

# KEY POLICIES, STRATEGIC PLAN AND OPERATIONAL PLAN 2014-2019 PALANG MERAH INDONESIA





# FOREWORDS

For 70 years Palang Merah Indonesia (PMI) has been providing services to the people of Indonesia. Many experiences and notes had been gathered, either as strengths or weaknesses as well as opportunities or challenges, yet PMI remains existed and will continue to serve all the people in the Republic of Indonesia.

The role of PMI as a partner to the government, by maintaining its independency and neutrality in providing Red Cross services to the communities, is critical to be maintained. Although it is undeniable that PMI has not been optimal in achieving its target. The internal and external analysis clearly indicated that not all PMI Chapters and Branches have been able to demonstrate its character as an independent, excellent, structured, and capable Red Cross Organization with quality human resources.

For the next five years, in which the global lives will be greatly affecting the existence and sustainability of the organization, it is time for PMI to better demonstrate strong character, professionalism, self-sustenance, and respect from the communities. PMI should redefine and reformulate its vision, mission, and key policies in comprehensive, adaptable, and focused manner. PMI's vision and mission in the future should focus on three key mainstreams:

1. Providing quality services to the communities;
2. Strengthening organizational independency; and
3. Strengthening its reputation both nationally and internationally.

This Key Policies and Strategic Plan serve as a reference for all PMI human resources at all level in formulating their programs and activities. In order to actualize that expectation, it is important to maintain commitment from all components of PMI based on the strong intention to serve as well as actualizing it through real activities in running the organization, so that it can function well and eventually becomes a Red Cross Organization that demonstrates strong character, professionalism, self-sufficiency, respected and provides timely and effective services.

May God Almighty always guides our genuine motivation and commitment for the development of PMI that we love and blesses all of us. Ameen.

Central Board  
PALANG MERAH INDONESIA  
Vice Chairman



Ginandjar Kartasasmita



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# PMI KEY POLICIES, STRATEGIC PLAN AND OPERATIONAL PLAN 2014-2019



## A. INTRODUCTION

### 1. BACKGROUND

The 20th National Assembly Meeting of Palang Merah Indonesia (PMI) that took place in Jakarta on 15-19 December 2014 has made several key decisions as stipulated in a Decree on the 20th PMI National Assembly Meeting no.06/MUNAS-XX/XII/2014 regarding PMI Key Policies and Strategic Plan, dated 17 December 2014, stating that the Meeting has:

- a. Decided the Key Policies and Strategic Plan of PMI for 2014-2019;
- b. Mandated the board members of PMI NHQ for the period of 2014-2019 to devise the Key Policies and Strategic Plan into PMI Annual Work Plan; and
- c. Mandated PMI's board members at the province and district levels to devise PMI Strategic Plan into Key Policies of PMI Chapters and Branches during the Provincial and District Assembly Meeting.

As the first step in devising the policies and strategic plan as defined in point a and b above, it is considered important to publish a document/book on PMI Key Policies and Strategic Plan 2014 - 2019 to serve as a reference.

### 2. DEVELOPMENT OF PMI KEY POLICIES AND STRATEGIC PLAN 2014-2019

The development of PMI Key Policies and Strategic Plan 2014-2019 has been done through several phases, i.e.:

- Phase I:** Formation of a Working Group/Task Force tasked to develop a Draft of PMI Key Policies and Strategic Plan based on the Decree of PMI Chairman no. 024/KEP/PP PMI/II/2014 regarding the Formation of a Team to Prepare for Materials Required for PMI National Assembly Meeting 2014, dated 10 February 2014;

**Phase II:** Review and discussion over Draft of PMI Key Policies and Strategic Plan 2014 -2019, based on recommendations from the 2014 PMI National Annual Meeting that took place in Jakarta on 26-27 February 2014 (Circular no. 0427/ORG/III/2014 dated 11 March 2014 regarding the Conclusion of the 2014 PMI National Annual Meeting) through regional coordination forum which was conducted as follows:

- a. Sumatera Region : organized at PMI South Sumatra Chapter on 23-25 March 2014;
- b. Java Region : organized at PMI East Java Chapter on 14-16 April 2014;
- c. Bali/NTT/NTB Region : organized at PMI Bali Chapter on 6-8 May 2014;
- d. Sulawesi Region : organized at PMI South Sulawesi Chapter on 1-3 June 2014;
- e. Kalimantan Region : organized at PMI South Kalimantan Chapter on 3-5 June 2014;
- f. Papua/West Papua/Maluku/North Maluku Region : organized at PMI Maluku Chapter on 19-22 August 2014.

**Phase III:** Finalization of the Draft of PMI Key Policies and Strategic Plan 2014-2019 to incorporate the suggestions/recommendations from the results of discussion in the 6 (six) regions. It was conducted in Jakarta on 27-30 September 2014 by involving participants from PMI NHQ, representatives from each region, and Movement Partners.

**Phase IV:** Submission and Stipulation of the Draft as PMI Key Policies and Strategic Plan 2014-2019 which was legalized in the Forum of the 20th PMI National Assembly on 15-19 December 2014 in Jakarta.

### 3. RATIONALE

During the period of 2004 - 2010, Indonesia has experienced several major natural disasters, such as the tsunami in Aceh (2004) and Nias (2005), earthquake in Yogyakarta (2006) and West Sumatera (2009), Wasior flash flood, Merapi (volcano) eruption, and tsunami in Mentawai which took place within a close range (October 2010). These have further increased our awareness that Indonesia is a country most vulnerable to a wide range of natural disasters.



Responding to those natural disaster incidents, Palang Merah Indonesia (PMI) has taken different actions, starting from mobilizing local capacities, national potentials and coordinating International supports, especially from the International Red Cross and Red Crescent (RCRC) Movement.

At the same time, other disaster management actors in Indonesia including the Government of Indonesia at all levels, has also mobilized all of their capacities and resources to respond to the above mentioned emergencies. It has become more apparent that for disaster risk reduction and response, PMI is now operating in a dynamic environment that continues to develop. In the future, PMI needs to reposition itself in the field of disaster management so as to provide clarity on the specific role of PMI within the national disaster management context.

Besides disaster risks, Indonesia has also been facing social economic challenges in some communities who are living under poverty and not benefiting, or even excluded, from the country's development. Such complex situation has resulted in greater number of vulnerable communities spread over the country. In the future, it is important that PMI also takes a specific role in addressing these impoverished groups.

As the biggest social and humanitarian organization in Indonesia and in order to perform its auxiliary role to the government, PMI should take part and address these major issues. PMI's existence, which has received appreciation and support from local, national and international communities, should be reinforced and strengthened in carrying out its mandate as a social and humanitarian organization in line with the International RCRC Movement Fundamental Principles, especially in taking active participation to address these national challenges.

It is also important to note that the Indonesian communities have now become more critical toward development initiatives, including in social-humanitarian sector. PMI, which relies heavily on supports from the communities, should anticipate this by improving its accountability principles, both in program/service and resources management.

To manifest the aforementioned ideas, the Board Members of PMI at all levels have to demonstrate strong commitment and genuine voluntary motivation, as well as to become a role model for others. PMI at all levels need to harmonize its approach and relationship between Board Members, Staff, and Volunteers as a unity.

## B. STRATEGIC PLAN FRAMEWORK

In order to maintain PMI's existence in assuming its mandates and responsibilities and addressing other future challenges, PMI STRATEGIC PLAN 2014-2019 is required as a reference that will guide the overall PMI's organizational direction.

**PMI Strategic Plan 2014-2019** is expected to meet the following elements:

- ✓ Inspirational;
- ✓ Specific;
- ✓ Integrated;
- ✓ Concise;
- ✓ Rational and logic (coherent);
- ✓ Participatory through bottom-up and top-down consultation processes (participative, consultative);
- ✓ Flexible based on PMI capacities;
- ✓ Realistic based on resources availability, can be implemented within operational plan, and can be evaluated; also
- ✓ Measureable, it has measurable indicators at Goal/Strategic Objective, Outcome, and Output levels.

## C. STRATEGIC ENVIRONMENTAL ANALYSIS

### 1. INTERNAL ANALYSIS

#### a. Strengths

PMI is the biggest social and humanitarian organization in Indonesia, which was established and has a formal mandate as an auxiliary to the Government for disaster management and blood donor. PMI has representations in all 33 provinces and 459 districts/cities, which are equipped with basic infrastructures and sufficient operational equipment to perform its responsibilities and services.

PMI Board Members at all levels have a wide range of professional background, with the majority of them having access to the government, public service sector, and private sector. PMI also has Volunteer network with different (education & professional) background and skills. Data from PMI Organizational Capacity Assessment in 2012 showed that PMI has 858,410 registered Volunteers and of those 555,335 are active.

PMI also has adequate capacity in disaster management sector. Seventy five percent of PMI Branches have 5-30 trained members of local Disaster Response Unit (SATGANA). Besides that, PMI has 6 regional logistic warehouses as a basis for decentralized logistic support, 59 water trucks, as well as emergency transport means i.e. 12 haggglunds and 7 helicopter units. PMI also supervises 162 disaster-prepared communities spread in 49 PMI Branches in 12 provinces.

## **b. Weaknesses**

### **1) PMI's organization and governance at all levels are not yet functioning well, among others:**

- ✓ PMI still has no strong legal basis, up until now the Presidential Decree No.25/1950 that serves as a basis of PMI establishment is still operational and its legal hierarchy has not been updated or improved ;
- ✓ The supervisory role by PMI Chapters to PMI Branches has not been optimally done ;
- ✓ Organizational Procedures have been developed but not yet optimally adopted;
- ✓ PMI has not had a planning cycle and a fix schedule for Annual Meeting ( as a forum to formally endorse the work plan);
- ✓ Poor planning process and a lack of integration between activity and financial planning;
- ✓ Information technology has not been optimally used.

### **2) PMI's organizational resource capacities have not been distributed evenly at all levels, among others:**

#### **Facilities and Infrastructures:**

- ✓ PMI Office buildings in 15 Chapters and 69% of Branches are still rented or owned by the government;
- ✓ Basic communication equipment are not evenly available;
- ✓ Asset maintenance, utilization, and registration are not well managed.

**Human Resources (Board Members, Staff & Volunteers):**

- ✓ The participation (activeness) of the Board Members, especially at Branches, is still a major concern, which thus affects commitment (only 16% of 286 Branches reported that all of their board members were active);
- ✓ Leadership, understanding about PMI, and the ability to network at the Chapter and Branch level are still poor;
- ✓ The domination of board members has (negatively) affected the office management performance ;
- ✓ Many of Office Manager positions at the Chapters/Branches are occupied by the Board Members;
- ✓ Office (Markas) management system is not operating effectively yet;
- ✓ Poor communication and coordination between PMI NHQ, PMI Chapters, and Branches.
- ✓ Insufficient human resources capacities (skill, knowledge, experience);
- ✓ Non-standard application of human resources procedures;
- ✓ Challenges in volunteer retention due to the lack of activities during normal time (only 30% of 286 PMI Branches reported that 50% of their volunteers were active);
- ✓ In general, volunteer mobilization is still limited to disaster response, except if there is any project/program supported financially by Donors;
- ✓ Lack of staff regeneration.

**Funding:**

- ✓ PMI still has no sustainable funding sources, resource mobilization efforts are still relatively low, and dependency on funding from the Government and Donors is still high (less than 10% of Branches have at least 3 sources of income; 63% of PMI Branches received more than half of their fund from the government);
- ✓ PMI mostly has not had any financial planning, which thus creates low completion rate of work plan;
- ✓ Transparency in financial management is not yet optimal.

**3) Disaster management and health risk operation capacities are not distributed equally across the provinces/districts/cities:**

- ✓ Programs are still highly sector-focused (not optimally integrated);
- ✓ Programs are still project-based and supported by Donors; Work plans are still activity-oriented rather than objective/result-oriented.

**4) Quality and quantity of blood transfusion service still need to be improved:**

- ✓ The need for blood is increasing, while the capacity is not equally distributed;
- ✓ Reagent subsidy from MoH's National Budget is limited and not sustainable;
- ✓ No funding from local government budget for PMI blood service;
- ✓ PMI NHQ's Blood Unit (UDD) does not have sufficient funding to function optimally.

## **2. EXTERNAL ANALYSIS**

### **a. Opportunities**

- ✓ Recognition from the communities, government and international organizations toward PMI in disaster management sector could be a basis for resource mobilization.
- ✓ Growing interest from corporate sectors to Corporate Social Responsibility (CSR) programs could be a potential support for the sustainability of PMI programs at the community.
- ✓ MoUs between PMI and the Ministry of Education (MoE), Ministry of Health (MoH), Military, Police, and the National Search and Rescue Committee (Basarnas) are expected to be another potential support from relevant PMI programs.

### **b. Challenges**

- ✓ The increasing role assumed by the Government in disaster management sector with the establishment of the National and Local Disaster Management Agencies (BNPB and BPBD) requires PMI to reposition itself in order to define a specific role in its auxiliary role to the government in disaster management sector.
- ✓ The new Government Regulation that sets a limit of funding access by social humanitarian organizations like PMI requires PMI to actively search for other sources of funding.
- ✓ Increasing community awareness on public accountability demands social humanitarian organizations like PMI to improve their accountability.
- ✓ The increasing number of organizations/NGOs focusing on social and humanitarian issues requires PMI to further strengthen the capacity in sectors proven to be PMI's competitive advantage.
- ✓ Greater media attention and coverage play a significant role in organizational public image.

## D. PMI STRATEGIC PLAN 2014-2019

**VISION:** PMI demonstrates strong characters and is professional, self-sustaining, and respected by communities

### MISSION 1

To become the **forefront** humanitarian organization that provides **quality services** to communities in line with the **fundamental principles** of the Red Cross and Red Crescent Movement.

### MISSION 2

To strengthen PMI's **self-sufficiency** through sustainable **strategic partnerships** with the government, private sector, movement partners, communities, and other stakeholders at all levels.

### MISSION 3

To improve PMI's **organizational reputation** at the national and international levels.

### Strategic Objectives

1. To build a **well-functioning PMI** at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.
2. To strengthen the capacity of PMI's organizational resources at all levels, **both its human resources and the facilities** and infrastructures needed to serve the communities.
3. To improve the **quality of disaster and health emergency responses** across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services.
4. To strengthen **community resilience** in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.
5. To increase the **availability of safe, accessible, and quality blood** throughout Indonesia.

### Strategic Objectives

6. To strengthen the partnership with **national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders** in order to assume PMI's mandate and functions.

### Strategic Objectives

7. To improve **PMI's accountability** as a humanitarian organization at the national and international levels.
8. To improve the **understanding** of all elements of communities on **humanitarian values, fundamental principles of the international RCRC movement**, as well as International Humanitarian Laws (IHL) through communication, education, and dissemination strategies.

## VISION

**“PMI DEMONSTRATES STRONG CHARACTER,  
IS PROFESSIONAL, SELF-SUSTAINING,  
AND RESPECTED BY THE COMMUNITIES”**

<b><i>Strong Character,</i></b>	<i>works in line with the International RCRC Fundamental Principles, Code of Conduct, both in managing its organization and its services.</i>
<b><i>Professional,</i></b>	<i>works based on universally accepted standards and norms and focuses on the most vulnerable groups.</i>
<b><i>Self-sustaining,</i></b>	<i>relies on existing organizational resources.</i>
<b><i>Respected by communities,</i></b>	<i>recognized and supported by public at large.</i>

## MISSION

- 1. To become the forefront humanitarian organization that provides quality services to communities in line with the fundamental principles of the Red Cross and Red Crescents Movement (reflected in Goal 1 - 5).**

Recently, there have been many more organizations working on humanitarian issues, either at local, national, or international levels. Since 2008, the Government has even established a National and Local Disaster Management Agencies (BNPB and BPBD). PMI, which has been established since 1945 and the only Red Cross movement mandated by the Government of Indonesia, should strengthen its capacities to become the foremost humanitarian organization in Indonesia amidst growing humanitarian players in the country and globally.

This first mission could only be manifested if the organizational function could be optimized, supported with adequate human resources, infrastructures and equipment, high quality services in emergency response, in community development, health referral service, as well as specific Red Cross services, i.e. Blood Donor.

This first mission is an attempt to manifest the term ‘Strong Character and Professional’ within PMI’s vision statement above.

- 2. To strengthen PMI's self-sufficiency through sustainable strategic partnerships with the government, private sector, movement partners, communities, and other stakeholders at all levels (reflected in Goal 6).**

Independence is one of the seven Fundamental Principles of RCRC, including PMI. PMI realizes that strategic partnership is essential to carry out its mandate. At the same time, however, PMI has to be independent in a way that it should not be following or intervened by the interest of certain groups or political affiliations. In partnering with different stakeholders, PMI should position itself as a competent and equal partner, not an inferior neither superior one.

- 3. To improve PMI's organizational reputation at the national and international levels (reflected in Goal 7 and 8).**

The organizational reputation should be established and maintained seriously because with good reputation, PMI will grow fast. If measured based on the geographical coverage and number of population served, PMI is the fifth biggest National Society in the world. Therefore, an international reputation should also be strengthened.



## GOALS/STRATEGIC OBJECTIVES

1. To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.
2. To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructure needed to serve the communities.
3. To improve the quality of disaster and health emergency responses across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services.
4. To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.
5. To increase the availability of safe, accessible, and quality blood throughout Indonesia.
6. To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.
7. To improve PMI's accountability as a humanitarian organization at the national and international levels.
8. To improve the understanding of all elements of communities on humanitarian values, Fundamental Principles of the International Red Cross and Red Crescent Movement, as well as International Humanitarian Laws (IHL) through communication, education, and dissemination strategies.

## E. PMI OPERATIONAL PLAN 2015-2019

### STRATEGIC OBJECTIVE-1

To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.

**Outcome 1.1.**  
PMI's Legal Entity is strengthened.

**Output**  
1.1.1 RC Bill is included in the National Legislation Program agenda

**Outcome 1.2.**  
PMI's Statutes, Organizational Procedures (PO), and Implementation Guidelines (Juklak), as well as the legal products issued are institutionalized at all levels.

**Output**  
1.2.1 PMI Statutes, Organizational Procedures (PO), and Implementation Guidelines (Juklak), as well as legal products are in place and implemented at all levels.

**Outcome 1.3.**  
PMI's Planning, Monitoring, Evaluation, and Reporting (PMER) system is well-functioning at all levels.

**Output**  
1.3.1 PMI board members and staff at all levels are regularly coached on the implementation of Planning, Monitoring, Evaluation, and Reporting (PMER) system by competent facilitators.  
1.3.2 Planning and reporting documents that are in line with the Planning and Reporting Guidelines are available at all levels.  
1.3.3 Assessment tools (questionnaires/analysis tools) for PMI organizational capacity mapping are available and adopted at all levels.  
1.3.4 PMI work plans at all levels are evaluated based on the Planning, Monitoring, Evaluation, and Reporting (PMER) Reference Book.  
1.3.5 PMI Board Members and Staffing Database I updated on regular basis.

**Outcome 1.4.**  
Coordination, communication, and coaching mechanism is operational at all levels.

**Output**  
1.4.1 Internal and cross-chapters/branches communication and coordination are implemented in line with the procedures.  
1.4.2 Tiered coaching on organizational and program development is carried out on regular as well as need basis.

## STRATEGIC OBJECTIVE 1:

To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.

PMI is considered well-functioning if it is capable to provide relevant services for vulnerable communities all over the country through its voluntary network, and this is only possible if the work plan along with the organizational policies, procedures, and system are effectively implemented.

### Outcome 1.1.

The existing **legal entity of PMI**, i.e. the Presidential Decree No 25/1950 and the Presidential Decree No 246/1963, is considered necessary to be strengthened with a Red Cross Law in order to strengthen PMI's function and capacities all over Indonesia in performing the mandate assigned by the Government. The process of proposing the Red Cross Bill to be enacted as a Law has been started since 10 years ago, and it is expected to be concluded during the board tenure of 2014 - 2019. To do so, the Red Cross Bill should be put into the parliament's legislative agenda beforehand.

### Outcome 1.2.

**Policies** in the form of organizational regulation and guidance such as statute and bylaws, **Organizational Procedures**, and **Technical Guidelines** are required not only as a document but to be institutionalized and applied on daily basis in PMI's operation at all levels. For example, an institutionalized statute and bylaws means that their contents have been understood by all entities within the organization, not only understanding the sentences, but also the implication of each passage for PMI at all levels and applying them responsibly. .

**Organizational Procedures (PO)** are derived from the statute and bylaws that regulate key and specific areas, such as Organizational Procedures on Board Members, Office Management, Services, Human Resources, Financial Management, Asset and Logistic Management, Staffing, Planning and Reporting, Partnership and Branding.

**Implementation Guidelines (Juklak)** are documents that detail out techniques of managing or implementing programs or specific activities as well as general provisions to serve as guidance for implementers. For example, Technical Guidelines on Financial Management, including techniques and formats for budgeting, cash request and utilization, as well as reporting. Or, Technical Guidelines on Planning and Reporting, which regulates work plan development process and reporting mechanisms from Branches, Chapters, and NHQ; by using specified formats within specified timeline.

**Legal Products** are legally-binding documents, both internally and externally. Internally, PMI needs to standardize the legal products derived from statute and bylaws, both in format and substance, which are applied between or at all levels of PMI. Externally, it includes legal products between organizations, such as Memorandum of Understanding (MoU) and Cooperation Agreement.

PMI has had several MoUs either with the government or private sectors at national levels. Unfortunately however, these documents have little impact to PMI at the Chapters and Branches. As a result, the MoUs were merely documents and have no implication to PMI at all levels. Therefore, it requires a pro-active approach from PMI Board Members at all levels to establish communication and coordination so that the existing MoUs can be followed up and have positive benefits for PMI and its partners.

All of those documents should be filed and updated, and then disseminated for implementation and monitoring and evaluation.

### **Outcome 1.3.**

**Planning, Monitoring, Evaluation, and Reporting (PMER) system** is a system that regulates PMI's organizational governance, management, and work plan. The PMER system is well-functioning if the four elements are implemented in line with the PMI Planning and Reporting Guidelines. For example, the annual work plan is developed in reference to PMI Strategic Plan and Operational Plan 2014 - 2019, conducted through the right process, i.e. through SWOT, needs, and objective analysis in participatory manner, and endorsed through an Annual Meeting on the specified timeline.

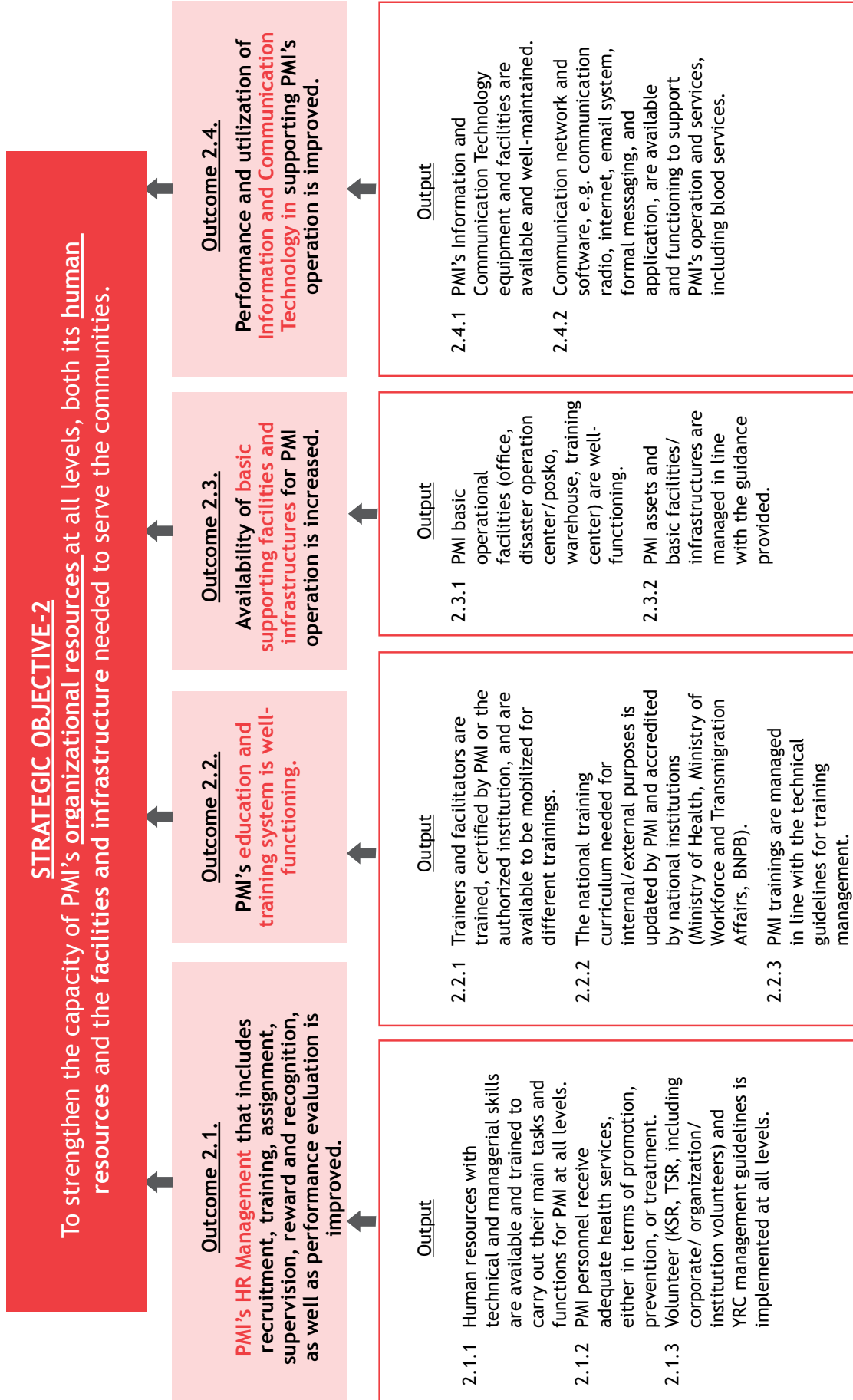
The PMER System could be implemented if the human resources capacity, both PMER knowledge and skills, is strengthened through training and coaching. The availability of planning and reporting documents is part of PMER system implementation. The result of Organizational Capacity Assessment is beneficial to understand the organization's capacity (SWOT) and can be used as a basis for planning. Board member database is important information, which is useful for organizational management as well as communication/coordination.

### **Outcome 1.4.**

**PMI comprises of NHQ, 33 Chapters dan approximately 450 Branches.** All of them have to work together in a coordinated and synergistic approach. Therefore, it is important to set up a coordination and communication mechanism. A well-planned, systematic, and regular coaching is also highly needed to facilitate PMI development and to strengthen the unity of the organization nationwide. Such coaching has to be performed by the board members to other board members at a lower level; or by staff to other staff at a lower level. A well-planned and guided coaching needs to be developed based on the existing needs and condition of the targeted PMI.

**Programs and activities under Strategic Objective -1 are focused on:**

1. Endorsement of Red Cross Law;
2. Institutionalization of PMI Statute and Bylaws, and PMI Organizational Regulations;
3. Implementation of Planning, Monitoring, Evaluation and Reporting system at all levels;
4. Implementation of PMI coordination, communication, and coaching at all levels.



## STRATEGIC OBJECTIVE 2:

To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructures needed to serve the communities.

The resources discussed here are limited to human, facilities and infrastructures as an integral part of the organization. Meanwhile for funding, in general it comes from the outside and is acquired through different partnership strategies, and therefore is included under Strategic Objective 6. The availability of competent human resources as well as adequate basic infrastructures and equipment is essential to manifest PMI's Vision and Missions.

### Outcome 2.1.

**Human Resource is the most valuable asset of an organization.** A big organization is developed by highly committed and professional human resources. Therefore, human resources management should be conducted effectively and comprehensively, starting from recruitment until the end of mission. Human resources capacity development in technical and management skills should be conducted on a regular and sustainable manner through trainings and coaching. PMI is also responsible for the welfare of its human resources by providing different forms of compensation, i.e. health services or insurance, to improve the performance of the board members, staff, and volunteers.

### Outcome 2.2.

PMI normally conducts **training and coaching** for its human resources independently, even the training center is directed for its human resource development while at the same time serving its partners and communities. With that, PMI must have a well-functioned training and education system in which it has accredited curriculums, certified trainers/facilitators, standard training management procedures, and need-based training implementation.

### Outcome 2.3.

**Basic facilities and infrastructure** such as office, disaster operation center (posko), training center, and other assets should be managed in line with the approved guideline, starting from inventory, maintenance, and documentation or reporting.

### Outcome 2.4.

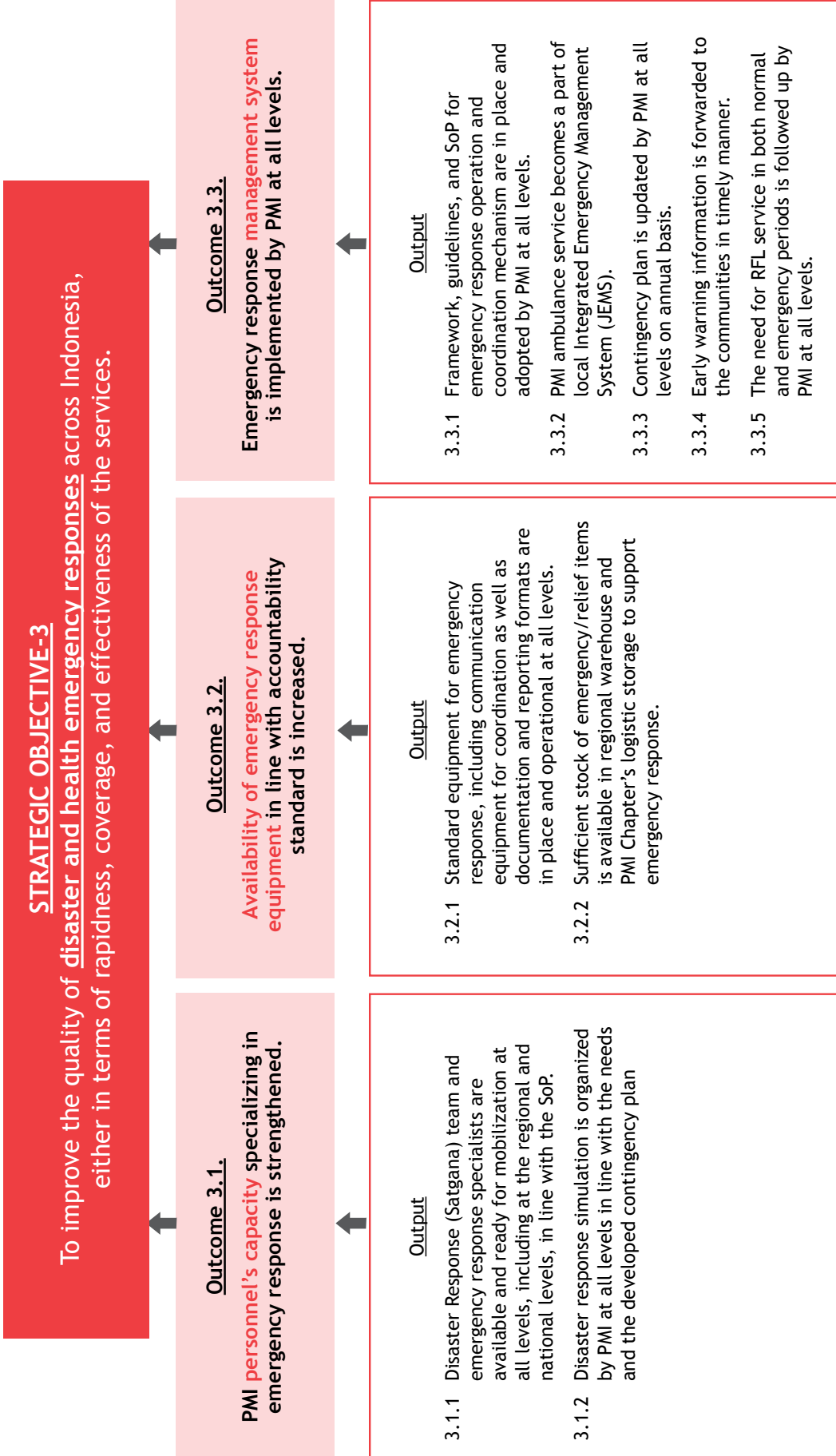
Nowadays, **Information and Communication Technology (ICT)** can help an organization to grow fast through quick and accurate decision making and action. PMI services are mostly needed in critical or emergency times, and quite often related to human's life safety. Besides, PMI's services include a wide range of needs, community contexts (urban/rural) all over Indonesia.

As such, a well-functioning ICT is needed to anticipate the gap in time, distance, and access. In implementing its work plan, PMI needs an effective, modern, and massive approach so as to enable significant changes. Therefore, technology application (hardware or software) in educating, empowering, and engaging community members becomes very strategic

**Programs and activities under Strategic Objective-2 are focused on:**

1. Strengthening of PMI's human resources management (Board Members, Staff, and Volunteers) at all levels;
2. Strengthening of PMI's training and education system at all levels;
3. Increase of the availability of basic infrastructures and equipment to support PMI's operations at all levels;
4. Increase of information technology application to support PMI's organizational management and operations.





### **STRATEGIC OBJECTIVE 3:**

To improve the quality of disaster and health emergency responses across Indonesia, either in term of rapidness, coverage, and effectiveness of the services.

Indonesia is a disaster prone country. Therefore, PMI's capacity to respond to disasters and health crisis in an effective, efficient manner with massive coverage, as well as with high quality needs to be further strengthened, especially on personnel, supporting facilities, and response management system.

#### **Outcome 3.1.**

PMI's emergency response personnel, both the ones organized in the Disaster Response Unit (Satgana) and personnel with specialized skills in disaster response/health crisis, have to be adequately available and ready to be mobilized when needed. Emergency simulation should be scheduled on regular basis to maintain the preparedness capacity of those response personnel, in line with the contingency plan and SoP.

#### **Outcome 3.2.**

Disaster response is a high risk service. Therefore, PMI personnel should be equipped with supporting gears for disaster response/health crisis, such as individual protection gears, base camp tools, and tactical equipment (operational vehicles, transport means, watsan equipment, field hospital equipment, evacuation tools), including communication and documentation (recording) equipment. All of them are needed to improve the quality of emergency response operation and organizational accountability. Finally, logistic should certainly be made available in adequate types or quantity, in regional or provincial warehouses, to be distributed based on needs.

#### **Outcome 3.3.**

Emergency response management entails personnel and equipment mobilization system, activation of contingency plan to become operational or action plan, information system from operation sites to decision making authority, which is conducted in line with the applicable PMI's SoP. A good response management should meet accountability standards (e.g. SPHERE, Code of Conduct, and Disaster Relief Principles and Procedures).

An effective emergency response management starts from well-functioning early warning systems. PMI, which operates between the institution providing the early warning information and the communities in disaster affected areas, needs to establish strong and systematic network with both parties in order to receive and disseminate the early warning information.

PMI Branches' ambulance services should become part of local hospital referral system coordinated in the local Integrated Emergency Management System so that they can provide timely and standard services to optimally benefit the communities and the organization.

**Programs and activities under Strategic Objective -3 are focused on:**

1. Strengthening of personnel capacity for disaster/health crisis response;
2. Increase of the availability of standard equipment to support disaster/health crisis response;
3. Development and implementation of effective emergency/health crisis response management.

## STRATEGIC OBJECTIVE-4

To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.

### Outcome 4.1.

PMI's capacity to manage **community-based disaster preparedness and health programs** is strengthened.

#### Output

- 4.1.1 Guidelines/SoP documents on community-based disaster preparedness and health programs are available, updated, and applied by PMI.
- 4.1.2 Adequate supporting materials/ tools for community-based disaster preparedness and health programs (e.g. IEC materials, modeling equipment, M&E tools) are available.
- 4.1.3 Community-based disaster preparedness and health program activities are implemented by competent PMI staff/volunteers/ facilitators at all levels.

### Outcome 4.2.

PMI's capacity to provide **social services** to the communities is increased.

#### Output

- 4.2.1 Guidelines/SoP documents and supporting materials/ tools for social services (e.g. IEC materials, modeling equipment, M&E tools) are available, updated, and applied in PMI.
- 4.2.2 Social service activities are implemented by competent PMI staff/ volunteers at all levels.

### Outcome 4.3.

PMI Hospitals' **services and capacity** are improved.

#### Output

- 4.3.1 Information on hospital standard services (patient services, patient safety, services to people contracted with TB, HIV/AIDS and CEONC) based on KARS (Hospital Accreditation Commission) or JCI (Joint Commission International) standards is disseminated to all hospitals' employees in order to guide them in performing their roles and responsibilities.
- 4.3.2 Medical and non-medical personnel at the hospital are working in line with the hospital standard for personnel competence (education qualification, credential competence, clinical authority, audit competence).
- 4.3.3 Hospital quality and patient safety improvement programs are implemented through Infection Prevention and Control (IPC) program, Hospital Occupational Health and Safety (K3RS) program, as well a Hospital Patient Safety program.
- 4.3.4 Adequate general and specialized/sub-specialized medical services, including flagship service for lifestyle needs, are available.
- 4.3.5 Education, training and development, as well as performance evaluation for hospital's supporting staff are well-conducted.

## STRATEGIC OBJECTIVE 4:

To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health programs/services.

During the last decade, the Red Cross and Red Crescent Movement all over the world have shifted from response-driven organizations to preventive-oriented ones. This was done through different development and empowerment programs in reducing disaster risks and impact in the future.

### Outcome 4.1.

The transition from a response organization to one with more development focus should be supported with capacity building in community-based program management, both in disaster preparedness and health sector. Through this approach, PMI needs to strengthen the communities' capacity to utilize their own resources (human resources, equipment, natural/environment resources, social system and norms) to develop community members (individual or communal) who are resilient to the impacts of disaster/health crisis. Therefore, guidelines/SoP and adequate supporting facilities are needed to help PMI staff/volunteers/facilitators who are working for and with the communities.

### Outcome 4.2.

PMI social services focus not only on meeting the common needs of vulnerable communities but also on facilitating those vulnerable communities to access public services, and empowering those groups through psychological support. PMI thus needs to have guidelines/SoP and adequate facilities to help PMI staff/volunteers/facilitators who are working for and with the vulnerable groups.

### Outcome 4.3.

PMI Hospitals' service and capacity should be strengthened, including its grade, standard service, medical and non-medical personnel's competence, quality of health services (general, specialized, and flagship services), as well as standard of safety and comfort for the patients. PMI Bogor Hospital, which is one of the most well-equipped PMI hospital, will be a reference for improving other PMI hospitals in other provinces.

**Programs and activities under Strategic Objective -4 are focused on:**

1. Strengthening of capacity in managing community-based program in the field of disaster preparedness and health;
2. Strengthening of capacity to provide social services to vulnerable groups;
3. Strengthening of PMI Hospitals' capacity and service as well as other health services.



**STRATEGIC OBJECTIVE 5:**

To increase the availability of safe, accessible, and quality blood throughout Indonesia.

Blood sometimes becomes an urgent need to save people's life. PMI is the only humanitarian organization that has the mandate from the Government of Indonesia to support blood availability in the country. In fact, PMI is known as an organization working on blood donation, and blood is indeed still one of PMI strategic program priorities throughout Indonesia. Therefore, the capacity of all PMI Blood Transfusion Units (UTD), including its personnel, at all levels need to be strengthened in order to ensure the provision of safe, quality and accessible blood.

**Outcome 5.1.**

UTD's capacity varies across provinces/districts; with some have had very good capacity while some others are still below the standard. PMI UTD should be operated in line with the policies, procedures, and guidelines related to the Good Manufacturing Practice (GMP) to ensure that its product is meeting the standard set. In the last 5-10 years, there were several issues arisen related to UTD management in several provinces, including the lack of harmony with local PMI offices. As such, the management system of UTD should be implemented based on the standard and supported with coordination, communication and coaching mechanisms at different levels of UTD, as well as with other stakeholders.

**Outcome 5.2.**

To apply GMP, trained personnel and standard infrastructures, facilities, and equipment have to be adequately available either in quantity, timeliness, and quality. A well-functioning Information System is vital to support UTD services. With a well-functioning Blood Donor Unit Management Information System (SIMUDDA), UTD will be able to deliver its work plan in a professional manner starting from planning, implementation, and reporting.

**Outcome 5.3.**

The availability of safe, quality, and accessible blood highly depends on the voluntary blood donor. The attempt to promote Blood Donor Volunteer should be conducted on a regular basis with a massive and proactive approach by visiting potential blood donor sources. This effort should be done intensively in order to attract new blood donors, while retaining blood donor volunteers who have donated their blood on regular basis.

On the other hand, the availability of safe, quality, and accessible blood should be further increased through centralization of blood processing, blood screening, and cross-matching test. In order to reduce dependency on supplies from overseas as well as to improve the effectiveness and efficiency of blood products production, PMI NHQ will continue its attempt to construct a factory to produce blood bag, reagent, and plasma fractionation in order to meet the needs of PMI UTD all over Indonesia. Researches in blood service development should also be conducted by UTD National and Provinces in order to improve innovation and quality of its services.

**Programs and activities under Strategic Objective -5 are focused on:**

1. Strengthening of all PMI Blood Transfusion Units' capacity in line with the national standards;
2. Strengthening of human resources capacity, as well as facilities and infrastructure of PMI UTD at all levels;
3. Strengthening of the availability of safe and accessible blood at all PMI Blood Transfusion Units.



**STRATEGIC OBJECTIVE-6**

To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.



**Outcome 6.1.**

PMI's **partnership** with the government, public and private sectors, movement partners, organizations, national and international donor agencies, and other stakeholders is strengthened **at all levels**.



**Output**

- 6.1.1 MoU and Project Agreement documents between PMI with the government, public and private sectors, movement partners, organizations, national and international donor agencies, and other stakeholders are available and implemented by PMI at all levels.
- 6.1.2 Partnership building initiatives, including the implementation of Cooperation Agreement Strategy (CAS), are pursued consistently by PMI at all levels.



**Outcome 6.2.**

Resource **Mobilization capacity** to enhance participation from partners and communities is strengthened.



**Output**

- 6.2.1 Resource mobilization capacity strengthening strategy is developed and implemented by competent personnel in PMI at all levels.
- 6.2.2 Potential donor mapping for resource mobilization nation-wide is developed and disseminated to PMI Chapters/Branches.
- 6.2.3 Guidelines regulating the utilization of fund generated from public donation is disseminated and implemented by PMI.

## **STRATEGIC OBJECTIVE 6:**

To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.

PMI has been able to remain active and productive for 70 years. This was possible with supports from different stakeholders. Without their supports, PMI will have limitations in performing its roles. Partnership is the term that needs to be further developed and maintained, both at national and international levels.

### **Outcome 6.1.**

The partnership between PMI and the Government, public sector, corporate sector, movement partners, organizations, national and international donors, as well as other stakeholders is formally endorsed with an MoU or Cooperation Agreement. This is to ensure consistent legal protection for the partnership implementation at the target Chapters and Branches. There have actually been several MoUs initiated by PMI NHQ, however they were not implemented and did not have any significance as they were not followed up with communication and coordination at Chapter/Branch levels. PMI board members at all levels need to proactively present PMI as a potential partner for stakeholders through effective communication and coordination.

### **Outcome 6.2.**

A healthy organization is an organization with a diverse source of funding or no dependency to one or several sources only. PMI needs fund to maintain its operation and provide services. Therefore, PMI at all levels have to proactively seek income for the organization. There are many activities that could bring income to PMI such as public fundraising, business unit development, service provision, and proposal submission. Nearly 80% of PMI Branches however received most of their funding from the government.

Lately, public fundraising such as Bulan Dana (Donation Month) has been facing different challenges as the communities were facing economic challenges. PMI fundraising strategies need to evolve as the world is changing. It requires specific Resource Mobilization strategies that are strategic, relevant, in line with the organization's fundamental principles, and effective. These could only be achieved if the personnel managing the unit have specific competences in Resource Mobilization. This seems to be an area often neglected or not receiving serious attention. Therefore, it is not surprising that PMI's performance is very limited, and few of them even only have their signboards.

After receiving the fund, the mechanism to utilize the fund raised, especially for funding raised nationwide (e.g. fund collected from a partnership with private sector or donor), should be discussed and agreed collectively in order to optimize PMI's development and services throughout Indonesia.

**Programs and activities under Strategic Objective-6 are focused on:**

1. Partnership development between PMI and the government, public and private/corporate sectors, movement partners, donor agencies, and other stakeholders, either at local, national or international levels;
2. Strengthening of PMI's organizational and personnel capacity in diversification of funding source.

**STRATEGIC OBJECTIVE-7**

To improve PMI's accountability as a humanitarian organization at the national and inter-national levels.

**Outcome 7.1.**

Principles of **accountability and transparency** are well-implemented by PMI accordingly.

**Output**

- 7.1.1 Reports on financial income and expenditures, including financial and narrative reports, are developed on periodical basis for internal and external consumption.
- 7.1.2 Audit on PMI's financial expenditures is conducted annually both by internal and external accountant and followed up accordingly.
- 7.1.3 Guidelines on beneficiary feedback and complaint mechanism are developed and implemented by PMI at all levels.

**Outcome 7.2.**

Outreach, quality, and intensity of documentation, **publication, promotion, and advocacy** of PMI activities/services are increased.

**Output**

- 7.2.1 Basic PR and communication equipment and tools (camera, video camera, recorder), as well as information, education, and communication (IEC) materials are adequately available at all levels of PMI.
- 7.2.2 Analysis report on PMI publication in mass media (print, online, TV, radio) and social media (Twitter and Facebook) is developed on regular basis at PMI NHQ/Chapters.
- 7.2.3 PR and communication products to promote PMI programs and services are disseminated to the communities/public on regular basis.

**STRATEGIC OBJECTIVE 7:**

To improve PMI's accountability as a humanitarian organization at the national and international levels

**Accountability** is an ethical concept too broad to be defined. However, in short, accountability is the responsibility to them who has a partnership with an organization which will determine the continuity of that partnership. Accountability is closely related with reputation. To become a forefront humanitarian organization, PMI should put forward transparency and accountability principles, either in the organization, resources, or service/ program management.

**Outcome 7.1.**

The demand for accountability and transparency has been increasing nowadays, especially for humanitarian organization like PMI, which depends on public fund. The effort to strengthen PMI accountability could be pursued through different methods. For example: publishing financial report that provides information on income and expenditures of funding from public/ community, both for internal and external party; conducting regular annual audit, either by internal or external auditors; seeking opinion, feedback, and criticisms from the people served. Through those strategies, PMI can demonstrate its compliance and pursuance of conditions set by donors, and at the same time, PMI remains transparent to the people providing resources and those being served.

**Outcome 7.2.**

Accountability and transparency will be 'seen and heard' by community at large through intensive, consistent, proportionate, and transparent publication and advocacy. All of those efforts should certainly be done with sufficient media-related equipment. Each organization has to understand its public 'positioning', thus it requires effective public relation strategies to strategically position itself among other players. For example, by conducting analysis on the impact of media publication on PMI, therefore the publication or the development of publication products can be done in a well-planned, targeted, and measurable manner.

**Programs and activities under Strategic Objective -7 are focused on:**

1. Institutionalization of PMI's transparency and accountability principles, both in program and financial management;
2. Improvement of the organization's image, both in terms of quality and coverage, through publication, promotion, advocacy, and documentation of PMI services.

**STRATEGIC OBJECTIVE-8**

To improve the understanding of all elements of communities on humanitarian values, Fundamental Principles of the International RCRC Movement, as well as International Humanitarian Laws through communication, education, and dissemination strategies

**Outcome 8.1.**

**Understanding on RCRC and humanitarian values among PMI personnel and external stakeholders is improved.**

**Output**

- 8.1.1 Updated Information, Education, and Communication (IEC) materials on RCRC Dissemination are available adequately at all levels.
- 8.1.2 Character building on humanitarian and RCRC values is facilitated by competent disseminators at all levels.
- 8.1.3 Partnership with relevant institutions (Military, Police, universities, schools, NGOs) and communities is established to disseminate humanitarian and RCRC values.

**STRATEGIC OBJECTIVE 8:**

To improve the understanding of all elements of communities on humanitarian values, Fundamental Principles of the International Red Cross and Red Crescent Movement, as well as International Humanitarian Laws (IHL) through communication, education, and dissemination strategies.

Humanitarian values and the Fundamental Principles of the International RCRC Movement is a world heritage, especially in International Humanitarian Law. It is therefore important to inherit the awareness on the humanitarian values and the Fundamental Principles of the International RCRC Movement to all elements of community, from generation to generation, in order to preserve their existence.

**Outcome 8.1.**

The understanding on humanitarian values and the basic principles of the International RCRC movement is mandatory for PMI personnel at all levels, starting from the leaders, staff as well as volunteers. This corresponds to PMI's Vision in Strategic Plan 2014 - 2019, " PMI demonstrates strong character...", therefore these values should be reflected in all aspects of the organization, i.e. leadership, program implementer, and nature/principles of PMI service.

The dissemination of humanitarian values and the Fundamental Principles of the International RCRC Movement internally will be integrated into all PMI training packages/module, and RCRC orientation to the board members. As for external party, the dissemination will be conducted through various events at PMI, both at the local and national levels, by utilizing media networks as well as partnership with Military, Police, universities, and schools networks.

**Programs and activities under Strategic Objective-8 are focused on:**

Dissemination of RCRC and humanitarian values, both internally (PMI personnel, PMI training centers) or externally (community at large, elementary/secondary/high education institutions, the Military and Police, as well as ministries on education, social, law, and humanitarian).

## F. MONITORING AND EVALUATION FRAMEWORK

PMI Strategic Plan and Operational Plan 2014-2019 have been provided with indicators (measurement units) along with the target achievements.

At the Strategic Objective level of PMI Strategic Plan 2014-2019, there are 12 Key Performance Indicators of which the achievement will be evaluated by the end of 2019 (see annex-1, Matrix of Strategic Plan).

At the Outcome level of PMI Operational Plan 2015-2019 (see annex-2, Matrix of Operational Plan), there are 22 outcome statements with 56 indicators of which the achievement will be evaluated based on their reporting term (see annex -3, Indicator Registry).

At the Output level of PMI Operational Plan (see annex -2, Matrix of Operational Plan), there are 64 Output statements with 116 indicators of which the achievement will be evaluated every year (see annex-3, Indicator Registry). The total number of indicator is 172.

Monitoring activities are conducted throughout the implementation of PMI work plan at all levels. The monitoring results will be collated in narrative reports, monthly, quarterly, biannually, and annual reports.

In order to be able to perform monitoring and evaluation roles, PMI NHQ has developed Guidelines book and conducted training on Planning, Monitoring, Evaluation and Reporting (PMER) at PMI Chapters, which will be attended by all Office Managers of PMI Branches, including PMI Chapter's Office Manager



## G. CLOSING

The Strategic Plan development was conducted through a consultative and participatory process with all regions. This process is expected to raise a sense of ownership, which in turn will hopefully increase the commitment to the achievement of these objectives in the Strategic Plan.

Additionally, the institutionalization of PMI Strategic Plan into PMI's organizational coaching system also needs to be strengthened at all levels. This will be reflected if PMI at all levels has developed work plan in line with the Strategic Plan, which are then streamlined with the overall PMI's organization coaching system.



# ANNEX-1 KEY PERFORMANCE INDICATORS PMI STRATEGIC PLAN 2014-2019



## KEY PERFORMANCE INDICATORS FOR PMI STRATEGIC PLAN 2014-2019

MISSION	GOAL/STRATEGIC OBJECTIVE	KEY PERFORMANCE INDICATOR	TARGET 2019
<p><b>VISION: PMI demonstrates strong characters and is professional, self-sustaining, and respected by communities</b></p> <p>1. To become the forefront humanitarian organization that provides quality services to communities in line with the fundamental principles of the Red Cross and Red Crescent Movement.</p> <p>2. To strengthen PMI's self-sufficiency through sustainable strategic partnerships with the government, private sector, movement partners, communities, and other stakeholders at all levels.</p> <p>3. To improve PMI's organizational reputation at the national and international levels.</p>	<p>1. To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.</p> <p>2. To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructures needed to serve the communities.</p> <p>3. To improve the quality of disaster and health emergency responses across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services.</p> <p>4. To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.</p> <p>5. To increase the availability of safe, accessible, and quality blood throughout Indonesia.</p> <p>6. To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.</p> <p>7. To improve PMI's accountability as a humanitarian organization at the national and international levels.</p> <p>8. To improve the understanding of all elements of communities on humanitarian values, fundamental</p>	<p>1. RC Law is legalized.</p> <p>2. PMI NHQ/Chapters/Branches are well-functioned.</p> <p>3. Number of disaster response specialists at the national level.</p> <p>4. Regional warehouses are well-functioning.</p> <p>5. PMI Branches are prepared for disaster.</p> <p>6. Number of direct beneficiaries of PMI services.</p> <p>7. PMI Branches have ≥5 villages receiving intervention, which are disaster resilient.</p> <p>8. Blood Transfusion Unit (UTD) Districts/Cities meet the service minimum standard.</p> <p>9. Percentage of increase in local government funding allocation to PMI Chapters/Branches.</p> <p>10. Percentage of total increase in income at PMI NHQ/Chapters/Branches.</p> <p>11. Jumlah program/proyek baru mendapat dana dari donor.</p> <p>12. Persentase responden yang disurvei yang dapat menyebutkan mandat PMI dengan benar.</p>	<p>-Year 2017 -1/33/235</p> <p>-50 people</p> <p>-6 warehouses</p> <p>-120 Branches</p> <p>-Actual</p> <p>- 235 Branches</p> <p>- 200 UTDs</p> <p>- 30%</p> <p>-30%</p> <p>- 15</p> <p>- 70%</p>



# ANNEX-2 ACHIEVEMENT INDICATORS PMI OPERATIONAL PLAN 2015-2019





## ACHIEVEMENT INDICATORS FOR PMI OPERATIONAL PLAN 2015-2019

<b>STRATEGIC OBJECTIVE 1:</b> To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.					
OUTCOME	OUTCOME INDICATOR	TARGET 2019 FOR OUTCOME INDICATOR	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
1.1 PMI's Legal Entity is strengthened.	1. RC law is passed.	Year 2017	1.1.1 RC Bill is included in the National Legislation Program agenda.	2. Number of activities to disseminate information of RC Bill.	10
1.2 PMI's Statutes, Organizational Procedures (PO), and Implementation Guidelines (Juklak), as well as the legal products issued are institutionalized at all levels.	3. PMI NHQ/Chapters/ Branches conducted the Five-Yearly Assembly Meeting in timely manner. 4. PMI NHQ/Chapters/ Branches conducted Annual Meeting in accordance with the assigned schedule. 5. Number of Organizational Procedures (PO) adjusted to the Statute.	1/33/420  1/33/320  5	1.2.1 PMI Statutes, Organizational Procedures (PO), and Implementation Guidelines (Juklak), as well as legal products are in place and implemented at all levels.	6. PMI Chapters/Branches receive dissemination of information on statutes. 7. PMI Branches use PMI bank account for its transactions. 8. Number of PMI employees who have written employment contracts. 9. PMI NHQ/Chapters/ Branches develop asset inventory in line with the technical guidelines. 10. PMI Chapters/Branches have HR regulation in place. 11. PMI Chapters/Branches has employee database that is updated on annual basis. 12. Jumlah pegawai yang dimiliki PMI Prov/Kab/Kota.	33/420  420  Determined by Branches 1/33/420  33/420  33/420  Determined by Chapters/ Branches
1.3 Sistem Perencanaan, Monitoring, Evaluasi, dan Pelaporan (PMER) PMI berfungsi baik di semua tingkatan.	13. PMI NHQ/Chapters/ Branches develop annual work plan in line with the Planning and Reporting Guidelines.  14. PMI NHQ/Chapters/ Branches develop annual report in line with the Planning and Reporting Guidelines.	1/33/375  1/33/375	1.3.1. PMI board members and staff at all levels are regularly coached on the implementation of Planning, Monitoring, Evaluation, and Reporting (PMER) system by competent facilitators.  1.3.2. Planning and reporting documents that are in line with the Planning and Reporting Guidelines are available at all levels.	16. PMI Chapters/Branches receive technical assistance visit on PMER. 17. PMI Chapters/Branches receive information regarding the Planning and Reporting Guidelines 18. PMI Chapter/Branches submit quarterly report to one level above, in line with the Planning and Reporting Guidelines.	20/235  33/320  33/375

STRATEGIC OBJECTIVE 1: To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.					
OUTCOME	OUTCOME INDICATOR	TARGET INDICATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
	15. PMI NHQ's divisions/ bureaux/ units develop annual report in line with the Planning and Reporting Guidelines.	14		19. PMI NHQ's Divisions/ Bureaus/Units submit quarterly report to the Office Manager, in line with the Planning and Reporting Guidelines.	14
			1.3.3. Assessment tools (questionnaires/ analysis tools) for PMI organizational capacity mapping are available and adopted at all levels	20. PMI NHQ/Chapters/ Branches develop Organizational Capacity Mapping every two years.	1/33/420
			1.3.4. PMI work plans at all levels are evaluated based on the Planning, Monitoring, Evaluation, and Reporting (PMER) Reference Book.	21. Number of program funded by external donors that is evaluated by PMI NHQ at the end of the program.	80% out of the existing projects/ programs
			1.3.5. PMI Board Members and Staffing Database is updated on regular basis.	22. PMI Chapters/Branches develop Board Members and Staffing Database that is registered at PMI NHQ.	33/420
1.4. Coordination, communication, and coaching mechanism is operational at all levels.	23. PMI NHQ/Chapters/ Branches conduct plenary meeting on monthly basis.	1/33/460	1.4.1 Internal and cross-chapters/branches communication and coordination are implemented in line with the procedures.	24. PMI Chapters/Branches has a formal Board Decree on Board Members and Staffing structures.	33/420
			1.4.2. Tiered coaching on organizational and program development is carried out on regular as well as need basis.	25. PMI Chapters receive coaching visit from PMI NHQ's Board Members at least once a year. 26. PMI Branches receive coaching visit from PMI Chapter's Board Members at least once a year. 27. PMI Chapters/Branches receive technical assistance visit from PMI staff from one level above at least once a year.	33 320 33/320

<b>STRATEGIC OBJECTIVE 2:</b> To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructure needed to serve the communities.					
OUTCOME	OUTCOME INDICATOR	TARGET 2019 FOR OUTCOME INDICATOR	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
2.1. PMI's HR Management that includes recruitment, training, assignment, supervision, reward and recognition, as well as performance evaluation is improved.	28. Number of PMI employee at NHQ/Chapters/Branches paid in line with the Provincial/District minimum wage standard.	Determined by Branches	2.1.1. Human resources with technical and managerial skills are available and trained to carry out their main tasks and functions for PMI at all levels.	36. Number of branch volunteer trained in specialized skill sets of priority I/II/III services.	Determined by Branches
	29. Percentage of branch volunteer (KSR/TSR) inactive for a year.	>20%		37. Number of employee of PMI NHQ/Chapters/Branches who attend technical training.	Determined by NHQ/Chapters/Branches
	30. Percentage of branch volunteer (YRC/KSR/TSR) who has taken part in branches' activities on quarterly.	>50%	2.1.2. PMI personnel receive adequate health services, either in terms of promotion, prevention, or treatment.	38. Number of services provided by polyclinic to PMI personnel every quarter at NHQ/Chapters/Branches.	Determined by PMI NHQ/Chapter/Branches with polyclinic
	31. Number of school in Districts that has active Youth Red Cross (YRC) unit.	Determined by Chapters/Branches	2.1.3 Volunteer (KSR, TSR, including corporate/institution volunteers) and YRC management guidelines is implemented at all levels.	39. PMI Branches have active Youth/Volunteer Forum.	320
	32. Number of corporate volunteers (corporate/institutions) mobilized by PMI NHQ/Chapters/Branches.	Determined by Branches		40. PMI Chapters/Branches organize Youth gathering (Jumbara).	33/320
33. Number of volunteer insured by PMI Branches.	Determined by Branches		41. PMI NHQ/Chapters organize volunteer gathering (Temu Karya).	1/33	
34. Number of PMI NHQ/Chapters/Branches board member and staff who receive PMER training.	915		42. PMI Branches update volunteer database on quarterly basis.	420	
35. Number of trainer certified by PMI NHQ.	250				

<b>STRATEGIC OBJECTIVE 2: To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructure needed to serve the communities.</b>						
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDICATOR OUTCOME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET 2019 FOR OUTPUT INDICATOR</b>	
2.2. PMI's education and training system is well-functioning.	43. Number of PMI training certified by national institutions.	5 trainings	2.2.1. Trainers and facilitators are trained, certified by PMI or the authorized institution, and are available to be mobilized for different trainings.	46. Number of trainer certified by PMI NHQ who is mobilized per year.	100 trainers per year	
	44. Number of training curriculum updated by PMI NHQ at least once in every four year.	5		47. Number of YRC facilitator available in primary/ secondary/high school in PMI Branches' working area.	Determined by Branches	
	45. National education and training need analysis is available every year.		5		48. Number of key trainer authorized by PMI NHQ through a Decree.	100
					49. Number of trainer certified by BNSP.	60
				2.2.2. The national training curriculum needed for internal/external purposes is updated by PMI and accredited by national institutions (Ministry of Health, Ministry of Workforce and Transmigration Affairs, BNPB).	50. Number of training curriculum for partners ready for use/adoption.	5
			2.2.3 PMI trainings are managed in line with the technical guidelines for training management.	51. Number of training registered by PMI NHQ to be accredited.	2	
				52. Number of training report from PMI Chapters/ Branches in line with the technical guidelines for training management.	80% out of the reports received	
				53. PMI Chapters/Branches develop annual training calendar.	33/420	

<b>STRATEGIC OBJECTIVE 2:</b> To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructure needed to serve the communities.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
2.3 Availability of basic supporting facilities and infrastructures for PMI operation is increased.	54. Number of regional warehouse functioning in line with PMI standards.	6	2.3.1 PMI basic operational facilities (office, disaster operation center/posko, warehouse, training center) are well-functioning.	58. PMI Branches have at least five basic facilities and infrastructure for office operation.	375
	55. PMI Chapters/Branches have active/functioning POSKO.	33/320		59. PMI Chapters have storage for emergency & relief logistics.	15
	56. PMI Training Center meets certification standards.	3		60. Number of education or training activity conducted at PMI Training Center.	Determined by each training center
	57. Number of regional warehouse that maintains minimum stock of the four priority items for emergency/relief.	6	2.3.2 PMI assets and basic facilities/ infrastructures are managed in line with the guidance provided.	61. PMI Chapters/Branches submit asset inventory to PMI NHQ on annual basis.	33/320
	62. Percentage of user who reports satisfaction over PMI corporate email services.	90%	2.4.1 PMI's Information and Communication Technology equipment and facilities are available and well-maintained.	64. PMI NHQ/Chapters/ Branches have fund allocated for ICT maintenance.	1/33/280
	63. Number of download for 'PMI First Aid'/'Disaster Preparedness' applications.	100.000	2.4.2 Communication network and software, e.g. communication radio, internet, email system, formal messaging, and application, are available and functioning to support PMI's operation and services, including blood services.	65. PMI Branches have internet access.	375
				66. Percentage of PMI employee at NHQ/ Chapters/Branches who uses PMI corporate email address.	70%
2.4 Performance and utilization of Information and Communication Technology in supporting PMI's operation is improved.				67. PMI Branches have functioning communication radio network.	235

<b>STRATEGIC OBJECTIVE 3:</b> To improve the quality of disaster and health emergency responses across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OUYKOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
3.1 PMI personnel's capacity specializing in emergency response is strengthened.	68. Number of emergency response specialist at the national level.	180 DR specialists 33 specialists DBM	3.1.1 Disaster Response (Sატgana) team and emergency response specialists are available and ready for mobilization at all levels, including at the regional and national levels, in line with the SoP.	70. Number of SATGANA team members at PMI Branches.	25-30 per Branch
	69. Number of disaster response simulation by PMI Branches' in line with the SoP.	Determined by Branches	3.1.2 Disaster response simulation is organized by PMI at all levels in line with the needs and the developed contingency plan.	71. Number of emergency response specialist at PMI Chapters.	33 RFL specialists 33 RFL field coordinators 33 CTP trainers. 1/15/235
3.2 Availability of emergency response equipment in line with accountability standard is increased.	73. Number of beneficiaries reached by PMI Branches' emergency response services.	Determined by Branches	3.2.1 Standard equipment for emergency response, including communication equipment for coordination as well as documentation and reporting formats are in place and operational at all levels.	74. PMI Chapters have at least five supporting equipment for emergency response operation.	33
				75. PMI Branches have at least four equipment for emergency response team.	235
				76. PMI Branches have at least two communication equipment for emergency situation.	235
				77. PMI Branches provide 24 x 7 ambulance service.	Determined by Branches
	3.2.2 Sufficient stock of emergency/relief items is available in regional warehouse and PMI Chapter's logistic storage to support emergency response.		78. Number emergency/relief items in PMI Chapters' warehouse or logistic storage.	33 PMI Chapters	

<b>SRATEGIC OBJECTIVE 3:</b> To improve the quality of disaster and health emergency responses across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services.					
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDIKATOR OUTCOME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET INDIKATOR OUTPUT 2019</b>
3.3 Emergency response management system is implemented by PMI at all level.	79. Number of emergency incident responded by PMI Branches within the first six hours.	Determined by Branches	3.3.1 Framework, guidelines, and SoP for emergency response operation and coordination mechanism are in place and adopted by PMI at all levels.	82. Number of guidelines/ SoP/ curriculum on emergency response issued by PMI NHQ.	Responding to needs
	80. Amount of contingency fund owned by PMI NHQ/ Chapters/Branches.	Ditetapkan oleh Pusat/ Prov/Kab/ Kota		83. Number of incident report submitted by PMI Branches to PMI NHQ/Chapters.	80% out of the total number of incident
	81. PMI NHQ/Chapters/ Branches develop response operation plan within 3x24 hours after the emergency incident.	Ditetapkan oleh Pusat/ Prov/Kab/ Kota	3.3.2 PMI ambulance service becomes a part of local Integrated Emergency Management System (IEMS).	84. Number of PMI ambulance service responded through JEMS.	Determined by Branches
			3.3.3 Contingency plan is updated by PMI at all levels on annual basis.	85. PMI NHQ/Chapters/ Branches develop annual Contingency Plan.	1/33/420
			3.3.4 Early warning information is forwarded to the communities in timely manner.	86. Number of early warning information forwarded by PMI Branches to local communities.	Determined by Branches
		3.3.5 The need for RFL service in both normal and emergency periods is followed up by PMI at all levels.	87. Number of RFL case followed up by PMI Branches until the procedure is completed.	80% out of RFL cases at Branches	

<b>STRATEGIC OBJECTIVE 4:</b> To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.					
OUTCOME	OUTCOME INDICATOR	TARGET INDICATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
4.1 PMI's capacity to manage community-based disaster preparedness and health programs is strengthened.	88. PMI Branches has at least five villages receiving intervention support every year.	280	4.1.1 Guidelines/SoP documents on community-based disaster preparedness and health programs are available, updated, and applied by PMI.	94. Number of guidelines/SoP on community-based programs available at PMI NHQ.	DM (14 Chapters/20 Branches where pilot programs are located)
	89. PMI Branches have at least five schools receiving intervention support every year.	280			Health (100% responding to needs)
	90. Number of healthy schools at PMI Branches' working area.	Determined by Branches	4.1.2 Adequate supporting materials/tools for community-based disaster preparedness and health programs (e.g. IEC materials, modeling equipment, M&E tools) are available.	95. Number of IEC Material distributed to communities by PMI Branches.	Determined by Branches
	91. Number of disaster-prepared school at PMI Branches' working area.	Determined by Branches			
	92. Number of direct beneficiary from PMI Branch's disaster preparedness program.	Determined by Branches	4.1.3 Community-based disaster preparedness and health program activities are implemented by competent PMI staff/volunteers/facilitators at all levels.	96. Number of community-based programs implemented by PMI Branches.	DM (14 Chapters/20 Branches)
	93. Number of direct beneficiary from PMI Branches' community-based health program.	Determined by Branches		97. Number of specialist on community-based program at PMI Chapters.	33 PMI Chapters
				98. Number of staff/ volunteers at PMI NHQ/Chapters/ Branches trained on community-based program.	Determined by NHQ/ Chapters/ Branches



<b>STRATEGIC OBJECTIVE 4:</b> To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OJK/COME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
4.2 PMI's capacity to provide social services to the communities is increased.	99. Number of direct beneficiaries from PMI Branches' social services.	Determined by Branches	4.2.1 Guidelines/SoP documents and supporting materials/tools for social services (e.g. IEC materials, modeling equipment, M&E tools) are available, updated, and applied in PMI.  4.2.2. Social service activities are implemented by competent PMI staff/volunteers at all levels.	100. Number of guidelines/ SoP and supporting tools for social services available at PMI NHQ.  101. Number of social services carried out at PMI NHQ/ Chapters/Branches.  102. Number of staff/ volunteers at PMI NHQ/ Chapters/ Branches trained in social services.	Responding to needs  Determined by Branches  Determined by NHQ/ Chapters/ Branches
4.3 PMI Hospitals' services and capacity are improved.	103. PMI hospital receives advanced accreditation certificate from the Hospital Accreditation Commission (Komisi Akreditasi Rumah Sakit-KARS) or Joint Commission International (JCI) from Indonesian Health Ministry.	1	4.3.1 Information on hospital standard services (patient services, patient safety, services to people contracted with TB, HIV/AIDS and CEONC) based on KARS (Hospital Accreditation Commission) or JCI (Joint Commission International) standards is disseminated to all hospitals' employees in order to guide them in performing their roles and responsibilities.	106. Number of PMI hospital employee who receives dissemination of information on KARS/ JCI standard services.	869

<b>STRATEGIC OBJECTIVE 4:</b> To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OJJKOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
	104. Annual Bed Occupancy Rate (BOR) ratio.  105. Percentage of increase in PMI Hospitals' income per year.	Determined by PMI Hospitals  Determined by PMI Hospitals	4.3.2 Medical and non-medical personnel at the hospital are working in line with the hospital standard for personnel competence (education qualification, credential competence, clinical authority, audit competence).	107. Number of PMI hospital employee who meets the standard for competence for performance assessment.	869
			4.3.3 Hospital quality and patient safety improvement programs are implemented through Infection Prevention and Control (IPC) program, Hospital Occupational Health and Safety (K3RS) program, as well a Hospital Patient Safety program.	108. Number of PMI hospital staff who meets the employee trained in IPC/K3RS.	869
	4.3.4 Adequate general and specialized/sub-specialized medical services, including flagship service for lifestyle needs, are available.	109. Number of out-patients visit in a year at PMI hospital.  110. Number of specialized/sub-specialized service provided at PMI hospital.	282,819  14		
	4.3.5 Education, training and development, as well as performance evaluation for hospital's supporting staff are well-conducted.	111. Number of personnel who receives education/training at PMI Hospital.	PMI Bogor Hospital: 869		

<b>STRATEGIC OBJECTIVE 5: To increase the availability of safe, accessible, and quality blood throughout Indonesia.</b>					
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDIKATOR OUTCOME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET 2019 FOR OUTPUT INDICATOR</b>
5.1 Blood Transfusion Unit's (UTD) capacity in line with the national standard is increased.	112. UTD Provinces/Districts meet Good Manufacturing Practice (GMP) standards.	42/35	5.1.1 Policies, procedures, and guidelines related to Good Manufacturing Practice (GMP) for blood service are available and implemented by UTD at all levels.	114. Number of UTD Province/District with standard organizational structure.	42/35
	113. UTD Provinces/Districts meet national standards.	42/35	5.1.2 UTD management system, including its organizational structure, staffing, finance, planning and reporting, is operational at all levels.	115. Percentage of UTD Province/District that passes the External Quality Assurance assessment.	100%
				116. UTD National/ Provinces/Districts conduct employee performance assessment every year.	1/42/35
				117. Number of UTD employee at National/Province/District levels with basic salary in accordance with the civil servant salary scale in effect.	Determined by UTDs
				118. UTD National/ Provinces/Districts conduct annual external financial audit.	100%
				119. UTD National/ Provinces/ District develop annual work plan.	90%
				120. UTD National/ Provinces/Districts develop annual activity report.	80%

STRATEGIC OBJECTIVE 5: To increase the availability of safe, accessible, and quality blood throughout Indonesia.					
OUTCOME	OUTCOME INDICATOR	TARGET INDICATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
5.2 Human resources capacity, also facilities and infrastructure at UTD National/ Provinces/Districts are increased.	122. Number of UTD training center accredited by the Ministry of Health.  123. Number of UTD employee at National/ Province/ District who meets 25 Professional Credit Units (Satuan Kredit Profesional-SKP) within 5 years.	2 (National & Central Java)  Determined by UTDs	5.1.3 Communication, coordination, and coaching mechanism is consistently applied within internal UTD, across UTD levels, and with external stakeholders (local government, DHO, hospitals, POM, vendor, etc.).	121. UTD Districts receive coaching visit from Province/National at least once a year.	80%
			5.2.1 UTD employees are trained in implementing GMP and national standards, in line with their roles and responsibilities, also competences required.	124. Number of UTD employee at National/Province/District who attends GMP training.  125. Number of UTD employee at National/Province/District who receives training at least once a year.	Determined by UTDs  Determined by UTDs
			5.2.2 Competent and professional technical personnel on Blood Transfusion Technique are adequately produced from the Blood Transfusion Technology Diploma Program.	126. Percentage of Diploma Program graduates employed by health service providers.	100%
			5.2.3 Adequate and standard facilities and infrastructure, also furniture, fixtures and equipment (FF&E) are available at all UTDs.	127. UTD National/ Provinces/Districts have standard equipment in accordance with their service grade.  128. UTD National/ Provinces/Districts use blood bags and reagent that comply with national standards.	100%  95%

STRATEGIC OBJECTIVE 5: To increase the availability of safe, accessible, and quality blood throughout Indonesia.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
5.3 Availability of safe, accessible, and quality blood in all UTD is increased.	131. Percentage of blood donor volunteer at UTD Province/District who donates blood 3-4 times a year.  132. Amount of blood (bag) that can be used for medication every year at UTD Province/District.	85%  3 million	5.2.4 Blood Donor Unit Management Information System (SIMUDDA) is well-functioning at all levels to support blood service documentation, reporting, and tracking.	129. UTD National/ Provinces/ Districts use Blood Donor Unit Management Information System (SIMUDDA).  130. UTD Provinces/ Districts submit blood service report to UTD.	90%  90%
			5.3.1 Initiatives to promote Voluntary Blood Donors (DVS) are conducted at a massive scale on regular basis.	133. Number of people reached through Voluntary Blood Donor promotional activity every quarter by UTD National/ Provinces/ Districts.	Determined by UTDs
			5.3.2 Centralization of blood processing, blood screening, and cross-matched test is conducted for blood service efficiency and effectiveness.	134. Number of UTD Districts that adopt the centralized system.  135. Number of centralization unit established.	80% of UTD across Java, Bandar Lampung, and Bali  80% of centralization work plan
			5.3.2 Blood is distributed in line with the hospitals' needs through blood provision service network.	136. Percentage of blood request that is rational and in line with the medical indication in the hospital fulfilled at UTD Districts.	85%

STRATEGIC OBJECTIVE 5: To increase the availability of safe, accessible, and quality blood throughout Indonesia.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
			5.3.4 Production of blood reagent, blood bag, and plasma fractionation is conducted by UTD and PMI NHQ independently.	137. Number of reagent type produced. 138. Number of blood reagent produced. 139. Number of minipool cryoprecipitate produced. 140. Percentage of progress in blood bag factory construction. 141. Percentage of bag utilization from Korean Green Cross (KGC) Original Equipment Manufacturer (OEM) in all UTDs. 142. Percentage of progress in plasma fractionator construction. 143. Number of plasma bag sent to fractionator in a year.	2 20,000 set @ 10ml antisera and 1 million reagent rapid 500 bags Determined by PMI NHQ 35% Determined by PMI NHQ Determined by PMI NHQ
			5.3.5 Research and development for blood service is conducted by UTD National and Provinces.	144. Number of research conducted by UTD National/Provinces.	At least 3 in each UTD National/Province.

<b>STRATEGIC OBJECTIVE 6:</b> To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.					
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDICATOR OJ/COME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET 2019 FOR OUTPUT INDICATOR</b>
6.1 PMI's partnership with the government, public and private sectors, movement partners, organizations, national and international donor agencies, and other stakeholders is strengthened at all levels.	145. Number of partner that has formal partnership with PMI NHQ/Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches	6.1.1 MoU and Project Agreement documents between PMI and the government, public and private sectors, movement partners, organizations, national and international donor agencies, and other stakeholders are available and implemented by PMI at all levels.	146. Number of MoU signed at PMI NHQ/Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches
			6.1.2 Partnership building initiatives, including the implementation of Cooperation Agreement Strategy (CAS), are pursued consistently by PMI at all levels.	147. Number of promotional media distributed to potential partners by PMI NHQ/ Chapters/Branches.  148. Number of MoU followed up with Cooperation Agreement by PMI NHQ/Chapters/ Branches.  149. Number of activity conducted by PMI NHQ/Chapters/ Branches in collaboration with partners.	Determined by NHQ/ Chapters/ Branches  25 Cooperation Agreements  Determined by NHQ/ Chapters/ Branches
6.2 Resource Mobilization capacity to enhance participation from partners and communities is strengthened.	150. Amount of annual income from PMI NHQ/Chapters/ Branches' business units.	Determined by NHQ/ Chapters/ Branches	6.2.1 Resource mobilization capacity strengthening strategy is developed and implemented by competent personnel in PMI at all levels.	153. PMI Chapters submit resource mobilization strengthening strategy document to PMI NHQ.	33

STRATEGIC OBJECTIVE 6: To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OJ/COME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
	151. Number of proposal submitted by PMI NHQ and approved by donors.	Determined by NHQ/ Chapters/ Branches		154. Number of active and operational PMI business unit at NHQ/ Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches
	152. Amount of PMI Chapters/ Branches' income derived from external trainings.	Determined by Chapters/ Branches		155. Number of training facilitated by PMI Chapters/Branches to external party.	Determined by Chapters/ Branches
			6.2.2 Potential donor mapping for resource mobilization nation-wide is developed and disseminated to PMI Chapters/Branches.	156. PMI Chapters/ Branches receive report on potential donors mapping for resource mobilization.	33/470
			6.2.3 Guidelines regulating the utilization of fund generated from public donation is disseminated and implemented by PMI.	157. PMI Chapters/ Branches receive public donation in line with the guidelines.	Determined by NHQ



<b>STRATEGIC OBJECTIVE 7: To improve PMI's accountability as a humanitarian organization at the national and international levels.</b>					
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDICATOR OUTCOME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET 2019 FOR OUTPUT INDICATOR</b>
7.1 Principles of accountability and transparency are well-implemented by PMI accordingly.	158. PMI Chapters/Branches publish fundraising report annually.	33/375	7.1.1 Reports on financial income and expenditures, including financial and narrative reports, are developed on periodical basis for internal and external consumption.	161. Number of financial report submitted to partners every quarter by PMI NHQ/Chapters/Branches.	Determined by NHQ/Chapters/Branches
	159. Percentage of fund allocated by PMI Branches for its services.	80%	7.1.2 Audit on PMI's financial expenditures is conducted annually both by internal and external accountant and followed up accordingly.	162. PMI Branches conduct financial audit.	280
	160. PMI NHQ/Chapters conduct external audit on PMI fund utilization every year.	1/33	7.1.3 Guidelines on beneficiary feedback and complaint mechanism are developed and implemented by PMI at all levels.	163. PMI Branches conduct survey to collect beneficiaries' feedback at least once a year.	280
7.2 Outreach, quality, and intensity of documentation, publication, and advocacy of PMI activities/services are increased.	164. Number of people reached by mass media publication on PMI Branches' program/services.	Determined by NHQ/Chapters/Branches	7.2.1 Basic PR and communication equipment and tools (camera, video camera, recorder), as well as information, education, and communication (IEC) materials are adequately available at all levels of PMI.	165. PMI Chapters/ Branches have at least two basic PR & communication equipment.	33/375

STRATEGIC OBJECTIVE 7: To improve PMI's accountability as a humanitarian organization at the national and international levels.					
OUTCOME	OUTCOME INDICATOR	TARGET INDIKATOR OUTCOME 2019	OUTPUT	OUTPUT INDICATOR	TARGET 2019 FOR OUTPUT INDICATOR
			7.2.2 Analysis report on PMI publication in mass media (print, online, TV, radio) and social media (Twitter and Facebook) is developed on regular basis at PMI NHQ/Chapters.	166. Total number of news regarding PMI published in local/national media at PMI Branches' working area.	Determined by NHQ/ Chapters/ Branches
			7.2.3 PR and communication products to promote PMI programs and services are disseminated to the communities/public on regular basis.	167. Number of promotional materials/publications distributed by PMI NHQ/Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches

<b>STRATEGIC OBJECTIVE 8:</b> To improve the understanding of all elements of communities on humanitarian values, Fundamental Principles of the International RCRC Movement, as well as International Humanitarian Laws through communication, education, and dissemination strategies.					
<b>OUTCOME</b>	<b>OUTCOME INDICATOR</b>	<b>TARGET INDIKATOR OUTCOME 2019</b>	<b>OUTPUT</b>	<b>OUTPUT INDICATOR</b>	<b>TARGET 2019 FOR OUTPUT INDICATOR</b>
8.1 Understanding on RCRC and humanitarian values among PMI personnel and external stakeholders is improved.	168. Percentage of respondent surveyed by PMI NHQ who can mention PMI mandate correctly.	80%	8.1.1 Updated Information, Education, and Communication (IEC) materials on RCRC Dissemination are available adequately at all levels.	169. Number of certified disseminators at PMI NHQ/Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches
			8.1.2 Character building on humanitarian and RCRC values is facilitated by competent disseminators at all levels.	170. Number of people who attend RCRC dissemination activities at PMI Branch.	Determined by NHQ/ Chapters/ Branches
			8.1.3 Partnership with relevant institutions (Military, Police, universities, schools, NGOs) and communities is established to disseminate humanitarian and RCRC values.	171. Number of IEC material on RCRC Dissemination distributed by PMI NHQ/Chapters/ Branches.	Determined by NHQ/ Chapters/ Branches
				172. Number of dissemination activities conducted by PMI NHQ/ Chapters/Branches in collaboration with partners.	Determined by NHQ/ Chapters/ Branches



# ANNEX-3 INDICATOR REGISTRY



<b>STRATEGIC OBJECTIVE-1</b> <b>To build a well-functioning PMI at all levels, with the capacity to create synergy between program activities and the organizational policies, procedures, and system.</b>				
NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
1	Red Cross Law is passed.	Red Cross Law is the law that regulates matters on: ✓ name, status, and location ✓ mandate and key responsibilities ✓ procedures on the use of Red Cross emblem ✓ and other items on the organization	The Law document	When the Law is passed
2	Number of activities to disseminate information of RC Bill.	Dissemination activities are various activities conducted by PMI in forms of seminars, workshops, and other activities that aim to garner supports from different stakeholders toward the Law endorsement.	Activity reports	Monthly during dissemination period
3	PMI NHQ/Chapters/ Branches conducted the Five-Yearly Assembly Meeting in timely manner.	PMI NHQ/Chapter/Branch Assembly Meeting is conducted every five year to : ✓ evaluate the board members accountability during their tenure. ✓ elect board members for 5 year period. ✓ stipulate key policies and strategic plan for the next five years (based on the organizational level).	Report of Assembly Meeting	Five-yearly
4	PMI NHQ/Chapters/ Branches conducted Annual Meeting in accordance with the assigned schedule.	Annual Meeting is conducted by PMI NHQ/Chapters/Branches every year to: ✓ evaluate the implementation of the previous year work plan, including the budget. ✓ develop annual work plan for the following year including budget, income, and expenditure planning. It is attended by PMI board members and their counterparts at the province/district.	Report of Annual Meeting	Yearly
5	Number of Organizational Procedures (PO) adjusted to the Statute.	The Organizational Procedures are regulations one step below the Statute and Bylaws that elaborate the main procedures of PMI governance, such as: ✓ Board Members ✓ Office Management ✓ Services ✓ Human Resource ✓ Financial Management ✓ Asset and Logistic Management ✓ Personnel ✓ Planning and Reporting ✓ Partnership ✓ Branding	Organization Procedures Document	Quarterly during PO adjustment

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
6	PMI Chapters/Branches receive dissemination of information on statutes.	The dissemination of statute and bylaws is an activity to provide awareness on the definition and consequences of each article in the statute and bylaws, instead of only distributing the book. Disseminations can be done in different ways, either through meetings, workshops, specific events or included into other local or national events/meetings.	Activity report	Monthly (if the dissemination is conducted)
7	PMI Branches use PMI bank account for its transactions.	The fund owned/received by PMI is deposited in PMI account, not personal account.	Bank account book	Annually
8	Number of PMI employees who have written employment contracts.	Employees are staff formally working at PMI. Employment contract is a legal document describing employment relationship between an employee and PMI, describing the roles and responsibilities of the employee or the organization and signed by relevant board member and staff.	Employment contract	Annually
9	PMI NHQ/Chapters/ Branches develop asset inventory in line with the technical guidelines.	The asset inventory in line with technical and implementation guides is a document recording information on asset's existence, including physical and legal aspect, such as: <ul style="list-style-type: none"> <li>✓ name of asset</li> <li>✓ date of purchase</li> <li>✓ quantity</li> <li>✓ buying price</li> <li>✓ asset status</li> <li>✓ etc.</li> </ul>	Asset inventory list	Annually
10	PMI Chapters/Branches have HR regulation in place.	HR regulation includes: <ul style="list-style-type: none"> <li>✓ recruitment</li> <li>✓ grading, employment, pay scale</li> <li>✓ Performance evaluation</li> <li>✓ employees' rights and responsibilities</li> <li>✓ employees welfare</li> <li>✓ sanction and contract termination</li> <li>✓ monitoring and supervision</li> <li>✓ pension</li> </ul>	HR regulation document	Annually



NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
11	PMI Chapters/Branches has employee database that is updated on annual basis.	Employee Database includes information on: <ul style="list-style-type: none"> <li>✓ name, place and date of birth, address, email, home/mobile phone number, contact in emergency (spouse or parents).</li> <li>✓ position, length of employment, grade, salary.</li> <li>✓ training history.</li> </ul>	Employee database	Annually
12	Number of PMI employee at the Chapters/Branches.	Employee is a permanent or fixed term staff working at PMI Office and thus called Employee (based on Organizational Procedure on HR).	Employee database	Annually
13	PMI NHQ/Chapters/ Branches develop annual work plan in line with the Planning and Reporting Guidelines.	Annual work plan in line with the Planning and Reporting Guidelines is a work plan using the formats provided and including information on: <ul style="list-style-type: none"> <li>✓ Strategic Objectives</li> <li>✓ Outcomes, indicators, and targets</li> <li>✓ Outputs, indicators, and targets</li> <li>✓ Activities</li> <li>✓ Amount of budget per activity and its category</li> </ul>	Work plan document	Annually
14	PMI NHQ/Chapters/ Branches develop annual report in line with the Planning and Reporting Guidelines.	The annual report of PMI NHQ/Chapters/ Branches in line with the Planning and Reporting Guidelines comprises of : <ul style="list-style-type: none"> <li>✓ Executive Summary</li> <li>✓ Indicator Tracking Table (ITT)</li> <li>✓ Financial Information</li> </ul>	Annual Report Document	Annually
15	PMI NHQ's divisions/ bureaux/ units develop annual report in line with the Planning and Reporting Guidelines.	The annual report of PMI NHQ's division/bureau/unit in line with the Planning and Reporting Guidelines comprises of: <ul style="list-style-type: none"> <li>✓ Executive Summary</li> <li>✓ Indicator Tracking Table (ITT)</li> <li>✓ Financial Information</li> <li>✓ Analysis</li> </ul>	Annual Report Document	Annually
16	PMI Chapters/Branches receive technical assistance visit on PMER.	PMER technical assistance is provided by competent personnel in PMER (certified facilitators by PMI NHQ). The technical assistance is provided in a systematic approach by using the monitoring and supervision tools developed to assess and to refine: <ul style="list-style-type: none"> <li>✓ annual planning document, including detailed implementation plan.</li> <li>✓ monitoring and evaluation system and mechanism.</li> <li>✓ regular reporting documents (monthly, quarterly, biannually, and annually).</li> <li>✓ other issues related to program implementation such as timeline, resources, staff, stakeholders, risks and issues.</li> </ul>	Technical assistance report	Monthly (when Technical Assistance is conducted)

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
17	PMI Chapters/Branches receive information regarding the Planning and Reporting Guidelines.	Dissemination of Planning and Reporting Guidelines is an activity to provide awareness on the planning and reporting principles/process/ mechanism/tools/formats. This activity can be done through PMER trainings, meetings at national, chapter, or branch level, as well as through PMER technical assistance	Activity report	Monthly (when dissemination is conducted)
18	PMI Chapter/Branches submit quarterly report to one level above, in line with the Planning and Reporting Guidelines.	The quarterly report of PMI Chapter/Branch in line with the Planning and Reporting Guidelines comprises of : 1. Indicator Tracking Table (ITT) 2. Financial Information 3. Analysis 4. The following quarterly implementation plan The quarterly report has to be submitted by the 10th of the following month at the latest. For example, the report for the month of January to March 2015 will be submitted by April 10th, 2015.	Quarterly Report	Quarterly
19	PMI NHQ's Divisions/ Bureaus/Units submit quarterly report to the Office Manager, in line with the Planning and Reporting Guidelines.	The quarterly report of PMI NHQ's division/bureau/ unit in line with the Planning and Reporting Guidelines comprises of : 1. Indicator Tracking Table (ITT) 2. Financial Information 3. Analysis 4. The following quarterly implementation plan The quarterly report has to be submitted by the 10th of the following month at the latest.	Quarterly Report	Quarterly
20	PMI NHQ/Chapters/ Branches develop Organizational Capacity Mapping every two years.	The Organizational Capacity Map is resulted from an assessment toward indicators set for the well-functioning PMI, e.g. on personnel, infrastructures and equipment, policies and procedures, program services, report availability, and other information collected through organizational capacity assessment questionnaires.	Organizational capacity assessment questionnaires	Every two years
21	Number of program funded by external donors that is evaluated by PMI NHQ at the end of the program.	Programs supported by external parties are programs funded by donors, either the government, corporates, or movement partners.  Evaluated means conducting a systematic and objective assessment on the impact, result, effectiveness, efficiency, relevance, and sustainability. The evaluation should take into account the evaluation standard and ethics as stipulated in PMER Reference book.	Evaluation report	End of program

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
22	PMI Chapters/Branches develop Board Members and Staffing Database that is registered at PMI NHQ.	Board members database consists of information on: ✓ Name, sex, education, profession, home address, email address, phone/mobile number. Office database: ✓ Office address, email, phone number, width of land and building, ownership status.	Database format from PMI NHQ	Annually
23	PMI NHQ/Chapters/ Branches conduct plenary meeting on monthly basis.	Plenary meeting is a meeting attended by all board members and office manager and or heads of division/bureau/unit/department.	Minutes of meeting	Annually
24	PMI Chapters/Branches has a formal Board Decree on Board Members and Staffing structures.	The Decree on Board Members and Staffing Structure are documents describing the structures, position, and roles and responsibilities of each position. The documents are endorsed through a decree signed by the respective chairman.	Decree document	Annually (if there is any change)
25	PMI Chapters receive coaching visit from PMI NHQ's Board Members at least once a year.	The coaching visit from PMI NHQ's Board Members is a visit to the chapters during the provincial assembly meeting/annual meeting or other occasions using the approved coaching guidelines.	Visit report	Monthly (if there is any visit made)
26	PMI Branches receive coaching visit from PMI Chapter's Board Members at least once a year.	The coaching visit from PMI Chapter's Board Members is a visit to the branches during the local assembly meeting/annual meeting or other occasions using the approved coaching guidelines.	Visit report	Monthly (if there is any visit made)
27	PMI Chapters/Branches receive technical assistance visit from PMI staff from one level above at least once a year.	The technical assistance from PMI staff one level above can be done at any time using the approved coaching guidelines.	Visit report	Monthly (if there is any visit made)

<b>STRATEGIC OBJECTIVE -2</b> <b>To strengthen the capacity of PMI's organizational resources at all levels, both its human resources and the facilities and infrastructure needed to serve the communities.</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	
			<b>REPORTING PERIOD</b>	
28	Number of PMI employee at NHQ/ Chapters/Branches paid in line with the Local minimum wage standard.	PMI staff is an individual working and has written contract signed by the board members. The local Minimum Wage (UMP/K) is the minimum wage applied for all chapters/branches.	Financial report or pay slip	Annually
29	Percentage of branch volunteer (KSR/TSR) inactive for a year.	PMI Volunteer Corps (KSR) unit is a mechanism for individual members who become KSR member with their own motivation.  Professional Volunteer (TSR) is a PMI member recruited individually from professional community with specific background, e.g. medical doctor, nutritionist, sanitation expert, accountant, logistician, technician, agronomist, artist, IT expert, teacher, etc. and willing to be PMI volunteers.	Volunteer database	Annually
30	Percentage of branch volunteer (YRC/KSR/TSR) who has taken part in branches' activities on quarterly basis.	Non-active means never participate in coaching or service activities for a year YRC volunteer is a Youth Red Cross member at schools located in respective Branches. KSR and TSR are the same as above.	Volunteer database	Quarterly
31	Number of school in Districts that has active Youth Red Cross (YRC) unit.	YRC unit is considered active if they have YRC regular activities and maintain consistent coordination with PMI Branches.	Volunteer database	Annually
32	Number of corporate volunteers (corporate/ organizations/ institutions) mobilized by PMI NHQ/ Chapters/ Branches.	Corporate volunteer is an employee of a corporation/organization/institution registered to support PMI activities based on their specific specialization/skills.	Volunteer database	Monthly (If there is any mobilization of corporate volunteers)
33	Number of volunteer insured by PMI Branches.	Insured means each personnel is provided with health/life insurance in conducting the assignment.	Insurance card or insurance registration	Annually
34	Number of PMI NHQ/ Chapters/ Branches board member and staff who receive PMER training.	Planning, Monitoring, Evaluation, and Reporting (PMER) training is a 4-day training facilitated by PMER trainers using standard PMER training curriculum and materials.	PMER training report	Monthly (If there is any PMER training)

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
35	Number of trainer certified by PMI NHQ.	PMI NHQ's certificate is provided to trainers who have attended a Training of Trainer (ToT) and have had training experience based on the procedures. Each PMI Chapter organizing a ToT has to propose for a certification process from PMI NHQ in reference to the SoP for National Certificate Numbering.	Training & Education Unit Report	Annually
36	Number of branch volunteer trained in specialized skill sets of priority I/ II/III services.	<ul style="list-style-type: none"> <li>✓ Specialized priority service I includes assessment, first aids and evacuation, restoring family link, communication and public relations.</li> <li>✓ Specialized priority service II includes public kitchen, health service, ambulance service, and psychosocial support program.</li> <li>✓ Specialized priority service III includes shelter and IDPs, water and sanitation, distribution and relief.</li> </ul>	Specialist training report	Monthly (if there is any training)
37	Number of employee of PMI NHQ/ Chapters/Branches who attend technical training.	Technical training is all types of training owned by PMI.	Training report	Monthly (if there is any training)
38	Number of services provided by polyclinic to PMI personnel every quarter at NHQ/Chapters/Branches.	Health services provided include promotional, preventive, and treatment services.	Polyclinic service report	Quarterly
39	PMI Branches have active Youth/ Volunteer Forum.	<ul style="list-style-type: none"> <li>✓ Volunteer Forum (FOREL) is a forum functioning as a mechanism to develop volunteers' creativity and sense of responsibility to PMI in an effective manner.</li> <li>✓ Youth Forum (FORPIS) is a forum of YRC representatives to channel and coordinate the aspiration of Beginner, Secondary, and Senior (Mula, Madya, Wira) YRC.</li> <li>✓ Forel/Forpiss is considered active if they organize regular coaching to volunteers and maintain consistent coordination with PMI Branches.</li> </ul>	Forum establishment document	Annually
40	PMI Chapters/Branches organize Youth gathering (Jumbara).	Youth Gathering (Jumbara- Jumba Bakti Gembira) is an annual event attended by YRC members and coaches as well as PMI personnel in the respective province/district/ city to gather and share knowledge and experience.	Jumbara activity report	Annually (if Jumbara is organized)

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
41	PMI NHQ/Chapters organize volunteer gathering (Temu Karya).	Volunteer Gathering (Temu Karya) is an annual event gathering PMI volunteers from different areas to learn, share experience, monitor and evaluate the volunteers' coaching and leadership development process conducted by PMI as well as to develop sustainable roles and activities for volunteers.	Temu Karya activity report	Annually (if volunteer gathering is organized )
42	PMI Branches update volunteer database on quarterly basis.	Volunteer database consists of information on: <ul style="list-style-type: none"> <li>✓ name, place &amp; date of birth, address, email, home/mobile phone number.</li> <li>✓ sex, volunteer category (beginner, secondary, senior).</li> <li>✓ date of registration as a volunteer.</li> <li>✓ training history.</li> </ul>	Volunteer database	Quarterly
43	Number of PMI training certified by national institutions.	Certification is conducted by institutions authorized to provide training certification at the national level, such as the National Profession Standardization Agency (BNSP- <i>Badan Nasional Sertifikasi Profesi</i> ), HRD of the Ministry of Health, BSNi, and the Ministry of Workforce and Transmigration.	Training certification document	Annually
44	Number of training curriculum updated by PMI NHQ at least once in every four year.	A curriculum is considered updated if it has been further developed in line with new development of training material.	Training curriculum	Annually
45	National education and training need analysis is available every year.	Training need analysis map is a map of gaps between the number and type of skills owned by trained PMI personnel available and the number and type of skills owned by trained personnel needed, which comprises of information about trainers, types of training, and training alumni.	Training need analysis map	Annually
46	Number of trainer certified by PMI NHQ who is mobilized per year.	Certified means receiving certificate as a trainer from PMI NHQ. Mobilized means training or facilitating in different trainings.	Training assignment letter	Annually
47	Number of YRC facilitator available in primary/ secondary/high school in PMI Branches' working area.	YRC trainer is a trainer who has attended a YRC ToT.	YRC trainer list	Annually
48	Number of key trainer authorized by PMI NHQ through a Decree.	Main Trainer is the highest trainer rank from three trainer ranks - Beginner, Mid-Level, and Main Trainer.	Decree of Main Trainer	Annually
49	Number of trainer certified by BNSP.	BNSP is the National Profession Standardization Agency.	Certificate from BNSP	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
50	Number of training curriculum for partners ready for use/adoption.	Partners training curriculum is a specific training curriculum that can meet the partners' training need, e.g. First Aids for Work Security and Safety, First Aids for Ambulance Service, Family Care for Nursing School.	Partners training curriculum	Annually
51	Number of training registered by PMI NHQ to be accredited.	Accreditation should be done by national institutions such as MoH, Ministry of Workforce and Transmigration, National Disaster Management Agency (BNPB).	Accreditation registration report	Annually
52	Number of training report from PMI Chapters/ Branches in line with the technical guidelines for training management.	The content of a training report in line with the training management guidelines includes: <ul style="list-style-type: none"> <li>✓ Background</li> <li>✓ Objective</li> <li>✓ Expected results</li> <li>✓ Name, time, and venue</li> <li>✓ Organization of activity</li> <li>✓ Participants, committees, and facilitators</li> <li>✓ Budget and financial report</li> <li>✓ Summary of activity implementation process</li> <li>✓ Closing</li> </ul>	Training report	Annually
53	PMI Chapters/Branches develop annual training calendar.	Annual training calendar includes information on: <ul style="list-style-type: none"> <li>✓ types of training needed</li> <li>✓ list of staff or volunteers in need of training</li> <li>✓ training schedule</li> </ul>	Training calendar	Annually
54	Number of regional warehouse functioning in line with PMI standards.	A regional warehouse is considered well-functioning if meeting the following criteria: <ul style="list-style-type: none"> <li>✓ having at least 4 staff managing the warehouse</li> <li>✓ having comprehensive and updated logistic inventory</li> <li>✓ having document registration system</li> <li>✓ having warehouse and logistic maintenance plan</li> <li>✓ having monthly warehouse activity report</li> </ul> <p>Note: Standard criteria for certification will be further enhanced, endorsed, and disseminated to PMI training centers.</p>	Regional warehouse assessment results	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
55	PMI Chapters/Branches have active/functioning POSKO.	A POSKO is considered active/functioning if it has standard radio communication and at least 4 volunteers standby for 24-hour operation.	Active POSKO assessment result	Annually
56	PMI Training Center meets certification standards.	<p>A PMI training center is considered meeting certification standard if:</p> <ul style="list-style-type: none"> <li>✓ it has standard facilities in line with PMI technical implementation guidelines on training organization.</li> <li>✓ it meets the standard quality of training management in reference to authorized bodies such as HRD, MoH, or Ministry of Workforce and Transmigration.</li> </ul> <p>Note: Standard criteria for certification will be further enhanced, endorsed, and disseminated to PMI training centers..</p>	Certificate	Annually (if conducting certification)
57	Number of regional warehouse that maintains minimum stock of the four priority items for emergency/relief.	<p>The four priority relief items include:</p> <ul style="list-style-type: none"> <li>✓ Family Kit (2.000 units)</li> <li>✓ Hygiene Kit (2.000 units)</li> <li>✓ Tarpaulins (2,000 units)</li> <li>✓ 10,000 pieces of blankets</li> </ul>	Warehouse stock report	Quarterly
58	PMI Branches have at least five basic facilities and infrastructure for office operation.	<p>Basic infrastructures and equipment for office operation include:</p> <ul style="list-style-type: none"> <li>✓ desks</li> <li>✓ computers</li> <li>✓ telephones</li> <li>✓ facsimiles</li> <li>✓ communication radio (landline/mobile)</li> <li>✓ internet</li> <li>✓ four-wheel operational vehicles</li> <li>✓ two-wheel operational vehicles</li> <li>✓ logistic storage/warehouse</li> </ul>	Office asset inventory	Annually
59	PMI Chapters have storage for emergency & relief logistics.	Relief items storage is PMI Chapter's facility to store logistic, both permanent and semi-permanent, owned by the chapter, rented or borrowed.	Building/storage report	Annually



NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
60	Number of education or training activity conducted at PMI Training Center.	Training center is an education or training facility owned by PMI, both permanent and semi-permanent, owned by PMI, rented or borrowed, which is used for internal PMI or for external parties.	PMI training center usage report	Monthly
61	PMI Chapters/Branches submit asset inventory to PMI NHQ on annual basis.	Asset is all of PMI's possessions, both moving and not moving, and have certain selling values, reported based on PMI Asset Management Technical Guidelines.	Asset inventory list	Annually
62	Percentage of user who reports satisfaction over PMI corporate email services.	User's satisfaction over PMI corporate email is the satisfaction based on the agreed survey criteria.	Survey analysis report	Annually
63	Number of download for 'PMI First Aid'/'Disaster Preparedness' applications.	'PMI First Aids' application is an application aiming to help communities in conducting first aids through information sharing provided in stages for easier understanding. Disaster Ready application is an application containing information and lessons learned to recognize risks and to develop contingency plan, as well as features of disaster signs.	Google App Store	Monthly
64	PMI NHQ/Chapters/ Branches have fund allocated for ICT maintenance.	IT maintenance includes maintenance of all hardware and software, as well as Information and Communication Technology system.	Work plan and budget	Annually
65	PMI Branches have internet access.	Internet network entails internet connection and supporting hardware consisting of computers and networks.	Internet network	Annually
66	Percentage of PMI employee at NHQ/ Chapters/Branches who uses PMI corporate email address.	The percentage is calculated by using the ratio of PMI personnel who has been registered in PMI NHQ IT unit with the total number of PMI personnel.	Data on email users	Annually
67	PMI Branches have functioning communication radio network.	A radio communication network is considered functioning if connected with the local radio communication network (District/City and Province).	Radio communication networks	Annually

<b>STRATEGIC OBJECTIVE-3</b> <b>To improve the quality of disaster and health emergency responses across Indonesia, either in terms of rapidness, coverage, and effectiveness of the services</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	
			<b>REPORTING PERIOD</b>	
68	Number of emergency response specialist at the national level.	A national emergency response specialist is a PMI personnel who has received trainings in: 1. Management and Leadership 2. Relief Management 3. Logistic Management 4. Emergency Health Services 5. Water and Sanitation Services 6. Psychosocial Support Services 7. Shelter Services 8. IT Telecom Services 9. General Administration and Finance.	List of National Emergency Response specialists	Annually
69	Number of disaster response simulation by PMI Branches' in line with the SoP.	Disaster Response Simulation is: An exercise conducted based on the emergency scenario agreed, starting from early warning information, personnel mobilization and task assignments, coordinated with relevant parties in the field. Disaster Simulation is in line with the SoP if: ✓ Early warning for PMI personnel until mobilization run in line with the SoP. ✓ Execution of tasks is in line with PMIs standard of service. ✓ Coordinated means engaging other key players including local communities.	Simulation assessment checklist	Monthly (if there is any simulation)
70	Number of SATGANA team members at PMI Branches.	SATGANA Team is a PMI team that has completed specific Disaster Response (SATGANA) training.	Volunteer database	Annually
71	Number of emergency response specialist at PMI Chapters.	PMI Chapter's emergency response specialist is a PMI personnel who has received training in : 1. Management and Leadership 2. Relief Management 3. Logistic Management 4. Emergency Health Services 5. Water & sanitation Services 6. Psychosocial Support Services 7. Shelter Services 8. IT Telecom Services 9. General Administration and Finance.	List of Chapter's Emergency Response specialists	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
72	Number of disaster response simulation activities conducted by PMI at NHQ/Chapters/ Branches annually.	Disaster response simulation is an exercise conducted based on the emergency scenario agreed, starting from early warning information, personnel mobilization and task assignments, coordinated with relevant parties in the field.	Simulation activity report	Monthly (if there is any simulation)
73	Number of beneficiaries reached by PMI Branches' emergency response services.	Beneficiaries are people who receive emergency services (e.g. cash, relief items, health services, evacuation) from PMI directly.	List of beneficiaries	Monthly (if there is any emergency response)
74	PMI Chapters have at least five supporting equipment for emergency response operation.	<p>PMI Chapters that own the standard Disaster Management service equipment to support the operational needs of Disaster Response Team, i.e.:</p> <ul style="list-style-type: none"> <li>✓ complete Public Kitchen equipment for 500 people</li> <li>✓ First Aids equipment (for Individual or Team)</li> <li>✓ evacuation equipment (ambulance, stretchers)</li> <li>✓ individual safety gears (life jackets, face masks, (dust) glasses, helmets, gloves, and raincoats)</li> <li>✓ temporary tents + supporting equipment</li> <li>✓ field equipment (hoes, shovels, hammers, ropes)</li> <li>✓ trucks (if not yet owned, this could be anticipated by having an agreement for rental)</li> <li>✓ operational vehicles for personnel</li> <li>✓ ambulance/emergency transportation units in line with PMI standard of ambulance service.</li> </ul>	Office inventory list	Annually
75	PMI Branches have at least four equipment for emergency response team.	<p>PMI Branches that own the standard Disaster Management service equipment to support the operational needs of Disaster Response Team, i.e.:</p> <ul style="list-style-type: none"> <li>✓ complete Public Kitchen equipment for 500 people</li> <li>✓ First Aids equipment (for Individual or Team)</li> <li>✓ evacuation equipment (ambulance, stretchers)</li> <li>✓ individual safety gears (life jackets, face masks, (dust) glasses, helmets, gloves, and raincoats)</li> <li>✓ temporary tents + supporting equipment</li> <li>✓ field equipment (hoes, shovels, hammers, ropes)</li> <li>✓ trucks (if not yet owned, this could be anticipated by having an agreement for rental)</li> <li>✓ operational vehicles for personnel</li> <li>✓ ambulance/emergency transportation units in line with PMI standard of ambulance service.</li> </ul>	Office inventory list	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
76	PMI Branches have at least two communication equipment for emergency situation.	<p>Communication equipment for emergency use:</p> <ul style="list-style-type: none"> <li>✓ Communication radio</li> <li>✓ Phone</li> <li>✓ Facsimile</li> <li>✓ Computer with internet connection</li> </ul>	Office inventory list	Annually
77	PMI Branches provide 24 x 7 ambulance service.	<p>PMI Branches that operate 24-hour ambulance service on regular basis, with the following criteria but not limited to :</p> <ul style="list-style-type: none"> <li>✓ having at least 1 ambulance with standard equipment in line with PMI ambulance service guidelines</li> <li>✓ having at least 9 ambulance crews trained in First Aids.</li> <li>✓ having call center facilities with at least 3 operators</li> <li>✓ having a referral system with local hospital/Integrated Health Emergency Management System (IEMS)</li> <li>✓ having operational budget allocation for ambulance.</li> </ul>	Ambulance service report	Monthly
78	Number emergency/relief items in PMI Chapters' warehouse or logistic storage.	<p>Relief item is one of these four relief items i.e. :</p> <ul style="list-style-type: none"> <li>✓ jerry cans</li> <li>✓ pails/buckets</li> <li>✓ blankets</li> <li>✓ sarongs</li> </ul>	Warehouse report	Monthly
79	Number of emergency incident responded by PMI Branches within the first six hours.	<p>PMI Branches that conduct initial action for emergency/outbreak response within the first six hours after the incident, such as:</p> <ul style="list-style-type: none"> <li>✓ sending sitrep on the most updated situation</li> <li>✓ sending PMI Branch's disaster operation report: <ul style="list-style-type: none"> <li>- mobilization of SATGANA team</li> <li>- providing emergency assistances (SAR, evacuation, first aids, emergency shelter, relief items distribution)</li> <li>- conducting horizontal/vertical coordination, operating disaster operation center (POSKO)</li> <li>- developing emergency response action plan.</li> </ul> </li> </ul>	Emergency response report	For each emergency event

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
80	Amount of contingency fund owned by PMI NHQ/ Chapters/Branches.	Contingency fund is an 'on call' fund allocated in the budget to support emergency response operation.	Budget document	Annually
81	PMI NHQ/Chapters/ Branches develop response operation plan within 3x24 hours after the emergency incident.	on the need assessment analysis reported/submitted to PMI one level above within 3 x 24 hours at the latest.	Operation plan	Annually
82	Number of guidelines/ SoP/ curriculum on emergency response issued by PMI NHQ.	Updated guidelines/SoPs related to emergency response, relevant with the needs in the field.	Guidelines/ SoP documents	Annually
83	Number of incident report submitted by PMI Branches to PMI NHQ/ Chapters.	Disaster/health crisis incident report should contain information on : ✓ summary of disaster/health crisis incident (name of event, time of incident, level of severity), reported after the incident happened, with only brief follow up update report. ✓ number of casualties (injured, death), updated every 3 days. ✓ impact of disaster incident (number of people losing houses, destroyed public facilities, number of IDPs, IDP location, and IDP site condition), updated every 3 days. ✓ types and quantity of immediate needs, updated every 3 days.	Emergency incident report	Annually
84	Number of PMI ambulance service responded through IEMS.	IEMS is an emergency management system at the local public hospital that becomes the reference of PMI ambulance service.	Ambulance service report	Monthly
85	PMI NHQ/Chapters/ Branches develop annual Contingency Plan.	Contingency Plan is a planning process that includes certain prediction, based on the agreed scenario and purpose, specified technical and managerial response actions, and resource mobilization to mitigate or address an emergency/crisis better in the future	Contingency Plan Document	Annually
86	Number of early warning information forwarded by PMI Branches to local communities.	Early warning information disseminated to the communities is information that is not limited to: ✓ disaster warning ✓ early emergency response action ✓ emergency communication feedback mechanism.	Information dissemination report	Monthly (if there is any early warning information disseminated)
87	Number of RFL case followed up by PMI Branches until the procedure is completed.	The Restoring Family Link service request (not limited to disaster/conflict) submitted (based on criteria) to PMI and followed up in finding the solution until the case is formally closed by PMI.	RFL report	Monthly (if there is any RFL service provided)

<b>STRATEGIC OBJECTIVE-4</b> <b>To strengthen community resilience in order to reduce the risks and impact of disasters and diseases through disaster preparedness, health, and social programs, also referral health services.</b>			
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>
88	PMI Branches has at least five villages receiving intervention support every year.	<p>Specific village or community (high-risk communities, markets, population with HIV/ AIDS, etc.), initiated by PMI or jointly with the government, with the criteria including but not limited to :</p> <ul style="list-style-type: none"> <li>✓ target village in PMI Branch's DRR program (stipulated with Decree or other documents with the same legal power).</li> <li>✓ conducting non-structural mitigation activities.</li> <li>✓ conducting activities to reduce community vulnerability (physical/material, social/organization, behavior), such as Basic First Aids, Maternal and Child Health Promotion, Hygiene Promotion to Prevent Communicable Disease, Healthy Lifestyle Promotion to Prevent Non-Communicable Disease, Road Safety, etc.</li> <li>✓ conducting activities to strengthen communities' capacity (physical/material, social/organization, behavior).</li> <li>✓ responding to incidents requiring referral.</li> <li>✓ responding to potential situations for extraordinary events.</li> </ul>	<p>Village facilitation report</p> <p>Monthly</p>
89	PMI Branches have at least five schools receiving intervention support every year.	<p>PMI Branches that develop programs/activities related to RCRC and its services with activities as follows:</p> <ul style="list-style-type: none"> <li>✓ mobilization of YRC/KSR to conduct education campaign in universities/schools (for DM/FA training, DRR/health promotion, environmental protection initiative, disaster awareness promotion).</li> <li>✓ conducting disaster response simulation in schools/universities (evacuation, preparing school/university as temporary IDP shelter).</li> </ul>	<p>School facilitation report</p> <p>Monthly</p>
90	Number of healthy schools at PMI Branches' working area.	<p>Healthy School is a YRC activity in schools, such as:</p> <ul style="list-style-type: none"> <li>✓ Peer Education on Healthy Behaviors (healthy environment promotion, hand washing with soap, brushing teeth, throwing trash in garbage bin).</li> <li>✓ Supporting PMI's School Health Unit activities.</li> </ul>	<p>Healthy school assessment checklist</p> <p>Annually</p>

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
91	Number of disaster-prepared school at PMI Branches' working area.	<p>PMI Branches that facilitate/develop disaster ready schools or universities , with criteria including but not limited to :</p> <ul style="list-style-type: none"> <li>✓ mobilization of YRC/KSR to conduct education campaign in universities/schools (for DM/FA training, DRR/health promotion, environmental protection initiative, disaster awareness promotion).</li> <li>✓ conducted disaster response simulation in schools/universities (evacuation, preparing school/university as temporary IDP shelter).</li> </ul>	Disaster ready assessment checklist	Annually
92	Number of direct beneficiary from PMI Branch's disaster preparedness program.	Direct beneficiaries are people who are actively involved in, contribute to and receive benefit directly from PMI disaster preparedness activities.	Activity report	Monthly
93	Number of direct beneficiary from PMI Branches' community-based health program.	Beneficiaries from community-based health program are people who actively contribute to, receive benefit from and registered in community-based health activities.	Activity report	Monthly
94	Number of guidelines/SoP on community-based programs available at PMI NHQ.	Guidelines/SoP on community-based program are the existing guidelines for community-based programs, updated with good standards.	Guidelines/ SoP Document	Annually
95	Number of IEC material distributed to communities by PMI Branches.	IEC material is a tool to disseminate information in order to educate communities, which could be in form of leaflets, brochures, booklets, banners, etc.	IEC material distribution list	Monthly
96	Number of community-based programs implemented by PMI Branches.	A community-based program both disaster- and health-related, implemented by PMI Branches, including in schools/universities.	Program document	Annually
97	Number of specialist on community-based program at PMI Chapters.	Community-based program specialist is a PMI staff/volunteer who has attended community-based program trainings and has been mobilized to manage community-based programs.	Staff/volunteer database	Annually
98	Number of staff/ volunteers at PMI NHQ/Chapters/ Branches trained on community-based program.	<p>Staff/KSR/TSR who has attended at least one community-based program training, such as:</p> <ul style="list-style-type: none"> <li>✓ PHAST</li> <li>✓ CBHFA</li> <li>✓ ICBRR</li> </ul>	Staff/volunteer database	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
99	Number of direct beneficiaries from PMI Branches' social services.	Direct beneficiaries from social service are those receiving different assistance such as : <ul style="list-style-type: none"> <li>✓ material supports</li> <li>✓ mass circumcision</li> <li>✓ free health services (glasses, cataract surgery)</li> <li>✓ social works</li> </ul>	Activity report	Annually
100	Number of guidelines/ SOP and supporting tools for social services available at PMI NHQ.	Guidelines/ SoP on social services contains technical implementation of social services starting from planning stage to evaluation or closing. Example of supporting equipment for social service, i.e. IEC materials, modeling equipment, and M&E tools.	Guidelines/ SoP document	Annually
101	Number of social services carried out at PMI NHQ/ Chapters/Branches.	Social services activities conducted by PMI include, but not limited to: <ul style="list-style-type: none"> <li>✓ material supports</li> <li>✓ mass circumcision</li> <li>✓ free health services (glasses, cataract surgery)</li> <li>✓ social works</li> </ul>	Activity report	Annually
102	Number of staff/ volunteers at PMI NHQ/Chapters/ Branches trained in social services.	Staff/KSR/TSR who has attended more than one social service trainings, such as : <ul style="list-style-type: none"> <li>✓ family care</li> <li>✓ street children service</li> </ul>	Staff/ volunteer database	Annually
103	PMI hospital receives advanced accreditation certificate from the Hospital Accreditation Commission (Komisi Akreditasi Rumah Sakit-KARS) or Joint Commission International (JCI) from Indonesian Health Ministry.	The Hospital Accreditation Commission (KARS) is an Independent National Accreditation Agency endorsed by the Ministry of Health based on Law No 40 44/2009 regarding Hospitals. Hospital accreditation is an acknowledgement given by the government to the hospital management as they have fulfilled the standards. The hospital accreditation aims to improve the quality of health service, therefore it is urgently needed by the communities who have become more selective and deserve to receive quality services.	Certification of accreditation	Every 3 years (at minimal)



NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
104	Annual Bed Occupancy Rate (BOR) ratio.	The Bed Occupancy Rate (BOR) ratio: percentage of bed occupancy at certain point of time. This indicator provides information on the rate of bed occupancy at the hospital. An ideal parameter of BOR ranges between 60 - 85%. BOR formula = (Number of inpatient days at the hospital / (Number of bed X Number of days in one period) x 100%.	Hospital report	Monthly
105	Percentage of increase in PMI Hospitals' income per year.	Clear enough.	Financial report	Annually
106	Number of PMI hospital employee who receives dissemination of information on KARS/ JCI standard services.	Dissemination of KARS/JCI standards can be done through different methods, either through meetings, workshops organized separately or integrated with other meetings at local or national levels.	Attendance list from dissemination activity	Monthly (if there is any dissemination conducted)
107	Number of PMI hospital employee who meets the standard for competence for performance assessment.	Standard of performance evaluation competence includes: 1. leadership 2. knowledge and skill 3. attitude and behaviors 4. commitment and creativity 5. appearance 6. attendance and discipline	Competence assessment form	Annually
108	Number of PMI hospital staff who meets the employee trained in IPC/ K3RS.	The Infection Prevention and Control Program (IPC) in Hospitals is an effort to prevent and reduce infection incident in hospitals to the lowest possible rate. Infection prevention and control in hospitals is an important quality assurance standard for patients, health workers and hospital visitor, conducted to protect patients, health workers, and visitors from infection by taking into account cost effectiveness. Hospitals Occupational Health and Safety (K3RS) is a program mandated by Law No. 23/2003 regarding Health, which regulates three main components i.e. work capacity, work load, and working environment. K3RS training is to be conducted in line with the standard K3RS procedures.	Training report	Monthly (if there is any training )

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
109	Number of out-patients visit in a year at PMI hospital.	Clear enough.	Recapitulation of outpatient services	Annually
110	Number of specialized/sub-specialized service provided at PMI hospital.	Clear enough.	Report on types of hospital service	Annually
111	Number of personnel who receives education/training at PMI Hospital	The education and training activities counted are only activities utilizing facilities in PMI Bogor Hospital, both organized by PMI or external parties.	Training report	Monthly (if there is any training )

<b>STRATEGIC OBJECTIVE - 5</b> <b>To increase the availability of safe, accessible, and quality blood throughout Indonesia</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	<b>REPORTING PERIOD</b>
112	UTD Provinces/Districts meet Good Manufacturing Practice (GMP) standards	Good Manufacturing Practice (GMP) standard entails all practical elements that will result in end products/services that can consistently fulfill the specification agreed (Australian Code of GMP 2000). This standard is part of a quality assurance effort that ensures that the standard quality is in line with the utilization purposes, following the specification set (WHO Guidelines on GMP 2011).	GMP standard assessment document	Annually
113	UTD Provinces/Districts meet national standards.	National Standard refers to a number of regulations regarding blood service developed by a joint team from MoH, PMI and relevant stakeholders based on AABB (American Association Blood Bank) standards, European Guidelines, and WHO	National Standard assessment document	Annually
114	Number of UTD Province/District with standard organizational structure.	Standard of Organization Structure refers to MoH Regulation No. 83/2014 regarding blood transfusion unit, hospital's blood bank, and blood transfusion service network	Decree on Organizational Structure	Annually
115	Percentage of UTD Province/District that passes the External Quality Assurance assessment.	External Quality Assurance (EQA) assessment is conducted by observing the result of screening test/cross-match test in UTD by using standard sample sent from UTD Provinces.	Report on EQA assessment results	Annually
116	UTD National/ Provinces/Districts conduct employee performance assessment every year.	Performance assessment is conducted through Performance Appraisal Data (DP2).	Report of DP2 result	Annually
117	Number of UTD employee at National/Province/District levels with basic salary in accordance with the civil servant salary scale in effect.	Salary system is adjusted with local government's pay scale in each Province/District/City.	Copy of pay slip/personnel document	Annually
118	UTD National/ Provinces/Districts conduct annual external financial audit.	Audit is an independent review of financial report developed by PMI to check the compliance to the procedures by external parties.	Audit result report	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
119	UTD National/ Provinces/ District develop annual work plan.	<p>Annual work plan is a work plan using the approved format and contains information on:</p> <ul style="list-style-type: none"> <li>✓ Strategic Objectives</li> <li>✓ Outcomes, indicators, and targets</li> <li>✓ Outputs, indicators, and targets</li> <li>✓ Activities</li> <li>✓ Amount of budget per activity and category</li> </ul>	Survey analysis report	Annually
120	UTD National/ Provinces/Districts develop annual activity report.	<p>Annual activity implementation report from UTD National/Provinces/ Districts/Cities is a report on the result of work plan implementation, which contains information on the achievement of:</p> <ul style="list-style-type: none"> <li>✓ target for outcome indicator</li> <li>✓ target for output indicator</li> <li>✓ brief explanation on activity implementation</li> </ul>	Survey analysis report	Annually
121	UTD Districts receive coaching visit from Province/National at least once a year.	Coaching visit from UTD personnel one level above can be done at any time by using the approved coaching guidelines.	Financial report	Annually
122	Number of UTD training center accredited by the Ministry of Health.	Accreditation proposal process is conducted by enclosing different requirements in order to receive standard acknowledgement from MoH	Accreditation document from MoH	Annually
123	Number of UTD employee at National/ Province/District who meets 25 Professional Credit Units (Satuan Kredit Profesional-SKP) within 5 years.	Professional Credit Unit (SKP) is a credit collected by technical staff in order to gain competence as a technician to be allowed for practicing work.	List of SKP fulfillment	Annually
124	Number of UTD employee at National/Province/District who attends GMP training.	Clear enough.	GMP training report	Monthly (if there is any training )
125	Number of UTD employee at National/Province/District who receives training at least once a year.	Clear enough.	Training report	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
126	Percentage of Diploma Program graduates employed by health service providers.	Diploma Program on Blood Transfusion Technology (TTD) is an education provided for blood transfusion technicians by PTTD institution in order to provide competent human resources in blood transfusion technology.	PTTD graduate database	Annually
127	UTD National/ Provinces/Districts have standard equipment in accordance with their service grade.	UTD service, in line with MoH Regulation No 83/2014, is divided into Utama level for UTD National, Madya level for UTD Provinces, and Pratama level for UTD Districts.	Inventory document	Annually
128	UTD National/ Provinces/Districts use blood bags and reagent that comply with national standards.	National Standard for blood bag and reagent use refers to Government Regulation No. 7/2011 and MoH Regulation No 83/2014 as well as the new regulation currently being finalized at the MoH.	Procurement document	Annually
129	UTD National/ Provinces/Districts use Blood Donor Unit Management Information System (SIMUDDA).	Blood Donor Management Information System (SIMUDDA) is a documentation system of all blood service activities in UTD starting from the donor's vein to the patient's.	SIMUDDA	Monthly
130	UTD Provinces/ Districts submit blood service report to UTD.	Service activity report elaborates all activities in UTD, starting from donor recruitment, selection and blood sampling, until blood safeguards, processing, storage, and distribution for one year.	SIMUDDA	Monthly
131	Percentage of blood donor volunteer at UTD Province/District who donates blood 3-4 times a year.	Clear enough	Blood donor database	Annually
132	Amount of blood (bag) that can be used for medication every year at UTD Province/District.	Clear enough	Blood product registry document	Annually
133	Number of people reached through Voluntary Blood Donor promotional activity every quarter by UTD National/Provinces/ Districts.	Promotional activities to recruit Blood Donor Volunteers through production of leaflets, advertisement in print, TV, and online media through UTD website, etc.	List of attendance, media coverage report	Monthly
134	Number of UTD Districts that adopt the centralized system.	Centralization is an attempt to centralize blood processing and distribution existing in several UTD Districts into one or several centers within the Province.	Centralization plan document	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
135	Number of centralization unit established.	Clear enough.	Centralization plan document	Annually
136	Percentage of blood request that is rational and in line with the medical indication in the hospital fulfilled at UTD Districts.	Clear enough.	Hospital report	Annually
137	Number of reagent type produced.	Clear enough.	Reagent production record	Monthly
138	Number of blood reagent produced.	Clear enough.	Reagent production record	Monthly
139	Number of minipool cryoprecipitate produced.	Clear enough.	Production record	Monthly
140	Percentage of progress in blood bag factory construction.	Progress of factory construction is measured against PMI NHQ's business plan.	Factory construction report	Monthly
141	Percentage of bag utilization from Korean Green Cross (KGC) Original Equipment Manufacturer (OEM) in all UTDs	Clear enough.	Procurement document	Monthly
142	Percentage of progress in plasma fractionator construction.	Progress of factory construction is measured against PMI NHQ's business plan.	Construction report	Monthly
143	Number of plasma bag sent to fractionator in a year.	Clear enough.	Distribution report	Monthly
144	Number of research conducted by UTD National/Provinces.	The theme for research conducted at each UTD National/Province is unrestricted, in accordance with the interest and needs of each UTD.	Research result	Annually

<b>STRATEGIC OBJECTIVE -6</b> <b>To strengthen the partnership with national and local governments, public and private sectors, movement partners, donor agencies, and other stakeholders in order to assume PMI's mandate and functions.</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	
			<b>REPORTING PERIOD</b>	
145	Number of partner that has formal partnership with PMI NHQ/Chapters/Branches.	Mitra PMI adalah lembaga pemerintah pusat dan daerah, sektor publik, swasta, mitra gerakan, lembaga donor dan pemangku kepentingan lainnya yang bekerja sama dengan PMI berdasarkan kesepakatan hukum.	MoU or Cooperation Agreement	Annually
146	Number of MoU signed at PMI NHQ/ Chapters/ Branches.	Nota Kesepahaman, Perjanjian Kerja Sama dan lain-lain yang setara.	MoU or other partnership documents	Annually
147	Number of promotional media distributed to potential partners by PMI NHQ/ Chapters/Branches.	Adalah materi dan alat promosi yang didistribusikan kepada mitra potensial.	Promotional media distribution report	Annually
148	Number of MoU followed up with Cooperation Agreement by PMI NHQ/ Chapters/ Branches.	Adalah Nota Kesepahaman (MoU) yang dijabarkan dalam bentuk Perjanjian Kerja Sama yang mengikat dalam kurun waktu tertentu dan di bidang tertentu.	Cooperation Agreement document	Annually
149	Number of activity conducted by PMI NHQ/Chapters/ Branches in collaboration with partners.	Cukup jelas.	Activity report	Monthly (if there is any joint activity)
150	Amount of annual income from PMI NHQ/Chapters/ Branches' business units.	Adalah pendapatan yang bersumber dari hasil usaha PMI Pusat./Prov/Kab/Kota selama setahun.	Financial report	Annually
151	Number of proposal submitted by PMI NHQ and approved by donors.	Cukup jelas.	MoU or PA	Annually
152	Amount of PMI Chapters/ Branches' income derived from external trainings.	Pelatihan eksternal adalah berbagai jenis layanan/jasa pelatihan yang diberikan kepada pihak eksternal, baik swasta, pemerintah, maupun institusi pendidikan yang mendatangkan pendapatan bagi PMI.	Income report	Annually

NO.	INDICATOR STATEMENT	DEFINITION	MEANS OF VERIFICATION	REPORTING PERIOD
153	PMI Chapters submit resource mobilization strengthening strategy document to PMI NHQ	Dokumen strategi peningkatan PSD adalah dokumen yang memuat berbagai kegiatan dengan berbagai strategi atau metode untuk mengembangkan sumber daya PMI.	Resource Mobilization strategy document	Annually
154	Number of active and operational PMI business unit at NHQ/Chapters/ Branches.	Unit usaha PMI adalah berbagai kegiatan ataupun pemanfaatan aset untuk menghasilkan pendapatan. Aktif beroperasi artinya masih menghasilkan pendapatan untuk PMI.	Business unit financial report	Annually
155	Number of training facilitated by PMI Chapters/Branches to external party.	Cukup jelas. Lihat definisi indikator no 152.	Training report	Annually
156	PMI Chapters/ Branches receive report on potential donors mapping for resource mobilization.	Peta potensi mitra memuat informasi tentang perusahaan, alamat, core business, minat program CSR, dll.	Potential donor map	Annually
157	PMI Chapters/ Branches receive public donation in line with the guidelines	Panduan tentang pembagian hasil donasi untuk PMI di berbagai tingkatan akan ditetapkan dan disosialisasikan.	Donation report	Annually



<b>STRATEGIC OBJECTIVE-7 To improve PMI's accountability as a humanitarian organization at the national and international levels.</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	<b>REPORTING PERIOD</b>
158	PMI Chapters/Branches publish fundraising report annually.	Fundraising report is a consolidated report of fund received from PMI resource mobilization at all levels every year. The report is specified based on source of funding, either individual/institutional donation, government fund, or grants from donor agencies, to be further published to the community at large through report or mass media.	Fundraising report	Annually
159	Percentage of fund allocated by PMI Branches for its services.	Fund allocated for services including regular, emergency services, including capacity building activities. Operational cost, such as personnel salary and office operations, is not included in this allocation.	Planning document	Annually
160	PMI NHQ/Chapters conduct external audit on PMI fund utilization every year	External audit is an external review of financial reports conducted by external parties to check compliance to the standard procedures.	Audit report	Annually
161	Number of financial report submitted to partners every quarter by PMI NHQ/Chapters/ Branches	Financial report comprises budget plan and actual/absorption per activity, remaining balance both in cash and in the account, as well as supporting documents required for all financial transactions.	Financial report	Quarterly
162	PMI Branches conduct financial audit.	Audit is an independent review of financial report developed by PMI to check the compliance to the procedures, which can be done by internal or external parties.	Audit report	Annually
163	PMI Branches conduct survey to collect beneficiaries' feedback at least once a year.	Feedback collection survey is a survey to assess public opinion, especially direct beneficiaries, about PMI programs/services. This survey can be done through questionnaires, interviews, FGDs, phone interviews, or through emails/website (e.g. surveymonkey.com).	Survey report	Annually
164	Number of people reached by mass media publication on PMI Branches' program/ services.	Number of people reached through mass media publication is calculated based on the number of potential audience from PMI publication in print media, TV, radio, and internet.	News analysis report	Monthly
165	PMI Chapters/ Branches have at least two basic PR & communication equipment.	Basic PR & communication equipment is the supporting equipment for PMI's PR tasks, i.e. camera, video camera, and recorder.	Asset inventory	Annually
166	Total number of news regarding PMI published in local/national media at PMI Branches' working area.	News regarding PMI is news about activities conducted or supported by PMI and published at print media, radio, TV, and online.	News analysis report	Monthly
167	Number of promotional materials/publications distributed by PMI NHQ/Chapters/ Branches.	Promotional material/publication is promotional/publication media containing information about PMI service activities. The promotional/publication products can vary from event promotion kit (banners, giant banners, flyers, roller banners, backdrops), brochures, posters, multimedia (video), photos, calendar kit (calendar and agenda), and magazines.	Distribution report	Monthly (when conducting distribution)

<b>STRATEGIC OBJECTIVE 8: To improve the understanding of all elements of communities on humanitarian values, Fundamental Principles of the International RCRC Movement, as well as International Humanitarian Laws through communication, education, and dissemination strategies.</b>				
<b>NO.</b>	<b>INDICATOR STATEMENT</b>	<b>DEFINITION</b>	<b>MEANS OF VERIFICATION</b>	<b>REPORTING PERIOD</b>
168	Percentage of respondent surveyed by PMI NHQ who can mention PMI mandate correctly.	Respondent is a community member above 17 years of age. 'Can mention PMI mandate correctly' means they can mention two of the followings: <ul style="list-style-type: none"> <li>✓ disaster response service</li> <li>✓ disaster preparedness service</li> <li>✓ blood donor service</li> <li>✓ health service</li> <li>✓ social service</li> </ul>	Survey report	Annually
169	Number of certified disseminators at PMI NHQ/Chapters/ Branches.	Certified disseminator is a PMI personnel who has completed training on RCRC dissemination and been certified.	Disseminator certificate	Annually
170	Number of people who attend RCRC dissemination activities at PMI Branch.	RCRC dissemination activity is an attempt to disseminate RCRC values in general, either through promotion, education, information, or advocacy to the community, legal institutions, political parties, scholars, security and defense institutions, and elementary, secondary, and high education institutions.	Attendance list for dissemination activity	Monthly
171	Number of IEC material on RCRC Dissemination distributed by PMI NHQ/Chapters/ Branches.	IEC materials on RCRC Dissemination are printed/electronic information, education, and communication media developed specifically to disseminate RCRC values.	Distribution report	Monthly (when conducting distribution)
172	Number of dissemination activities conducted by PMI NHQ/ Chapters/ Branches in collaboration with partners.	RCRC dissemination activities are conducted in partnership with relevant institutions.	Dissemination activity report	Monthly (when conducting distribution)





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