

# Revised Plan 2011



International Federation  
of Red Cross and Red Crescent Societies

## Cambodia

### Executive summary

Like most developing countries, Cambodia faces increasing challenges and is greatly affected by various threats such as climate change, the global financial recession, the increase of poverty, poor overall health indicators and an exponential rise in the number of fatal traffic accidents. The Cambodian Red Cross (CRC), as auxiliary to the Royal Government of Cambodia (RGC), is addressing most of these issues in close cooperation with, and with close support from various Red Cross and non-Red Cross partners. The national society has observed recent changes in the nature of its partnerships, as several long-term partners have switched their support to other regions of the world, or have decreased their level of financial support, as they are also affected by the financial depression. The increasing level



**Red Cross Youth Directors and Leaders from 11 Southeast Asian national societies gathering in Phnom Penh for its annual meeting, September 2010.**  
Credit: Cambodian Red Cross

of bilateral support provided to CRC by its Red Cross partners also increases the challenges to manage and coordinate its partnerships. CRC's governance has taken radical strategic decisions to be implemented by the senior management. The main resolutions consist of embarking the national society on the path of decentralization by delegating authority to the provincial branches, in expanding the integration of all CRC activities, as well as in strengthening the communities' resilience and enhancing their coping mechanisms.

In the course of 2009, CRC organized branch assemblies in all 24 provinces, during which some new governance members were elected. In August 2010, the national society held its fifth general assembly in Phnom Penh, at which its strategy 2011-2020 adopted, and the rules of procedures for the implementation of the statutes was revised. In view of this challenging and fluid context, the Federation support and resource mobilization plan for 2011 will greatly emphasize assisting the national society in the revision of its legal base, as well as in the strengthening of its overall strategies and policies, as well as its internal management systems and mechanisms.

The total budget for 2011 is CHF 700,642.

## Country context

Presently, Cambodia ranks at 137<sup>1</sup> of the 182 countries listed in the UNDP Human Development Index, under the medium development category world-wide, and among the least-developed countries in the Asia Pacific region. The Cambodian population of about 13.4 million<sup>2</sup>, with over 80 per cent living in rural areas, is expected to reach 16 million in the next five to six years. The major sources of revenue are tourism, agriculture, fishing and forestry,

<sup>1</sup> [Human Development Index, 2009](#)

<sup>2</sup> Cambodia 2008 census: Total population 13,388,910 (men and boys: 6,495,512, women and girls: 6,893,398)

mining, oil and gas, construction, and garment manufacture. Cambodia also has great hydropower potential, which is yet to be exploited.

The country's gross domestic product (GDP) is USD 2,727 per capita but the gap between the rich and the poor and between urban and rural populations continues to increase, and an estimated 78 per cent of the total population lives below the poverty line. To counter the effects of the global financial recession, the government is taking measures to balance the contraction of its garment exports, tourism industry and foreign investment. Nevertheless, the fall in agricultural commodities will further reduce income in rural communities, and those living in urban areas will experience a depression in property values.

The Cambodian health indicators are among the lowest in Southeast Asia. Life expectancy is 57.4 years, the fertility rate is 3.6 children per woman, but the number of women dying in childbirth is still unacceptably high<sup>3</sup>. Malaria and dengue fever are widespread, and the country is highly exposed to the threat of avian and human influenza (H5N1). In June 2009, the first confirmed case of influenza A-H1N1 – initially named "swine flu" – was reported. However, progress is being made. Rapid expansion of HIV prevention, treatment, care and support programmes has contributed to turning the tide of the HIV epidemic in Cambodia. The high prevalence of 2.6 per cent found among adults in 1996 was reduced to 0.7 per cent in 2008. As of June 2007, 71 per cent of people in need of anti-retroviral treatment were receiving the required medicines. According to UNDP, Cambodia is on track to meet the Millennium Development Goal of HIV and AIDS reduction of child mortality.

Adult literacy stands at 73.6 per cent; however, gender imbalance is also a major issue: women's literacy and opportunities for higher education still remain significantly lower than those of men. In the latter, women constitute only two per cent of tertiary education enrolment<sup>4</sup>. In addition, women are widely exposed to the threat of HIV and AIDS due to the growth of the sex industry, and are often victims of domestic violence.

With young people between 10-24 comprising 36 per cent of the population, Cambodia has the youngest population in Southeast Asia<sup>5</sup>.

Since Cambodia joined the Association of South East Asian Nations (ASEAN) in 1999, its foreign policy has been largely regionally focused. The 2008 national elections led to the forming of a new government in September of the same year. The political outlook for 2009-2010<sup>6</sup> remains stable with the present government retaining more than two-thirds of the seats in the national assembly. Nevertheless, since 2009, there still remains a border dispute which erupted over the 11<sup>th</sup> century Preah Vihear temple situated in Cambodia on the border with Thailand. 2010 also saw the end of trial of the director of the infamous S-21 detention centre, where thousands suffered and died during the reign of the Khmer Rouge.

Low income and food insecurity issues as well as repeated occurrence of small-scale disasters are challenges with which Cambodia must contend. A significant percentage of food crops have been destroyed by drought, floods or crop infestations, which serves to exacerbate conditions in the face of disaster and health challenges. The existence of an estimated 8-10 million landmines in Cambodia also marks a challenging environment for rural dwellers.

Cambodia is also highly susceptible to rising vulnerabilities and changing hazards. Annual flooding and recurrent thunderstorms, drought, flash-flooding, house fires in overcrowded communities, health and environmental problems due to industrial pollution, crop pest infestations and traffic accidents are major challenges the country and the national society have to face every year. These events, coupled with the effects of climate change and the global financial recession, serve to undermine hard-earned gains, and portend serious consequences for the survival, dignity and livelihoods of communities, particularly the rural and the poor.

## National Society priorities and current work with partners

In the course of 2010, CRC reviewed the progress and lessons learned, the global trends and the national society's operating context, and developed its new 2011-2020 strategy which was adopted by the CRC fifth General Assembly in August 2010.

The CRC 2011-2020 Strategy has a **Vision** of contributing to accelerate poverty reduction, the protection of human dignity, and the humanitarian values of vulnerable people. It has a **Mission** as a National Society and a leading humanitarian organization in Cambodia, to mobilize the power of humanity to continue assisting the most

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<sup>3</sup> The UN Resident Coordinator in Cambodia highlighted that five women die every day while giving birth

<sup>4</sup> Human Development Index (2009)

<sup>5</sup> United Nations Development Assistance Framework 2011-2015

<sup>6</sup> Economist Intelligence Unit, country report, June 2009

vulnerable people through the provision of disaster management, health and care in the community and promotion of humanitarian values of the Movement.

To achieve the above Mission, CRC has defined four strategic directions, as follow:

#### **Strategic direction 1**

Contribute to saving lives and building resilience to disasters and crises through the activities in the core area of disaster management.

#### **Strategic direction 2**

Contribute to a reduction of morbidity and mortality of mother and child, to communicable diseases prevention, and to respond to public health in emergencies through activities in the core area of health and care in the community.

#### **Strategic direction 3**

Promote Fundamental Principles, humanitarian values, human dignity and a culture of non-violence through the activities in the core area of promotion of the Movement's Fundamental Principles and humanitarian values.

#### **Strategic direction 4**

Ensure the strengthening of CRC's positioning as a well-functioning and a stronger National Society leading in humanitarian activities through the activities in the core area of organizational and resource development.

#### **Cross-cutting issues**

In establishing a common development plan as well as specific area strategic plans or projects and programmes, the governance boards and executive team at central office, branches and sub-branches, including the Red Cross groups in communities, should take into account youth, volunteers, members, gender, advocacy and capacity building that are essential components that must be included in all activities.

CRC has aligned itself with most of the International Federation of Red Cross and Red Crescent Societies (IFRC) and Red Cross Red Crescent Movement strategies and policies, and is actively contributing to various frameworks at national, regional and global levels. At country level, a cooperation agreement strategy (CAS) has been developed, defining the scope and nature of the cooperation between all Movement partners working in the country, and will be revised in 2010. The actual partner national societies (PNS) bilaterally supporting CRC are the Australian, Danish, French, German, and Swiss Red Cross societies. The Federation country office has formal integration agreements in place with Australian Red Cross, Danish Red Cross, German Red Cross, and service agreements with French Red Cross and Swiss Red Cross. The main areas of intervention are in disaster management, health and care, water and sanitation, psychosocial support, human trafficking, community development, as well as CRC capacity building. The International Committee of the Red Cross (ICRC) works with CRC in dissemination of the Red Cross Red Crescent Fundamental Principles, international humanitarian law (IHL), restoring family links and tracing, and weapons contamination. IFRC mainly assists CRC in disaster management, health (including water and sanitation), international disaster response law, rules and principles (IDRL), humanitarian principles and values, organizational development and capacity building.

An operational alliance in disaster management was initiated in 2006, although its status is being reviewed, due to some challenges in accommodating recent changes in the CRC context. In the course of 2009, the Federation global alliance on disaster risk reduction (DRR) was introduced and CRC designed activities in line with the Hyogo framework for action (HFO), the international strategy for disaster reduction (ISDR), and the Cambodian national action plan on DRR, as well as the Cambodian national platform on disaster risk reduction. CRC is also implementing activities in the frame of the Federation global alliance on avian human influenza (AHI) as well as on HIV and AIDS. The national society has also developed partnerships with various government ministries, United Nations agencies, NGOs and international organizations and with corporate partners including Family Health International (FHI), Global Fund, Handicapped International Belgium (HIB), UNICEF, Cambodia Mine Action (CMA), Asia-Pacific Regional Forum and National Outstanding Champion in Response to HIV/AIDS, (UNAIDS-APLF), National Road Safety Committee (NRSC), ministry of post and telecommunication (MPT), ministry of social affairs, labour, vocational training and youth rehabilitation, ministry of health, and the national committee for disaster management (NCDM).

In December 2008, the national society's central committee agreed to engage CRC in moving towards the path of decentralization, to delegate authority and ownership to the branches, enhance the integration of its activities, and streamline its internal management processes and structure. CRC aims to enhance its overall internal systems and infrastructure, to develop its branches' capacities, and



to strengthen the communities' resilience to increase its service delivery to the most vulnerable. This decision represents a drastic change in the way CRC will operate in the future; manage its partnerships; the way in which it is perceived nationally and internationally; and its impact on Cambodian communities. As such, this will require increased, consistent and sustained financial and specific technical support from IFRC and its partners, to ensure the success of this crucial change process.

The new CRC structure will comprise a strong and well-functioning national headquarters, which will provide direction, guidance, skills and technical support to the newly empowered branches and sub-branches. Provincial branches will be equipped with a standardized core structure with adapted and replicated systems from the national headquarters, and will then assist the sub-branches in their own development. The provincial branches will increase the volume and quality of their activities, advocate and mobilize financial resources for the implementation of selected activities.

Due to the recent shift of partner national society support to other highly affected regions such as Africa, and in view of the present economic recession resulting in a significant decrease of funding and support from its partners, CRC will emphasize enhancing and streamlining its existing partnerships and creating new ones.

Between June and November 2009, branch assemblies were held in all CRC provinces, during which new governance members were elected. The opportunity has been taken to provide all members with clear information of their roles and responsibilities. In August 2010, CRC held its fifth general assembly, which endorsed the new rules of procedure of CRC statutes. After the general assembly, a strategic partnership meeting will be hosted by CRC, seeking the participation of heads of partner national societies' international departments, high-level ICRC and Federation representatives as well as institutional and private donor representatives.

Through IFRC, several Red Cross Red Crescent partners multilaterally supporting CRC include the British, Finnish, German, Italian, and New Zealand national societies.

## Secretariat-supported programmes in 2011

The elaboration of this Federation support plan (previously called "Appeal") has been conducted in close collaboration and consultation with CRC. A joint planning meeting was organized on 27-28 May 2009 at the national headquarters in Phnom Penh. The meeting was very informal, so every participant from the secretary general to project staff could express themselves freely and were given an equal voice. This process began by analyzing the global and national trends incorporating the CRC new strategic directions, and was followed by conducting a SWOT<sup>7</sup> analysis of the CRC-specific environment. The outcomes of the meeting were very positive, and the attendance and participation of all CRC staff was exceptional, considering their very busy schedules. This meeting allowed the identification of the main priorities, on which the Federation support plan seeks to focus. This meeting was also supported by the presence of the Asia Pacific zone planning, monitoring, evaluation and reporting staff.

The present plan covers the year 2011 and focuses on supporting the CRC new strategic decisions, putting more emphasis on the national society's organizational development and capacity building while CRC partners will continue supporting its core programmes. Integration is being addressed throughout the programmes in order to prevent overlapping of support, and the silo effect of project-based activities, and to enhance the impact on the communities.

Compared to the previous 2009-2010 support plan, some activities have been removed - especially the ones already supported by some CRC partners, while others have been added. Disaster risk preparedness is now incorporated in the overall integrated disaster management framework (IDMF), which will represent one of the main components of the new disaster risk reduction concept.

Road safety has been given more emphasis as it is now one of the CRC priorities. Blood donor recruitment does not appear as a separate activity and will be integrated in the overall health programme, as well as through various community-based activities such as health education, hygiene promotion, road safety and prevention, etc.

The organizational development and capacity building section incorporates the decentralization, as well as the development of systems and infrastructures, such as finance and information technology development, internal communication, information sharing and administration.

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<sup>7</sup> Strengths, weaknesses, opportunities, threats

The review of the rules of procedure for the implementation of CRC statutes is revised and was adopted during the fifth CRC general assembly in August 2010. The new CRC strategy 2011-2020 was also developed, and some of the programmes' strategic development plans will also be reviewed in order to incorporate the new CRC decisions. Some of the CRC activities will be supported in a more integrated manner, aiming to enhance the culture of "working together", and to prevent developing stand-alone activities, such as communication, support to branch and community development, and the strengthening of the PMER<sup>8</sup> systems and tools.

New areas, with opportunities to strengthen psychological support, will be examined.

The people reached by this Federation support plan consist of two main groups; Cambodian Red Cross staff and volunteers, and the Cambodian communities. As this plan puts great emphasis on the national society's organizational development and capacity building, the development of CRC's staff, structure, policies and systems will indirectly benefit the communities, as overall CRC performance will be improved. In addition, the CRC's central committee, through the decentralization process, aims to greatly enhance the communities' resilience and coping mechanisms to natural and technological hazards.

## Disaster management

### a) The purpose and components of the programme

After the development and adoption of the integrated disaster management framework and disaster management strategy, the CRC disaster management department (DMD) has worked on elaborating an operational alliance (OA). Several achievements have been reached but some critical challenges have slowed down the process and the new strategic directions have forced CRC to review its overall approach. The operational alliance lessons learned and good practices have been identified, the new global and country context assessed and incorporated in the ongoing development of the disaster management programme. In 2011, emphasis will be on integrating all CRC disaster management department activities, reviewing the existing tools and systems, and developing and restructuring the staff at national headquarters and branches. Further integration will be addressed through the implementation of disaster risk reduction activities, in which preparedness, early warning, poverty reduction, and community-based preparedness and planning, among others, will be strengthened and thus, enhance the Cambodian communities' resilience in an increasingly challenging environment.

Road safety activities have been put under disaster management, although this is presently managed by the human resources department since it is mainly implemented by youth volunteers. It was decided that road safety be listed in this section in order to increase its visibility and mobilize more resources for these activities which represent one of the main causes of mortality and injury in Cambodia.

Emergency preparedness and response will be strengthened with partners in government and civil society in order to provide an improved social safety net for poor and vulnerable people.

<b>Programme purpose: Reduce the number of deaths, injuries and impact from disasters</b>
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The Cambodian Red Cross disaster management department plays a key role in reducing the impact of disasters on the most vulnerable through participatory and integrated preparedness and response activities, and by contributing towards strengthening branch capacity and building community resilience.
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The disaster management programme budget for 2011 is CHF 97,639.

<b>Programme component 1: Organizational preparedness</b>
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<b>Outcome: The CRC existing institutional mechanisms for efficient delivery of disaster management assistance are reviewed and strengthened</b>
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| <ul style="list-style-type: none"> <li>• Review the disaster management department's structure, and propose a suggested model to the CRC leadership for approval</li> <li>• Compile, analyse and utilize the achievements and challenges observed during the development of the operational alliance to strengthen the integrated disaster management programme framework</li> <li>• Review, integrate and adapt disaster preparedness and response policies, tools, mechanisms and plans for the utilization of branches and communities</li> <li>• Improve the planning, monitoring, reporting and information analysis systems and tools for staff and volunteers at all levels (i.e. disaster management at national headquarters, branches, Red Cross</li> </ul> |
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<sup>8</sup> Planning, monitoring, evaluation and reporting

youth, Red Cross volunteers, etc.)

- Establish and/or strengthen and equip NDRT/PDRT/CDRT<sup>9</sup>
- Train staff and volunteers on integrated disaster management training packages
- Support the decentralization process, which will actively contribute to branch and community development activities

### Programme component 2: Disaster risk reduction (DRR)

**Outcome: Individual and community vulnerability to disasters and public health emergencies is reduced.**

- Promote integration of various CRC activities in disaster management training curriculum (DP, DRR, IDRL, EWS, AHI/DHF/A-H1N1, water, sanitation and hygiene promotion, road safety, RFL, weapons contamination, etc.)<sup>10</sup>
- Widely utilize multi-hazard and risk assessment at branch level including climatic risks for developing medium- to longer-term programming in anticipation of future risks
- Develop multi-hazard contingency plans at community level
- Promote and develop the involvement of Red Cross youth/Red Cross volunteers in disaster awareness dissemination
- Enhance community participatory planning and action on DRR, and promote women's involvement
- Enhance partnerships at all levels for the promotion and implementation of DRR activities
- Actively participate in global, regional and national forums on DRR

### Programme component 3: Road safety

**Outcome: Active promotion of road safety, contributing to reduction of road accident fatalities and injuries**

- Empower and support youth and volunteers to take ownership of road safety activities in the communities
- Promote and increase the active participation of Red Cross youth in promoting road safety by creating school-based road safety campaigns
- Design and publish information and education materials as well as training curriculum adapted to the audience, concentrating on helmet-wearing during the first phase
- Organize road safety and helmet-wearing media campaigns as well as various advocacy events
- Promote the integration of road safety in CRC branch activities as well as other cross-cutting issues such as first aid and blood donor recruitment
- Develop partnerships with local actors and private sector for the strengthening of CRC road safety activities at all levels
- Distribute safety helmets to selected beneficiaries
- Organize road safety sensitization campaigns in schools and universities

The total number of beneficiaries for disaster management programmes target 1,792 families (some 5,650 people - 51 per cent women), in addition to 1,900 Red Cross youth, and 200 Red Cross volunteers, 17 Red Cross staff, and 800,000 indirect beneficiaries.

### b) Potential risks and challenges

The CRC disaster management department (DMD) structure needs to be rapidly addressed and thoroughly reviewed as it is not, at present, adapted to the actual context. This will be addressed through the human resource review. Although the DMD plays a major role in CRC decentralization, the complexity of the process is expected to significantly divert human resources from the implementation of the programme's core activities.

As for all CRC programmes and activities, the lack of funding represents a real threat to the further development of the disaster management programme. This fact has been incorporated into the design of this plan whereby activities focus on the most important needs and CRC priorities, and activities supported by other partners have been removed. Emergency response activities have not been incorporated as Cambodia has had limited

<sup>9</sup> National, provincial and district disaster response teams

<sup>10</sup> Disaster preparedness, disaster risk reduction, international disaster response laws, early warning system, avian-human influenza/dengue haemorrhagic fever/A-H1N1, water, sanitation and hygiene promotion, road safety, restoring family links, weapons contamination, etc.

exposure to natural disasters in the past years, and the emphasis is being put on the programmes and community capacity building. In case of a disaster, CRC and the Federation country office will request a DREF<sup>11</sup> allocation to allow the national society to organize its response in a timely and efficiently manner. If the scale of the disaster requires the set-up of an important relief operation, IFRC will utilize its disaster response regional and zone resources, and launch a separate emergency appeal to seek funding. In case of small-scale disasters, CRC organizes response activities, utilizing its own funds.

## Health and care

### a) The purpose and components of the programme

In line with the previous Federation support plan, CRC will continue working on integrating its existing activities in the framework of a sole and holistic health programme, based on experiences gained during the implementation of the community-based health development (CBHD) project. The ultimate aim is for CRC branches and volunteers, with technical support from headquarters staff, to avail themselves of a wide range of activities to the communities, incorporating (but not limited to<sup>12</sup>) all possible health-related activities. The HIV programme staff will provide assistance to the rising number of drug users in addition to its existing activities. In relation to health in emergencies, CRC will develop an emergency health/pandemic contingency plan to facilitate its own work in times of crisis; train staff and volunteers; and raise awareness in communities on emergency health and epidemic control. The existing avian and human influenza (AHI) lessons learned and existing tools will integrate other components such as dengue hemorrhagic fever (DHF), A/H1N1 and any potential epidemic outbreak.

#### **Programme purpose: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies**

The CRC health department works towards enhancing the integration of all health components in its service delivery, in line with the CRC health strategy and the present global health and care strategy, to enhance community resilience to diseases and public health emergencies.

The health and care programme budget for 2011 is CHF 88,289.

#### **Programme component 1: Community-based health development (CBHD)**

**Outcome: The existing CBHD project is translated into a holistic programme concept, aimed at integrating all health components, and encouraging cross-cutting issues in the implementation of health activities.**

- Utilizing the operational alliance tools and lessons learned as well as the existing CBHD project concept, the health management and staff work towards developing a holistic and integrated programme.
- The existing AHI/DHF and DRR tools are integrated and adapted for a wide dissemination in the branches.
- The community-based health and first aid (CBHFA) documents are adapted to the Cambodian context and later integrated in the CBHD package.
- Blood donor recruitment information, education and communication (IEC) materials are reviewed, printed and integrated in road safety activities.
- Community behaviour relating to the use of safe water and sanitation is improved, and the CRC water, sanitation and hygiene promotion staff capacity is developed.
- The existing water and sanitation capacity, systems and tools are reviewed, strengthened and integrated in branch activities.

#### **Programme component 2: Health in emergencies**

**Outcome: CRC staff and volunteers manage the AHI and DHF integrated activities effectively, and a national society pandemic response plan is developed.**

- Develop a pandemic preparedness plan, based on experience acquired in implementing AHI/DHF activities, and in line with the government's national action plan on disaster risk reduction.
- Work with the CRC disaster management department towards the integration of health in emergencies

<sup>11</sup> International Federation's Disaster Relief Emergency Fund

<sup>12</sup> See Disaster Risk Reduction in the disaster management section

and community-based disaster risk reduction.

- Review and update the CRC business continuity plan for pandemic preparedness, and procure an adequate stock of personnel protective equipment for CRC staff and selected volunteers.
- The communities' awareness about public health in emergencies and basic protective measures is increased.

### Programme component 3: HIV

**Outcome: The vulnerability to HIV is reduced, its impact is minimized and stigma and discrimination are reduced, through the implementation of harm reduction activities**

- The police and communities' knowledge on HIV-related risks is increased, and the discrimination against drug users is reduced.
- Support is provided to ex-drug users after their return to their communities.
- Drug users are referred to support services such as rehabilitation centres and voluntary counselling and testing (VCT).
- Partnerships and collaboration with local authorities to conduct community education are developed
- CRC branch staff, volunteers and community leaders' knowledge of the risks of HIV is increased.
- Behaviour change is promoted and adequate knowledge is provided to the Cambodian high-risk groups.
- Activities in support of PLWHA<sup>13</sup> are reviewed, strengthened and integrated in branches; and youth activities and anti-stigma campaigns are conducted.

The total target number of beneficiaries for the health and care programme is 28,000 families (140,000 people; 70 per cent of whom are women and girls), in addition to 800 Red Cross volunteers and 50 Red Cross staff.

#### b) Potential risks and challenges

The main challenge faced by the health programme resides in the project-based support provided by its partners, where funding is often strictly earmarked to support specific activities. This has demonstrated adverse effects while moving towards a holistic and integrated programme design. Advocacy is constantly being conducted to reduce the earmarking for very specific activities, and to obtain support in the frame of the operational alliance model and the "seven ones"<sup>14</sup> to the CBHD programme concept.

The challenge is to be as close as possible to the communities and deliver the message in very simplified methods and messages.

The present global financial recession has a negative impact on the overall funding of CRC activities through IFRC, exacerbated by increasing bilateral support from CRC partner national societies. This will be addressed through improved communication from CRC as well as from the Federation secretariat. In addition, the A/H1N1 pandemic, and the great exposure of Cambodia to avian human influenza and dengue hemorrhagic fever outbreaks present a real threat to the further development of the health programme and the implementation of its core activities.

Finally, CRC staff understanding of the concept of integration needs to be enhanced, and will be addressed through regular communication from the senior management, and consultation/brainstorming meetings with CRC's various partners.

## Organizational development/capacity building

### a) The purpose and components of the programme

As with the 2009-2010 plan, the organization development and capacity building programme is the most crucial component of the Federation support as its activities will impact the overall functioning of the national society. The decentralization of CRC is a complex process, which requires all partners to join efforts to ensure support is provided in a balanced and standardized manner, under the overall direction of the national society's senior management. Constant monitoring of the process will be required, as well as adequate recording and analysis of the progress made and challenges encountered. This will be used to readjust and improve the process as it is implemented.

<sup>13</sup> People living with HIV/AIDS

<sup>14</sup> One accountability and reporting mechanism; One performance tracking system One set of objectives; One set of working principles; One plan; One shared understanding of the division of labour among entities of the Movement; One results-based funding framework.

The decentralization plan should maintain a certain level of flexibility, and in order to ensure impartial, perspectives and views are taken into account, external technical support will be sought from the early stages and maintained throughout the process.

CRC's revised statutes' rules of procedures will be the primary tool for better reflecting the changing context of the national society. The new strategy 2011-2020 is also elaborated as well as all are related strategic development documents, and some of the national society's policies will be revised.

The human resources development model used at present will be reviewed, improved, and will include more systematic external consultancy. A realistic plan of action and monitoring and reporting mechanisms will be designed, and advocated to the Central Committee in order to secure support for the process. Financial management and information technologies will be developed to equip CRC with adapted and customized systems, ensuring better overall management of its various resources, enhance transparency and significantly improve its internal and external communication mechanisms.

The CRC planning, monitoring, evaluation and reporting structure, systems in place and outcomes will also be reviewed to enhance the national society's accountability, allow more quality-based activities, improve its reporting to donors and partners and ultimately increase its funding support.

Due to recent changes in the internal CRC structure, youth volunteer development will be given priority. The youth networks will be widened, their integration within the branches strengthened, and their activities broadened. They will also be equipped with various skills to enhance their overall impact and ensure their retention.

**Programme purpose: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability**

The Cambodian Red Cross has improved its overall structure, developed its staff, increased its volunteer base, strengthened branches and communities, and enhanced its service delivery to the Cambodian people

The organizational development/capacity building programme budget for 2011 is CHF 186,482.

**Programme component 1: Development of systems, infrastructure and staff sustainability**

**Outcome 1: Human resource management is improved at national headquarters and branches**

- An analysis of the existing CRC structure, tools and systems in use is conducted, and findings and recommendations are incorporated in a realistic plan of action
- A new structure is proposed to the Central Committee for approval
- The remuneration policy is reviewed and streamlined
- The staff "conditions of service" is reviewed
- A user-friendly personnel management and information system (PMIS) is introduced
- Opportunities to enhance managerial skills are provided to CRC key staff at national headquarters and branch level
- The recruitment process is reviewed and improved
- Human resource (HR) management focal points are identified in all branches
- A comprehensive "HR management package" is developed with and for the branches
- Advocacy is conducted towards CRC governance to support the process

**Outcome 2: Financial management and reporting are improved, enhancing transparency and accountability, through the implementation of a pilot project**

- A new financial management software, adapted to the CRC context is identified, purchased and implemented in the national headquarters and in one selected branch
- A parallel system is developed and run, incorporating the existing CRC procedures and requirements
- An analysis of partners/donors financial management and reporting requirements is conducted, and a new financial reporting format is designed (to be considered in the development of a new system)

**Outcome 3: The information technology system is streamlined and strengthened at national headquarters and branch levels**

- A detailed inventory and analysis of the CRC information technology (IT) system is conducted, and an upgraded plan of action is designed
- CRC IT hardware and software standards are defined according to needs and context, and are adopted, communicated and implemented

- The CRC IT policy is revised, communicated to all staff and implemented
- All CRC computers are installed with standardized licensed software
- A firewall is identified and set up to protect the national headquarters network, and an antivirus solution is purchased and disseminated on all computers
- All IT users receive basic training on the policy, and utilization/optimization of computers

**Outcome 4: The CRC planning, reporting, monitoring and evaluation systems in place are reviewed in consultation with all departments and programmes and branch staff**

- Existing planning and reporting, and monitoring and evaluation (M&E) tools and formats and their utilization and relevance are analysed
- The linkage between planning and reporting, and M&E is thoroughly evaluated and regular consultation meetings are held with programme staff in order to improve and optimize the model
- A report is produced with findings and recommendations for the CRC leadership's decision and further development

**Outcome 5: Overall CRC communication is reviewed and developed, priority activities are identified and strengthened and integrated at all levels**

- The communications means and systems utilized by CRC and their impact are analysed
- Some identified activities are outsourced to ensure better advocacy and visibility for the national society, resulting in more professional outcomes (e.g. website management, translation, editing, etc)
- The validation and authorization process for external communications is reviewed
- Programmes and branch staff receive basic training on the collection of information for the drafting of web stories, articles, newsletters, etc.
- The internal communications systems from the leadership to the staff and branches are improved, and rendered more systematic
- The "Our world. Your move" campaign is promoted throughout Cambodia, with focus on climate change and disaster risk reduction

**Programme component 2: Organizational development process**

**Outcome 1: The CRC rules of procedures (for the implementation of the statutes) are reviewed and the new CRC Strategy 2011-2020 is developed**

- A plan of action and timeframe is created, and key internal and external stakeholders are identified for the review process
- Regular consultation meetings are held internally, as well as between CRC management and governance

**Outcome 2: Branch governance and management bodies are developed and trained at all levels**

- Existing branch governance and management roles and responsibilities are reviewed and adapted to the new context of decentralization
- Induction training is provided to branch governance members and management teams, and roles and responsibilities of all parties are clearly explained
- Branch directors are provided with clear job descriptions and basic branch management skills
- Regular follow-up is conducted with branch governance and management to monitor and assess the level of understanding (e.g. questionnaires, individual or group meetings)

**Programme component 3: Volunteering development (youth)**

**Outcome: The CRC youth and volunteer base is strengthened and enhanced with emphasis on recruitment, management and retention**

- The Red Cross youth (RCY) guidelines are assessed and reviewed with branch staff and existing youth volunteers in a participatory approach
- The RCY policy, guidelines and strategy 2004-2010 is disseminated to branch staff and existing youth volunteers for implementation.
- The existing school models (operating model and package of activities) are reviewed, streamlined and replicated
- Youth volunteers are provided with basic planning, monitoring and reporting tools, and their involvement in CRC communications to the public is enhanced
- The linkage between the youth management and the branches is strengthened

#### **Programme component 4: Branch development (decentralization)**

**Outcome: The IBCD (integrated branch and community development) concept developed during 2009 is piloted, aiming at supporting the CRC decentralization process/implement in two branches.**

- A decentralization plan of action is developed, regularly updated and revised, and disseminated throughout the national society and among all partners
- Provincial branches are encouraged to create and implement their own development plan
- The integrated branch and community development's existing proposal is reduced in scale, and the concept is translated into a specific plan of action and budget
- A dedicated staff member is recruited to oversee the process at national headquarters level
- The revised systems and tools are tested in the selected target area
- Regular feedback on the progress is given to senior management, programme and department staff

#### **b) Potential risks and challenges**

The decentralization process will affect the organizational development activities as it is expected that some resources will be diverted. In addition, the human resource review is a very complex and sensitive issue, and resistance from some staff and managers is expected. This will be addressed through regular consultation meetings on the advancement of the process where open dialogue will be encouraged and regular communication will be provided from CRC governance and senior management. As the organizational development and capacity building programme is of prime importance for the national society and requires an important budget, IFRC will advocate for this to CRC partners, and conduct resource mobilization activities in order to obtain strong and adequate financial and technical support.

### Principles and values

#### **a) The purpose and components of the programme**

The principles and values programme is completely integrated in all CRC activities, and therefore no specific funding is sought. The main focus will reside on the internal dissemination and understanding of the Red Cross Red Crescent Movement Fundamental Principles and values, as well as in their practical application in CRC staff and volunteers' day-to-day activities. The newly formed branches committees will be trained and made further aware of the importance of their role to advocate for the most vulnerable and marginalized communities.

**Programme purpose: Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity**

The Red Cross Movement Fundamental Principles and the application of humanitarian values are well understood by all CRC staff, promoted and implemented in an integrated manner throughout all proposed activities.

The principles and values programme is not separately budgeted for as its activities are integrated into all CRC programmes.

#### **Programme component: Promotion and integration of humanitarian principles and values**

**Outcome 1: The internal understanding of the Red Cross Red Crescent Fundamental Principles and humanitarian values is enhanced within the Cambodian Red Cross**

- The present understanding of the Fundamental Principles is assessed at all levels within the national society
- All training curriculum and dissemination materials are revised, and emphasis is put on the practical application of the Red Cross Red Crescent principles

**Outcome 2: Red Cross Red Crescent principles and values are integrated into CRC operational programmes and support service departments**

- The disaster management and health programmes address the Red Cross Red Crescent principles in all their programming
- The CRC external communications integrate dissemination and advocacy for the respect of these principles
- The human resources department integrates the principles and values while revising the staff "conditions of service"

The programme will directly benefit CRC staff and board members, youth and volunteers. Improved results for target beneficiary communities are the focus of all organizational development/capacity building programming, meaning that the programme serves several more beneficiaries indirectly. Staff and volunteers targeted by this programming on capacity building will benefit from increased knowledge and skill in all areas of the project management cycle.

CRC staff working in support departments/units (e.g. secretariat, finance, administration, human resources, logistics, and communication) will also benefit from targeted technical training relevant to their roles. Board members, staff, volunteers and CRC members targeted will be part of an increasingly effective organization.

## **b) Potential risks and challenges**

One of the main risks is that the decentralization might greatly divert CRC staff and volunteer focus, which could result in this programme not being given sufficient attention. Nevertheless, all CRC staff and volunteers have already integrated dissemination of the Movement's Fundamental Principles and humanitarian values components in most of their training curricula and implementation of activities. In addition, the 2009 branch assemblies represented a real opportunity to ensure adequate dissemination of the principles and values, especially to the newly elected members.

## **Role of the secretariat**

The coordination budget for 2011 is CHF 328,233.

### **a) Technical programme support**

While the Federation's Cambodia country office has a country representative in place (albeit with limited human, technical and financial resources), some technical programme support will be provided by the Federation Southeast Asia regional office in Bangkok in the areas of disaster management, health and care (HIV, water and sanitation), and communication. Health in emergencies (AHI, A-H1N1, and dengue hemorrhagic fever) will receive support from the Federation Asia Pacific zone office based in Kuala Lumpur. Emergency response will also be supported by the zone office. With regard to organizational development, the decentralization, organizational development process, youth and volunteers, development of systems, staff and infrastructure, support will be provided by the country office together with the zone office. Capacity building will continue to be addressed throughout the core programmes in an integrated manner (e.g. PMER and communications development, staff capacity building, etc.).

### **b) Partnership development and coordination**

Due to new global trends, to the increasing bilateral support from partner national societies and in view of the ongoing major changes within CRC, there is an increasing need to improve existing coordination mechanisms. The aim is to enhance the service delivery to the communities, maximize the use of available resources while preventing overlapping of activities, and augment the Movement's accountability. A systematic, transparent and integrated joint Movement planning process integrating all Movement partners will be considered, and the present Federation/CRC planning schedule and methodology, reviewed.

The format of the bi-monthly Movement coordination meetings will also be reviewed. Preparation for the meeting will be strengthened, encouraging a more open dialogue between partners and clear action points will be agreed. The 2010 partnership meeting in late October is organized in a more strategic manner, and higher level representation from various CRC partners sought. In addition, a more in-depth partnership will be created with a selected national society in the Southeast Asia region in order to share experiences, good practices and lessons learned.

### **c) Representation and advocacy**

The Federation country, regional and zone structures will continue to advocate for CRC with partner national societies, government bodies, national and regional institutions, international representations and the humanitarian community. The Federation country office and CRC external communication mechanisms will be improved to enhance awareness of Cambodian community needs as well as of CRC activities, progress and achievements.

## **Promoting gender equity and diversity**

In contemporary Cambodian society, women hold a lower status than men who remain the main household decision-makers. Domestic violence is a real concern. Economic, social and culturally induced restrictions have

contributed to the growth of the sex industry. Sex workers are at high risk of HIV transmission but married women are also more exposed than single women. Households headed by women are the poorest in communities and women still carry a heavier work burden than men. Cambodia's rural health facilities are poor, resulting in maternal mortality rates among the highest in the region.

CRC has always considered gender issues a priority, highlighted by the gender representation at governance and senior management levels at headquarters-level as well as in some of the branches. The national society has integrated women's equity and diversity in its programming, in which women community representatives are being given a greater voice and priority in CRC programme support.

## Quality, accountability and learning

As described above, CRC is emphasizing the integration of activities, ensuring better impact and greater sustainability and coherence in its support to the most vulnerable. For instance, all CRC headquarters, branch staff, volunteers and youth will be equipped with skills in the monitoring and evaluation of activities. The level of skills will vary depending on roles and responsibilities, status, and level of education. These criteria determine suitable training for project staff and branch youth volunteers. The use of standardized vulnerability and capacity assessment (VCA) will be made systematic, and utilized by all technical units of CRC. The selection of villages and beneficiaries will also be reviewed in order to ensure the most vulnerable receive assistance.

In the frame of the information technology and communication development, emphasis will be put on strengthening the knowledge and information collection, recording and sharing mechanisms, aiming at improving the systems and tools in place. This is expected to save time and resources, and increase the overall impact of each CRC department and branch. It also aims to enhance transparency and improve communication with external partners on the progress made and future plans.

CRC is the member of a tripartite trans-border partnership with the Red Cross societies of Lao PDR and Viet Nam. Annual meetings are attended by senior management and governance representatives, in addition to exchange visits between the Red Cross branches of each country. This specific partnership results in sharing good practices, challenges and lessons learned and facilitates the implementation of trans-border activities aiming at assisting the most vulnerable communities.

How we work	
<p>IFRC's vision is to: Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>IFRC's work is guided by <a href="#">Strategy 2020</a> which puts forward three strategic aims:</p> <ol style="list-style-type: none"> <li>1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.</li> <li>2. Enable healthy and safe living.</li> <li>3. Promote social inclusion and a culture of non-violence and peace.</li> </ol>
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> <li>• Cambodian Red Cross: Mme Pum Chantinie, secretary general; email: <a href="mailto:pum.chantinie@redcross.org.kh">pum.chantinie@redcross.org.kh</a>; phone: +855 23 881 511; fax: +855 23 881 522</li> <li>• Federation country office, Cambodia: phone: +855 23 880717 ; fax: +855 23 880718             <ul style="list-style-type: none"> <li>○ Leena Kamarainen, Federation representative for Cambodia and Lao PDR; email: <a href="mailto:leena.kamarainen@ifrc.org">leena.kamarainen@ifrc.org</a>;</li> <li>○ LAK Mony Rasmey, programme coordinator and office Manager; email: <a href="mailto:lak.monyrasmey@ifrc.org">lak.monyrasmey@ifrc.org</a> ;</li> </ul> </li> <li>• Federation Southeast Asia regional office, Bangkok: phone: +66 2 661 8201; fax: +662 661 9322             <ul style="list-style-type: none"> <li>○ Anne LeClerc, head of regional office, email: <a href="mailto:anne.leclerc@ifrc.org">anne.leclerc@ifrc.org</a></li> <li>○ Andy McElroy, regional programme coordinator, email: <a href="mailto:andy.mcelroy@ifrc.org">andy.mcelroy@ifrc.org</a>;</li> </ul> </li> <li>• Federation Asia-Pacific zone office, Kuala Lumpur; phone +603 9207 5700             <ul style="list-style-type: none"> <li>○ Jagan Chapagain, deputy head of zone; email: <a href="mailto:jagan.chapagain@ifrc.org">jagan.chapagain@ifrc.org</a>;</li> <li>○ Alan Bradbury, head of resource mobilization and PMER; email: <a href="mailto:alan.bradbury@ifrc.org">alan.bradbury@ifrc.org</a> Phone: +603 9207 5775; fax: +603 2161 0670</li> </ul> <p>Please send all pledges for funding to <a href="mailto:zonerm.asiapacific@ifrc.org">zonerm.asiapacific@ifrc.org</a></p> </li> </ul>	

[<budget and map below; click here to return to title page>](#)

## MAAKH001 - Cambodia

### Budget 2011

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies						
Land, vehicles & equipment	6,000	2,000	30,000		7,200	45,200
Transport & Storage						
Personnel	28,500	22,000	32,100		209,000	291,600
Workshops & Training	18,030	38,000	69,000		17,000	142,030
General Expenditure	39,150	20,900	44,000		75,000	179,050
Depreciation						
Contributions & Transfers						
Programme Support	5,959	5,389	11,382		20,033	42,762
Services						
Contingency						
<b>Total Budget 2011</b>	<b>97,639</b>	<b>88,289</b>	<b>186,482</b>		<b>328,233</b>	<b>700,642</b>

