**Development Operational Plan 2013**

**Indonesia country office**

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| **PROGRAMME INFORMATION** |
| **Implementing Host National Society:** |
| Indonesian Red Cross (Palang Merah Indonesia/PMI) |
| **Number of people to be reached:** | **Budget total:** |
| IFRC support is focused on strengthening the capacity of PMI at all levels. PMI does not have reliable figures for the number of people reached by all its programmes, including disaster response. | CHF 2,444,115 |

**1. Executive summary**

Indonesia has a population of approximately 240 million, the fourth largest in the world. It consists of more than 17,500 islands straddling the equator and stretching some 6,500 km west to east across three time zones. Indonesia is culturally, ethnically, linguistically and religiously diverse and this has on occasion been a causal factor in violent local conflicts of varying scale. GDP per capita in 2011 was USD3,442 with a Gini index of 38.64 showing wide disparities in prosperity with a small, extremely wealthy elite, a small but growing urban middle class, and a large proportion of poor and vulnerable people, despite recent decreases in the percentage living below the so-called poverty line. Indonesia sits on the Pacific ‘ring of fire’ and is subject to the frequent occurrence of an almost comprehensive range of disasters. The size and archipelagic nature of the country represent a significant challenge for national unity, equitable development and rapid, cost-effective disaster response.

Key priorities for PMI (*Palang Merah Indonesia*, or Indonesian Red Cross) can broadly be grouped under two interlinked headings: reduction of the impact of disasters (through emergency response programmes whose size and duration reflect the scope of the disaster, alongside longer-term programmes which aim to increase community resilience and preparedness) and building organizational capacity at all levels. The IFRC Indonesia country office programmes aim to support both elements in an integrated way while leveraging membership of the global Red Cross Red Crescent Movement.

The geographic size and the proneness of the Indonesian archipelago to disasters together with its relative poverty represent a huge challenge for PMI in effective implementation of its programmes. In addition to its national headquarters, the PMI consists of 33 provincial chapters, approximately 430 district level branches and well in excess of 3,000 sub-district level sub- branches and units. It is widely acknowledged that the operational capacities of the chapters vary significantly and this is even more true at branch level. Capacity assessment exercises over the last few years have shown different results but it is arguable that a large majority of the branches have lower capacity than is desirable, especially outside the main island of Java. In 2012, PMI national headquarters (NHQ) has reviewed and revised the strategic aims and key performance indicators of its strategic plan 2009 – 14 and these, aside from forming the foundations for organisation wide planning and reporting systems which will be significantly better integrated, has also provided the indicators for a new nation wide chapter and branch capacity building programme to formalise implementation of its ongoing nationwide capacity building work. It aims to use organisational policies, standard operating procedures (SOPs) and technical implementation guidelines developed in 2010-2012 as the platform for focused organizational capacity building in chapters and branches across the country. Recognising that targeting all its units in the remaining two years of its current strategic plan and national governing board will not be possible, it will focus on 120 branches located in all 33 chapters aiming to achieve sustainable increases in organisational capacity using broadly similar approaches tailored to the different baseline capacity and contexts of target branches.

At the same time, recognizing that effective and timely disaster response requires the use of economies of scale and strategic locations of key response capacities and equipment, PMI plans to develop six regional emergency response hubs. In 2012, two additional regional warehouses were completed as the basis for these hubs bringing the total to five. The challenge for 2013 will be to build up the human resources and management systems to enable disaster response centres to be set up in addition to these warehouses. Both these initiatives will be taken forward alongside ongoing community-based resilience programmes currently supported by the 13 partner national societies (PNS) working in Indonesia. Several of these programmes will be completed in 2013 and the number of PNS supporting PMI with an in-country presence will certainly decrease. In addition, IFRC will continue to support disaster management (DM) work focusing on improved preparedness to respond (better early warning and data analysis systems, greater logistics management and operational capacity, as well as established contingency planning), response and early recovery as well as organisational development support for modernisation of PMI national headquarters management functions and capacities. Though the current strategic plan and the tenure of the national board still have two years to run it is hoped that preparatory work on the next strategic plan, as well as a revision of the National Society statutes, will also begin in 2013.

It is notable that in contrast to previous years, draft PMI operational plans for 2013 were available when this plan was prepared. This is a considerable achievement.

Finally, planning for 2013 has been made somewhat more complex by the availability to PMI of CHF2.44 million tsunami residual funding. Plans for the use of this funding have not yet been developed but it is possible that there will be some overlap with activities and initiatives included in this plan.

**2. The Programme**

**2.1 Business Line 2 – “To grow Red Cross Red Crescent services for vulnerable people”**

Each year PMI responds to hundreds of disaster events. Most are within the capacity of the local branch but the larger ones require the allocation of more substantial resources from chapter or national level. 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 IFRC.

The outputs for this business line emphasise preparedness to respond, response and exit from disasters appropriately to meet a range of community needs. Contingency planning forms a critical aspect of this process, as do improvements in logistics management and the establishment and management of six regional warehouses and disaster response hubs.

The newly appointed PMI head of health has begun to review PMI’s health programmes to improve strategic directions and goals. He has identified development and standardisation of ambulance and first aid services, integration of water and sanitation in emergencies into PMI headquarters systems and epidemic response as some of his priorities for health in emergencies. He also wishes to develop improved capacity to provide psychosocial support to PMI disaster response volunteers through debriefing sessions and development of a more healthy working environment for all PMI personnel. Not all of these priorities are reflected in the long term planning framework

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| **Objectives** | **Project****Code** | **Targets for 2013** |
| **Outcome 1:** PMI has effective mechanisms and improved capacity to meet the needs of those affected by disasters. |  |  |
| **Output 1.1** Activities to enhance the ability of PMI to manage and improve assets and resources needed for effective disaster response actions nation wide | DM PID012 | * *By the end of 2013, PMI is using the LogIC logistics management package at headquarters, regional response hubs and stronger chapters. At least ten LogIC trainers of trainers are available and ten advanced users are available for deployment in emergency responses*
* *A fleet management system has been designed and is in use at headquarters and all 33 chapters*
* *This includes all PMI owned vehicles and ensures that all vehicles, including those imported, are properly registered and maintained.*
* *Procurement and asset management guidelines have been completed and socialised throughout headquarters and to all 33 chapters. PMI has an asset inventory and maintenance and disposal plan*
* *A disaster preparedness container assessment and revised guidelines are completed*
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| **Output 1.2** A series of simulations and table top exercises which are evaluated test and improve the preparedness of PMI response teams. | DM PID012 | *By the end of 2013, PMI at central, provincial and district levels have held at least five simulations and table top exercises and have produced one or two additional contingency plans in multi risk areas to enhance the single risk plans developed in 2012.*  |
| **Output 1.3** Emergency volunteer and community mobilisation teams are enhanced through equipment acquisition, training and drills. | DM PID012 | * *By the end of 2013, the National Society is able to mobilise complete and fully equipped teams to any given disaster around the country.*
* *As part of an initiative to standardise and improve the management of PMI ambulance and first aid services, a mapping of PMI ambulances, personnel and ambulance services, an environmental scan and a SWOT exercise have been completed for both services*
* *PMI has completed and tested standard operating procedures for integrated water, sanitation and hygiene promotion in emergencies and a business plan to ensure the sustainability of its water and sanitation emergency response team.*
* *Trained water and sanitation volunteers are available for deployment in disaster responses where water and sanitation assistance is needed.*
* *PMI has developed an epidemic emergency response contingency plan for local, as opposed to national epidemics and volunteers in high risk areas are prepared to respond to epidemic outbreaks.*
* *At least 40 volunteers have completed psychosocial support refresher training.*
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| **Outcome 2** PMI’s preparedness capability is increased and this enables it to ensure that the communities it serves are more aware of, and equipped, organised and trained to prepare for disasters. |  |  |
| **Output 2.1** Activities that will improve PMI’s ability to manage communication in, plan for and respond to disasters in a more informed and timely manner are conducted. This will include review and promotion of PMI standard operating procedures (SOPs) and guidelines to ensure appropriate systems, mechanisms and structures are in place. | DM PID012 | *By the end of 2013, reports from branches and chapters provide evidence that SOPs and technical guidelines are used in all medium and large disaster response operations.*  |
| **Output 2.2** Establishment of an improved contingency mechanism to ensure PMI has the ability to moblise resources quickly. | DM PID012 | * *By the end of 2013, the National Society has developed at least four regional contingency and response plans which incorporate provincial and district plans.*
* *PMI has clear and reliable mechanisms for accessing and dispatching relief items to disasters anywhere in the country within six hours.*
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| **Output 2.3** PMI contribution to increased community resilience through recovery programmes is substantially increased. | DM PID012 | * *By the end of 2013, PMI has developed a policy on its role in early recovery which provides guidance on how PMI will engage in early recovery and recovery activities and influences the way in which its integrated community based risk reduction programmes are implemented.*
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**2.2 Business Line 3 – “To strengthen the specific Red Cross Red Crescent contribution to development”**

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 recognises the role of volunteers and their involvement in programme implementation at community level. Ongoing efforts to improve integration of disaster risk reduction and community based health first aid will continue as will those to ensure that what we label organisational development and capacity building, i.e. ensuring that community based programmes increase the capacity of PMI local units to provide services after completion of partner supported programmes. PMI has been implementing community based programmes with Movement partner support since 2002. It is considered appropriate in 2013 to conduct a strategic review and lessons learnt exercise to assess experience to date and attempt to identify lessons that will guide future programmes while identifying appropriate aggregate indicators for the scope and impact of these programmes.

Public health priorities will include integration of voluntary counselling testing (VCT) for HIV in PMI blood donation units, campaigns for healthy lifestyle in the workplace and participation in the national measles immunisation campaign.

Our organisational development work with PMI headquarters will focus on support for the planning and implementation of a nationwide capacity building programme for 33 chapters and 120 branches. Priority will also be given to support for the planning bureau’s efforts to introduce planning, monitoring and reporting systems which are both horizontally and vertically integrated, enable the organisation to plan in ways which are both top-down and bottom-up and to collect, manage and report on organisation wide information and data in a streamlined way.

Improved financial management which will enable PMI to improve its transparency and accountability to its donors and programme beneficiaries remains a pressing need as does human resources management. We will continue to provide hands on support to improvements in financial management and have agreed with PMI management to second and experienced IFRC human resources manager to the HR bureau to provide technical support and mentoring for an initial period of one year.

Resource mobilisation is a clear priority for PMI headquarters, however limited support can usefully be provided until capacity has been established, principally in the form of resource mobilisation staffing. If PMI staff capacity is enhanced IFRC will engage in discussion on what kinds of support would be most useful.

PMI leadership continues to express interest in developing a programme to improve protection for Indonesian migrant workers in cooperation with the National Societies of destination countries, probably in Southeast Asia. At the same time discussions have been held with UNHCR on PMI involvement in the management of transit centres for Asian migrants seeking access to Australia transitting in Indonesia.

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| **Objectives** | **Project****Code** | **Targets for 2013** |
| **Outcome 1:** Communities have reduced vulnerability to disaster |  |  |
| **Output 1.1:** Integrated community-based risk reduction (ICBRR) activities in high-risk locations are implemented and supported. | DM PID012 | *By the end of 2013,a lessons learnt and strategic review exercise covering PMI’s community based programming since the 2004 tsunami has been completed and has produced strategic guidance for future community based work.*  |
| **Outcome 2** PMI community based programmes increase resilience and change behaviour to reduce risk**.**  |  | *By the end of 2013, aggregated data on scope and impact of PMI community based programmes provides evidence of increased resilience and reduced risk.* |

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| **Output 2.1** A series of promotional materials and resources is developed and disseminated to vulnerable target groups. | DMPID012 | * *A multi-hazard community learning manual and DRR-CCA advocacy and socialistion media have been produced.*
* *Information, education and communications materials supporting the national measles immunisation campaign have been drafted and distributed to at least 50% of all PMI chapters*
* *Community-based action teams (CBAT) in three prioritised chapters have received community behaviour change training and practised it in their communities*
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| **Outcome 3 (Health & care)** PMI has improved capacity to deliver health services to meet the needs of those affected by disasters. |  |  |
| **Output 3.1** Capacities of medical action (MAT), psychosocial support (PSP), water and sanitation, and community mobilisation teams are enhanced through improved systems, resources and processes (i.e. equipment acquisition, training, drills and simulations). | HCPID011 | *By end of 2013, MAT members, PSP volunteers, water and sanitation team volunteers and community mobilisation volunteers have been recruited and trained/attended refresher training and members of these teams have participated in simulations and table top exercises (it is not yet possible to say how many volunteers)* |
| **Outcome 4 (Participatory hygiene and sanitation transformation):** Waterborne disease prevention and management capacity in communities with poor access to water are improved. |  |  |
| **Output 4.1** Knowledge and practice of improved hygienic behaviour in targeted communities are increased. | HC PID011 | *By end of 2013, 24 chapters have a pool of PHAST-trained volunteers who guide local communities to improve behaviour to reduce the potential occurrence of waterborne diseases.*  |
| **Output 4.2** Targeted communities mobilize resources to prevent and manage waterborne diseases | HC PID011 | *By end of 2013, 50 per cent of local community members involved in community training have formed water and sanitation teams, installed or improved water and sanitation facilities, and are able to prepare oral rehydration solutions* |

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| **Output 4.3 Guidelines on healthy lifestyle for PMI staff and volunteers are produced and disseminated.** | HC PID011 | *By the end of 2013, PMI has developed an initial programme on healthy lifestyle in the workplace.*  |
| **Outcome 5 (Organizational preparedness):** Human and material resources capacity for effective delivery of National Society programmes (disaster, health and welfare services) improved |  |  |
| **Output 5.1** Improved gender balance and diversity among staff and volunteers enhances delivery of PMI programmes.  | OD PID014 | *By end of 2013, the National Society headquarters has gender guidelines for volunteer recruitment and mobilisation.*  |
| **Outcome 6** PMI delivers relevant services which increase resilience in a sustainable manner through its nationwide chapter and branch network and volunteer and youth base. |  |  |
| **Output 6.1** 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 their branch-based volunteers | OD PID014 | *By end of 2013, 33 provincial chapters and the 33 branches in provincial capitals have achieved improved capacity as demonstrated by pre- and post assessment using key performance indicators for strong chapters and branches.* |
| **Output 6.2** Modernization of PMI core management systems, capacities and competencies and effective leveraging of these to build capacity in branches and chapters ((finance, HR, IT, partnership development and management, PMER, resource mobilization, volunteer and youth development): PMI is making effective use of appropriate elements of the IFRC framework for stronger National Societies to achieve this output | OD PID014 | * *By end of 2013, PMI has integrated financial management and accounting policies, SOPs and systems which are being used in the national headquarters and in chapters and branches targeted by the output 7.1 initiative;*
* *PMI has selected and is using an improved financial management software package at headquarters*
* *PMI is able to comply with IFRC financial reporting requirements for IFRC funding and a reversion to a working advance mechanism has been achieved*
* *PMI has fulfilled FWRS requirements for at least four of the proxy indicators for 2013;*
* *50 PMI staff, volunteers and board members have completed at least one course on the learning platform.*
* *PMI’s human resource management policies, guidelines and systems are based on a shared understanding of the kind of organisation PMI headquarters wants to become, the kind of staff it wants to employ and a thorough assessment of its business continuity and succession planning needs*
* *Within improved planning and reporting mechanisms, PMI headquarters, chapters and branches have established an organisation wide information gathering and management system which improves management, resource allocation, planning and reporting*
* *PMI has developed a new strategy for its Red Cross Youth (PMR – Palang Merah Remaja) programme based on a comprehensive review of the current programme and the current youth ‘context’.*
* *PMI youth and volunteers have participated physically or virtually in at least four regional or international youth and volunteer forums and attended at least four training courses, seminars or webinars run by Red Cross Red Crescent or other partners*
* *PMI Training unit has developed a model for training development based on a return on training investment study and has begun development of a training plan covering each level of the organisation within the framework of ongoing development of a national training strategy*
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| **Output 6.3** Quality assurance mechanisms provide evidence base for strategic and operational planning and PMI participation in Movement policy and practice discourse | OD PID014 | * *By the end of 2013, PMI with IFRC and partner national society support has conducted one or more pieces of research into cost-effectiveness of its volunteer recruitment training and deployment approaches/relevance, attractiveness of its youth programmes and how its branches have and could become strong. Building on the findings of emergency programme evaluations in 2010-11*
* *The review of PMI community based programmes described in BL3 1.1 has been completed*
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**2.3 Business Line 4 – “To heighten Red Cross Red Crescent influence and support for our work”**

Support for improved general communications capacity at all levels of PMI will build on general communications training in 2012 and will focus on training in specific skills for staff and volunteers at chapter and branch levels. PMI will seek to increase the participation of national media in its campaigns to improve the reach and impact of campaigns. Social media guidelines developed in 2012 will be socialised to chapters and branches to promote more effective use of these important tools in PMI’s work.

Indonesia (and PMI) is one of three target countries for a zone beneficiary communications initiative which began in 2012 and will continue in 2013. It has been agreed that this should be initially integrated into ongoing community based programming with the possibility of additional work in areas such as early warning systems and disaster response yet to be determined.

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.

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| **Objectives** | **Project****Code** | **Targets for 2013** |
| **Outcome 1** Effective mechanisms for dissemination of humanitarian values, principles in action and communication within the Movement, with the public and with targeted communities, are in place. |  |  |
| **Output 1.1** PMI communications capacity and skill is enhanced. | PV PID013 | * *By the end of 2013, at least five people from national media have been involved in PMI campaigns*
* *15 provincial communications staff have received specific communications training and social media guidelines have been socialised to provincial chapters*
* *PMI headquarters has produced a website development plan which acknowledges the shared responsibility for this multi-purpose tool*

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| **Output 1.2** 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 and learning from Movement policies, programme content, lessons learnt and advocacy. *[see BL 3 output 7.3]* | PV PID013 | *By end of 2013, concept papers, high quality printed and audio-visual material for the priority areas of PMI’s work are available as tools to promote and advocate Red Cross Red Crescent messages to relevant partners and stakeholders.* |
| **Output 1.3** Relationship between PMI and the Indonesian government strengthened through the passing of a new Red Cross and Emblem Law which strengthens the legal foundations of PMI and ensures that the Indonesian Red Crescent (BSMI - Bulan Sabit Merah Indonesia) is obliged to change its name. | PV PID013 | *By end of 2013, The law has been passed and BSMI is no longer called BSMI and recognised as such by the Indonesian government.* |

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| **Output 1.4** PMI effectively promotes humanitarian principles and values, anti-discrimination and violence prevention. | PV PID013 | *By end of 2013, a PMI communication strategy is developed; 30 national media personnel have been trained on principles and values, and 20 per cent of participants become active network members to support the humanitarian work of the National Society.* |

**2.4 Business Line 5 – “To deepen our tradition of togetherness through joint working and accountability”**

In 2013 we hope to build on the slow but positive progress achieved in 2012. Increasing acknowledgement in PMI of the need to strengthen Movement partnership management saw the establishment of a Cooperation bureau headed by an experienced senior manager and supervised by the board member responsible for cooperation. IFRC staff have worked closely with both the staff and board member to prepare the ground for a CAS-type partnership management process with strong emphasis on the need for PMI to develop an internal vision which has solid, organisation wide ownership. At the same time, coordination between PMI’s movement partners has improved considerably in 2012 and the decrease in the number of partner national societies during 2013 will make partnership management a slightly less complex task. There is now real cause for optimism that a CAS-type process will be completed in 2013 and that effective mechanisms will be in place by the end of the year.

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 to closer cooperation with its partners and seeks to facilitate closer working arrangements, effectiveness of

programme implementation, efficiency and value adding.

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| **Objectives** | **Project****Code** | **Targets for 2013** |
| **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 at three levels to enable all partners to share information and knowledge and promote effective cooperation and optimize use of Movement resources to strengthen PMI and increasethe impact of its work | PID010PID014 | *By end of 2013, PMI and its Movement partners have completed a CAS-type process and agreed on a partnership strategy and partnership management mechanism. The management mechanism is being implemented effectively and is producing visible improvements in movement partnerships.*  |
| **Output 1.2** PMI’s profile as a reliable trustworthy and impartial source of humanitarian assistance to help vulnerable people is recognized. | PID013 | *By end of 2013, partnership agreements with national media are established and expanded as necessary to promote Red Cross efforts during emergencies and ‘peace time’.* |
| **Output 1.3** Improved information management systems and processes are in place. | PID014 | *PMI can clearly articulate an information management plan, and priority systems and processes have been installed.* |

**3. Programme support strategy**

**3.1 Finance**

**3.2 Administration**

**3.3 IT**

**3.4 Communications**

**3.5 Human Resources**

**3.6 Logistics**

**4. Monitoring and Evaluation**

**5. Budget summary *(see annex for details)***

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|  | **Project code** | **2012** | **2013** | **2014-2015** | **Total** |
| **BL 1. Humanitarian standards** |  | **0** | **0** | **0** | **0** |
| **BL 2. Grow services for vulnerable people** |  | **863,598** | **1,034,333** | **3,441,900** | **6,019,191** |
| PMI has effective sustainableOutcome 1: mechanisms and improved capacity to meet the needs of those affected bydisasters. | PID012 | 671,544 | 1,034,333 | 3,441,900 | 6,019,191 |
| PMI’s preparedness capability is enhanced to ensure that theOutcome 2: communities it serves are be better aware, equipped, organised andtrained in order to better prepare for ongoing and future disasters. | PID012 | 192,054 |
| **BL 3. Contribution to development** |  | **1,357,315** |  **1,095,885** | **1,897,314** | **4,243,114** |
| Outcome 1: Communities have reduced vulnerability to disaster | PID012 | 180,885 |  1,095,885 | 1,897,314 | 4,243,114 |
| Communities have increased theirOutcome 2: resilience and improved behaviours to reduce potential risks and contribute toa more sustainable livelihood. | PID012 |
| PMI has an effective voluntary non-Outcome 3: remunerated blood donor program and strategy to fulfill national requirementsof blood banks and hospitals. | PID011 | 8,813 |
| (Health and care) PMI has effective sustainable mechanisms and improvedOutcome 4: capacity to deliver improved health services to meet the needs of those affected by disasters. | PID011 | 277,281 |
| Disease prevention and managementOutcome 5: capacity in vulnerable communities improved in to create resilientcommunity | PID011 | 151,852 |
| (Organisational preparedness): Capacity in skilled human resourcesOutcome 6: and relevant material resources for effective delivery of National Societyprogrammes (disaster, health and welfare services improved) | PID014 | 738,484 |
| PMI delivers relevant services which increase resilience in a sustainableOutcome 7: manner through its nationwide chapter and branch network and volunteer and youth base. |
| **BL 4. Heighten influence and support** |  | **126,096** | 66,562 | **292,176** | **572,685** |
| Effective mechanisms for dissemination of humanitarian values,Outcome 1: principles in action and communication within the Movement, with the publicand with targeted communities are in place. | PID013 | 126,096 | 66,562 | 292,176 | 572,685 |
| **BL 5. Joint working and accountability** |  | **382,471** | 247,335 | **1,055,710** | **2,011,909** |
| Leadership, management andOutcome 1: coordination are provided to thecountry office and other components ofthe Movement in Indonesia. | PID010 | 382,471 | 247,335 | 1,055,710 | 2,011,909 |
| **Total Budget** |  | **2,729,480** | 2,444,115 | **6,687,100** | **12,846,899** |

**6. Annexes**

Available upon request

**1. Log frames**

**2. Resource mobilization plan**

**3. Workshops and training plan**

**4. Personnel plan**

**5. Vehicle plan**

**6. Detailed budget**