

# Programme Update

 International Federation  
of Red Cross and Red Crescent Societies

## Southeast Asia

Appeal No. MAA51001

21 August 2008

This report covers 1 January – 30 June 2008.



Regional support to community reach: this is the philosophy underpinning this programme.

## In brief

**Programme purpose:** To coordinate and add support to the International Federation's (i.e. secretariat and partner national societies) efforts at country level to assist host national societies scale up their work in line with the Global Agenda.

**Summary:** The Southeast Asia regional team based in Bangkok has continued to evolve its role as part of the new Secretariat zone support set-up across the entire Asia Pacific. In line with the zonal strategy, this work has been in the following directions:

- Strategic guidance to country-level secretariat teams;
- Provision of technical support to national societies with no secretariat country presence;
- Developing institutional memory and sharing good practices and lessons learnt;
- Developing a more proactive approach to Red Cross Red Crescent Movement coordination, including

specific relationship management responsibility with partner national societies.

Progress has been positive; the needs of Southeast Asian national societies are being better understood and tailor-made support at country level is evident. Regional network capacities and partnership relations, both within and outside the Movement, have been consolidated to this end. Since 2 May, the work of the regional team has been dominated by the response to the devastating Cyclone Nargis in Myanmar. Support has been given to Myanmar Red Cross and all Movement partners engaged in the operation. To view more extensive operation reports on this, [please click here](#).

**Financial situation:** The total appeal budget for 2008 is CHF 4,312,418 (USD or EUR), of which 57 per cent covered. Expenditure overall was 22.3 per cent for the same year.

[Click here to go directly to the financial report.](#)

**No. of people we help:** This regional programme principally supports the 11 national societies of Southeast Asia, who, in turn, work with millions of people.

**Our partners:** The International Federation regional team's primary partners are the 11 Southeast Asian national societies as well as relevant government ministries, such as health and disaster management bodies. Within the Movement, there has been strong and loyal support from multilateral supporters, which include: Australian Red Cross/Australian government, Austrian Red Cross, Finnish Red Cross, German Red Cross, Hong Kong branch of China Red Cross, Italian Red Cross, Japanese Red Cross, Norwegian Red Cross/Norwegian government, Netherlands Red Cross, New Zealand Red Cross, Swedish Red Cross/government, capacity building fund (CBF), and disaster relief emergency fund (DREF). Outside of the Movement, UN OCHA (through the Inter Agency Standing Committee), UNESCAP, WHO and several UN agencies are important partners in addition to non-government organizations, such as CARE and Oxfam.

## Context

The Southeast Asian Secretariat team continued to focus on country-level support to national societies through country offices. This approach saw progress, including the strengthening of:

- Volunteer programming in the **Philippines**,
- Disaster management strategic planning in **Cambodia**,
- Disaster management in **Lao PDR**,
- Health and water and sanitation programmes in **Lao PDR**,
- Planning processes in **Thailand**,
- National preparedness planning through the national society in **Timor-Leste**,
- National society avian influenza preparedness planning in several countries including **Lao PDR**, **Cambodia**, **Timor-Leste** and **Vietnam**,
- Psychosocial support in **Indonesia**, **Philippines**, **Vietnam**, and **Thailand**.
- Response to the massive Cyclone Nargis in **Myanmar**.

Underpinning this approach was the effective mapping, coordination and deployment of national society resources. One example of this was the success of the Southeast Asian national society personnel trained in regional disaster response teams (RDRT).

Five partner national societies – American, Danish, Finnish, French and German – attend biweekly information/coordination meetings as well as heads of country office management meetings. Formal integration agreements are in place for these partners. These agreements are expanding towards stronger coordination and operational alliances. The Global Road Safety Partnership is also hosted at the Southeast Asia regional office.

The Southeast Asian regional team faced significant demands on its time from various meetings involving the UN (UN OCHA mainly on coordination for Cyclone Nargis, UN Reform, UNDP, UNESCAP) governments and regional organizations, Geneva-sponsored forums (such as Global Alliance on HIV/AIDS), and regional national society discussions, among others.

Challenges remain, particularly in terms of clarifying working relations and authority levels within the new zone structure; keeping partner national societies contributing to the coordination and core budget in light of the new structures; adjusting the International Federation systems, rules and working precedence to the new reality of this region, including the rapid growth of some national societies in capacity.

## Progress towards outcomes

### Disaster management

**Global Agenda Goal 1:** Reduced deaths, injuries and impact from disasters.

**Programme objective:** Vulnerable communities are effectively supported by national societies through timely and high-calibre disaster operations, and guidance in reducing their risk to natural and man-made hazards.

#### **Achievements:**

The regional disaster management programme continued in line with the objectives and priorities set jointly by the regional disaster management committee and the International Federation's regional disaster management unit within the reporting period. This cooperation has guided the regional programme in the continuation of promoting well-prepared national societies who focus their disaster management resources to address the risk profile of the communities which they support. Through the ongoing development of national and regional capacities, there has been much achieved in identifying risks, measures to mitigate these and preparation for future disasters. In particular, the following activities were achieved during the beginning of 2008.

There has been ongoing support from the regional office to Vietnam Red Cross' (VNRC) response to major flooding across the northern and central provinces in early October 2007 as a result of typhoon Lekima. The extent of the disaster prompted an International Federation emergency appeal on 17 October for CHF 3.23 million (USD 2.9 million or EUR 1.9 million) following a CHF 200,000 (USD 185,389 or EUR 123,565) disaster relief emergency fund (DREF) allocation, to support a 12-month operation in support of 193,000 beneficiaries. Response to the appeal has been recorded at 72 per cent, totalling CHF 2.3 million (USD 2.6 million or EUR 1.4 million). With this support, VNRC has achieved remarkable results in providing 43,800 families with rice, distributing 13,450 household kits, and constructing 1,000 typhoon-resistant shelters for the most affected and vulnerable families.

Extensive support has been garnered for the operations in the aftermath of the Cyclone Nargis in Myanmar. The cyclone claimed about more than 78,000 lives with 56,000 or so still missing. According to available assessments, around 2.4 million people are estimated to have been affected in the 40 most-affected townships (including urban Yangon townships). Of this estimated 2.4 million, about 1,017,000 people (42 per cent) have been reached with some kind of relief support to date, through the combined efforts of Myanmar Red Cross Society (96,000 recipients), UN and international non-government organizations (793,000 recipients), and local non-government organizations and civil society groups (128,000 recipients). The extent of the disaster gave rise to the International Federation emergency appeal on 6 May for an initial CHF 6.2 million (USD 5,757,120 or EUR 3,828,568). Following further assessments, this was then revised to CHF 52.8 million (USD 49.1 million or EUR 32.6 million) to assist 100,000 families for 36 months. The operation seeks to provide relief to meet the basic needs in a timely manner to those most affected; to provide recovery support to strengthen the resilience of the most

vulnerable people among those affected; and to strengthen MRCS's human resources capacity and overall operational effectiveness in the short, medium and long term (via an organizational development in emergencies' framework).

The eighth regional disaster response team (RDRT) induction course was jointly hosted by the Malaysian and Singaporean national societies in response to requests from national societies and the need for an active and well-trained pool of regional responders. This course was supported by the Australian and Swedish Red Cross Societies. A notable combination of two medical doctors, four nurses, a chemist and national society experienced disaster management staff/volunteers proved a valuable resource during the sharing of experience, skills and missions. The course has brought the roster to 223 Red Cross Red Crescent staff and volunteers within the Southeast Asian region.

The regional disaster management unit (RDMU) based at the Southeast Asia regional office organized a specialized emergency assessment workshop. This workshop was supported using ECHO thematic funding, and hosted by the Philippine National Red Cross (PNRC). The purpose of this session was to update and enhance the assessment skills of national society staff in the region and to promote the use of expertise of the RDRT team. Furthermore, a half-day simulation exercise was organized at the end of the course. This exercise sought to identify both gaps within the community based on the vulnerability and capacity framework, as well as the possibility of Red Cross Red Crescent intervention in this respect prior to making recommendations. This will further strengthen the region's capacity for emergency response.

In line with the regional disaster management strategy, RDMU provided technical support to Cambodian Red Cross (CRC) to develop an integrated disaster management programme that aims to indicate activities, timeliness and expectations for the delivery of the CRC's disaster management strategic plan. The programme approach provides a clear and comprehensive plan for a period of five years that is based both on the earlier consultations and planning, and lessons learned over the last few years. This is a great step forward for CRC and the region in paving the way towards integrating disparate projects into a holistic integrated disaster management programme. Once completed, CRC will share its learning experience regionally.

In the areas of community-based disaster management, ongoing focuses have been provided to Lao Red Cross (supported by Japanese Red Cross) and Thai Red Cross and Philippine National Red Cross (supported by AusAID) in the development of general understanding and awareness of disaster management, community-based approaches and response capacity nationwide in their respective countries.

Much work has been put into developing the way forward for strengthening the capacities of Southeast Asian national societies in the area of disaster risk reduction (DRR). This has included the consultations with Southeast Asian national societies and lessons from South Asia and the Americas regions as well as contributing to a global process of defining the scope of DRR for Red Cross Red Crescent. In addition, the RDMU has prepared and submitted a DIPECHO proposal to ECHO addressing DRR at the regional level. This proposal complements the proposals that have been developed at country level such as in Cambodia, Indonesia, Lao PDR, the Philippines and Vietnam. In addition, the proposal is very much in line with the overall objective of strengthening national society capacity and support to vulnerable populations through the implementation of holistic DRR approaches within the region.

RDMU continues its technical and process support of the national societies of Lao PDR, Indonesia, the Philippines and Thailand in their four-step preparedness programme for climate change supported by the Red Cross Red Crescent climate change centre.

The regional office published its most updated disaster management booklet (supported by Swedish Red Cross) with additional new best practices and lessons learned from national societies in the region including volunteers in emergencies with minimum standards for engaging volunteers in disaster

management programming, vulnerability capacity assessment in Lao PDR, and contingency planning in Myanmar. The publication of the disaster management booklet has profiled the image of the national societies both within and outside the Movement.

The fifth regional disaster management committee (RDMC) sub-committee, supported by the UK Department for International Development - DFID, for 2008 was held in January. This meeting sought to strengthen cooperation among the national societies and review the current disaster management environment in the region. It also provided an opportunity to reflect on progress achieved under 2007's regional disaster management programme and plan for the forthcoming annual RDMC meeting.

Subsequently, the 12<sup>th</sup> RDMC meeting was held in Penang, Malaysia on 23-25 April, supported by AusAID, DFID and Swedish Red Cross. Participants at this gathering reviewed priority issues in supporting the continual capacity development within the region while consolidating recent achievements. Key external facilitators from ICRC, UN OCHA and the International Federation provided technical input and support these discussions in several areas apart from regular updates and business. These included civil, military and government-to-government relations; DRR and its supporting materials; regional flood and typhoon preparedness; regional contingency planning and its link to national contingency plans; and updates on restoring family links. Consultation with the RDMC on the global disaster management project was also carried out in order to gather feedback on the future for International Federation support to national societies. An action plan for the coming 12 months has been discussed and agreed upon by the participants of the meeting.

### **Challenges:**

Due to the magnitude of the cyclone Nargis operations in Myanmar, some of the RDMU planned activities have been delayed. The unit will need gear itself to go back to "normal" business at full strength and commitment. Furthermore, changes within the RDMU team have impacted the pace of the programme and this is expected to continue while the recruitment of staff is underway.

## Health and care

**Global Agenda Goal:** Reduce the number of deaths, illnesses and impact from disease and public health emergencies.

An Asia Pacific 'zone health team' has been established consisting of the four regional health coordinators based in Bangkok, Beijing, New Delhi and Suva; the deputy head of zone is the 'health contact point' in the zone office in Kuala Lumpur. The HIV and water and sanitation delegates based in Bangkok have been identified as 'focal points' for their respective technical areas.

In addition to planned regular activities included in the 2008 Appeal, the regional health unit has supported the cyclone Nargis operation in Myanmar since 2 May through the deployment of the regional water and sanitation delegate as a member of the field assessment and coordination team (FACT) for three weeks; technical support; and coordination with the health-in-emergency delegate from the Asia Pacific disaster management unit in Kuala Lumpur and FACT/RDRT members on stand-by in Bangkok. The regional health unit continues to provide back-up support to the Nargis health programme.

**Programme Objective:** Strengthen national society capacity to deliver relevant and effective health services to vulnerable communities.

Efforts are being made to monitor key indicators related to national society health programmes in the region; figures below are self-reported for 2007 with Indonesia accounting for a large proportion of all figures.

*Indicators:*

Estimated number of direct beneficiaries	10,824,247*
Number of volunteers mobilized to support health programmes for vulnerable populations:	815,051*
Funds mobilized for health in the region	USD 12,590,336* (CHF 13,698,859 or EUR 8,459,491)
Total expenditure for health in the region	USD 10,433,389* (CHF 11,351,623 or EUR 7,009,141)

\* No data available from Brunei and Malaysia

Besides these four key figures reported by national societies on an annual basis, a monitoring tool has been developed to capture progress related to overall policy, agreement and relationship issues; 14 simple questions will be answered by national societies on an annual basis and the results will be posted on Fednet, the International Federation's intranet system.

**Achievements:**

**Expected Result 1:** Strengthened and improved cooperation, coordination and support mechanisms within national societies and the International Federation.

*Indicators:*

Number of national societies with an updated health strategy aligned with Global Agenda Goals	7 of 11 national societies
Number of national societies with signed memorandum of understanding for Operational Alliances	6 of 11 national societies
Number of national societies with signed in-country agreement with WHO	1 of 11 national societies
Number of national societies actively participating in country, regional and global networks	9 of 11 national societies (these national societies are members of the ART Network)

The Southeast Asia regional health team held its annual meeting in Bangkok on 3-7 March with the participation of health managers from national societies and health delegates from partner national societies and the International Federation; all national societies, except Brunei, were represented.

The objective of this meeting was to provide a platform for regional health team members to discuss and share learning, and to be updated on recent developments within technical as well as management areas. The focus this year was on avian influenza and avian human influenza as well as dengue.

The International Federation-World Health Organization (WHO) collaboration was put into practice by inviting an avian human influenza specialist from the Western Pacific regional office to provide updated technical information and discuss pandemic preparedness. WHO stressed that 'the risk of a pandemic is great' and the existing recommendations related to personal protection and service continuity planning are valid; a discussion on 'adjusted recommendations' according to funding availability revealed that WHO cannot provide less than the best available advice, which is understandable, but there still exists the challenge for national societies to prioritize and make decisions according to available funds.

Along with CARE, International Rescue Committee and the Asian Disaster Preparedness Centre (ADPC), the International Federation regional health unit is a partner of an Asian Development Bank-funded project, '*Strengthening community-based management of avian human influenza*'; a website is regularly updated and provides information from the monthly inter-agency meetings.

The new USAID-funded initiative called '*humanitarian pandemic preparedness*' (H2P) was briefly introduced; the country selection process is ongoing.

Dengue/dengue haemorrhagic fever is an increasing public health concern with last year seeing an increased number of cases and deaths in several countries in the region. Cambodia and other national societies shared their experience in responding and supporting government initiatives.

This year, the annual meeting was combined with the two-and-a half-day ‘community-based first aid (CBFA) in action’ training. Participants were updated on the status of the current revitalization process and had an opportunity to provide comments to the draft materials. Participants unanimously proposed to change the name ‘CBFA in Action’ to ‘community-based health and first aid’ to reflect the health promotion components and the wider focus of the programme, which covers more than only first aid in the community.

Since the annual meeting, a stakeholders meeting to review the ‘CBFA in Action’ draft training material was held in Jakarta in April to get feedback from the Indonesian Red Cross/Palang Merah Indonesia (PMI) staff who have piloted the materials in the field, and from other stakeholders. Recommendations were made to simplify the language and clarify materials for end-users.

An internal ceremony was held to mark the commitment of CRC, PMI, LRC, MRCS and PNRG to take forward the Global Alliance on HIV; the official Southeast Asia launch is planned for early June.

**Expected Result 2: Reduced vulnerability to HIV and its impact.**

*Indicators*

Number of national societies that are members of the Federation Global Alliance on HIV	5 of 11 national societies
Number of national societies that have implemented a workplace policy on HIV and AIDS	2 of 11 national societies

**Country support visits and representation**

During the reporting period, the regional HIV delegate made country visits to Cambodia, Indonesia, Lao PDR and Timor-Leste to support the HIV programme. Representation for the regional HIV programme during the period under review included the International Federation zone planning meeting, the Australian Red Cross “365 days of learning” meeting, the Australian Red Cross learning forum, the HIV/AIDS technical support facility Southeast Asia and the Pacific workshop, the Fredskorpset Exchange Programme, and the Canada Southeast Asia Regional HIV and AIDS Project Networking meetings.

**Global Alliance**

National societies from Cambodia, Indonesia, Lao PDR, Myanmar and the Philippines have spent the first half of 2008 reviewing and refining their Global Alliance programme documents and scale-up plans. This has included extensive input and support from Danish Red Cross (for Lao PDR and Myanmar) and Australian Red Cross (for Lao PDR and Cambodia), as well as from the International Federation regional office.

The Southeast Asia regional HIV delegate has undertaken in-country visits to support the Global Alliance initiative to Cambodia (January), Lao PDR (February and March) and Indonesia (January and April).

The heads of health from all five national societies presented summaries of their Global Alliance programmes and scale-up plans at the regional health meeting in March. The official launch of the Southeast Asia Global Alliance took place on 2 June in Bangkok. The national societies have been committed and open to applying the Global Alliance framework to their HIV programmes; all have commented on the initiative as a positive way forward. However, the increased work load for national society programme staff and the support required from partner national societies was initially underestimated by all partners. In addition, there is some concern about the national society capacity (human, technical and financial) in scaling up their programmes. This will need to form part of the implementation plan and technical support provided by the International Federation and other partners.

### **Asian Regional Task Force on HIV/AIDS Network (ART)**

During the reporting period, the Thai Red Cross Society took on the role of chair of the Asian Regional Task Force on HIV/AIDS Network (ART). The Thai Red Cross is also hosting the ART secretariat office and ART programme officer position. The position is being supported by funds from the ART membership fees and funds from Japanese Red Cross provided through the International Federation's regional office.

Two ART management team meetings took place this year: in Siem Reap in January and in Bangkok in May. Major outcomes from the meetings include the review of the ART Network and ART management team terms of reference; the drafting of the ART evaluation terms of reference; finalizing the ART operational plan for 2008; and planning for the annual ART meeting in Hong Kong. Additionally, the chair of ART is being supported to participate in the AIDS 2008 International AIDS Conference in Mexico City.

### **HIV Workplace Policy**

During the period under review, CRC and PMI continued the process in implementing their HIV workplace policies. The MRCS, LRC and PNRC have all included developing a HIV workplace policy as part of their Global Alliance scale-up plans. The role of the International Federation HIV workplace policy will be linked to the further development and implementation of national societies' workplace policies.

### **HIV in Emergencies**

In May, the HIV regional delegate joined the inter-agency standing committee for Asia Pacific (IASC – AP) working group on HIV in emergencies, to respond to the UNAIDS initiative to effectively integrate HIV prevention and mitigation activities into emergency situations.

### **AIDS 2008 – International AIDS Conference Mexico City**

The regional HIV delegate provided support and training to the national societies in developing abstracts for the AIDS 2008 at the Australian Red Cross Learning Forum in Cambodia. The ART Network was supported to submit an abstract to AIDS 2008, sharing lessons learned from the network.

### **Gender**

Addressing gender in HIV programming is a cornerstone of the Global Alliance initiative. Accordingly, all national societies joining the first round of the Global Alliance (Cambodia, Indonesia, Lao PDR, Myanmar and the Philippines) will ensure gender is integrated and addressed in their HIV programming.

### **Expected Result 3: Improved access to safe water and sanitation in target areas.**

#### *Indicators:*

Number of national societies with a water and sanitation policy/strategy:

Although there are no standalone water and sanitation policies/strategies within any of the national societies in the region, the Cambodia, Lao, Timor-Leste and Vietnam national societies have water and sanitation components within their health strategies. Furthermore, Indonesia's PMI has a water and sanitation component within the health section for their 2004-2009 strategic plan and the Malaysian Red Crescent Society has a water and sanitation component in the disaster management section of their five-year plan.

Although several of the national societies employ one of the recognized participatory hygiene methods, PMI and LRC use the participatory hygiene and sanitation transformation (PHAST) method.

The regional water and sanitation training/meeting was held in Hanoi in April. Topics presented by the national societies, International Federation and partner national societies included:

- Planning the water and sanitation project, including monitoring and evaluation. Following enquiries on some of the greater needs of water and sanitation among the national societies, it was revealed that project and planning including monitoring and evaluation were high on the list of priorities.

- Water testing using the simplified technique for field detection of hydrogen sulfide/coliform producing bacteria in drinking water included discussions of results obtained.
- Participatory hygiene promotion was another topic identified for attention among the national societies. Participants attending this presentation left with a much clearer understanding of the PHAST processes and some of the complications which can arise.

The regional water and sanitation delegate visited Cambodia and Lao PDR in February, and participated in the evaluation of Lao Red Cross community-based health development programme supported by Danish Red Cross.

**Expected Result 4:** Improved community health/CBFA services including first aid and health in emergencies, delivered to vulnerable communities.

Many national societies have on-going community-based health and first aid programmes of good quality, which have been implemented for several years, and some have implemented the revitalized 'CBFA in Action'. Indonesia's PMI has piloted the draft material with support from American Red Cross. National societies' heads of health departments had an opportunity to contribute to the revitalization process in March, and the regional health delegate participated in a workshop in Jakarta in April where the focus was on the revision of the draft materials produced. The final version of the 'CBFA in Action' material is now expected to be available in August 2008.

Six national societies reported that they have an operational alliance related to community-based health and first aid. The answers reflect that national societies are serious in moving towards a 'programme approach' away from 'project approach', and partners are supportive of the shift in approach.

Six of 11 national societies have a mandate in first aid described in government decree or other documents.

Some national societies have requested the regional health unit to re-start the process of first aid standardization in Southeast Asia, which was attempted four to six years ago but faded out. An initial agreement has been made for national societies to appoint a focal point for first aid and then establish a working group to take the process forward.

Eight national societies have a staff member trained in emergency health while seven have a health staff member who is on the regional disaster response team (RDRT) list. Currently one PNRC health staff member is deployed in Myanmar as a member of the field assessment coordination team (FACT) working with the RDRT.

The first part of 2008 has seen a decline in dengue cases across the region compared to the second half of 2007. However, national societies continue to play a crucial role in complementing the ministries of health's efforts in dengue prevention with eight national societies actively mobilizing volunteers to support the activities.

The on-going ADB-funded 'avian human influenza-non-government organization-Red Cross Red Crescent Asia partnership' comprising of Asian Disaster Preparedness Centre (ADPC), CARE, the International Federation and the International Rescue Committee (IRC) held a community-level practitioners' workshop on 'strengthening community-based approaches to management of avian and human influenza in Asia'. There was a total of 92 participants from 11 countries, including 14 Red Cross Red Crescent participants from across the region. The objectives were to:

- Present, discuss and learn from case studies in community-based management of avian human influenza in Asia;
- Identify lessons for community-based management of avian human influenza, based on experience and practice in Cambodia, Lao PDR, Thailand, Vietnam, Myanmar, Indonesia and the Philippines;

- Contribute to the development of a toolkit for community-based management of avian human influenza in Asia;
- Highlight challenges and priority areas in the management of avian human influenza at the community level in Asia;
- Build relationships among community-based practitioners in Asia.

As part of this partnership, the regional health unit receives funding to host monthly inter-agency meetings on avian influenza/avian human influenza. The meetings have been hosted for the last two years and continue to provide an important coordination forum at the regional level.

Initial discussions have taken place concerning the human pandemic preparedness (H2P) initiative funded by USAID, but no target country in the region has been identified yet. An Asia Pacific H2P coordinator is expected to be based in Bangkok in the near future to support this initiative.

#### **Expected Result 5: Increased voluntary non-remunerated blood donor recruitment.**

The bi-annual international colloquium on the recruitment of voluntary, non-remunerated blood donors event was held in Cairo, Egypt on 12-18 January and was hosted by the Egyptian Red Crescent, and co-sponsored by the International Federation and WHO. The regional health unit funded one participant from MRCS, and the regional office as a whole was represented by nine participants from five national societies.

The revised 2007 edition of 'Making a Difference' document was launched by the International Federation secretariat during the international colloquium. The regional health unit gave copies to all national society health directors and blood donor recruitment managers during the last 2007 regional donors meeting in Cambodia and the regional health team meeting in March.

In March, in preparation for World Blood Donor Day, which was celebrated on 14 June, the regional health unit supported the First SEA regional banner competition, an idea proposed at the last regional donors' meeting and developed by a team from the Singapore and Thai Red Cross. This competition took place initially at the national level before expanding regionally. The regional competition complements the global tagline and aims to raise awareness on the collection of safe and adequate blood supply on a regular basis by encouraging more people to donate blood regularly. The winning national society image – produced by Thai Red Cross - was announced by the regional health unit and circulated widely.

A representative for the global advisory panel (GAP) for blood services, spent two days with the regional health unit and the Asia Pacific zone office in Kuala Lumpur in April, a much-appreciated initiative to improve coordination and collaboration.

#### **Expected Results 6: Lao Red Cross community-based first aid and water and sanitation programme**

Selected communities in Sekong, Saravanh and Attapeu districts have increased access to safe water and sanitary facilities, and have adopted healthier behaviours related to prevention of common diseases.

Lao Red Cross has increased capacity to manage and implement community-based health programmes.

An annual budget of USD 161,000 (CHF 176,631 or EUR 109,551) was approved for the programme which is supported by New Zealand Red Cross. By the end of April, approximately USD 10,000 (CHF 10,971 or EUR 6,805) had been spent and a working advance of USD 30,000 (CHF 32,912 or EUR 20,413) provided.

Progress is slow and quality of implementation is a concern. Since November 2007, 25 per cent of the time of the regional water and sanitation delegate is allocated to support the programme. The water and sanitation delegate have made programme visits between November last year and March this year.

From February, a health delegate has been based in Lao PDR to provide management and technical support to the LRC health department; progress will be assessed after six months and a decision on future support to the programme will be made.

In an attempt to further support the LRC, a programme coordinator and a water and sanitation technical officer (formally with the government water authority, Naamsaadt), have been recruited to provide field support. Both of these recruits commenced work mid-April. The technical officer has been actively conducting assessments and monitoring current projects.

A village development committee training was organized by LRC on 28-30 April for 12 district staff and six provinces (two from each district and province). The training focused on basic management skills, project implementation and financial administration skills, e.g. administration of the water maintenance fund. Village development committee training has also commenced for the respective village development committees in the selected villages and is expected to continue until its completion. Village volunteer training and refresher training continue in all districts on a monthly basis with the emphasis on hygiene promotion.

Survey of all ten villages on water, sanitation and health needs was also carried during March and May.

**Challenges:**

There is a growing challenge in relation to the national societies' capacity to manage and implement health programmes – and increased funding available from donors. Some national societies are struggling to live up to competing demands from partner national societies and are therefore not able to tap into available funding from outside the International Federation due to limited capacity.

Many national societies consciously move towards a programme approach in health, but are repeatedly being caught up in 'project support' from partners for various reasons; the regional health unit will strengthen its support of strategy and operational alliance development within national societies.

The roles and responsibilities of the Asia Pacific disaster management unit versus the regional health unit, in relation to both disaster response and in-between disasters, need further clarification.

## MONITORING OF SOUTHEAST ASIA HEALTH PROGRAMMES ----- SINGAPORE DECLARATION

The leadership of national societies asked the regional health unit to facilitate the compilation of key data related to demonstrate progress of health programmes related to the Singapore Declaration. Please see below the self-reported information from national society health departments. Date: 280308

		Brunei RC	Cambodia RC	Indonesia RC	Lao PDR RC	Malaysia RC	Myanmar RC	Philippines RC	Singapore RC	Thailand RC	Timor-Leste RC	Vietnam RC	Total
1	Have an updated/valid/current Health Strategy?		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes 2005-8	Yes	9
2	Health Strategy and programmes aligned with Global Agenda Goals?		Yes	Yes	Yes		Yes	Yes		Yes	No	Yes	7
3	In-country current Collaboration Agreement signed with WHO?		No	No	No	No	No	No		Yes	No	No	1
4	Partner of the Global Alliance for HIV?		Yes	In prog	Yes	No	Yes	Yes		No	No	No	4
5	Member of Asian HIV Network – ART?		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	9
6	Mandate in VNRBD or Blood Services in gov/MoH decree or other official doc?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	9
7	Mandate in First Aid described in government/MoH degree?		Yes	Yes	Yes	Yes	No	Yes	only a vision	Yes	No	No	6
8	Member of government national AHI Committee?		Yes	Yes	No	No	Yes	Yes		Yes	Yes Sep 07	Yes	7
9	Have a valid/updated AHI Service Continuity Plan?		Yes	In Progress		No	coord DoH	Yes	Yes (2006)	Yes	In progress	Yes	6
10	Operational Alliance(s) related to CBFA/Com-based Health established?		No	Yes		Yes	Yes	Yes		Yes	No	Yes	6
11a	Have one or more staff members trained by the Federation in 'Emergency Health' - and who are member(s) of the RDRT?		Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	8
11b				Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		Yes
12	Support MoH efforts in dengue prevention by mobilizing volunteers?		Yes	Yes	Yes	No	Yes	Yes		Yes	Yes Dec 07	Yes	8
13	Access funds from the Global Fund for AIDS, TB and Malaria? Please mention		Yes	No	Yes Blood	Yes HIV	No	Yes Malaria		Yes	Yes HIV Dec 07	Yes HIV	7
14	Participate in Global WATSAN Initiative?		Yes	No	No		No	Yes		Yes	No	No	3
15	Other:		CBM AP				Yes						

## UPDATED KEY DATA FROM THE REGIONAL 'HEALTH MAPPING'

In order to be able to advocate on behalf of vulnerable communities and fundraise for member national societies, the International Federation secretariat must document joint progress and key achievements of the national societies' health programmes. At this stage, it is challenging to document effect and impact of health activities, but the regional office should be able to report consistently on a few key figures as described below; relevant data from the 2005 Southeast Asia Health Mapping is used as baseline information. National societies will be asked to report to the regional health unit on below figures on an annual basis (by March every year) using figures from the annual reports.

Date: 28.03.08

		Brunei RC	Cambodia RC	Indonesia RC	Lao PDR RC	Malaysia RC	Myanmar RC	Philippines RC	Singapore RC	Thailand RC	Timor-Leste RC	Vietnam RC
1	Number of health beneficiaries		500,000	6,577,300	310,489		1,760,720	552,349	277,818	766,903	29,155	49,513
2	Number of volunteers in health		5,000	627,761	16,476		24,039	136,848	3,622	279	1,026	2,490
3	Number of health staff		119	399	43		126	252	59	207	54	777
4	Expenditure in health n USD		2,000,000	3,404,294	1,479,489		1,239,734	826,148	2,463,000		350,724	333,456
5	Health funding source in USD		2,214,959		1,690,393		1,793,734	966,450	2,463,000	3,000,000	461,800	
	Inside RC/RC Movement (Federation & PNS & other NS)		1,093,240	847,649	1,154,683		945,406	366,043		270,000	392,908	
	Outside RC/RC Movement (Gov, UN, NGOs, bilateral govt, private)		1,121,719	771,086	516,710		848,328	190,000		300,000	68,891	
	Government portion				19,000			187,500	1,692,000			
	Own funding (fund raising & cost recovery)			1,784,559				222,907	771,000			

## Organizational development

**Global agenda goal 3:** Increased local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

**Purpose:** Southeast Asian national societies are better functioning organizations in the institutional areas they have prioritized.

### Expected results

1. Priority organizational issues have been addressed in individual national societies through specific organizational development and capacity building initiatives.
2. Improved sharing of lessons learned and best practices in capacity development across all Movement components.
3. Increased integration of capacity development within health and disaster management programmes.
4. Lao Red Cross institutional and human resource capacities are strengthened at national headquarters and branch level to deliver sustainable Red Cross services to vulnerable people.
5. Strengthened capacity of middle management in the Thai Red Cross Society.

Highlights of the regional organizational development programme from January to May 2008 include

- During the Cyclone Nargis operation in Myanmar in May, recent learning about 'organizational development in emergencies' has been integrated into the planning and are helping to shape the response operation.

- MRCS approved a new set of financial procedures and regulations in January demonstrating their commitment to clear, transparent financial processes.
- The regional organizational development forum is evolving to ensure its effectiveness.
- Recent innovative ideas from the organizational development unit have found interest from new donors.

## **Achievements**

The regional organizational development unit continues to see its work primarily in three key channels: country specific support; sharing of information and lessons learnt; and increased integration with health and disaster management programmes.

## **Country Specific Support**

**Governance:** VNRC and MRCS have both been addressing issues concerning their legal base. In both cases, the regional organizational development unit has been working cooperatively with ICRC colleagues.

A joint mission to meet with the top VNRC leadership was carried out including the ICRC and International Federation heads of regional offices to discuss the progress of the development of a new Red Cross Law. This has been the subject of considerable debate and discussion for the last year, involving numerous discussions with the Joint Statutes Commission in Geneva. It was made clear to the VNRC leadership that the latest draft of the law does not meet the minimum standards of the Red Cross Red Crescent Movement. The VNRC president agreed to make adjustments to ensure the Fundamental Principles and the Geneva conventions are appropriately recognized.

Discussions about statutes were carried out with the MRCS and included the support of the zone organizational development coordinator. As a follow up, a process was agreed upon to examine the Seville Agreement more closely to consider how this might clarify the roles of the Red Cross Movement partners in Myanmar. The issues discussed have been very relevant in the context of the recent cyclone operation.

**Finance Development:** After months of intensive work, the executive committee of MRCS passed a new set of financial regulations and procedures for the national society. This was followed by work on a new chart of accounts and a more expansive finance development plan for 2008 and 2009. The cyclone operation which has been the focus of MRCS since the beginning of May will undoubtedly change those plans. But the strong relationship they have formed with the finance development department in the regional organizational development unit will provide them great support as they deal with the pressures involved in this major response effort.

Attaining visas for Myanmar has not been easy for the last 12 months. The finance development delegate showed great flexibility and determined that the best way to make progress on the financial regulations was to bring the MRCS finance director and treasurer to Bangkok to complete the draft. This proved very successful.

LRC has been making slow progress in its finance development process. A demonstration of a new software package was made for senior leaders of the LRC. LRC agreed on a package of finance development activities including the new software, financial rules and regulations. A Terms of Reference has just been agreed for a local consultant to analyze the existing financial management capacities of LRC and determine how to make step-by-step progress.

In Timor-Leste, a consultant from the Australian Red Cross has created a handbook so the finance team from Cruz Vermelha de Timor-Leste (CVTL) can use their finance software more effectively. The finance development delegate has been developing financial rules for consideration by the CVTL. The organization development delegate in Timor-Leste is managing the different resources to ensure a manageable process takes place.

The Malaysian Red Crescent Society has shown an interest in revising its finance management system. The finance development delegate has been working to activate an agreement between the International Federation and Microsoft concerning the use of Navision software. The demonstration with the finance committee of Malaysian Red Crescent Society took place in June.

## **Human Resource Development**

In light of visa difficulties in Myanmar as noted above, the human resource development process for MRCS has also seen meetings held with key parties in Bangkok. A draft report was created by a consultant from Myanmar looking at the decentralization process. The cyclone operation is likely to result in a reassessment of human resource priorities and opportunities for MRCS.

CRC held a strategic planning meeting for human resource development in February, facilitated by a consultant and also attended by the regional office's human resource officer. This has resulted in a draft human resource strategy for CRC. A follow-up meeting was planned for June to make key changes before further distribution of this strategy within CRC.

The Thai Red Cross used the human resource training modules developed for use with 30 middle managers in sessions that started in November last year and finished in February. The modules covered 23 topics such as 'how to coach staff', 'systematic thinking and decision making', and 'how to work in a team'. The impact of the training is still being assessed.

## **Volunteering and youth**

VNRC, with support from the zone volunteering team, has made progress in finalizing their 'regulation on volunteering'. This sets out their volunteer management system which will then be implemented in 64 provincial branches. VNRC is currently working on a plan to effectively use International Federation expertise to help them continue to develop their approach to volunteering and youth issues.

LRC has developed a plan to set up a youth programme with school clubs. LRC is also looking ahead to 2009 when Lao PDR will host the Southeast Asian (SEA) games. The national society wants to have a strong youth team to support the SEA games in a number of ways. The first step is to organize a youth camp with participants and teachers from five local schools. The camp is scheduled to take place in June.

A number of other national society youth camps have taken place in Southeast Asia. A Red Crescent youth event in Malaysia attracted 3,000 participants. The regional organizational development unit and zonal organizational development team funded an expert in mass cooking from Malaysia Red Crescent Society to attend the Philippines youth camp to provide training in how to cook for big numbers during relief operations. This was a successful experience from all parties.

## **Sharing of lessons learned and best practices**

During this period, there have been two regional events hosted by the regional organizational development unit, work on three case studies have been carried, an innovative training tool has been brought to life, there have been two 'exchanges of expertise' between national societies, a new 'yellow pages' initiative has made a start, feedback for the Asia Pacific organizational development CD-ROM has been received from key national society resources, work on a new set of 'cooperation indicators' has been carried out and thinking around the subject of 'organizational development in emergencies' has been extended.

The finance directors' meeting in January was attended by finance staff from eight national societies. It has provided a broad overview of the existing financial management systems in Southeast Asia and highlighted priorities for finance development. In addition to countries already prioritized for attention, the Malaysian Red Crescent Society has also signalled an interest in a 'finance development process.'

The ninth regional organizational development forum took place in February. As well as the traditional 'national society presentations', this forum decided on some new 'information sharing' initiatives, established a new system of 'national society mapping', established five 'reference people' who will follow up on other initiatives before the next Southeast Asian leaders meeting in November 2008. The forum also determined to change the way it operates to ensure it provides a practical boost to the work being carried out in the region.

The information-sharing initiatives included the creation of a 'yellow pages' of expertise in the region. By the end of the year, it is planned that the national societies will have a directory of people in the region with experience in different types of organizational development and capacity building work. It is hoped this will facilitate more focused regional networking.

Desired topics for case studies were also collected as well as 'offers' of good practices that could be the subject of case studies. At the time of writing, three case studies were being written.

There were two exchanges of expertise between national societies sponsored by regional and zone organizational development between January and May. In April, a staff member from PNRG came to Malaysia to train International Federation and Malaysian Red Crescent Society staff in the use of the branch development game. A new set of these games is being produced by the regional organizational development unit. The Malaysian Red Crescent Society decided that they would like to use this tool in their organizational development forum in June.

The second exchange was from Malaysia to the Philippines. A volunteer from Malaysia experienced in mass cooking attended the PNRG youth camp and training PNRG volunteers.

### **Integration with Health and Disaster Management programmes**

A key strategic direction of the regional organizational development unit is to take every opportunity to integrate its work with the health and disaster management programmes. Four opportunities were taken during this reporting period.

In May, the Cyclone Nargis operation in Myanmar got underway. This is a huge operation, approaching the scale of the 2004 tsunami in terms of casualties. The regional organizational development unit shared research on how such disaster response programmes can have a damaging effect on a national society. The unit has worked very closely with the operations managers to ensure an approach is adopted, learning from recent lessons, that will promote the success of the operation while not only protecting MRCS from harm but consciously building its capacity. This is very much a work in progress but partners are supporting the approach being advocated by the organizational development unit.

As well as supporting strategic thinking about the operation, the organizational development unit has worked to connect up requests for operational advice from Yangon with experienced practitioners around the Asia Pacific region. This has created an excellent body of operations advice which can be made available for those involved in future major disasters.

In April, the organizational development unit was also invited to present on the issue of relationships with governments at the regional disaster management committee meeting. This involved an examination of the concepts of 'auxiliary status', 'independence', 'neutrality' and 'unity'. All these issues have subsequently come to the fore in the Cyclone Nargis operation in Myanmar.

The organizational development unit has begun creating a series of volunteering case studies in cooperation with the regional health unit, looking at the specific volunteer issues that arise in different types of health programmes. The first example is on volunteering in HIV/AIDS programmes. The final version will be available soon.

The unit was also asked to present on the issue of 'integrating organizational development, disaster management and health' at the annual regional health meeting. As a part of this presentation, a number of initiatives were proposed to improve integration; these will be followed up on by the unit.

### **Challenges**

The regional organizational development unit has two key donors which fund 90 per cent of its activities. These are the Japanese and Swedish Red Cross. In addition to funding for activities, the Swedish Red Cross also supports the costs of the finance development delegate. The regional organizational development delegate is supported by the New Zealand Red Cross.

In addition to these key donors, the ICRC made an increased contribution (25 per cent) to the regional organizational development forum and the Singapore Red Cross funded the finance director's meeting in January which is both a strong affirmation of the quality of the unit's work and also the determination of the Singapore Red Cross to contribute to development work in the region.

The Danish and the German Red Cross, through their regional offices have also begun supplying small amounts of funding for individual initiatives such as the production of the branch development game.

It remains a priority for the regional organizational development unit to find a third committed donor who is interested in supporting organizational development activities.

The regional organizational development unit does not currently have sufficient funds to carry out all of its planned activities. For example, the regional youth directors' meeting which is planned for August and which will showcase the videos from the regional youth challenge, still has no confirmed funding. As no funding from the appeal was offered for the Lao Red Cross (LRC), activities with LRC have been along similar lines as those for other national societies in the region.

In the context of funding being tight, the workload of the organizational development unit is likely to increase with the departure and non-replacement of the organizational development delegate for Lao PDR and Cambodia in July 2008.

The period from January to May saw further teamwork among regional organizational development delegate with counterparts in the Asia Pacific zone under the leadership of the zone OD coordinator. A system of six monthly meetings has been set up to promote cooperation, the sharing of ideas and resources and the development of new ideas and approaches.

This most recent period presented a challenge to the unit through the secondment of the regional organizational development delegate to Timor-Leste as acting head of delegation for three weeks in March.

### Principles and values

**Global Agenda goal 4:** Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

The principles and values programme per se has stalled in 2008 thus far. The concept has been evident throughout the above programmes. The recruitment of an information delegate in the second half of the year, while not a panacea for the challenges of effectively delivering this programme, will nonetheless be a timely boost.

## Working in partnership

Good working relations are being maintained in several forums, including the regional office team continuing to act as the inter-agency coordinator of avian influenza preparedness. Active representation of national societies and their interests took place in such forums as the inter-agency standing committee (IASC) for Asia Pacific. National societies made significant progress as key members of their respective civil societies.

Several partner national societies are integrated with the International Federation at regional level. There are integration agreements with four societies whose regional representatives are now accommodated in the International Federation's Bangkok office, with one more based in Phuket and focused on the tsunami recovery programme. The scale of operation of these partners, along with the Global Road Safety-hosted programme, increased dramatically in 2008. In June, the number of individuals housed in the Bangkok office was 43.

The most critical partnership is with the 11 host national societies. This programme focuses on these specific relations, working through the national societies themselves to strengthen the myriad relations beyond that are vital for them to be effective humanitarian players.

**Stepping forward/stepping back:** The country offices and Bangkok team base their relationships with national societies on two main elements:

- first, a 'step forward' in terms of more targeted support (i.e. provision of appropriate membership services) to the national society as well as scaling up humanitarian work in the region; and
- second, a 'step back' in terms of creating the space and necessary backup for national societies to rightfully assume a leading role within its borders, and to strengthen its regional and international participation as International Federation members.

Cooperation continued with ICRC. Monthly lunch meetings are held between the International Federation acting head of regional office and ICRC head of regional delegation, as well as regular contacts between the ICRC cooperation delegate and International Federation counterparts in Bangkok.

Cooperation was also maintained with key organizations outside the Movement. The major and unique role of the Red Cross Red Crescent, as a leading humanitarian player, was consistently promoted to the

diplomatic community, the UN and other relevant organizations, including major funding/grant agencies. In particular, the specific contribution of the Red Cross Red Crescent in the realm of HIV/AIDS – especially through prevention, anti-stigma and anti-discrimination activities – and other emerging health challenges was highlighted in international forums.

## Contributing to longer-term impact

Under the International Federation's *new operating model*, the three main roles/functions of the Bangkok team are: leadership and the provision of core membership services to the region's 11 national societies, facilitation and support of operational alliances, and the direction and coordination of disaster response.<sup>1</sup> This agreed strategic approach requires a consistent approach to contribute to longer term impact and sustainability. This has been progressing in Southeast Asia with both host and partner national societies benefiting – and acknowledging – the support the regional team provided.

## Looking ahead

National societies continued to demonstrate their capability in several instances as well as being more specific in their demands and expectations from the regional office. Most obvious has been Myanmar in response to Cyclone Nargis; but others too. For instance, in Timor-Leste, CVTL quietly continued its good work, despite extraordinary constraints around ongoing instability. For the remainder of 2008, the regional team will endeavour to be even more focused in its assistance with a focus *on country level outcomes*. This will be done through country delegations – particularly in Cambodia, Lao PDR, Myanmar, Philippines, Timor-Leste and Vietnam – or directly with national societies where a country office does not exist.

In terms of promoting the International Federation, the regional programme is now bearing a significant burden with its array of representational responsibilities with other major organizations. This strategic need to maintain – and expand – these relations, particularly in terms of disaster management and health, will continue to influence priorities.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<ul style="list-style-type: none"> <li>• <b>In Bangkok, Federation regional office: Alan Bradbury, head of regional office, phone: +66 2 661 8201, email: <a href="mailto:alan.bradbury@ifrc.org">alan.bradbury@ifrc.org</a></b></li> <li>• <b>In Kuala Lumpur: Federation Asia Pacific zone office: Alistair Henley, head of zone office; phone: +60 3 9207 5700, email: <a href="mailto:alistair.henley@ifrc.org">alistair.henley@ifrc.org</a></b></li> </ul>	

<sup>1</sup> The 10 core membership services are to provide International Federation governance support; support global and regional planning, monitoring and evaluation; coordinate and support capacity building and provide technical assistance in the four core areas of Strategy 2010; provide organizational development support to national societies; ensure direction and coordination in disaster response; ensure representation, and facilitate internal and external communications and global advocacy; support global resource mobilization; establish and nurture global and regional partnerships; facilitate networking and knowledge sharing; and enable relationship management.