



Planting mangroves in the coastal area of Aceh Province © Arigun Permada Sidin

Weaving **Resilience**

Indonesian Red Cross contributions to
the Hyogo Framework for Action goals
2005-2015

This documentation captures the experiences of the Indonesian Red Cross that contribute to the Indonesian goals of the Hyogo Framework for Action 2010–2015, which is an initiative to reduce disaster losses formulated during the UN World Conference on Disaster Reduction in Kobe, Hyogo Prefecture, Japan in 2005. It is also available in the Indonesian language, Bahasa Indonesia.

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Acknowledgements: The author would like to thank Arifin M. Hadi, Deasy Sujatiningrani, Aulia Ariyani, Denok Rahayu, Andreane Tampubolon, Pascal Bourcher and Christie Samosir for their assistance during the field research.

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**This publication was produced with the financial support of
the Government of Canada and Canadian Red Cross**

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Abbreviations

AIFDR	Australia-Indonesia Facility for Disaster Reduction
BNPB	Badan Nasional Penanggulangan Bencana (National Disaster Management Agency)
BAKORNAS PB	National Coordination Agency of Disaster Response
BAPPEDA	Badan Perencanaan Pembangunan Daerah (Regional Development Planning Agency)
BPBD	Badan Penanggulangan Bencana Daerah (Provincial or District Disaster Management Agency)
CAP	community action plan
CBAT	Community-Based Action Team (Siaga Bencana Berbasis Masyarakat)
CBHFA	Community-Based Health and First Aid
CCA	climate change adaptation
CHF	Swiss francs
CSO	civil society organization
DIPECHO	Disaster Preparedness ECHO
DKI-Jakarta	Daerah Khusus Ibukota (Special Capital Region of Jakarta)
DREF	Disaster Relief Emergency Fund
DRL	International Disaster Response Law
DRR	disaster risk reduction
EOC	Emergency Operations Centre
HFA	Hyogo Framework for Action
ICBRR	Integrated Community-Based Risk Reduction
ICRC	International Committee of Red Cross
IDR	Indonesian rupiah
IDRL	International Disaster Response Law
IEC	information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Society
IHL	International Humanitarian Law
IRBI	Indonesian Disasters Prone Index
JRCS	Japanese Red Cross Society
KSR	general volunteer corps
MOH	Ministry of Health
M&E	monitoring and evaluation
MRA	mobile rapid assessment
MUKERNAS	Musyawarah Kerja Nasional (National Working Group)
MUNAS	Musyawarah Nasional (General Assembly of PMI)
NGO	non-government organization
PHAST	Participatory Hygiene and Sanitation Transformation Approach
PMI	Palang Merah Indonesia (Indonesian Red Cross Society)
POSKO	Pos Komando (Command Post)
PP	Peraturan Pemerintah (regulations)
PRA	Participatory rural appraisal
Pusdalops	Pusat Pengendalian Operasi (Emergency Operations Centre)
RMU	Resource Management Unit
RTE	Real Time Evaluation
SATGANA	Satuan Penanganan Bencana (Disaster Response Team)
TAGANA	Taruna Siaga Bencana (Disaster Response Team for the Ministry of Social Welfare)
SOP	standard operating procedures
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
VCA	vulnerability capacity assessment
WHO	World Health Organization

Foreword



For more than a decade, Indonesian Red Cross – locally known as PMI or Palang Merah Indonesia – has been conducting risk reduction programmes and activities, with a strong focus on the community-level. Indonesia has been recognized as one of the most disaster-prone countries in the world: for PMI, then, disaster risk reduction is an important issue that requires vigilance and continuous enhancement.

This report captures PMI's experiences and efforts to contribute to the goals of Hyogo Framework for Action (HFA) 2010-2015, an initiative to reduce disaster losses formulated during the UN World Conference on Disaster Reduction in Kobe, Hyogo, Japan in 2005.

It follows 'Light Up', published by PMI with IFRC's support in 2008, a compilation of PMI's efforts to contribute to the HFA at that time. We believe the documentation of risk reduction activities implemented by the Red Cross provides a useful contribution in reducing vulnerability to disaster impacts in Indonesia.

PMI will continue to strengthen its commitment to work together with all key stakeholders towards safer and more resilient communities.

Jakarta, May 2016

A handwritten signature in black ink, which appears to be 'Ginandjar Kartasasmita'.

INDONESIAN RED CROSS

Acting Chairman, Ginandjar Kartasasmita



Executive summary

Weaving Resilience highlights the following contributions of the Indonesian Red Cross Society (PMI) to the Hyogo Framework for Action (HFA) goals.

This includes the integration of disaster risk reduction (DRR) interventions within the five-year strategic plans for the past two programme periods (2004–2009 and 2010–2014). Although falling beyond the HFA life span, the newly launched 2015–2019 strategic plan also included DRR. PMI has developed numerous guidelines, both technical and operational, to support its involvement on DRR.

PMI works closely with the National Disaster Management Agency (BNPb) and the District Management Agency (BPBD) and networks with organizations and agencies with similar interests. PMI supported the BNPb in formulating the Disaster Management Law No. 24/ 2007 and is now involved in revising that law. PMI staff and volunteers have contributed towards the training of BNPb and BPBD staff in developing a disaster management capacities (including strengthening EOCs and developing contingency plans. PMI is regularly involved in BNPb drill simulations and routine coordination meetings.

PMI has responded to disasters and emergencies over the past ten years, from local to national to international situations, and has assisted more than 1.5 million people affected by disasters. (Due to limited database systems, the beneficiaries of local disasters assisted by PMI at district branches are not included in this report.)

Disaster response has been a major activity of PMI since its establishment in 1945. Through Presidential Decrees (No. 25/1950 and No. 246/1963), the Indonesian Government mandated PMI to respond to victims of wars and disasters. In 1980, the Government issued Regulation No.18/1980, which gives PMI a formal mandate to provide blood services.

From 2005 to 2009, PMI provided assistance to communities affected by the Indian Ocean tsunami (in Aceh Province and Nias Island of North Sumatra Province), earthquakes (in Yogyakarta, Central Java and West Sumatra) and numerous floods across the country.

From 2010 to 2014, PMI provided assistance to disaster-affected communities in North Sumatra (Sinabung), West Sumatra (including Mentawai), Wasior (Papua), Central Java and Jogjakarta.

In some of the disaster-affected areas, PMI also has initiated recovery programmes. In 2009, PMI launched integrated community-based risk reduction programmes, which reflects its intention to implement a more integrated approach of interventions.

PMI has helped to build up community resilience in 20 provinces and to build “healthy villages”¹ in 12 provinces to better prepare Indonesians for coping with disasters. More than 3,300 Community-Based Action Teams and 1,900 volunteers have been recruited and trained in the project areas. PMI also contributed to the dissemination of public health information on emerging diseases in 33 provinces in Indonesia.

PMI has continuously built its own capacity to deliver quality services to those in need, such as volunteer recruitment and management, development of technical and operational guidelines, training materials and development of units to support disaster responses (the Ambulance Team, Disaster Response Team, Warehouse Unit, Restoring Family Links Unit and the Resource Management Unit).

1 The “healthy village” (Desa Sehat) is a community-based health programme run by Palang Merah Indonesia.

Through the field research to collate specifics on PMI contributions to the HFA goals for this report, suggestions were collated that were shaped into the following recommendations for strengthening the DRR interventions.

1. Develop a funding strategy based on the priorities of the strategic plans. Since 2010, as much as 85 per cent of funds raised nationally during disasters were spent on disaster and emergency response. To date, most of the DRR programme (preparedness, prevention and recovery) has been supported by foreign donors; but their support is significantly reducing, and PMI needs to stretch its locally sourced funding for DRR interventions.
2. Develop a strategy to communicate messages in relation to climate change **and climate change adaptation that target communities**. Interviews with PMI staff revealed that even though most of the community-based programmes relate to climate change and climate change adaptation, communities still have limited understanding of these issues.
3. Maintain networks and enhance cooperation and coordination **with national and regional DRR networks**, such as: (i) the BNPB and national platforms (Planas PB) and contribute to advocacy efforts to integrate DRR into government planning and policies, including advocacy to promote International Disaster Response Law further into the national legal framework on DRR; (ii) the National Climate Change Centre; and (iii) universities that have programmes linked to DRR for possible cooperation on research and development of related tools, methodologies and evaluations.
4. Strengthen the gender mainstreaming policy and tools. Previous evaluation reports suggested that PMI needs a specific gender approach. The reports also found that PMI volunteers take on traditional gender roles rather than being motivated to pursue roles that actually reflect their capabilities and skills. It is crucial to update the gender mainstreaming policy. This will ensure that the gender aspect goes beyond merely having equal numbers of male and female participants in programmes but instead looks at how interventions can impact social relations, women's and men's equal access to and control of resources, decision-making and changes in gender roles and status.
5. Ensure the sustainability of PMI involvement in DRR by: (i) continuously embedding the DRR framework into programme policies and strategies; (ii) allocating funding for DRR-related activities from internal sources to ensure their sustainability; (iii) strengthen the Resource Management Unit to attract funding for community-based DRR programmes (especially with the significant reduction of funding from international partners working with PMI in 2015; these partners are the main supporters of the community-based DRR programmes) and communicate the significance of community-based programmes to reduce the impact of disasters to local sponsors; (iv) strengthen cooperation and coordination with local governments and seek out joint funding of DRR-related programmes with other resources, such as village offices (through the funding mechanism within the Undang-Undang Desa (village law), the BPBD, the BAPPEDA and the forestry, environment and public works departments) and advocate for these departments to invest in the community-based DRR-related programmes.
6. Strengthen the monitoring and evaluation (M&E), knowledge management and reporting systems. Integrate M&E into plan of actions (including an M&E budget) and documentation of lessons learned from interventions on DRR. Having such systems will enable PMI to measure what works and what does not work and will provide PMI with evidence on how to improve its practices related to DRR.
7. Maintenance of PMI service units, such as the Ambulance Team, the Medical Action Team and other volunteer specialists (recruitment, refresher training and maintenance of equipment).
8. **PMI needs to express its position regarding Indonesia's regional and international commitment to disaster risk management.** This positioning will guide PMI interventions and contributions to that commitment.



A. Introduction

The Hyogo Framework for Action (HFA), which terminated in 2015, was a ten-year plan for building the resilience of nations and communities to disasters. For the past decade, governments and organizations have worked individually and collaboratively to meet the goals of the framework.

Adopted by 163 governments, the plan was established in 2005 following the UN World Conference on Disaster Reduction in Kobe (Hyogo Prefecture), Japan, with three strategic goals: (i) the integration of disaster risk reduction (DRR) into sustainable development practice and planning; (ii) development and strengthening of institutions, mechanisms and capacities to build resilience to hazards; and (iii) the systematic incorporation of risk reduction approaches into emergency preparedness, response and recovery programmes.

Additionally, the HFA had five priorities for action:

1. Ensure that disaster risk reduction is a national and a local priority, with a strong institutional basis for implementation.
2. Identify, assess and monitor disaster risks and enhance early warning.
3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels.
4. Reduce underlying risk factors.
5. Strengthen disaster preparedness for effective response at all levels.

The HFA covered four cross-cutting issues: (i) multiple hazards, (ii) gender and cultural diversity, (iii) community and volunteer participation and (iv) capacity building and technology transfer.

The Indonesian Red Cross Society (PMI) has an auxiliary role to the Government, recognized through Presidential Decrees No. 25 (1950) and No. 246 (1963), which provide a mandate to assist people affected by disasters and war. PMI has 33 provincial offices (chapters) and 371 district offices (branches), which cover 2,654 subdistricts and manage more than 450,000 volunteers across the country.

PMI has consistently focused on its capacity-building approach. This means while helping communities in need, the organization has also strengthened its own capacity to deliver services through the development of strategies, policies, guidelines, standard procedures, staff and volunteer training and the strengthening and maintenance of its logistical capacity. PMI has expanded its network at the local, national and regional levels with sister National Societies and organizations that share common interests.

With its long engagement in disaster response, PMI expanded its focus to disaster preparedness in 2002 by implementing community-based disaster preparedness (CBDP) projects that were supported by the Danish Red Cross in three provinces (Lampung, North Sulawesi and South Sulawesi). However, PMI realized through this experience that preparing for and responding to disasters only is not enough—communities need to be well prepared for coping with disasters, including mitigating their impact before they strike.

PMI published its experiences in contributing to the HFA goals in its Light Up report in 2008, which covered the period 2005–2008 (see Annex 4 to see the DRR-related programme for 2005–2009).

While this report is focused on PMI's contribution to the HFA since 2005, most of the highlights took place in 2010–2015 (see Annex 3 for details of the DRR-related programme for 2010–2014).

B. Methodology

The documentation is based on a research framework that was developed in line with the HFA strategic goals, priorities for action and cross-cutting issues. The information was obtained through a literature review, interviews with key informants at PMI national headquarters and a workshop with PMI national staff.

Limitation of the research

The consultant did not visit DRR-related projects areas, and therefore the experience of the DRR-related activities from the community perspectives could not be reported.

C. PMI contribution to the Hyogo Framework for Action goals

STRATEGIC GOAL 1:

The more effective integration of disaster risk considerations into sustainable development policies, planning and programming at all levels

Integration of disaster risk reduction into PMI's strategic plan and operational plan

DRR has been integrated into PMI strategic plan for the past two periods (2005–2009 and 2010–2014). DRR has been translated into the five-year operational plans through various programme interventions. PMI developed operational and technical guidelines for implementation of the DRR programme at its chapter and branch levels. The newly established strategic plan for 2015–2019 also includes DRR.

STRATEGIC GOAL 2:

The development and strengthening of institutions, mechanisms and capacities at all levels, in particular at the community level, that can systematically contribute to building resilience to hazards.

Strengthening and building organizational capacity

Capacity building has been a main focus of the strategic plans for the past ten years (2005–2009; 2010–2014). PMI continuously assesses its chapters' and branches' capacity to deliver services and provides internal capacity building for staff and volunteers.

In terms of internal capacity building, PMI follows the International Red Cross and Red Crescent Framework for a Well-Functioning National Society. Based on this framework, PMI developed key performance indicators to assess the functions of its national headquarters, chapters and branches. The indicators represent three domains: (i) the foundation of the organization (mission, legal status and constituents), (ii) basic capacity (leadership, organizational structure and systems, human resources, financial resources and materials) and (iii) performance (relevance and effective programmes).

Table 1. PMI capacity-building assessment, 2013

Chapters/branches	Strong	Medium	Weak	Total chapters/branches
Chapters	63%	N/A	37%	32 chapters
Branches	20%	48%	32%	286 branches

Source: PMI: Mukemas report, 2014.

PMI has focused both on (i) the needs of communities and (ii) the capacity of the provincial chapters and district branches in managing its community-based programmes. Such programmes have proven to be a good opportunity to build and strengthen the capacity of participating branches.

Development and strengthening of the Resource Management Unit

PMI initiated the Resource Management Unit (RMU) in 2008, although it was not fully functioning until 2013. The RMU is responsible for organizing fundraising efforts. Most PMI donations are obtained through fundraising events in connection to a particular disaster. The RMU is shifting the trend by developing cooperation with business entities to support the community-based programmes through their corporate social responsibility programmes.

In 2013, with CSR support, PMI started the Resilient Schools and Healthy Schools Initiative (the same programme also goes to universities). Fifty schools, including universities in six provinces (North Sumatra, South Sulawesi, Jakarta, West Java, East Java and Yogyakarta), participate in the programme.

In 2014, the RMU developed an online donation programme, which enables PMI to attract donations through an additional channel. The programme helps RMU to analyse funding sources and create strategies to seek funding for PMI programmes. By the end of 2014, RMU had established cooperation with 300 companies in Indonesia.

In the period of 2010–2014, PMI received on average 30 billion Indonesian rupiah (IDR) in donations per year through its fundraising, most of which came in connection to a specific disaster event; 85 per cent of the donations was spent on disaster-response activities.

With a significant reduction of support from sister National Societies—from 12 international partners in 2012 to only four (American, Canadian, Australian and Netherland Red Cross Societies) that continued their support in 2015—the RMU needs to strengthen its efforts in looking for funding for the community-based programme.

STRATEGIC GOAL 3:

The systematic incorporation of risk reduction approaches into the design and implementation of emergency preparedness, response and recovery programmes in the reconstruction of affected communities

In 2012, PMI developed a number of guidelines (disaster risks reduction, disaster preparedness and climate change adaptation technical guidelines) that provide guidance at all levels to its disaster-related interventions. With these guidelines, PMI adopted evidence-based policies on: integrating disaster preparedness in communities, empowering vulnerable people, building up capacities, gender-sensitive approaches, networking with stakeholders, localized hazard mapping based on the characteristics of an area and encouraging the application of local wisdom in DRR-related interventions. These approaches have made PMI interventions more relevant to community needs.

Through the establishment of PMI's' Community-Based Action Teams (CBAT) and village volunteers, communities are better prepared for disasters. CBAT and village volunteers are trained to conduct assessments and disaster responses, conduct emerging-disease awareness activities and be involved in recovery programmes. CBAT contributes to information sharing of DRR at the village level and continuously works under the guidance of PMI branches and chapters in the post-programme implementation.

To some extent, PMI has conducted project evaluations and documented lessons learned to gather inputs for future programmes, including a real-time evaluation for disaster-response activities. However, these practices have not been systematically embedded into all programmes.

STORY 1***Village volunteers help prepare communities living near a volcano***

When Mt. Merapi erupted in October 2010, Cluntang village officials and its Community-Based Action Team (CBAT) members (in Boyolali District) launched sirens to warn the community. Most fortunately, the integrated community-based risk reduction (ICBRR) programme had just been launched in the area. The community was responsive to the warnings—they had just participated in a disaster simulation a week before. With the procedure still fresh in their minds, they evacuated to the designated assembly point.

From the assembly point, CBAT volunteers escorted them to the temporary shelters at safe locations in the district capital. When CBAT members in other villages received the warning from the volcanology agency, they sent alert messages to villagers through mobile phones, hand-held, portable two-way radio and even conducted home visits to warn people of the impending danger.

The CBAT and PMI volunteers divided the responsibilities to warn the population, carry out evacuations, prepare shelters, provide food for affected villagers and sweep the area to ensure that everyone was safe.

The villagers of Wonodoyo, Cluntang, Kemiren and Kaliurang by the slope of Merapi have been living with the threat of an eruption for years. The ICBRR programme was supported by the International Federation of Red Cross and Red Crescent Societies, the French Red Cross and the Danish Red Cross. At the time of the volcano eruption, the CBAT members had been recruited and trained in 2010. The volunteers immediately practised their skills during the disaster and responded quickly. The threats of Merapi will keep the residents there vulnerable; however, the ICBRR programme has helped them prepare for better protecting themselves.



D. Five priorities for action

PRIORITY 1:

Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation

1.1 Developing guidelines as the umbrella of PMI involvement in disaster management

In 2012, PMI developed operational guidelines for disaster management, with two objectives: (i) PMI should provide quality disaster management services that are professional, well-coordinated, comprehensive and encourage community participation before, during and after a disaster occurs. (ii) Increase and strengthen community resilience in responding to disasters and pandemic disease, with a focus on DRR and climate change adaptation.

PMI also developed technical guidelines on disaster response. The guidelines emphasize the principle of Red Cross and Red Crescent values, a code of conduct and the Sphere standards. PMI's assistance aims to create resilient communities with dignity. It also emphasizes accountability through its services.

Also in 2012, PMI developed technical guidelines for recovery, rehabilitation and reconstruction interventions. These guidelines are based on the principles of using a database, networking, coordination, transparency, accountability, community partnership and empowerment, quality assurance and sustainability.

1.2 Cooperation and coordination with the **National Agency for Disaster Management**

Indonesia established the Advisory Board for Natural Disaster Management in 1966. Initially, its main roles were to provide emergency relief to disaster victims. The agency has gone through several name changes since and embraced new roles. For example, in 1990 the agency expanded its roles to include 'response to man-made disasters', and since 2001, the roles include managing social unrest and internally displaced persons. Following the Indian Ocean tsunami that devastated much of Aceh Province and Nias Island, the Indonesian Government issued Presidential Regulation No. 83/2005 on National Coordination Agency of Disaster Response (BAKORNAS PB). The regulation stated that PMI is a member of the agency, along with government departments and the police and army forces. PMI has been coordinating with the agency in responding to disasters at the national level, SATKORLAK (the disaster management task force at the provincial level) and SATLAK (disaster management task force at the district level). BAKORNAS PB is mainly a coordinating body, with no implementation or policy-making functions. In 2008, this agency was replaced by the National Agency for Disaster Management, or BNPB.

As a member of the BAKORNAS PB, PMI contributed to the disaster management law making process prior to the establishment of BNPB. PMI contributed to the formulation of the National Disaster Management Law No. 24/ 2007 and its implementing regulations after 2007. PMI joined the disaster management task force and participated in workshops organized by the Government. The law shifted the overall paradigm of disaster management from disaster response to managing the whole aspect of disaster management: before, during and after a disaster strikes. The BNPB is a non-department agency that assists the Indonesian president in disaster management, with its roles and structure laid out in Presidential Decree No. 8/2008.

PMI participated in the BNPB task force meetings to develop PERKA No. 10/2008 on establishing Emergency Operation Centres (EOC). With support from the French Red Cross, PMI helped the BNPB set up those centres, known as Pusedalops. The BNPB used PMI Command Posts (POSKO) programmes as reference when forming the national guidelines for the EOCs. PMI Bali chapter assisted the BPBD in developing an EOC in three provinces: Jambi, Bali and Yogyakarta, in particular on the leadership, an early warning system, monitoring and evaluation, disaster response, logistical and radio communication components.

PMI also participated in the process for developing the PERKA on the National Action Plan on Disaster Risk Reduction. PMI is a member of the DRR forum at the national, provincial and district levels. PMI contributed to systems development for both the BNPB and the BPBD, trainings and contingency planning and participates in the BNPB shelter cluster and the BNPB coordination meetings.

In 2013, PMI and BNPB signed a three-year memorandum of understanding (MOU) on disaster management. The MOU covers cooperation on (i) community-based disaster risk reduction, (ii) increased personnel capacity-building efforts through trainings, (iii) the use of assets and equipment, (iv) disaster responses, (v) mobilization of human resources and (vi) an early recovery programme.

STORY 2

Red Cross designs disaster relief with government agency

When the National Agency for Disaster Management, or BNPB, organizes a disaster-relief exercise in West Sumatra, the Indonesian Red Cross, or PMI, helps design what is called a megathrust experience, based on both earthquake and tsunami events.

The Provincial Disaster Management Agency, or BPBD, of West Sumatra coordinates the simulation, with participation from local government departments, the Army, PMI, radio Antar Penduduk Indonesia (RAPI), the Amateur Radio Organization of Indonesia, Taruna Siaga Bencana (TAGANA), the ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre) and UN agencies.

PMI chapter in West Sumatra has helped design the simulation exercise since 2012. PMI deploys its volunteers and equipment during the exercise, which includes SATGANA, the Water and Sanitation in Emergency Team, Psychosocial Support Team, the Medical Action Team (which sets up a field hospital in a real event), the Restoring Family Links unit, field kitchen volunteers and Command Post. The simulation provides PMI staff and volunteers the opportunity to practise their disaster response skills.

According to Hidayatul Irwan, an officer with PMI West Sumatra, the activity helps the community and stakeholders to understand the disaster response mechanisms. The simulation also tests the coordination mechanisms among UN agencies, NGOs and government departments and thus improves the communication and coordination among them. To improve the coordination, however, Irwan emphasized the need for a guideline that clarifies each stakeholder's role.

PMI chapter in West Sumatra signed an MOU with the BPBD to work together on disaster response. PMI has a major presence in the management team and is among the operators of the BPBD West Sumatra Emergency Operation Centre. PMI also trained BPBD staff in West Sumatra Province.

By participating in the simulation, PMI adopted the National Competency Standard for Indonesia, which was developed by the BNPB and led to PMI revising its disaster response management training material to put it in line with the new standard.



1.3. Incorporation of International Disaster Response Law (IDRL) in Indonesia

PMI contributed significantly over the years to the development and strengthening of Indonesia's national legal framework for disaster risk management, especially in advocating for and ensuring the incorporation of International Disaster Response Laws, Rules and Principles (also known as 'IDRL'). For several years PMI was involved in a legal framework consortium, which was led by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) prior to 2005. PMI encouraged the Indonesian Government to incorporate International Disaster Response Law (IDRL) into its national legal framework, and in 2004 PMI conducted workshops on IDRL, which were attended by representatives of parliament, the National Disaster Management Coordinating Board (BAKORNAS), UN agencies and international and local NGOs.

In 2006, PMI, with civil society organizations, attended a hearing in parliament on the role of international organizations in disaster response. The following year, the parliament adopted recommendations contained in the 'Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance' (also known as the IDRL Guidelines) into its Disaster Management Law No. 24/ 2007 and its ancillary regulations.

The Government issued three ancillary regulations (Peraturan Pemerintah, or PP) in 2008 as guidelines to implementing the Disaster Management Law. IDRL aspects were included in PP No. 23/2008 on the participation of international institutions and foreign non-government institutions in disaster management. In 2009, the IFRC, ICRC, BNPB and PMI organized a series of workshops to discuss implementation of PP No. 23/2008, which led to a recommendation that the Government develop specific guidelines on international assistance, including entry points, types of assistance, clearance procedures for personnel, goods and equipment, relief distribution, security monitoring and evaluation (IFRC, 2014, p. 11).



First aid training for SIBAT in Nias Island © PMI

As a result, the BNPB released PERKA BNPB No. 22/2010 on the role of international institutions and foreign non-government organizations during a disaster response. Having in place a law, regulation and detail guideline based on principles of IDRL placed Indonesia as a leader in the region when it comes to have a strong legal framework for disaster management and response. PMI contributed largely to this success through its ongoing advocacy and technical assistance. Several years after the adoption of this comprehensive framework, PMI worked with BNPB and the IFRC to review the impact and implementation of the legal framework during 2012-2014. This included hosting a high-level workshop to discuss the preliminary findings of the IDRL impact study. The final report was published in mid-2014 and contained recommendations for strengthening the content and implementation of the Disaster Management Law and its ancillary regulations. Most importantly, the report recognized that the existing framework is already very comprehensive, and recommended that further emphasis should be placed on strengthening the dissemination, implementation and awareness of the legal framework among relevant actors. PMI has continued to work with the BNPB, IFRC, UNOCHA and other partners to review and strengthen the national legal framework for IDRL and disaster risk management more broadly, including through its membership of various national platforms, supporting preparations for a possible revision of the DM law, contributing to the revision and development of various guidelines or 'perkas' relating to disaster management and highlighting legal issues in disaster response at simulation exercises. PMI has also been undertaking a study together with IFRC and BNPB since 2015 which examines the legal framework for DRR in Indonesia, using the 'Checklist for Law and DRR' developed by IFRC and UNDP as guidance. PMI and BNPB remain at the forefront of disaster law work in the region, and an exemplar for many National Societies and national authorities in this field.

PRIORITY 2:

Identify, assess and monitor disaster risks and enhance early warning

2.1 From disaster mapping to disaster risk monitoring

PMI has mapped disaster incidents in Indonesia since 2003, when it launched its community-based disaster preparedness programmes. The mapping captures disaster incidents, their location and size of affected populations (Table 2).

Table 2. PMI Disaster Response Programme 2005–2014

Year	Disasters events	PMI interventions	Beneficiaries
2004 2005	Aceh and Nias tsunami, 2004	Medical services Water and sanitation Food and non-food relief items	82,000 150,000 437,000 people
	Dengue outbreak response	By the end of the year, total registered beneficiaries: Hygiene promotion, clean-up campaign and Abate larvicide control distribution	667,035 people 25,000 families (125,000 people)
2006	Yogyakarta earthquake	Relief items, shelter, water and sanitation, field hospital, mobile clinics and psychosocial support	325,000 people
2007	Sinjai flood, South Sulawesi	Relief items, water and sanitation	1,000 people
2008	Floods in Central Java, East Java, East Kalimantan, West Java, Jakarta, Riau, South Sumatra and western part of Aceh	Evacuation, field kitchen, medical services, food and non-food relief items and psychosocial support	N/A
	Earthquakes in Riau, West Sumatra, South Sumatra, North Maluku, Gorontalo and Bengkulu		
2009	West Sumatra earthquake	Relief distribution, medical services, psychosocial support, hygiene promotion, water treatment and Restoring Family Links	188,200 people Recovery (temporary shelter for 8,000 families)
	West Java earthquake	Water, sanitation and hygiene promotion	2,469 families Recovery: temporary shelter to 2,000 families
2010	Yogyakarta and Central Java volcano eruption	Evacuation, food and non-food relief items, medical services, psychosocial support, water and sanitation	35,109 people
	Mentawai earthquake and tsunami	Evacuation, family tents, tarpaulins, family kits, mosquito nets, blankets, medical services, clean water, psychosocial support,	5,910 people Recovery: temporary shelter to 2,580 people
	Wasior flood	Family kits, family tents, clean water, blankets and hygiene kits	1,500 families (7,500 people)
2011	252 small- to medium-scale emergency response activities, all supported by district branches	Evacuation, first aid, field kitchen, food and non-food relief items and clean water	7,000 people (approx.)
2012	Rakhine communal conflict in Myanmar	Water and sanitation and Medical Team	N/A
2013	Emergency response to 59 of 201 local disasters by PMI district branches	Relief items, operational equipment and operational support	144,095 people
	Typhoon Haiyan in the Philippines	Relief items, water and sanitation and medical teams	
2014	284 disasters or emergencies reported (flash flood in Manado, Mt. Kelud volcano eruptions, Mt. Sinabung volcano eruption)	Relief items, water, sanitation, emergency health, shelter and a cash-based programme	34,587 people
TOTAL			>1,500,516 people

Source: PMI: Munas report, 2009 and 2014; IFRC, 2012.

After the BNPB launched the Indonesian Disasters Prone Index (IRBI) in 2011, PMI started using it to develop contingency plans. The IRBI covers nine disaster risks: flood, earthquake, tsunami, landslide, volcano eruption, extreme waves and abrasions, land and forest fires, extreme weather and drought.

Table 3. Disaster and emergency records at PMI national headquarters' POSKO 2010–2014

Disasters	Frequency
Earthquake	105
Flood	218
Landslides	87
Fire	166
Whirling winds	87
Volcano eruption	32
Drought	18
Others	162

Source: PMI: POSKO internal report.

The BNPB updates the IRBI every two years. PMI advocates local BPBD units to develop district contingency plans, from which PMI develops its contingency plans.

Mobile telephone rapid assessment application to monitor disasters

In 2014, PMI developed a mobile rapid assessment (MRA) application to assess and report disaster incidents (including the number of affected population, infrastructure, access and communication channels and photos of the damage). The MRA has three primary advantages:

Replaces the traditional paper-based rapid assessment mechanism with an online reporting system, which sends information faster to PMI POSKO and thus enables PMI to provide a faster response.

The POSKO will assess and confirm the information and then publish it for any organization that uses the MRA application to access it.

The information from the MRA is integrated into PMI Disaster Management Information System and the IFRC Disaster management Information System.

The application was among the top-20 disaster risk reduction mobile telephone applications featured at the UN World Conference on Disaster Risk Reductions (March 2015) in Sendai, Japan.

Siaga Bencana application

PMI also launched the Siaga Bencana application in October 2014 to educate communities on how to prepare before a disaster strikes and then cope during and afterward. However, the early warning system component of this application has not been used yet due to delays in coordination with the Indonesian Agency for Meteorological, Climatological and Geophysics. The Siaga Bencana application is adapted from tools developed by the Global Disaster Preparedness Centre. Generally, early warning systems data are used as basis for a PMI emergency response. PMI also disseminates early warning information to communities.

PMI has developed hazard-mapping tools, which are used in its community-based DRR-related projects. The tools help communities understand the hazards in their areas and their capacity and vulnerability to manage them. The community then develops an action plan to address the risks (such as an early warning system, evacuation plan, small-scale infrastructure activities and livelihood-related activities).

2.2. Community-based early warning system

Developing a national early warning system is a government mandate by law. In Indonesia, this responsibility is organized by the BMKG, the Department of Public Works and the Centre of Volcanology and Geological Disaster Mitigation.

In the areas where PMI has set up a DRR-related community project, it has assisted locals in developing their own early warning system. PMI developed guidelines for community-based early warning systems in 2013, based on the IFRC community early warning system toolkit (IFRC, 2012).

Using questions in its Vulnerability and Capacity Assessment (VCA), PMI encourages communities to assess the following aspects: (i) knowledge on disaster risks to build a baseline understanding of risks (hazards and vulnerabilities) and priorities; (ii) monitoring and specifically to keep up to date on how the risks and vulnerabilities change over time; (iii) response capability in order to determine how to reduce risks once trends are identified; and (iv) warning communication and how the monitoring information is transferred into messages that are easily understood within a community.

In 2013, PMI began digitalizing the VCA results using the Quantum Geographical Information System. The VCA results are integrated into the Indonesia Scenario Assessment for Emergency Application (InaSAFE). This free software was developed by the BNPB with support from the Australia-Indonesia Facility for Disaster Reduction and the World Bank's Global Facility for Disaster Reduction and Recovery. The software produces realistic natural hazard impact scenarios for use in planning, preparedness and response activities. It provides a simple but rigorous way to combine data from scientists, local governments and communities to provide insights into the likely impact of future disaster events.

PMI Command Post (POSKO)

Through the implementation of its community-based disaster preparedness projects in 2003–2007, PMI started setting up POSKOs at branches. The POSKO was established at PMI national headquarters in the aftermath of the Pacific Ocean tsunami in 2004. The POSKO became the centre of PMI disaster response operation in Aceh Province and Nias Island.

Table 4. PMI POSKO development

PMI chapter/ # branches	Total	Year	Status	Supported by
PMI national headquarters	1	2012	Active	French Red Cross
Nusa Tenggara Timur (5), Sulsel (5), Papua Barat (3)	3 provincial chapters, 13 district branches	2012–2015	Active	Australian Red Cross & AIFDR
Bali, Yogyakarta, Jambi, West Sumatra (3 districts)	4 provincial chapters, (3 districts)	2010–2011	Active	French Red Cross
Bengkulu, Central Java (5)	2 provincial chapters	2009–2011	Active	German Red Cross
Banten (2)	1 provincial chapter, 2 districts	2014	Active	Japanese Red Cross
East Java	1 provincial chapter	2013	Active	Norwegian Red Cross
22 other provincial chapters supplied with radio system	22 provincial chapters	2007–2008	Active	IFRC
Total	33 chapters		Active	N/A

Note: AIFDR=Australia-Indonesia Facility for Disaster Reduction.

Source: Interview with POSKO staff and IT staff.

In an earlier stage, PMI established a POSKO with participating chapters and branches in conjunction with its community-based DRR-related programmes (in disaster preparedness, risk reduction and integrated risk reduction). However, following the POSKO management training in 2009, PMI decided to establish a POSKO in each provincial chapter. The 33 PMI provincial chapters in Indonesia now have a POSKO.

The POSKO has been PMI's front line for its disaster response efforts. PMI national POSKO, which serves as an information and coordination hub, operates 24 hours a day to monitor and announce disaster and emergency incidents in Indonesia.

STORY 3***Being a volunteer is a life's calling***

"Being a volunteer is a life's calling," says POSKO volunteer Ilham Nurrahman, who works with PMI in the West Java chapter. "When I saw some disaster news on television, I felt the strong urge to help the people. I guess that was when I registered as a PMI volunteer. I was a PMI branch Bekasi volunteer when PMI national headquarters POSKO started a capacity-building programme in 2010. Through this programme, Red Cross volunteers in neighbouring areas (Banten, Jakarta and West Java) got the opportunity to participate in POSKO training, followed by an internship at the POSKO. Our role was to work at the POSKO following a certain schedule—mine was Monday to Friday.

"The longer I work for PMI as a volunteer the more confused I get, confused in the sense that the role of PMI is not exactly what I thought it was. PMI is not only about evacuating and helping disaster victims but also providing water and sanitation and other relief efforts. PMI really touches people's lives through many interventions.

"By having the POSKO, PMI can collect information in a short time and assess it. And the information then serves as a base for planning tools, both for PMI and for other stakeholders. It helps to plan an effective and fast response. PMI recently started using the MRA application. When someone uploads the information, POSKO is alerted, the staff in charge will verify the information, then it will appear on the MRA. Then all stakeholders can see the information and respond accordingly. The MRA application is just perfect for the initial assessment purpose.

"In the future, I think PMI needs to continue the capacity building through the POSKO, strengthen cross-sectoral information sharing and encourage PMI at the chapter and branch levels to operate a POSKO, both for disaster and non-disaster situations. Many have not done this yet."

PRIORITY 3:***Use knowledge, innovation and education to build a culture of safety and resilience at all levels***

PMI efforts in building resilient communities also focus on education and the dissemination of information linked to DRR. These educational activities are conducted through community DRR and health information sessions as part of the Integrated Community-Based Risk Reduction and Community-Based Health and First Aid programmes; public awareness campaigns for avian influenza, dengue and emerging diseases; and by conducting awareness-raising campaigns supported by PMI's Public Relations Division.

3.1. Use of multimedia to communicate, educate and inform communities and stakeholders

The Public Relations Division of PMI coordinates efforts to disseminate information about Red Cross services in general, including information on disasters, disaster preparedness and prevention, the recovery programme and health-related issues.

As the use of communication technology and social media rise rapidly, PMI is exploiting these options (Facebook, Twitter, YouTube and mobile telephone applications, such as the MRA) to enhance beneficiary communication. PMI understands that a community is the first responder when a disaster or emergency strikes. The community is the best source of information, and it is important to listen to their opinions and comments and learn their needs. The use of Facebook, Twitter and radio, for example, facilitate two-way communication between PMI and beneficiaries.

Table 5. PMI DRR-related beneficiary communication activities

PMI information sharing mechanism	Duration	Volume	Audiences/followers	Budget spent	Partner/ sponsorship
PMI Twitter	2009–2014		229,105	N/A	N/A
PMI Facebook	2009–2014		150,654	N/A	N/A
<i>Suara PMI</i> magazine	1956–2014	3 times per year	3,000–4,000	IDR 64 million edition	N/A
<i>Siaga Bencana</i> magazine	2005–2009	4 times per year	3,500	N/A	DRC
Documentary on disaster preparedness	2007	N/A	N/A	N/A	N/A
Documentary on climate change and dengue (BBC television)	2009	N/A	N/A	N/A	BBC
DRR public service announcement on local TV and radio	2007	N/A	N/A	N/A	N/A
Movie: <i>Pesan Dari Samudera</i> ('Message from the Ocean')	2014	N/A	2.5 million	N/A	Australian Red Cross, AIFDR, Metro TV, BNPB, provincial TV networks
Movie: <i>Nyanyian Musim Hujan</i> ('Songs of Rainy Season')	2014	N/A	3.2 million	N/A	Australian Red Cross, AIFDR, Surya Citra Televisi (SCTV), BNPB
Short movie competition on DRR	2012	60	N/A	N/A	Australian Red Cross & AIFDR
PMI radio					
PMI Aceh	2006	Daily	N/A		Irish Red Cross
PMI Pematang Siantar branch	2007	Daily	N/A		Japanese Red Cross

Note: AIFDR= Australia-Indonesia Facility for Disaster Reduction.

Source: PMI: Public Relations internal report.

Public relations works through three mechanisms:

1. Social media (Twitter and Facebook). PMI started to use social media for campaigns in 2009. Currently, PMI Twitter account has 229,105 followers, while PMI Facebook page has 150,654 followers. The use of social media has helped PMI to reach communities and receive information faster.
2. PMI website (www.pmi.or.id). PMI activities for disaster response, preparedness and recovery are regularly updated through the website. PMI posts donors' banners on the website to generate donations.
3. DRR-related information materials. PMI regularly shares DRR-related information through its *Suara PMI* magazine and *Siaga Bencana* magazine. PMI documented its contributions to the HFA goals in a 2008 *Light Up* document and captured stories of DRR-related projects in a 2012 *Hand in Hand* book. In the *Ready to Respond* (2012) documentation, PMI recorded its experience in implementing the risk-reduction programmes in Aceh and South Kalimantan provinces.

STORY 4***Local wisdom saves the community***

In PMI-produced film, 'Message From the Ocean', an old man, Opa Hali, argues with his fellow villager in Lowaloba village of Flores Province. The younger fellow is the owner of a piece of land with access to a hilly area in their village. Not many people paid attention to their arguments. Some probably just thought Opa Hali was a cranky old man. The younger man insisted that the land belonged to his family, and he wanted to fence it to protect his plants.

Meanwhile, in Jakarta, a lone young boy, Samudera arrives home from school. That day, he received a school report, but neither of his parents came to pick it up. He understood that his mother and father were growing apart. His dad, Sakti, had a busy schedule at work, while his mother, Dr Nara, preferred to spend her time working in a small clinic in Flores while looking after her father, Opa Hali, who suffered from heart disease. Opa Hali, who resided in Ranatua city of Eastern Flores, often spent time in his hometown, Lawaloba village. There, a small boy, Bintang, always followed him wherever he went. This young boy used to live with his grandmother because his mother and father, who worked in Malaysia as migrant workers, rarely visited him.

Dr. Nara wanted to visit her mother in Ranatua. Her father arranged her flight and her grandmother would pick her up at the airport. Dr Nara was spending time at Lawaloba, following her father who was in the village. That day, an earthquake, 7.3 on the Richter scale, struck Flores. While walking near the beach, Bintang noticed that the water had receded. He ran and called for Opa Hali and told him what he had seen. Opa Hali often told him about their village and local wisdom during their walks. Opa Hali ordered the villagers to evacuate to the hill. The village was destroyed by the waves, but most of the villagers were safe, thanks to Bintang.

Samudera learned that Lowaloba was also hit by the quake, as did his father who watched the news on the television about the earthquake and potential tsunami. Both were desperate to know that Dr Nara and the rest of their family were safe. Nara visited the local Red Cross branch along with his grandmother and learned that no transportation was available.

Back at Lowaloba, the villagers began working together to clean up their devastated village. They set up a medical post and arrange a communal kitchen under the guidance of Dr Nara. Soon the Red Cross, the BNPB and the BPBD arrived with help.

Not long after the quake hit, the route to the hill re-opened to the villagers, with signs marking the tsunami evacuation route.

PRIORITY 4:***Reduce underlying risk factors*****4.1. Using technology to increase disaster and emergency preparedness**

PMI's national headquarters launched two mobile telephone applications in November 2014. The Siaga Bencana app and the First Aid app were developed to help communities prepare for disasters and emergency situations.

The number of smartphone users is increasing rapidly in Indonesia, which makes it easier for communities to access the information provided in these apps. As explained previously, by installing the Siaga Bencana app, individuals can learn how to assess risks, reduce risks and know what to do when a disaster strikes. Siaga Bencana also alerts users when natural disasters, like an earthquake, flood or tsunami, occurs.

PMI's First Aid app has several features, such as information on diseases and prevention, how to prepare for disasters or emergencies and guidelines on what to do during an emergency situation. The First Aid app also includes information on malaria, dengue, avian influenza and diarrhoea. Information updates on PMI activities and on how to become a Red Cross volunteer are also available on the app. Users can even test their knowledge through the app's test section.



Filming 'Pesan dari Samudra' © PMI

The applications can be downloaded at the following links:

Siaga Bencana

<https://play.google.com/store/apps/details?id=com.cube.gdpc.idn.hzd>

and for smartphones with IOS—

<https://itunes.apple.com/id/app/siaga-bencana/id924911970?l=id&mt=8>

PMI First Aid

<https://play.google.com/store/apps/details?id=com.cube.gdpc.idn>

and for smartphones with IOS—

<https://itunes.apple.com/id/app/pmi-first-aid/id924855365?l=id&mt=8>

PMI MRA (see section 2.1 for details)

<https://play.google.com/store/apps/details?id=com.ecc.dma&hl=en>

Table 6. PMI mobile applications

Applications	Year	No. of users (as of Feb 2015)	Features	Partners
PMI Siaga Bencana	2014	1,500	Information on disaster risk reduction in relation to tsunamis, floods, earthquakes and tornadoes. Understand the risks, reduce the risks, disaster preparedness action and emergency plans	American Red Cross, GDPC, USAID
PMI First Aid	2014	6,800	First aid	American Red Cross, GDPC, USAID
PMI MRA	2014	1,000	Report disaster incidents, number of affected population and their needs	American Red Cross, GDPC, USAID
TOTAL		9,300		

Source: PMI: Public Relations internal report, 2014.

4.2. Working with communities to build resilience

According to the United Nations Office for Disaster Risk Reduction, resilience is the ability of a system, community or society exposed to hazards to resist, absorb, accommodate and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. A resilient community, for example, has the necessary resources and is capable of organizing itself before, during and after a disaster.

PMI's involvement in disaster preparedness started in 2002 through its Community-Based Disaster Preparedness Programme, supported by the Danish Red Cross. In that programme, PMI recruited CBAT volunteers and trained them to educate their communities on how to prepare for and respond to disasters.

Table 7. PMI resilient villages (Desa Tangguh), 2005–2015

Province	Year	District	No. of resilient villages	No. of CBAT trained	Project supported by
Nanggroe Aceh Darussalam	2005	4	25	500	Netherlands Red Cross, German Red Cross,
	2008	1	3	60	American Red Cross,
	2015	1	5	150	French Red Cross American Red Cross
North Sumatra	2005	2	N/A	N/A	Danish Red Cross
		1	3	60	
West Sumatra	2005	1	3	60	FRC
	2011	5	14	280	American Red Cross & CRC
Jambi	2008	1	3	60	FRC
Lampung	2003	2			Danish Red Cross CRC
	2014	3			
Banten	2012	2	6	120	Japanese Red Cross Society
Jakarta	2007	2	4	120	Netherlands Red Cross,
	2008	1	3	60	German Red Cross,
	2012	1	5	100	French Red Cross & IFRC
	2014	2			American Red Cross IFRC SEA
West Java	2007	2	5	100	Danish Red Cross
	2012–2013	1	N/A		American Red Cross
	2013	1	N/A		IFRC & Zurich Project
Yogyakarta	N/A	1	3	60	French Red Cross
	2009	5	N/A	N/A	IFRC
Central Java		1	3	90	American Red Cross and USAID
East Java		2	6	120	Norwegian Red Cross
South Kalimantan	N/A	1	N/A	N/A	Danish Red Cross
	N/A	3	N/A	N/A	Danish Red Cross
	2011	2	6	120	Belgian Red Cross
Bali	2008	1	3	60	FRC
North Sulawesi	2012	5	20	400	Danish Red Cross
South-East Sulawesi	2011	2	8	160	Danish Red Cross
West Sulawesi	2012	2	12	240	Danish Red Cross
South Sulawesi	N/A	3	N/A	N/A	Danish Red Cross
Nusa Tenggara Barat	2011	4	10	200	Hong Kong Red Cross, American Red Cross & USAID
Nusa Tenggara Timur	2011	4	4	80	Netherlands Red Cross
North Maluku	2012	2	6	120	Norwegian Red Cross
20		71	>160		N/A

Source: PMI: DRR mapping, 2014.

In 2005, the Community-Based Disaster Preparedness Programme evolved into the Community-Based Risk Reduction programme, which was implemented in North Sumatra and South Kalimantan provinces with funding from the Danish Red Cross and the Disaster Preparedness ECHO programme. CBRR projects focused on community needs.

Based on its experiences in the community-based programme, PMI saw a need to strengthen its internal capacity building. Only by having strong systems (infrastructure, management procedures, capable staff and volunteers) can PMI deliver quality services to communities.

In 2009, PMI community-based DRR-related programmes evolved into the Integrated Community-Based Risk Reduction programmes. ICBRR marked a new milestone with which PMI revised its volunteers training material, including early warning systems, simplified the assessment tools and developed a contingency plan, guidelines and standard operating procedures. In 2010, ICBRR also integrated disaster management and health and the use of the VCA before formulating community action plans. Through this programme, PMI assists communities to better adapt to climate change (see Table 2).

ICBRR aims to increase the capacity of communities to prepare for disasters and reduce the disaster risks. The programme also is designed to increase PMI capacity to provide fast, effective, efficient and well-coordinated responses.

The ICBRR programme integrated risk reduction to mitigate health, disaster, social and economic problems.

Depending on the VCA result, each community prioritizes interventions and develops their community action plan. PMI assists communities in advocating to local stakeholders (government and business entities) about their needs. By linking communities to local stakeholders and resources, the programme is expected to be more sustainable.

The IFRC Indonesia annual report for 2011 highlighted the results of the ICBRR evaluation and concluded that PMI had achieved its two intermediate objectives: (i) increase community cohesion and flexibility in accommodating community hazard-mitigation needs; and (ii) provide timely assistance when responding to hazards.





STORY 5

Planting nutmeg, preventing disaster

Umauta village in the Bola subdistrict of Sikka regency is prone to landslides and other hazards. PMI Community-Based Action Team (CBAT) volunteers are not only helping people in getting prepared for disasters, they also have taken roles in driving socio-economic development.

Recognizing the hazards, the CBAT volunteers and the community decided to grow nutmeg in the hilly areas. The nutmeg plantings are expected to prevent the land from sliding. Nutmeg, cacao, coconut and cashew are among the plants that grow in the subdistrict. However, nutmeg is easier to cultivate than the other plants. With PMI support, the community planted 2,000 nutmeg seeds along the potential landslide area.

It will be another four to five years before the villagers can reap the benefits—when the trees have grown bigger and produce the nutmeg. The CBAT members of Umauta village hope that they can obtain more trees and distribute it to the whole area. Planting nutmeg will not only help the economy and prevent landslides but will also build community cohesiveness.

The story is adapted from the Hand in Hand book, p. 82.

4.3. DRR-linked Community-Based Health and First Aid Programme

PMI has implemented its Community-Based Health and First Aid (CBHFA) Programme since 2006 (formerly the programme was called Community-Based First Aid, or CBFA). The programme works to empower community and Red Cross volunteers at the village level to take charge of their health outcomes. The activities include recruiting and training volunteers to conduct household visits, promote health advice and disease prevention practices, provide first aid and carry out disaster preparedness and emergency response activities. The CBHFA was designed as an intervention to contribute towards the fulfilment of the Millennium Development Goals.

CBHFA starts with participatory rural appraisals and vulnerability and capacity assessments. Depending on the findings of these assessments, the volunteers develop action plans targeting the health issues and disaster hazards in their community.

In 2012, PMI implemented the CBHFA Programme in Wonogiri, Central Java, with the addition of disaster risk reduction.

The tsunami operation's (2005–2010) CBFA programmes reached 100,000 people in 78 villages (in seven districts) of Aceh and North Sumatra provinces. Outside the tsunami-operation areas, PMI implemented the CBFA/CBFHA programmes, including water and sanitation components, in 12 provinces, 23 districts and 94 villages.

Table 8. PMI Community-Based First Aid and Community-Based Health and First Aid Programme, 2005–2014

No.	Province	Year	District	No. of villages	Community volunteers recruited	Budget (USD)	Partner
1	Bangka Belitung	2007–2009	Pangkal Pinang, Bangka	2	40	80,000	Netherlands Red Cross
2	Banten		Serang	1	20	80,000	IFRC, Japanese Red Cross Society
3	Gorontalo		Borebolango, Pohuwatu	4	80	140,000	Netherlands Red Cross
4	Jakarta		Jakarta Selatan	1	20	85,000	Netherlands Red Cross
5	Jawa Barat	2006	Bekasi (filariasis)	3	60	10,000	IFRC
		2006	Cianjur (water and sanitation)	1	20	80,000	IFRC
		2010–2012	Indramayu (water and sanitation)	2	40	150,000	Netherlands Red Cross
		2006	Malaria: Ciamis, Indramayu, Garut, Tasikmalaya, Sukabumi	6	120	35,000	IFRC
6	Jawa Tengah	2009–2011	Wonogiri	40	800	110,000	American Red Cross
7	Jawa Timur	2007–2009	Pasuruan	1	20	85,000	Netherlands Red Cross
8	Kalimantan Barat	2003–2006	Singkawang	1	20	150,000	Netherlands Red Cross
9	Kalimantan Tengah	2006–2007	Kota Waringin Timur	4	80	80,000	Singaporean Red Cross
		2010–2015	Kapuas	3	60	800,000	Spanish Red Cross
10	Kalimantan Timur		Paser	1	20	110,000	Netherlands Red Cross
11	Sumatra Utara (*Nias is part of tsunami operation)	2007–2010	Nias, Tapanuli Tengah, Tapanuli Selatan, Sibolga	23	460	900,000	IFRC
	Nusa Tenggara Timur	2005–2007	Atambua	2	40	120,000	IFRC
12	Papua	2010–2015	Kerom	3	60	220,000	Netherlands Red Cross
Total	12 provinces		23 districts	98	1960	3,235,000	

Source: PMI: Health Division internal report.

PMI worked to achieve equal participation of men and women in its community-based programmes. Both groups were targeted during the assessment and involved in the formulation of the community action plans and equally recruited to be CBAT and village volunteers.

4.4. Public health and emerging diseases campaign

With the threat of emerging diseases, PMI motivated community-based volunteers to educate communities on how to prevent diseases, learn about the symptoms and seek treatment. PMI has been involved in prevention campaigns for avian influenza, malaria, dengue, polio and filariasis. The public health campaigns were supported by IFRC, the American Red Cross, the Spanish Red Cross and USAID. PMI Humanitarian Pandemic Preparedness Programme, supported by the IFRC and USAID, was implemented in 33 provinces (426 districts).

Following a joint workshop that the Ministry of Health organized in 2006, PMI was selected as a member of the National Committee on Avian Influenza Control and Human Pandemic Preparedness and contributed within the panel of experts in providing recommendations to the Government on the issue. In 2011, that committee evolved into the National Committee on Zoonosis, and PMI remained as a member.

PMI also engaged in a diarrhoea outbreak operation after massive flooding in Jakarta in 2012, providing assistance to Koja Utara hospital.

Table 9. PMI public health and emerging diseases campaign, 2006–2014

Programme	Year	# Province	# District	Budget	Partners
Avian Human Influenza	2007–2008	West Java, Central Java, Yogyakarta, East Java, Bali	50	IDR 7 billion	IFRC
Avian Human Influenza Prevention	2007–2009	Aceh, North Sumatra, Lampung, Banten & DKI Jakarta	N/A	USD 2.2 million	American Red Cross
Community- Based Avian Influenza Control	2006–2010	North Sumatra, Lampung, Banten, DKI Jakarta, West Java, Central Java, East Java, Bali	N/A	IDR 26 billion	Development Alternative Inc. & USAID
Humanitarian Pandemic Preparedness	2009–2010	33 provinces	426	CHF 968,261	IFRC
Strategies Against Flu Emergence (SAFE)	2011–2013	2	10	IDR 7 billion	Development Alternative Inc. & USAID

Source: PMI: Health Division internal report.

4.5. HIV and AIDS Peer Education Programme

People who suffer from HIV or AIDS will be among the most affected when disasters strike. The disruption of health facilities and thus access to antiretroviral treatment or access to clean water will have a negative impact on this group of people.

PMI has been committed to educating communities on HIV since 2003 through: (i) peer educators programme, (ii) care and support and (iii) anti-stigma and discrimination campaigns. PMI has worked in 14 provincial chapters (North Sulawesi, Jakarta, East Kalimantan, North Sumatra, West Kalimantan, Aceh, Riau, Bali, Papua, Central Java, West Java, East Java, Jogjakarta and East Nusa Tenggara), reaching 574,386 people (including people living with HIV or AIDS, sex workers, transgender groups, prisoners and the general population).

PRIORITY 5:**Strengthen disaster preparedness for effective response at all levels**

PMI has been involved in community-based disaster preparedness efforts since 2003 and has integrated disaster risk reduction within its strategic plans (2004–2009 and 2010–2014). PMI has also continuously increased its capacity to provide fast and efficient responses and strengthened its volunteers' capacity, updating guidelines and equipment for disaster response.

5.1 PMI capacity to respond to disasters

Development of the volunteer system and capacity building of PMI volunteers

Volunteers are the backbone of PMI services. Throughout 33 provinces, PMI has 326,314 registered volunteers: (i) youth volunteers, based in schools; (ii) volunteer corps, based in PMI branches and universities; and (iii) technical volunteers.

Youth volunteers

Youth volunteers, or *palang merah remaja* (PMR), are aged between 10 and 17 years. These young volunteers are trained on humanitarian values, leadership, first aid, sanitation, health, reproductive health, disaster preparedness, risk reduction and blood transfusions. By the end of 2014, PMI also assisted 40 schools in six provinces through its Healthy Schools Initiative, with support from the dairy company Frisian Flag.

Volunteer corps

Volunteer corps (general volunteers), or *korps sukarelawan* (KSR), are between 18 and 35 years old and participate in curriculum training. These general volunteers are the backbone of PMI activities in the field (disasters and non-disaster related).

Technical volunteers

Technical volunteers, or *tenaga sukarela* (TSR), possess a technical background or are professionals in certain fields, such as medical doctors, nutritionists, civil engineers, accountants, journalists or teachers. PMI also encourages foreign nationals with a residence permit to become volunteers.

Both the general and technical volunteers receive an introductory PMI training and a 120-hour training package (with topics on the Red Cross and Red Crescent Movement and humanitarian values, leadership, first aid, family care, disaster management, introduction to the community-based programme, field kitchen, shelters, logistic, Restoring Family Links and water and sanitation).

Table 10. PMI volunteers, 2010–2014

Year	Youth volunteers	General volunteers	Technical volunteers
2010	809,121	30,647	27,807
2011	566,385	27,582	22,245
2012	493,144	32,568	19,294
2013	379,801	62,641	20,363
2014	415,873	35,676	16,654

Source: PMI: Volunteers report, 2014; the actual number of volunteers is estimated to be larger than this figure due to a limited database system.



PMI's mobile units take the service closer to blood donors © PMI

PMI also trains its volunteers for deployment during disasters and non-disaster interventions. First aiders, for example, are trained to respond to those who are injured before they can reach medical services or facilities. The Medical Action Team is trained to provide healthcare in emergencies, such as running mobile clinics and field hospitals. For instance, a team was deployed to the Mt. Sinabung volcano eruption in North Sumatra in 2014. The Water and Sanitation in Emergency Team is deployed to disaster-affected areas to help provide water and organized hygiene promotion activities. The Psychosocial Support Team provides psychosocial support to communities affected by disasters. Disaster response coordinators are trained to manage PMI's disaster and emergency response.

Table 11. PMI disaster response specialist volunteers

Disaster response & emergency response volunteers	No. of volunteers trained	Skills	Chapter
First aiders	35,676	First aid	33
Medical Action Team	203	Managing field hospital, mobile clinics, medical services, basic healthcare and health promotion	24
Water and Sanitation in Emergency	167	Water and sanitation, hygiene promotion, latrine construction and water- quality testing	21
Psychosocial Support Team (including trainers)	173	Providing psychosocial first aid and trauma healing for disaster-affected people	33
Ambulance Team	310	Emergency medical services (66 units, motor bikes 3 units) and transporting patients to and from hospitals (150 units)	25
Restoring Family Links Team	457	Tracing requests, Restoring Family Links management and Red Cross messaging	17
Disaster Response Coordinator (SATGANA team leader)	429	Disaster response	22

Source: PMI: Training division report, 2014.

Stockpiled equipment at PMI branches

The 2013 PMI mukemas report indicated that among 286 branches that were assessed, 87 per cent were situated in disaster-prone areas. However, not all branches have sufficient equipment; 26 per cent of the branches have no equipment to support disaster-response activities.

Table 12. Basic disaster response equipment mapping of PMI branches (n=286)

Equipment	% of PMI branches
Protective gear	51
Team equipment	58
Operational equipment	52
Four-wheel-drive vehicles	43
None of the above	26

Source: PMI: Mukemas report, 2013.

PMI contingency fund

PMI national headquarters allocated on average IDR 30 billion annually to support disaster response from 2010 to 2014. This amount accounted for 10 per cent of PMI's annual income. PMI national headquarters conducted a mapping of disaster and emergency funds available at the district branch level. Of 286 branches that reported in 2013, as many as 155 branches allocated emergency and disaster funds.

Fifty-four per cent of the branches reported that they had allocated disaster and emergency funds. The amount varied from IDR 1 million to IDR 100 million. Of those who had allocated contingency funds, more than 50 per cent had allocated an amount corresponding to less than 10 per cent of their annual income.

Table 13. PMI contingency fund (branch level) (n=286)

Fund allocation (IDR)	No. PMI branches
< 10 million	12
<25 million	41
25–50 million	21
50–100 million	21
>100 million	17

Source: PMI: Munas report, 2014.



5.2 Development and maintenance of PMI unit services to respond to disasters and emergencies

First aiders

The volunteer corps are trained on providing first aid. With more than 35,000 first aiders nationwide, PMI has a strong capacity to provide first aid training. PMI has developed an MOU with the Ministry of Manpower and Transmigration, which classified PMI as a first aid training centre for the business sector and industries. PMI's provincial chapter of Central Java and PMI Solo district branch are qualified to be first aid training centres.

Ambulance team

With 2004 tsunami funding, PMI developed its capacity in providing ambulance services. With support from the German Red Cross, the Australian Red Cross and the Hong Kong Red Cross, PMI manages the ambulance services in three Emergency Operation Centres in Aceh and North Sumatra, while the Australian Red Cross supports PMI Bali chapter. Nationally, PMI has 210 ambulatory vehicles in 25 provinces.

The 2014 ambulance evaluation report of PMI North Sumatra chapter indicated that the human resources and ambulance equipment need to be updated (recruitment, training and refresher training of staff, maintenance of ambulances, funding for ambulance operation and links with the District Health Office) in order to provide emergency and pre-hospital services.

PMI ambulance service has a strong presence in Jakarta, Solo, Bali and Yogyakarta.

Blood services

Providing blood is a traditional service of PMI. PMI manages 211 blood service units in 33 provinces (201 districts). The blood units meet 80 per cent of national needs, and 90 per cent of the blood was obtained through PMI regular blood donors. PMI established eight blood units in malls and universities by the end of 2014 to increase its capacity, and deployed 100 mobile blood units to support the blood donation programme.

Regional warehouses ready to dispatch relief items at any time

PMI currently manages six regional warehouses. The two largest warehouses are located in Serang (Banten Province) and Gresik in East Java Province. Each can accommodate relief items for 5,000 families. The four other regional warehouses, located in Padang (West Sumatra), Semarang (Central Java), Makassar (South Sulawesi) and Banjarmasin (Central Kalimantan), can supply relief items for up to 2,000 families each.

With support from the IFRC, PMI has developed standard operating procedures for its warehouses, including for management, staff roles and responsibilities, relief items, stocking mechanism and release, and replenishment of stock.

Water and sanitation in emergencies

PMI started to build its capacity in water and sanitation provision in emergencies in 2006. The Water and Sanitation in Emergency volunteers contribute to disaster response and recovery efforts, such as the 2006 Yogyakarta earthquake, the 2007 Jakarta floods, the 2008 East Java floods and the Mt. Sinabung eruption in North Sumatra in 2014.

In 2008, PMI established a Water and Sanitation Centre in Bandung, West Java. This centre has organized water and sanitation in emergency trainings and is equipped with water treatment facilities and water-quality testing (laboratory) and sanitation equipment.

During 2010–2014, PMI's Water and Sanitation in Emergency Team produced 36.6 million litres of water during a disaster or emergency response phase. To support emergency needs, the team is equipped with 100 water tanker trucks in several chapters.

The Water and Sanitation Centre has been used as the IFRC Regional Disaster Response Team training centre since 2011, in which Red Cross and Red Crescent staff and volunteers in Southeast Asia receive their water and sanitation in emergency training.



PMI Capacity to respond to disaster
PMI Youth Member during exercise © PMI

PMI Bogor Hospital and centre for health in emergencies

PMI hospital in Bogor has been positioned as a centre for health in emergencies. By having this role, the hospital is responsible for training and managing healthcare in emergencies, including the Medical Action Team, field hospitals and mobile clinics. PMI deploys the team based on the needs and scale of a disaster or emergency. PMI is in the process of updating the team's systems to include basic healthcare within the mobile clinics and field hospital curriculum. PMI needs to regularly recruit and refresh the skills of the Medical Action Team and maintain the quality and quantity of their equipment.

Restoring Family Links

Restoring Family Links is a service provided by the Red Cross and Red Crescent Movement around the world. The service seeks to re-establish contact between family members who have been separated due to arm conflict, disaster or other causes, such as migration and adoption.

When the tsunami hit Aceh and Nias in 2004, 50,000 people contacted PMI or ICRC to seek help locating a relative. To trace people, PMI runs a family links website, public information, bulletin boards and the Red Cross and Red Crescent Message—a service that delivers family news between separated family members when the normal communication system is not available, especially in times of armed conflict and disasters.

BOX 6***He looks like my Dad***

Intan is an 8-year-old girl who lived in Banda Aceh with her parents when the tsunami struck in December 2004. She was rescued by Anton, a man from a nearby city.

The Restoring Family Links team registered her as an unaccompanied child. With support from ICRC, PMI carried out many efforts to find her family, such as publishing her photo in the media (TV and newspapers), PMI website and posters.

Four months later, Intan remembered that she had an uncle living in Lahewa, Nias Island of North Sumatra Province. His family name was Chaniago and he worked as a TV electrician. Having this information, PMI North Sumatra chapter contacted its branch in Gunung Sitoli, Nias to find the uncle.

Indeed, they found a man named Chaniago, in Lahewa. The man showed the Restoring Family Links team his 'family card', a card that registers parents and siblings and is considered a legal document in Indonesia. The name of Intan's father was registered in the card, and the card became the evidence that proved the man was her uncle.

The Restoring Family Links team then showed her uncle Intan's photograph, and her uncle and his extended family cried with happiness knowing that Intan was safe. The Restoring Family Links team took Chaniago and his family photos to show to Intan. She acknowledged her uncle and said he looked like her Dad.

The Restoring Family Links team arranged for them to meet. The moment was quite emotional, because Anton, the man who rescued Intan, wanted to raise her as his own daughter but she went to live with her relatives in Nias.

**The story is adapted from Stories During Separation, 2009.*

Under the Restoring Family Links services, PMI reconnected 4,000 people with their family and connected 43 unaccompanied children with a relative through the 2004 tsunami operation (Table 14).

During 2010–2014, PMI received 142 tracing requests, and managed to connect 87 people with their family or relatives. The requests were mostly from the Australian Red Cross, which assisted the families of people who seek migration to Australia through Indonesia.

Table 14. Restoring Family Links activities 2004–2014

Year	Tracing request	Result	Year
2005–2009	50,000	4,000 families reconnected; 43 unaccompanied children reconnected	2005–2009
2010–2014	152	87 people connected, 26 closed without connection, 199 ongoing cases	2010–2014

Source: PMI: Munas report, 2014; IFRC, 2012.



Hygiene, public health and inclusion program
in the city of Makassar © Anggun Permana Sidiq/PMI

E. Cross-cutting issues

1. Multi-hazards approach: PMI uses the Vulnerability and Capacity Assessment in its Integrated Community-Based Risk Reduction programme. This assessment identifies main hazards threatening the community, such as earthquakes, tsunamis or volcano eruptions, and other area-specific hazards. The assessment includes transect walks in which a community learns about the risks and hazards surrounding them, awareness raising on the hazards and then developing community action plans and contingency plans.
2. Gender perspectives and cultural diversity: Previous PMI evaluation reports (for the ICBRR programme for 2011 and 2013, the Mentawai and Merapi emergency and recovery response in 2012 and the West Sumatra earthquake response, 2009–2010) suggested that PMI needs a specific gender approach. The reports also found that PMI volunteers tend to take on traditional gender roles rather than something that reflects their actual capabilities and skills. It is crucial to update the gender mainstreaming policy to ensure that the gender approach goes beyond only achieving equal numbers of male and female participants in the programmes to impacting social relations, access to and control of resources, decision-making and changes in gender roles and status.
3. Community and volunteer participation: PMI encourages communities to participate in its programmes. From assessments and mapping exercises to response and recovery activities and the community-based programmes, communities and volunteers are the main actors in PMI interventions.
4. Capacity building and technology transfer: PMI has continuously developed its capacity in disaster risk reduction by developing DRR-related guidelines, training volunteers and developing tools, including the use of technology in its disaster preparedness and early warning systems, such as the Siaga Bencana application, PMI First Aid and Mobile Rapid Assessment and radio communication systems for the emergency operation centre. PMI national headquarters conducted training for chapter and branch volunteers to ensure that they are capable of delivering services for disaster and non-disaster situations. With support from the French Red Cross, PMI assisted the Indonesian Government in developing an Emergency Operation Centre for several BPBDs.



PMI officers at an ICBRR project along Ciliwung watershed © PMI



PMI carry out an aircraft disaster simulation © PMI

F. The way forward

PMI has shown a strong commitment in building resilient communities through contributions to the Hyogo Framework for Action goals. For the past ten years, PMI has helped communities affected by disasters through relief operations and recovery interventions and assisted communities to prepare for disasters through its community-based programmes.

Recommendations

The following are recommendations for PMI beyond 2015.

- 1. Develop a funding strategy based on the priorities of the strategic plans.** Since 2010, as much as 85 per cent of funds raised nationally during disasters were spent on disaster and emergency response. To date, most of the DRR programme (preparedness, prevention and recovery) has been supported by foreign donors; but their support is significantly reducing, and PMI needs to stretch its locally sourced funding for DRR interventions.
- 2. Develop a strategy to communicate messages in relation to climate change and climate change adaptation that target communities.** Interviews with PMI staff revealed that even though most of the community-based programmes relate to climate change and climate change adaptation, communities still have limited understanding of these issues.
- 3. Maintain networks and enhance cooperation and coordination with national and regional DRR networks,** such as: (i) the BNPB and national platforms (Planas PB) and contribute to advocacy efforts to integrate DRR into government planning and policies, including advocacy to promote International Disaster Response Law further into the national legal framework on DRR; (ii) the National Climate Change Centre; and (iii) universities that have programmes linked to DRR for possible cooperation on research and development of related tools, methodologies and evaluations.
- 4. Strengthen the gender mainstreaming policy and tools.** Previous evaluation reports suggested that PMI needs a specific gender approach. The reports also found that PMI volunteers take on traditional gender roles rather than being motivated to pursue roles that actually reflect their capabilities and skills. It is crucial to update the gender mainstreaming policy. This will ensure that the gender aspect goes beyond merely having equal numbers of male and female participants in programmes but instead looks at how interventions can impact social relations, women's and men's equal access to and control of resources, decision-making and changes in gender roles and status.
- 5. Ensure the sustainability of PMI involvement in DRR** by: (i) continuously embedding the DRR framework into programme policies and strategies; (ii) allocating funding for DRR-related activities from internal sources to ensure their sustainability; (iii) strengthen the Resource Management Unit to attract funding for community-based DRR programmes (especially with the significant reduction of funding from international partners working with PMI in 2015; these partners are the main supporters of the community-based DRR programmes) and communicate the significance of community-based programmes to reduce the impact of disasters to local sponsors; (iv) strengthen cooperation and coordination with local governments and seek out joint funding of DRR-related programmes with other resources, such as village offices (through the funding mechanism within the Undang-Undang Desa (village law), the BPBD, the BAPPEDA and the forestry, environment and public works departments) and advocate for these departments to invest in the community-based DRR-related programmes.
- 6. Strengthen the monitoring and evaluation (M&E), knowledge management and reporting systems.** Integrate M&E into plan of actions (including an M&E budget) and documentation of lessons learned from interventions on DRR. Having such systems will enable PMI to measure what works and what does not work and will provide PMI with evidence on how to improve its practices related to DRR.
- 7. Maintenance of PMI service units,** such as the Ambulance Team, the Medical Action Team and other volunteer specialists (recruitment, refresher training and maintenance of equipment).
- 8. PMI needs to express its position regarding Indonesia's regional and international commitment to disaster risk management.** This positioning will guide PMI interventions and contributions to that commitment.



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Annex 1. Hyogo Framework for Action documentation research

HFA DOCUMENTATION RESEARCH METHOD		
Domain of HFA	Questions	Research method (document review, key informant interview or workshop)
SECTION I A. STRATEGIC GOALS		
STRATEGIC GOAL 1: The integration of DRR into sustainable development practice and planning	<p>1. What has been PMI contributions to integrate these aspects nationally, regionally and locally?</p> <p>What has PMI done to enhance the integration of these aspects?</p> <p>What are the most successful achievements to this date? Why?</p> <p>What are the factors that supported the success?</p> <p>What were the challenges and how did you overcome them?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
STRATEGIC GOALS 2: Development and strengthening of institutions, mechanisms and capacities to build resilience to hazards Resource Mobilization Units	<p>What has PMI done to strengthen its own mechanisms and capacities to build resilience to hazards?</p> <p>What are the most successful achievements to date? Why?</p> <p>What factors supported the success?</p> <p>Did PMI have a resource mobilization mechanism to be sufficient in DRR?</p> <p>Did PMI connect targeted communities with other resources? How did it happen?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
STRATEGIC GOAL 3: The systematic incorporation of risk reduction approaches into the implementation of emergency preparedness, response and recovery programme	<p>To what extent has PMI integrated the DRR approach into its disaster risk, preparation and recovery programmes?</p> <p>What are the most successful achievements to date? Why?</p> <p>What are the factors that supported the success?</p> <p>Did PMI have a resource mobilization mechanism to be sufficient in DRR?</p> <p>Did PMI connect the targeted communities with other resources? How did it happen?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
SECTION I B. HFA 5 PRIORITIES OF ACTION		
PRIORITIES FOR ACTION 1 1. Ensure that DRR is a national and a local priority with a strong institutional basis for implementation	<p>Did PMI have a policy and strategy that adopted HFA?</p> <p>Did PMI involve in national advocacy to include DRR in national development plans?</p> <p>Did PMI promote IDRL into the national legal framework?</p> <p>What has been the impact on PMI involvement in the DRR network nationally?</p> <p>What are the most successful achievements? Why?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews

HFA DOCUMENTATION RESEARCH METHOD		
Domain of HFA	Questions	Research method (document review, key informant interview or workshop)
2. Identify, assess and monitor disaster risks and enhance early warning	<p>How did PMI implement this approach?</p> <p>What tools did PMI use to assess, monitor disaster risks and enhance the early warning system?</p> <p>Did PMI link the hazard mapping and interventions? How?</p> <p>Did PMI have coordination mechanisms with the Government on early warning systems? What is PMI roles following a disaster after such coordination?</p> <p>What did PMI do to increase its monitoring of disaster reduction and early warning systems?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels	<p>What have been the impacts of the efforts?</p> <p>What are the most successful achievements and why?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
4. Reduce the underlying risk factors	<p>How did PMI contribute to this aspect?</p> <p>Did PMI involve in the efforts that are directed to support sustainable ecosystem and environmental management?</p> <p>Was climate change adaptation integrated into PMI DRR strategies?</p> <p>Did PMI programmes address livelihood, income diversification and food security?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
5. Strengthen disaster preparedness for effective response at all level	<p>How does PMI apply this aspect within its organizational policy and plans?</p> <p>Did PMI have contingency plans in response to disasters and pandemics, etc.?</p> <p>Were the plans exercised (how many, where and when)?</p> <p>Did PMI have its own emergency fund? Was it adequate enough to finance the preliminary actions?</p> <p>Did PMI have a related financial procedure to release the funds?</p> <p>How was the Government's CP plans connected to the PMI plans?</p> <p>What has PMI done to harmonize disaster prevention capacity among chapters and branches?</p> <p>What has been the most successful achievement for this period and why?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Key informant interviews (story about PMI Nusa Tenggara Timur or Nusa Tenggara Barat on plants and livelihood projects)

HFA DOCUMENTATION RESEARCH METHOD		
Domain of HFA	Questions	Research method (document review, key informant interview or workshop)
SECTION I C. CROSS-CUTTING ISSUES:		
1. Multi-hazards approach (community-based programme) and disaster prevention and recovery programmes	<p>Did PMI ensure that its interventions utilize the multiple-hazards approach?</p> <p>How were these implemented?</p> <p>What were the challenges?</p> <p>How do you overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
2. Gender perspectives and cultural diversity (Health Division)	<p>Were gender and cultural diversity embedded within PMI policies and national DRR frameworks?</p> <p>What was the impact?</p> <p>What were the challenges?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
3. Community and volunteer participation	<p>Did PMI have a system in place to manage its volunteers?</p> <p>Did PMI have policy-related mobilization of volunteers and community participation?</p> <p>How many volunteers were trained to deliver DRR-related work?</p> <p>What were the impacts?</p> <p>Is there any evidence to support the impacts (evaluation from previous projects)?</p> <p>What were the challenges in working with communities and volunteers?</p> <p>How did PMI overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	Document review + key informant interviews
4. Capacity building and technology transfer	<p>Did PMI have its own policy regarding capacity building?</p> <p>What was done to increase the capacity, especially in implementing project links with the HFA?</p> <p>What were the impacts?</p> <p>What were the challenges?</p> <p>What did PMI do to overcome the challenges?</p> <p>What would you have done differently to make it better?</p>	
5. Measuring HFA level of progress	<p>By using HFA indicator level 1–5, based on the UNISDR standard:</p> <p>5 Comprehensive achievement has been attained, with the commitment and capacities to sustain efforts at all levels.</p> <p>4 Substantial achievement has been attained but with some recognized deficiencies in commitment, financial resources or operational capacities.</p> <p>3 There is some commitment and capacities to achieving DRR but progress is not substantial.</p> <p>2 Achievements have been made but are relatively small or incomplete, while improvements are planned, the commitment and capacities are limited.</p> <p>1 Achievements are minor and there are few signs of planning or forward action to improve the situation.</p>	Workshop

Annex 2. HFA level of progress

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015					
HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 1					HFA Priority for Action 1
National policy and legal framework for DRR exists with explicit responsibilities defined for all levels of government	3	4	PMI involved in the making of the Disaster Management Law No. 24/2007 and also the revision of the law and the BNPB guidelines on international assistance. Recommendations contained in the IDRL Guidelines were incorporated into Indonesia's legal framework for disaster management, based on PMI recommendations..	Challenges in Disaster Management Law largely due to implementation and lack of dissemination or testing of new procedures contained in the legal framework. However, legal framework is strong and a good example in the region.	National policy and legal framework for disaster management exists with explicit responsibilities defined for all levels of government, strong elements of IDRL and contains some DRR considerations.
Dedicated and adequate resources are available to implement disaster risk reduction plans and activities at all administrative levels	4	4	PMI experiences in tsunami operation have increased PMI capacity to implement DRR-related activities. Refresher training regularly conducted to train PMI SATGANA and specialist volunteers (DRR-related training). PMI has allocated disaster and emergency funds (10% of PMI annual budget allocated to the Disaster Relief Emergency Fund).	PMI system for an internal Disaster Relief Emergency Fund is not available yet. PMI does not have policy or guideline for managing emergency funds (fundraising, release of funds, reporting).	Dedicated and adequate resources are available to implement DRR plans and activities at all administrative levels.
Community participation and decentralization are ensured through the delegation of authority and resources to local level	4	4	PMI implemented regional approach in 2010 with working areas divided into regions. In conjunction with this, PMI built 6 regional warehouses. PMI developed IEC materials to enable PMI chapter/ branches to implement DRR- and health-related activities and encouraged local community initiatives. PMI recruited and trained CBAT and village health volunteers. PMI DKI Jakarta, Central Java, East Java, West Sumatra and Bali, to some extent, have implemented their own resilient villages (without external funding). All PMI activities encouraged community participation.	Indicators for PMI community-based programme are not yet mainstreamed. Community-based programme is still managed by sector (disaster management or health). PMI capacity in planning, monitoring, evaluation, reporting needs to be improved, including the knowledge management aspect. Smaller DRR programmes in Papua and Papua Barat.	Community participation and decentralization are ensured through the delegation of authority and resources to local level.

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 1					HFA Priority for Action 1
A multiple-sector platform for disaster risk reduction is functioning	-	3	<p>PMI is member of disaster management National Platform organized by BNPB.</p> <p>PMI chapter and branches are members of the BPBD at provincial and district levels.</p> <p>In some districts, PMI initiated DRR forum at the district level, such as Banjar Baru Kalimantan Selatan and the Padang Municipality of West Sumatra.</p>		A multi-sector platform for DRR is functioning.
HFA Priority for Action 2					HFA Priority for Action 2
National and local risk assessments, based on hazard data and vulnerability information, are available and include risk assessments for key sectors	3	4	<p>PMI national headquarters POSKO was established in 2011, and all PMI chapters have established their own POSKO.</p> <p>Post-tsunami 2004, PMI supported the development of BPBD Emergency Operation Centres for Nusa Tenggara Timur, West Papua and South Sulawesi provinces (five districts each-supported by Australian Red Cross).</p> <p>Under ICBRR projects, PMI developed early warning systems at participating branches. PMI also equipped CBAT with basic equipment.</p> <p>PMI chapters and branches assisted and facilitated BPBD to develop district and provincial contingency plans.</p>	<p>PMI POSKO capabilities at chapters and branches are varied.</p> <p>Varied capacity in developing contingency plan.</p>	National and local risk assessments, based on hazard data and vulnerability information, are available and include risk assessments for key sectors.
Systems are in place to monitor, archive and disseminate data on key hazards and vulnerabilities	3	4	<p>PMI systems are in place (POSKO, mobile telephone apps and contingency plans).</p>	<p>PMI has limited capacity to manage the database (such as PMI interventions, budget spent, number of beneficiaries for each interventions, weak informational feeds from operational divisions: disaster management, health, volunteers to POSKO on the interventions data).</p>	Systems are in place to monitor, archive and disseminate data on key hazards and vulnerabilities.

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 2					HFA Priority for Action 2
Early warning system are in place for all major hazards with outreach to community	4	4	PMI has established POSKO and mobile telephone applications (PMI Siaga, PMI MRA, PMI first aid). PMI assisted communities to develop community-based early warning systems in the areas where ICBRR is implemented.	PMI has not done the mapping of POSKO capacity at chapter and branch levels. Some branches have limited capacity.	Early warning systems are in place for all major hazards, with outreach to communities.
National and local risk assessments take account of regional and transboundary risks with a view to regional cooperation on risk reduction	3	3	Hazard data is available within PMI areas, little information is available on PMI's cooperation on risk assessment with other National Societies in the region.	N/A	National and local risk assessments take account of regional and transboundary risks with a view to regional cooperation on risk reduction.
HFA Priority for Action 3					HFA Priority for Action 3
Relevant Information on disasters is available and accessible at all level, to all stakeholders (through networks, development of information sharing systems, etc.)	4	4	PMI POSKO developed network and share the information with BNPB, BPBD and other stakeholders. Public awareness campaigns through PMI social media, website, bulletins, movie competition and movies. Cooperation with mass media on dissemination of information.	PMI POSKO and Public Relations Division need to strengthen the coordination on providing information to each other and share the information with wider community. Capacity to manage communication media is limited (website, bulletins) at chapter and branch levels. Chapters and branches use Facebook and Twitter to communicate with communities.	Relevant information on disasters is available and accessible at all level, to all stakeholders (through networks, development of information sharing systems, etc.).

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 3					HFA Priority for Action 3
School curricula, education materials, and relevant training that include DRR and recovery concepts and practice	3	5	<p>PMI has implemented school-based DRR project in Aceh, Central Java and Bengkulu. PMI Community-Based Disaster Preparedness and ICBRR programmes in general also targeted schools with a DRR awareness component</p> <p>PMI implemented resilient schools and universities programme in 50 schools.</p> <p>DRR was integrated into youth volunteers curriculum In 2013.</p> <p>Ministry of Education and PMI have MOU on education and empowerment of youth. Youth volunteers are considered as extracurricular activities. There is a potential to sustain and scale up the curriculum by MOE.</p> <p>General volunteers (KSR) have initiated national training on CBHFA with DRR component. By the end of 2014, 30 universities had conducted the training.</p> <p>In Aceh, PMI cooperated with University of Syiah Kuala (Tsunami and Disaster Mitigation Research Centre) to implement DRR-related field work.</p>	<p>DRR is integrated into PMI training (ICBRR, CBHFA).</p> <p>Limited capacity to manage the volunteers database and training database.</p> <p>PMI does not have a policy to rule the relationship between PMI general volunteers & PMI branches, therefore the general volunteer activities are not monitored by the branches.</p>	School curricula, education materials and relevant training that include DRR and recovery concepts and practice.
Research methods and tools for multi risk assessments and cost benefit analysis are developed and strengthened	4	4	<p>PMI tools are in place: baseline study, monitoring, PRA, VCA, baseline , RTE and evaluation.</p> <p>PMI cooperates with Bandung Institute of Technology (ITB) to conduct hazards mapping on ICBRR programme of Jakarta and West Java.</p> <p>PMI (ICBRR-CCA) coastline programmes also supported by ITB.</p>	<p>PMI capacity to analyse the data is quite weak.</p> <p>Most of the end-line studies and evaluations cannot be conducted.</p> <p>PMI does not have sufficient internal M&E capacity (mostly done by external consultant).</p> <p>The capacity to follow up the evaluation results is limited.</p>	Research methods and tools for multi-risk assessments and cost-benefit analysis are developed and strengthened.

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 3					HFA Priority for Action 3
Countrywide public awareness strategy exists to stimulate a culture of disaster resilience, with outreach to urban and rural communities	3	4	<p>PMI updated its DRR framework in 2014.</p> <p>PMI developed behaviour change communication guidelines.</p> <p>PMI community- based programme targeting both rural and urban communities. In 2014, PMI implemented Community- Based Flood Resilience Programme targeting urban areas of Jakarta and West Java (one village each) supported by Zurich Insurance. The project targeted the communities who live on the riverside.</p>	<p>There are challenges in educating communities about climate change; PMI needs to develop strategy to disseminate information about climate change.</p> <p>PMI has low capacity to collect information about local wisdom and practices and use it in a local context.</p>	Countrywide public awareness strategy exists to stimulate a culture of disaster resilience, with outreach to urban and rural communities.
HFA Priority for Action 4					HFA Priority for Action 4
DRR is an integral objective of environment, related policies and plans, including land use, natural resource management and adaptation to climate change	3	4	<p>DRR and climate change are integrated into PMI ICBRR programme.</p> <p>In relation to livelihoods, PMI cooperates with other organizations: Yayasan Reka Desa and Mitra, Environmental Agency and Wetlands International for management of coastal areas ecosystem.</p>	<p>PMI activities are limited in terms of land use and natural resource management.</p> <p>Weak data collection of PMI activities, such as the sustainability of the mangrove project.</p>	DRR is an integral objective of environment and related policies and plans, including land use, natural resource management and adaptation to climate change.
Social development policies and plans are being implemented to reduce the vulnerability of populations most at risk	3	4	<p>PMI programmes are related to government mid-term development plans (RPJMK).</p> <p>PMI health programme always refers to Ministry of Health data, and coordination is developed with Social Department.</p> <p>Disability, child protection and violence prevention are included in PMI strategic plans 2015-2019.</p> <p>Social-based activities will be the starting point for weak PMI branches to support communities.</p>	<p>The timeline for project planning is different between PMI and the Government.</p> <p>Funds from the Government and donors are not sustainable. Most funds go to disaster or emergency recovery programme. Social funds cannot be implemented for the same programme.</p> <p>PMI capacity at the branch level in programme interventions are varied.</p>	Social development policies and plans are being implemented to reduce the vulnerability of populations most at risk.

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 4					HFA Priority for Action 4
Economic and productive sectoral policies and plans have been implemented to reduce the vulnerability of economic activities	3	3	<p>PMI does not have specific guidelines on economic or livelihood-related activities, but PMI will assess the livelihood aspect before starting interventions or in the phase before entering recovery programme.</p> <p>Livelihoods have partially become part of PMI ICBRR programme. Within CAP, the community started garbage banks to support their livelihoods. PMI helped connect communities with third parties to assist the livelihood activities.</p> <p>During Jogja EQ (Story of Hope) for the affected people, PMI assisted communities with skills to generate income.</p> <p>Under PMI, HIV and AIDS project in Medan, PLWHA were given skills training to generate income.</p>	PMI does not have specific guidelines regarding economic policies and plans, since livelihood is not the main mandate. However, PMI, to some extent, has implemented livelihood programmes in the tsunami operation.	Economic and productive sectoral policies and plans have been implemented to reduce the vulnerability of economic activities.
Planning and management of human settlements incorporate risk reduction elements, including enforcement of building code	N/A for PMI context	N/A	N/A	N/A	Planning and management of human settlements incorporate risk reduction elements, including enforcement of building code.
DRR measures are integrated into post-disaster recovery and rehabilitation processes	3	4	<p>PMI developed the concept of 'growing home' and cash transfers so communities can build safe houses.</p> <p>PMI built bamboo houses (earthquake resistant) in Rumah Jogjakarta and Central Java.</p>	N/A	DRR measures are integrated into post-disaster recovery and rehabilitation processes.
Procedures are in place to assess the disaster risk impacts of major development projects, especially infrastructure	4	4	PMI implemented VCA. CAP included infrastructure assessment with small mitigation activities, such as water and sanitation, water pipeline or house hold water treatment, wall retaining, education on water storage , use, quality and latrine construction.	PMI has not done the evaluation of its structural mitigation and recovery interventions.	Procedures are in place to assess the disaster risk impacts of major development projects, especially infrastructure.

PMI HFA CONTRIBUTION LEVEL OF PROGRESS, 2010–2015

HFA priorities/ indicators	2008	2015	Key contextual reasons	Key challenges	HFA priorities/ indicators
HFA Priority for Action 5					HFA Priority for Action 5
Strong policy, technical and institutional capacities and mechanisms for disaster risk management, with a DRR perspective are in place	3	5	PMI has developed guidelines and standard operating procedures for DRR-related issues: POSKO, disaster reduction, preparation and recovery, health and social, Disaster Relief Emergency Fund, healthcare in emergencies, logistics, fleets, warehouse and volunteer management. PMI assisted BNPB with the development of PP 23/2008 and PERKA BNPB 2002/2010 (IDRL aspect).	PMI has partially reviewed and updated these guidelines. PMI capacity at the branch level to implement the guidelines is unknown.	Strong policy, technical and institutional capacities and mechanisms for disaster risk management, with a DRR perspective are in place.
Disaster preparedness plans and contingency plans are in place at all administrative levels, and regular training drills and rehearsals are held to test and develop disaster response programmes	4	4	PMI has developed contingency plans at national headquarters and chapter level. Business continuity plan is available. Drill simulations are conducted regularly at the chapter level (coordination with BPBD, BNPB and other stakeholders). PMI has developed contingency plans on health (emerging and pandemic diseases), disasters and conflict. PMI has drafted guidelines for drill exercises (table top, field exercises and drill simulations).	Contingency plan development at branch level is not optimal. Challenges in coordination with local government in sign-off on the contingency plans.	Disaster preparedness plans and contingency plans are in place at all administrative levels, and regular training drills and rehearsals are held to test and develop disaster response programmes.
Financial reserves and contingency mechanisms are in place to support effective response and recovery when required	4	4	PMI has allocated emergency response fund. Fifty-six per cent of PMI branches' Disaster Relief Emergency Fund DREF is less than 10 per cent of its income.	PMI has not developed guidelines to manage Disaster Relief Emergency Funds (minimal fund reserve, released, reporting).	Financial reserves and contingency mechanisms are in place to support effective response and recovery when required.
Procedures are in place to exchange relevant information during hazardous events and disasters and to undertake post-event reviews	4	4	Procedures are in place.	Post-event reviews are done randomly.	Procedures are in place to exchange relevant information during hazardous events and disasters and to undertake post-event reviews.



Evacuation after Sinabung eruption
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Annex 3. PMI HFA-related projects, 2005–2014

PMI DRR-RELATED PROJECTS 2005-2014							
Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
A. PMI PROJECT 2005–2008							
Disaster management (community-based disaster preparedness)	ICBRR Support to Local Communities and PMI Branches		1,2,3,4,5	Nanggroe Aceh Darussalam			American Red Cross
	ICBRR		1,2,3,4,5	Nanggroe Aceh Darussalam, 4 districts		Communities' capacity to prepare and responds to disasters are strengthened through VCA & PRA training; community disaster management committees were established; CBAT were trained and simulation exercises were conducted; schools made safer through teacher trainings on disaster prevention	American Red Cross
	ICBRR			Nanggroe Aceh Darussalam, 1 district		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, linking communities to local government, small-scale mitigation	DRC
	CBRR		1,2,3,4,5	Lampung, West Sumatra West Sulawesi, South Sulawesi, North Sulawesi		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, linking community to local government, small-scale mitigation	DRC, DANIDA
	CBRR		1,2,3,4,5	West Java, South Kalimantan, North Sumatra (6 districts in total)		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, linking community to local government, small-scale mitigation	DRC, DIPECHO
	ICBRR		1,2,3,4,5	Central Java, Jogjakarta (6 districts in total)		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, linking community to local government, small-scale mitigation	DRC, IFRC

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Disaster management (community-based disaster preparedness)	Early Warning Systems and ICBRR		5	Central Java (3 districts: Kebumen, Cilacap, Bantul)		PMI capacity building, risks assessment, establishment of German-Indonesia early warning systems, development of early warning systems SOP, good governance of DRR	German Red Cross, GIZ
	ICBRR with Climate Change Adaptation Component		1,2,3,4,5	Jakarta (East Jakarta and West Jakarta districts)		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, linking community to local government, small-scale mitigation	IFRC, German Red Cross, Netherland Red Cross
	ICBRR in 12 Coastal Areas		3,4,5	North-East Aceh and Banda Aceh		Setting up CBAT, creating strong volunteers base, raising awareness on DRR, planting mangroves and coastal plants, livelihood assistance for financially disadvantages community members	Japanese Red Cross
	ICBRR		1,2,3,4,5				IFRC
	ICBRR in Central Java and Yogyakarta (Bantul and Klaten)	2006	1,2,3,4,5	Central Java and Yogyakarta		Project components: (1) Setting up of SATGANA and CBAT, (2) awareness raising targeting communities and local stakeholders (3) small-scale mitigation activities	IFRC Multilateral Partnership1
	Mitigation: Dykes Restoration in Banda Aceh to Protect Community from Seawater Flooding		4	Nanggroe Aceh Darussalam		Repair of destroyed dykes	IFRC Multilateral Partnership1
Disaster preparedness and capacity building	Drill Simulations		5	Jakarta, Bali, Central Java (Salatiga)		Drill simulation, establishment of POSKO in Semarang chapter	German Red Cross
	Construction of PMI Warehouses		5	Aceh, West Sumatra, Jakarta, Surabaya		The warehouses will be equipped with prepositioned stocks	IFRC, Japanese Red Cross, Norwegian Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Disaster preparedness and capacity building	Establishment of Emergency Storage Space (DP containers). The storage filled with prepositioned stocks including tents, blankets, family kits.		5	Aceh and Nias		Guidelines and SOP were developed. Staff trainings on stocks management	IFRC, British Red Cross, Korean Red Cross, Japanese Red Cross, Taiwan Red Cross Organization
	Establishment of Medical Action Team (MAT)		5	Regional Based: western, central and eastern Indonesia		Medical doctors and nurses are trained to responds to health emergencies, conduct triage in mass casualty, manage pandemic outbreaks, manage field hospitals and mobile clinics	German Red Cross
Network and cooperation	Support to NDMA/BNPB		1,3,5	Jakarta and 6 provincial centres		Establishment of national EOC, purchase of equipment and training of personnel, community awareness in DRR, development of SOP and related policies	French Red Cross
	CBDRM Symposium	2007	3			Symposium to share best practices, tools and strategies among NGOs, universities and international NGOs	German Red Cross, MPBI
Reuniting Family Links	PMI-CVTL Exchange Messages Project		5	Nusa Tenggara Timur and West Timor		As a means to keep in touch among the families who lived in Timor-Leste and West Timor, PMI facilitated a monthly message exchange at the border of Indonesia and Timor-Leste	ICRC
	Restoring Family Links (RFL)		5	All PMI chapters/branches		Setting up Reuniting Family Links structures at all PMI chapters and branches	ICRC
Early warning system	PMI Radio Network (early warning)		2,5	Aceh		Establishment of PMI VHV/HF radio network to enhance emergency communications and early warning systems in Aceh. The radio system also linked with the national early warning systems.	IFRC, Australian Red Cross, Spanish Red Cross and Canadian Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Recovery: house and school reconstruction and rehabilitation	Reconstruction of Permanent Houses and Improved Living Condition for Tsunami-Affected People		4	Aceh (Aceh Barat), 800+ households, seven schools		Reconstruction of permanent houses and improved living conditions for tsunami-affected people	Spanish Red Cross
	Reconstruction of Schools for Tsunami-Affected Children		4	Aceh (Pidie)		Reconstruction of schools	Swiss Red Cross
	Reconstruction of Permanent Houses and Improved Living Conditions for Tsunami-Affected People		4	Aceh (Aceh Besar, Banda Aceh), 1,050 Households, three schools, graveyard reconstruction, museums, soccer pitches and four religious centres		Reconstruction of permanent houses and improved living conditions for tsunami affected people	Turkish Red Cross
	Psychosocial Support Programme for Tsunami-Affected People, Including Construction of Sultan Selim II Aceh Community Centre		4	Aceh (Aceh Besar, Banda Aceh). 40.000 beneficiaries		Psychosocial support activities and construction of PMI community centre (Sultan Selim II)	Turkish Red Cross
	Orphanage Reconstruction Project		4	Aceh (Banda Aceh, Pidie)		Reconstructions of two orphanages	Malaysian Red Cross
Recovery and reconstruction of health facility	Reconstruction of Blood Transfusion Unit		4,5	Aceh (Banda Aceh)			Australian Red Cross
	PMI support to Ministry of Health in Providing Pharmacy in Simeulue		4,5	Aceh (Simeulue)		Project component: (1) supply of medication and consumables to Ministry of Health, (2) construction of pharmacy warehouse and supply storage areas, (3) capacity building of staff	Australian Red Cross
	Construction of Permanent Health Clinic Facility and Mobile Clinics Development		4	Aceh (Aceh Jaya, Sampoinet subdistrict)			Canadian Red Cross
	Reconstruction or Rehabilitation of 17 MOH Health Clinics		4	Aceh (Pidie)			French Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Recovery and reconstruction of health facility	Reconstruction of 4 MOH Health Clinics		4	Aceh (Sabang)		The clinics were supplied with tools and equipment	German Red Cross
	Reconstruction of 5 MOH Health Clinics		4	Aceh (Teunom)			German Red Cross
	Reconstruction and Rehabilitation of 27 MOH Health Clinics		4	Aceh (Aceh Utara, Lhokseumawe)			Hong Kong Red Cross
	Reconstruction of Simelue General Hospital (MOH) and Health Facilities in Nagan Raya		4	Aceh (Simeulue, Nagan Raya)			Japanese Red Cross
	Reconstruction or rehabilitation of 10 MOH Health Facilities		4	Aceh (Aceh Besar)			Korean Red Cross
	Construction and Capacity Building of (MOH) Mental Hospital		4	Aceh (Banda Aceh)		International standards for treatment for severely ill patients	Norwegian Red Cross
	Construction of Nursing Academy		4	Aceh (Sabang)			Norwegian Red Cross
	Rehabilitation of Hospital		4	Aceh (Lhokseumawe)		Building new emergency room, expanding intensive care unit	PMI
	Reconstruction or Rehabilitation of 34 Health Facilities		4	Aceh (Aceh Barat)		Includes purchase of equipment	Spanish Red Cross
	Construction of Neonatology Paediatric Intensive Care Unit at Zainal Abidin State Hospital		4	Aceh (Banda Aceh)			Turkish Red Cross
	Construction of Inpatient Ward and Medical Facilities for TB Patients in Bantul Respiratory Hospital		4	Yogyakarta (Bantul)			Japanese Red Cross
	Reconstruction of 9 MOH Health Clinics		1,3	Yogyakarta (five districts)		Included medical equipment and furniture	Japanese Red Cross

PMI DRR-RELATED PROJECTS 2005-2014							
Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Recovery and reconstruction of health facility	Disaster Nursing Curriculum Integrated into 4 Nursing Schools		3,5	Aceh (Banda Aceh, Aceh Besar)		Major components included:(1) providing buses and equipment, (2) introductory knowledge in disaster nursing and teaching methods, (3) development of text books for disaster nursing in Indonesian language	Japanese Red Cross
	Construction or Rehabilitation of 7 District Health Department Facilities		4,5	Aceh (Sigli), 19 villages		Project components included: (1) capacity building of Sigli district hospital through improvement of water systems, blood bank systems, (2) improvement of PHC systems in 19 villages with special attention on water and sanitation, nutrition and maternal and child healthcare	Swiss Red Cross
Recovery and livelihoods	Cash-for-Work Programme to Clean Villages Affected by Tsunami and Livelihood Support to Farmers		4	Aceh (Aceh Besar, Aceh Jaya, Aceh Barat Daya, Nagan Raya), 15,000 people			American Red Cross
	Livelihood Project to Improve Family Resilience		4	Aceh (Aceh Jaya, Aceh Besar)		Technical, financial and material support to re-establish livelihoods	British Red Cross
	Livelihood Project with DRR Component and Ecosystem Rehabilitation		4,5	Aceh (Aceh Besar, Aceh Jaya)			Canadian Red Cross
	Livelihood Project		4	Aceh (Aceh Besar, Aceh Jaya)		Micro credit, job creation, technical support, development of small to medium business enterprises	Canadian Red Cross
Recovery and livelihoods	Livelihood Project		4	Aceh (Aceh Jaya), 16 villages, 2,400 families		Project goals including to create self-driven and active society, improving local economy and nutrition through re-establishment of sustainable agricultural production on arable land, home gardens, drainage rehabilitation, riverbank protection, reconstruction of community prioritized soil dyke sections	Danish Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Recovery and livelihoods	Income-Generation Project Targeting Fishmongers and Basket Sellers		4	Aceh (Banda Aceh, Pidie)		Tool kits distribution for fishmongers and basket sellers and mat makers	French Red Cross
	Reconstruction of Markets in Nias (waste disposal and rain water protection units)		4	North Sumatra (Nias)		Reconstruction of markets, including waste disposal and rain water protection units	French Red Cross
	Livelihood and Aquaculture Project		4	Aceh (Pidie)		Reconstruction and cleaning up of canals, water gates, dykes and fishponds, tools distribution, training and aqua input distribution	French Red Cross
	Livelihood and Sewing Project in Tsunami-Affected areas		4	Aceh (Aceh Besar)			IFRC Multilateral Partnership1
	Livelihood and Microfinance Project		4	Aceh (Banda Aceh)		Microfinance funds distribution to villagers to re-establish small-scale industries	IFRC Multilateral Partnership1
	Livelihood Project (farming, livestock and small business commodities)		4	Aceh (Aceh Besar)		Project component: (1) distribution of rice and horticulture kits, (2) distribution of livestock (cows, buffaloes, goats, ducks and chickens), (3) poultry kits and various tools	IFRC, Spanish Red Cross
	Livelihood and Support to Fishermen		4	Aceh (Aceh Barat), 17 households, 450 fishermen and their families		Construction of 17 fishing boats, equipment distribution	IFRC and Belgian Red Cross (French)
	Livelihood and Educational Support		3,4			Cash distributions for families who are unable to provide adequate secondary educational opportunities for their children	Irish Red Cross
	People with Disability Support Project		3,4	Yogyakarta (Bantul)		PMI support a local organization in Bantul to construct workshop building and purchase equipment to make wooden toys by people with disability	Japanese Red Cross
	People with Disability Support Project		4	Yogyakarta, 120 people		Rehabilitation or reconstruction of 120 accessible houses, 59 schools for children with disability	Japanese Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Recovery and health and psychosocial support	Psychosocial Support Project in Tsunami-Affected Areas	2005, 2006	3,4,5	Aceh, North Sumatra, Yogyakarta		Help disaster victims to recover from trauma, development of psychosocial support training module to be used nationally	IFRC, Danish Red Cross, Turkish Red Cross, American Red Cross
	Psychosocial Support Project for Earthquake-Affected People in Yogyakarta	2006	4,5	Yogyakarta (Bantul, Klaten)		Help disaster victims to recover from trauma	IFRC Multilateral Partnership2
Capacity building	PMI Capacity Building		2,3,5			Capacity building of PMI: management training, office equipment, operational cost, M&E training, staff salaries	ICRC
	PMI Capacity Building in Conflict-Prone Areas		2,3,5	Central Sulawesi, Maluku, Papua		Capacity building of PMI staff and volunteers, assessment, first aid, conflict, water and habitat, volunteer management, resource development, IHL	ICRC
	Rehabilitation & reconstruction of 22 PMI Chapter and Branch Offices in Tsunami-Affected Areas of Nanggroe Aceh Darussalam and Nias		5	Nanggroe Aceh Darussalam, North Sumatra (districts)		22 PMI chapter and branches offices are reconstructed, which enabled PMI to deliver services to local communities	IFRC Multilateral Partnership1
	Resource Development Strategies Assistance		1,3,5			Financial systems and guidelines are developed	IFRC Multilateral partnership1
	Organizational Development Programme		1				IFRC
	Red Cross Youth Project		3,5	Nanggroe Aceh Darussalam		Friendships, cooperation and network among Red Cross youth are developed in Asian region	Japanese Red Cross
	Provisions of office equipment, 2 water tanks, 2 ambulances, 1 mini-bus and 5 vehicles to strengthened PMI capacity in tsunami response				Nanggroe Aceh Darussalam		Turkish Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Capacity building	Capacity Building with Disaster Management Component of PMI Central Java and Yogyakarta		3,5	Yogyakarta and Central Java		Project components included: (1) distribution of disaster prevention leaflets, (2) stocking emergency relief items for PMI warehouse in Jakarta, (3) purchase of field kitchen sets for PMI branches in 2 chapters, (4) standardized emergency equipment and tools (5) DM training for PMI staff and volunteers (6) purchase of warehouse for PMI Yogyakarta chapter with a matching fund from IFRC, (8) purchased of ambulance for PMI Klaten branch and reconstruction of 5 PMI district branches in Yogyakarta	Japanese Red Cross
Social services/ poverty	Street Youth Project in Urban Areas	2005	4	Yogyakarta		Basic health education, HIV prevention, vocational training	IFRC, Netherlands Red Cross
	Support to Elderly People in Urban Areas	2005	4	Jakarta and Yogyakarta		Health services, shelter and vocational training	PMI
Humanitarian values	Promote Respect For Diversity and Human Dignity, Reduce Intolerance, Discrimination and Social Exclusion Through Its Long-Term Humanitarian Values Programme		1,3			Project components: (1) promotion of Red Cross principles and values, (2) dissemination of messages on HIV and AIDS stigma and discrimination	IFRC Multilateral Partnership 3
Health: Community-based health and first-aid education	Community-Based First Aid (CBHFA in Action) Programme		4,5	Aceh		Support community to prevent and manage injuries and common health problems in emergency and non-emergency situations	American Red Cross
	CBHFA Simeulue		4,5	Aceh (Simeulue)		Project components included: volunteers training, mobilising volunteers to provide health education to community, provide first aid treatments	Australian Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Health: Community-based health and first-aid education	CBHFA Nias		3,4,5	North Sumatra (Nias)		Project components included: (1) establishment of first aid centres in Nias and building training capacity, (2) development of first aid training curricula for MOH medical staff (doctors, nurses, midwives), (3) development of training courses for non-medical personnel (NGO workers), (4) development of emergency medical record guidelines, (5) strengthening PMI first aid volunteers network and (6) increasing PMI Nias branch response capacity	IFRC Multilateral Partnership1
	CBHFA Water and Sanitation in Tsunami-Affected Areas		3,4,5	Aceh, 39 villages, 43,354 beneficiaries, water provided to more than 30 villages in Aceh			IFRC Multilateral Partnership1
	CBFA		4,5	Aceh (Nagan Raya)		Training of first aid volunteers for emergency and disaster preparedness and response	Japanese Red Cross
	CBFA Water and Sanitation		3,4,5	Jakarta, Gorontalo, East Kalimantan, Pangkal Pinang, east Java		Project components included: training of village health workers, water piped constructions, latrines construction, hygiene education using PHAST methods	Netherlands Red Cross
	CBFA water and sanitation		3,4,5	Nusa Tenggara Timur (Belu districts, 3 villages, 5000 beneficiaries)	IDR 800,000,000	Project components included: training of village health workers, water piped constructions, latrines construction, hygiene education using PHAST methods	IFRC

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Health: Community-based health and first-aid education	Community Health Programme		4,5	Aceh (Aceh Besar)		Strengthened PHC systems to reduce mortality and morbidity, focused on water sanitation, nutrition, maternal/child health and strengthening the capacity of selected beneficiaries through skills training and providing equipment	Swiss Red Cross
	School and Community-Based Health Project		3,4	Aceh (Aceh Barat)		Improving hygiene and healthcare of school children; trainings for teachers and students	French Red Cross
Health: Community-based public health awareness programme	Measles-Social Mobilization Project		3,4	Aceh, Maluku, North Maluku		Supporting MOH measles campaign	American Red Cross
	Polio Campaign Supporting Provincial Health office and WHO		3,4	Aceh			American Red Cross
	Polio Campaign Supporting Provincial Health Office		3,4	Aceh			Canadian Red Cross
	Avian Influenza Prevention Programme Targeting Housewives, Poultry Owners, Farmers, School Children and Public in General		3,4	West Java, central Java, Yogyakarta, East Java, Bali, 50 district.		Project component: (1) volunteers training, (2) volunteers mobilization. Key messages included: poultry handling practices, understanding infection symptoms and dealing with infections. Trainings were supported by local health and agricultural departments.	IFRC
	Avian Influenza Prevention Programme		3,4	Aceh, North Sumatra, Lampung, Jakarta, Banten (46 districts)		Project component: (1) volunteers training, (2) volunteers mobilization. Key messages included: poultry handling practices, understanding infection symptoms and dealing with infections. Trainings were supported by local health and agricultural departments..	American Red Cross, USAID

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
HEALTH: Ambulance Service	Development of PMI Ambulance Service		4,5	Aceh			Australian Red Cross, Norwegian Red Cross
	Establishment of Ambulance Services			North Sumatra (8 districts)		Project components included: development of emergency call centres, operational and paramedic training and capacity building of PMI branches	German Red Cross, Hong Kong Red Cross
HEALTH/ Recovery: water and sanitation	Water and Sanitation Project		4,5	Aceh (Aceh Besar, Aceh Jaya, Sabang)		Providing water (via water trucks) to tsunami- affected people, construction of water pipe systems, latrines and sewage systems	American Red Cross
	Water and Sanitation Project		4,5	Aceh (Simeulue)		Delivering water via water trucks, construction of water pipe systems, latrines and sewage systems	Australian Red Cross
	Water and Sanitation Project to Support Temporary Living Shelters		4	Aceh (Aceh Besar, Aceh Jaya, Aceh Barat)		Providing of emergency water and sanitation support services	Australian Red Cross, Canadian Red Cross
	Water and Sanitation Project to Support Temporary Living Shelters		4	Aceh (Bireuen, Pidie, Meulaboh)		Project components included: (1) provision of water, (2) solid waste management and (3) hygiene promotion	French Red Cross
	Water and Sanitation Project		4	Aceh (Aceh Jaya)		Construction of wells and community latrines	German Red Cross
	Water and Sanitation Project		4,5	Aceh (Bireuen), North Sumatra (Nias)		Provision of clean water, safe sanitation facilities, rain harvesting system, waste management and hygiene promotion	IFRC Multilateral Partnership1
	Water and Sanitation Project	2006	4,5	Central Java (Klaten), 2,200 beneficiaries		Provision of 44,000 litre of water, 565 wells deepened, 1,800 wells cleaned	IFRC Multilateral Partnership2
	Emergency Water and Sanitation Capacity-Building Project	2006	5	PMI NO		Training of PMI volunteers to responds to water and sanitation in emergency. Project components included: (1) construction of warehouse, (2) management support, (3) training of trainers and water and sanitation equipment operators	IFRC, Australian Red Cross, French Red Cross, Spanish Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
HEALTH/ Recovery: water and sanitation	Water and Sanitation Project	2006	4	Yogyakarta (Gunung Kidul)		Construction of water catchments, building of 553 community tanks	Japanese Red Cross
	Water and Sanitation Project		3,4	Aceh (Aceh Barat), 6 villages, 160 households		Construction of boreholes and water supply facilities, constructing shallow concrete walls for 160 households, hygiene promotion	Japanese Red Cross
	Water and Sanitation Project		3,4	Aceh (Aceh Jaya)		Provision of clean water, sanitation facilities, waste management systems, hygiene promotion	Norwegian Red Cross
	Water and Sanitation Project		4			Rebuilding of intake Lapang water network	Spanish Red Cross
	Water and Sanitation Project		4	Aceh (Aceh Besar)		Rehabilitation of two water treatment plants, improvement of water pipelines and local water distribution systems (PDAM), improvement of schools water and sanitation facilities	Swiss Red Cross
	Water and Sanitation Project		4	Aceh (Banda Aceh), Lhok Nga, 3 villages			Turkish Red Cross

B. PMI DRR-RELATED PROJECTS 2008–2014

Community-Based Disaster Preparedness and DRR-Related Programme	ICBRR	2010–2014	1,2,3,4,5	Nanggroe Aceh Darussalam			American Red Cross
	Wonogiri Health – DRR	2012–2014	1,2,3,4,5	Central Java/ Wonogiri/30 villages		DRR Component – IEC materials development supported by IFRC, CHF 18,000	American Red Cross – IFRC
	Urban DRR Project	2012–2014	1,2,3,4,5	Greater Jakarta & West Java - 3 districts - 36,549 beneficiaries	2,257.131		American Red Cross
	Indonesia Coastal Community Resilient and DRR Project	2012–2014	1,2,3,4,5	Nanggroe Aceh Darussalam			American Red Cross
	ICBRR	2008–2010	1,2,3,4,5	Central Java & Jogjakarta – 6 villages – 21,788 beneficiaries	IDR 26,551,350,000		DRC

PMI DRR-RELATED PROJECTS 2005-2014							
Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Community-Based Disaster Preparedness and DRR-Related Programme	ICBRR	2009–2013	1,2,3,4,5	North Sulawesi			DRC
	ICBRR	2009–2010	1,2,3,4,5	Central Java & Jogjakarta – 3 villages			DRC
	ICBRR	2011–2013	1,2,3,4,5	South Kalimantan – 2 villages – 10,200 beneficiaries	EUR 699,973		Belgian Red Cross
	ICBRR	2009–2012	1,2,3,4,5	Nusa Tenggara Barat – 2 villages	IDR 6,234,925,463		Hong Kong Red Cross
	ICBRR (PERTAMA)	2012–2014	1,2,3,4,5	Banten			Japanese Red Cross
	DRR – CCA	2011–2013	1,2,3,4,5	East Java & North Maluku			Norwegian Red Cross
	Malaria Hang Up Campaign	2008–2010	2,4,5				
	Health Risk Management in a Changing Climate (Dengue)	2010–2012	2,4,5				
Early warning systems	Mobile communication for preparedness in Indonesia	2013–2014	1,2,3,4,5				American Red Cross
Capacity building & recovery	Strengthened organizational capacity building and DRR coordination response in Eastern Indonesia	2011–2013	2,4,5				Australian Red Cross
	Developing Well-Functioning Branches in Post-Tsunami (DP/Health/Blood/Integrated Project)	2012–2014	4,5	Nanggroe Aceh Darussalam			Australian Red Cross
	Developing Well-Functioning Branches (DP/Health/Blood/Integrated Project)	2013	4,5	East Indonesia			Australian Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Capacity building & recovery	Temporary Community Relocation Support & Temporary Shelter	2009–2012	2,4,5	Cianjur, West Java			IFRC
	Humanitarian Work of PMI Klaten	2012–2013					IFRC
	IFRC Annual Appeal	2011	4,5				IFRC
	IFRC Annual Appeal	2012	4,5				IFRC
	IFRC Annual Appeal	2013	4,5				IFRC
	Capacity Building for DM in Indonesia with BNPB	2010–2012	1,2,3,4,5	Jakarta			IFRC
	Capacity Building (POSKO – for disaster prone areas)	2010–2012	2,3,4,5	Bengkulu			German Red Cross
	School-Based Disaster Preparedness	2010–2013	2,4,5	Central Java			German Red Cross
	School-Based Disaster Preparedness	2010 – 2013	2,4,5	Bengkulu			German Red Cross
	School-Based Youth Awareness in Health-Affected Disaster	2012–2013	4,5	West Kalimantan			Italian Red Cross
	CBHFA with OD & CP component	2010–2014	2,3,4,5				Spanish Red Cross
	WASH	2012	4,5	South Pagai, Mentawai, West Sumatra			McRC
	Indonesia PMI Corporate Volunteer Project	2013–2015	3,4,5	DKI Jakarta & Bali			American Red Cross
Emergency Response	Earthquake	2009–2010	1,2,4	Padang, West Sumatra			American Red Cross
	Volcano eruption	2010–2011	1,2,4	Central Java – 25,000 beneficiaries	USD 500,000		American Red Cross
	Earthquake	2013–2014	1,2,4	Nanggroe Aceh Darussalam			American Red Cross

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Emergency Response	Mt. Sinabung volcano eruption relief operation	2010	2,3,4	Karo, North Sumatra – 10,000 beneficiaries	IDR 496,912,500		Hong Kong Red Cross
	Earthquake and tsunami emergency operation	2010–2011	4,5	Mentawai – 3,750 beneficiaries	HKD 439,586		Hong Kong Red Cross
	Procurement of standard hygiene kits	2010–2011	5	PMI warehouses	HKD 1,512,000		Hong Kong Red Cross
	Earthquake	2013		Central Aceh & Bener Meriah, Nanggroe Aceh Darussalam – 5,000 beneficiaries	CHF 192,990	Evacuation, emergency relief distribution, emergency healthcare, school kits	IFRC
	Mt. Sinabung volcano eruption	2010		Karo, North Sumatra – 15,595 beneficiaries	CHF 143,243	Relief distribution, emergency food/public kitchen, emergency health, water and sanitation, hygiene promotion	IFRC
	Earthquake	2010–2011		Jogjakarta / Central Java & Mentawai Sumatra – 103,750 beneficiaries	CHF 2,814,292	Relief distribution, emergency health, water and sanitation, hygiene promotion, temporary shelter, IEC material distribution	IFRC
	Earthquake	2009–2011		West Sumatra – 100,000 beneficiaries	CHF 12,701,675	Evacuation, relief distribution, mobile health clinic, psychosocial support, water treatment, transitional shelter	IFRC
	Flood	2013		DKI Jakarta – 25,000 beneficiaries	CHF 332,594	Relief distribution, water distribution, hygiene promotion, emergency health	IFRC
	Flash Flood	2014		Manado, North Sulawesi – 17,252 beneficiaries	CHF 44,882	Water and sanitation, emergency health, field kitchen, relief distribution	IFRC

PMI DRR-RELATED PROJECTS 2005-2014

Domain	Project	Year	HFA Priority	Location (province, district and No. of villages and population benefiting)	Budget spent (USD)	Project components	Partners
Emergency Response	Mt. Kelud volcano eruption	2014		East Java – 3 districts – 16,500 beneficiaries	CHF 240,127	Emergency shelter and relief aid, food items, water distribution, hygiene promotion, environmental sanitation	IFRC
	Mt. Sinabung volcano eruption cash-based programme	2014		Karo, North Sumatra – 367 families	AUD 9,294	Cash-based intervention through voucher for recovery operation particularly shelter kits provision	Australian Red Cross
	Replenishment of relief stocks	2014		PMI regional warehouses	IDR 4,816,146,000	40 rubber boats, 2.3 million masks, 4,000 hygiene kits, 4,900 tarpaulins, 4,000 sarongs	IFRC

* IFRC Annual Appeal supported the whole areas of PMI intervention



PMI volunteers from north Aceh provide treatment for refugees of Bangladesh and Myanmar
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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



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