IFRC, PMI and the Indonesian government are strengthened through a status agreement

Target: by 2015,

- the Indonesian Parliament has passed a new Emblem Law which strengthens the PMI legal status and resolves the issue of the existence of the Indonesian Red Crescent (BSMI) as a legally approved organization.

Output 1.5: PMI effectively promote humanitarian principles and values, anti-discrimination and violence prevention.

Target: by 2015,

- A comprehensive communications strategy is in place and implemented by PMI to cover principles and values, anti-discrimination and violence prevention issues.
- PMI has at least one disseminator of principles and values and IHL in all active PMI chapters in Indonesia.
- 30 national media personnel have been trained on principles and values and 50 per cent of participants become active network members to support the humanitarian work of the national society.
- Annual Red Cross Red Crescent induction training for PMI staff and members is conducted in collaboration with IFRC and ICRC.

While PMI is demonstrating greater independence and a desire to work apart from the Movement, there is a need to acknowledge the flexibility that membership of the Federation provides. The tools and resources that can be brought to assist PMI will significantly enhance the impact of their programmes.

Similarly, the reputation and profile of PMI and its credibility have to be established and progressively reinforced to enable it to engage in new initiatives with communities who will have confidence and trust in its ability to address issues of humanitarian concern and key areas of vulnerability. It needs to be able to effectively communicate its programme activities and commitment to all stakeholders.

Business line 5: “To deepen our tradition of togetherness through joint working and accountability”

Outcome 1: Leadership, management and coordination are provided to the country office and other components of the Movement in Indonesia.

Output 1.1: An effective Movement cooperation framework is established and functions to enable all partners to share information and knowledge and promote effective cooperation and optimize use of Movement resources to strengthen PMI and increase the impact of its work.

Target: by 2015,

- A cooperation agreement strategy (CAS) process has been developed and is routinely used as the basis for engagement between PMI and their partners.
- A framework has been established that enables regular dialogue for all partners from strategic to operational to technical working group levels.
- All Movement components in Indonesia participate in regular formal coordination meetings at the

appropriate levels, and information is routinely shared.

Output 1.2: PMI's profile as a reliable trustworthy and impartial source of humanitarian assistance to help vulnerable people is recognized.

Target: by 2015,

- *PMI demonstrates improvement in implementing their standard operating procedures on communications, especially during disasters and other emergencies.*
- *Timely, quality press releases, social media messages and audio-visual sequences are effectively employed to educate the Indonesian public on PMI activities.*
- *Partnership agreements with national media are established and expanded as necessary to promote Red Cross efforts during emergencies and 'peace time'.*
- *Public awareness and support of PMI as the only recognized national society with clearly articulated auxiliary roles is significantly increased through targeted and sustained advocacy and promotion events.*
- *PMI has established a coherent and cohesive partnership management function/unit.*

Output 1.3: Improved information management systems and processes are in place.

Target: by 2015,

- *the PMI IT strategic plan is fully implemented providing for full digital connectivity to chapter level, and web-based MIS for all functional modules at headquarters level.*

Since returning to a single country office footing, the need to more realistically re-engage with the other Movement components and provide a mechanism for coordination is critical. There is a need to demonstrate the IFRC commitment to the provision of robust coordination mechanisms and tools. The country office also supports PMI in its move towards closer cooperation with its partners, and seeks to facilitate closer working arrangements, effectiveness of programme implementation, efficiency and value adding.

6. What are some of the key risks/assumptions?

PMI leadership

- The chairman will actively work for PMI in all areas of its involvement and dedicate energy to its acceptance, enhance its profile, and champion its position as the leading humanitarian organization in Indonesia.
- The current PMI governing board, especially the chairman, is committed to PMI's membership of the Red Cross Red Crescent Movement, and is convinced of the benefits of this membership to PMI and through its services, the people of Indonesia.
- PMI leadership is committed to developing more effective Movement partnership management strategies and mechanisms.

PMI governance

- PMI is able to develop improved distinction between governance and management functions and thereby, improved governance and management performance at all levels of the organization.
- PMI is able to resolve current ambiguity around the roles of the secretary general, and the head of office

PMI legal basis – the emblem

- Efforts to establish the position of PMI as the single Red Cross Red Crescent organization in Indonesia succeed and the legislative process supports the explicit position of PMI through the issue of a decree to that effect.

Disasters

- The need to respond to frequent disasters does not substantially undermine PMI's organizational development and capacity building.

Funding for IFRC country development plans

- The country office is able to secure sufficient funding for country development planning to provide effective support for PMI, including coordination of Movement partner support.

Security

- The security (including pandemics) situation in Indonesia does not deteriorate to such an extent that it hampers or prevents effective work.

Risk management

- The country office will continue to maintain and regularly review a risk management matrix in which specific risk management strategies are identified

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- There will be little or no change to partner national society bilateral services necessitating the continuation of IFRC support to partner national societies.
- The country office will continue to coordinate operations for the period 2012 to 2015 albeit with 70 to 75 per cent coordination support from mid-2012.
- Costs for Federation support staff directly supporting partner national societies will be fully absorbed by their respective partner national societies (not included in the proposed budget).
- Standard salary and office rental costs remain constant or only marginally increase.
- No major fluctuation in foreign exchange rates.
- Average estimated budget for programme activities = CHF 2.2 million
(Note: Programme budget for 2011 was CHF 2.4 million)

7. How much will it cost?

See supporting budget document covering the period 2012 to 2015 attached. Summary from said document below:

Indonesia	2012	2013	2014	2015	Total
BL 2. Disaster Management Services (total)	5,363,598	11,713,693	6,222,769	11,719,131	35,019,191
Response preparedness	863,598	1,713,693	1,722,769	1,719,131	6,019,191
Ongoing emergency operations	0	0	0	0	0
Projected emergency operations	4,500,000	10,000,000	4,500,000	10,000,000	29,000,000
BL 3. Sustainable Development	1,357,315	988,485	1,005,810	891,504	4,243,114
BL 4. Humanitarian Diplomacy	126,096	154,413	151,423	140,753	572,685
BL 5. Effective working and accountability	382,471	573,728	528,091	527,619	2,011,909
Total Budget	7,229,480	13,430,319	7,908,093	13,279,007	41,846,899

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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.

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Saving lives, changing minds.



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 nonviolence and peace.

Find out more on www.ifrc.org

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