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changing minds.

Annual report Cambodia

 International Federation
of Red Cross and Red Crescent Societies

MAAKH001

26 April 2012

**This report covers the
period 1 January 2011 to
31 December 2011.**

The elderly and children need the
most humanitarian support in an
emergency/disaster situation.
April 2011/IFRC



In brief

Programme outcome

In line with the International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020 and the Cambodian Red Cross (CRC) vision and goals in its own Strategic Plan 2011-2020, the IFRC country office in Cambodia has supported CRC in “doing more, doing better and reaching further”.

Programme summary

Since January to December 2011, the Cambodian Red Cross with support from the IFRC Cambodia country office, Southeast Asia regional office and Asia Pacific zone office has mainly focused on strengthening disaster management through disaster risk reduction (DRR), community-based health development (CBHD), and organizational development (OD).

In the disaster management sector, the scope of humanitarian efforts has been on disaster response, as well as preparedness and risk reduction. Clashes along the Cambodian-Thai border in February and in April 2011, and the worst floods in a decade in Cambodia from August to November 2011, kept CRC fully occupied with implementing crucial emergency interventions. Additionally CRC branches have been assisting in several local emergencies, such as house-fires, lightning strikes and drought. CRC responded through its national network during floods with relief operations and assisting 387,417 internally displaced families. CRC branches also responded to assist 13,435 families in house fires. Branches have strengthened their capacity with support from Red Cross partners. Investments in disaster preparedness and risk reduction have built the institutional capacity of the national society and CRC is today better able to respond nationwide to future disasters.

In the health and care sector, the focus has been on stronger contribution to CBHD, and to link health services with community resilience. CRC developed a harmonized and integrated approach for CBHD. An orientation workshop on the CBHD framework (a practical guidance document for CBHD implementation) and the development of monitoring tools were carried out by the end of the year. Through health and care services such as access to clean water and sanitation, hygiene promotion, implementing harm reduction activities, and promoting public awareness, CRC reached a total of 857,582 people (241,981 direct recipients; 614,601 indirect recipients).

In organizational development, the main focus was on highlighting the year of volunteering. The activities of CRC youth and volunteers were promoted to show the contribution of volunteerism to society. In particular, CRC also updated its volunteering policy and guidelines in line with IFRC's new policy.

Financial situation

The total 2011 budget is CHF 777,322 of which CHF 673,403 (87 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 553,200 (71 per cent) of the budget.

CRC's total expenditure for 2011 is CHF 10,162,141 and was covered as follows:

Funding sources 2011	
CRC own funding	CHF 8,013,944
Red Cross Red Crescent Movement	CHF 1,561,989
Private sector	CHF 584,923
Total	CHF 10,160,856

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

See also Cambodia Floods DREF operation [here](#).

No. of people we have reached

During 2011 an estimated 857,582 families including 49,520 people under the disaster relief emergency fund (DREF) operation have directly benefited from CRC programmes supported by IFRC and its Partner National Societies.

Our partners

The main partners who have supported CRC under this programme are Australian Red Cross, British Red Cross/British government, Finnish Red Cross/Finnish government, German Red Cross, Italian Red Cross, New Zealand Red Cross and Swedish Red Cross. Funds were also received from United Kingdom's Department for International Development (DFID) partnership grant.

At the same time, Australian Red Cross, Danish Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Japanese Red Cross Society, Norwegian Red Cross, and Swiss Red Cross are contributing to CRC on a bilateral basis.

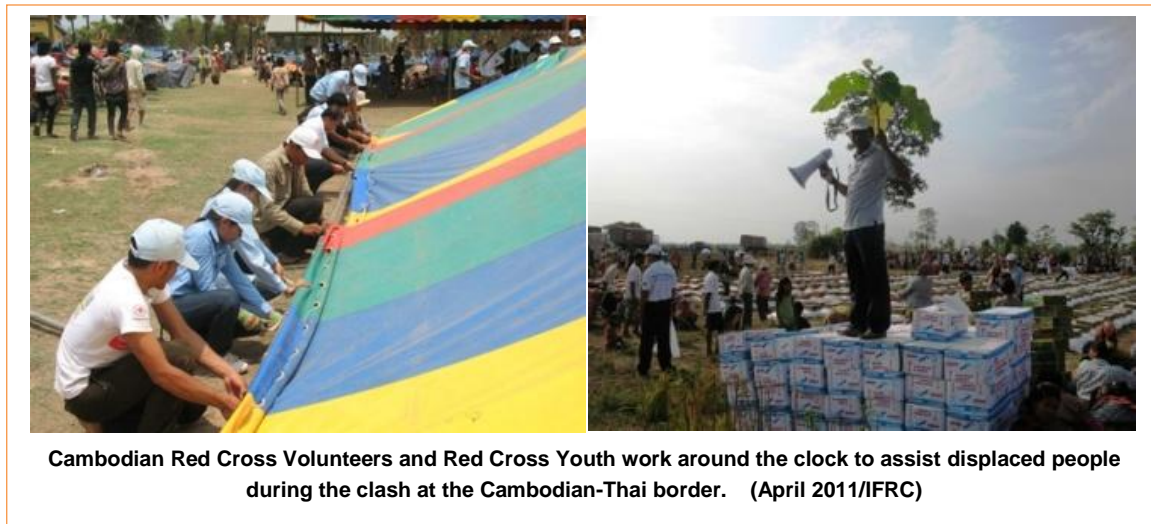
Furthermore, the International Committee of the Red Cross (ICRC) is supporting CRC in the areas of restoring family links and tracing, mine action, communication and dissemination, and promoting humanitarian principles and values.

Working relationships have been explored and further strengthened with the World Health Organization, World Food Programme, United Nations Development Programme, National Committee for Disaster Management (NCDM), Ministry of Health, Ministry of Foreign Affairs and International Cooperation, Ministry of Public Work and Transport, Cambodia Development Council, and Ministry of Economic and Finance.

On behalf of the Cambodian Red Cross, IFRC would like to express its thanks to all partners and contributors for their response to the 2011 plan.

Context

The year 2011 was unusually challenging in Cambodia. During the first part of the year, a series of serious clashes along the Cambodian-Thai border kept Cambodian Red Cross disaster preparedness and response teams busy. While the internal political situation of Cambodia remained stable, there was tension between Cambodia and Thailand over the 11th century Khmer Preah Vihear temple. Two serious clashes resulted in 21 deaths and some 50,000 people displaced during the fighting.



During the last part of the year, heavy rains and overflow of the Mekong river affected almost the entire country. Out of Cambodia's 24 provinces, 18 provinces were affected, with Kandal, Kampong Thom, Prey Veng and Kampong Cham the hardest hit. These floods were the worst in Cambodia since 2000 and in terms of the proportion of the total population affected, Cambodia was the highest in the region, among the Philippines, Thailand, Viet Nam and Lao PDR.

The National Society implemented crucial emergency interventions during the year while maintaining its efforts in annual projects and programmes. The focus was intensified on community-based approach in disaster risk reduction and health as well as on capacity building and branch development.

The Cambodian population is about 13.4 million, with over 80 per cent living in rural areas. Approximately half of the population is under 20 years of age. Major sources of revenue are tourism, agriculture, fishing and forestry, mining, oil and gas, construction, and garment manufacture.

Cambodia has a tropical monsoon climate, characterized by two seasons: wet and dry. The country is essentially agrarian and is highly vulnerable to the impact of climate change. Cambodia is largely exposed to flood and drought. Under changing climatic conditions, vector-borne diseases, in particular malaria and dengue fever, may become more widespread. Also, water-borne diseases such as diarrhoea and typhoid are common in households during the rainy season.

Left over from the country's history of armed conflict, landmines represent a unique hazard that the country is exposed to. There may be as many as four to six million mines and unexploded ordinances littered around the countryside, giving Cambodia one of the highest rates of physical disability in the world.

The Human Development Index (HDI) of the United Nations Development Programme (UNDP) Human Development Report 2011 score for Cambodia in 2011 was estimated at 0.523, which gives the country a rank of 139 out of 187 countries with comparable data. The HDI places Cambodia below the regional average of 0.671. While poverty has decreased substantially over the last ten years, the benefits of growth have not been equitably distributed, resulting in increased inequality in the country. According to the UNDP Human Development Report 2011, 28.3 per cent of Cambodians live on less than USD1.25 per day.

Progress towards outcomes

Disaster management

Programme purpose
Reduce the number of deaths, injuries and impact from disasters.
Programme component 1: Organizational preparedness
<p>Outcome: The CRC existing institutional mechanisms for efficient delivery of disaster management assistance are reviewed and strengthened</p> <ul style="list-style-type: none"> • Review the disaster management department's structure, and propose a suggested model to the CRC leadership for approval • Compile, analyze and utilize the achievements and challenges observed during the development of the operational alliance to strengthen the integrated disaster management programme framework • Review, integrate and adapt disaster preparedness and response policies, tools, mechanisms and plans for the utilization of branches and communities • 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 youth, Red Cross volunteers, etc.) • Establish and/or strengthen and equip national disaster response teams (NDRT), provincial disaster response teams (PDRT), branch disaster response teams (BDRT) • 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)
<p>Outcome: Individual and community vulnerability to disasters and public health emergencies reduced.</p> <ul style="list-style-type: none"> • Promote integration of various CRC activities in disaster management training curriculum (disaster preparedness (DP), disaster risk reduction (DRR), International Disaster Response Law (IDRL), early warning systems , AHI/DHF/A-H1N1, water, sanitation and hygiene promotion, road safety, restoring family links, weapons contamination, etc.) • 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
<p>Outcome: Active promotion of road safety, contributing to reduction of road accident fatalities and injuries</p> <ul style="list-style-type: none"> • 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 strengthening CRC road safety activities at all levels • Distribute safety helmets to selected beneficiaries • Organize road safety sensitization campaigns in schools and universities

Achievements

CRC faced a big challenge to reduce the impact of disasters when responding to the worst floods in more than a decade in Cambodia. CRC worked closely with the Royal Government of Cambodia and other humanitarian organizations to assess the needs and to ensure humanitarian aid reaches the most affected families. CRC together with its partners provided assistance to 67,627 families with the CRC standard relief package comprising the following items: 25kg of rice, box of instant noodles, 10 cans of sardines, one blanket, one mosquito net, one sarong and one scarf. Additional items, such as salt and soft drinks were also distributed to some families through outside donations. Through the IFRC DREF operation, families also received ceramic water filters, jerry cans, bars of soap, and water purification tablets to help prevent the spread of water-borne diseases. Cash has also been made available to assist families in need.

The ongoing relief work affected planned development work and activities, but CRC showed its capacity to meet unexpected demands with following results:

Organizational preparedness

Due to several emergency interventions during the year 2011, focus has been on capacity building to strengthen especially the capacity of sub-branches on disaster management and to establish branch disaster response teams (BDRT). With support from IFRC, funded by the Finnish Red Cross, the target area was Kampong Thom branch. BDRTs received training on disaster preparedness and first aid and practised their skills on efficiency of assistance during the floods. Teams were also equipped sufficiently to carry out these activities.

During the emergencies response in 2011, *learning by doing* was a natural method to adapt and improve the planning and reporting systems. Response mechanisms were practised. When implementing the relief operations, branches and headquarters clarified the roles and responsibilities between the two levels. For example, the different roles between governance and management could be clearly defined with the tasks done during the relief operation.

Disaster risk reduction (DRR)

For disaster risk reduction, the emphasis has been to reduce both individual and community vulnerability and aiming for resilience. This has been addressed through the implementation of disaster risk reduction activities, in which community-based preparedness and early warning systems have been strengthened.

With financial support from Finnish Red Cross, the community-based disaster risk reduction, using its disaster risk reduction framework and techniques, has been developed by community members in three target villages of Kampong Thom province, while New Zealand Red Cross has provided financial support for five target villages in Kampong Chhnang provinces.

Towards building safer and resilient communities, focus has been on building the capacities of CRC staff at headquarters, branch and sub-branch level. The village disaster reduction plans (VDRP) were used to identify the needs of the villages and develop proposals on how to reduce risks in their own villages. A total of 339 community members (of which 114 were women) participated in the VDRP development.

The following activities took place in 2011:

- Nine monthly meetings in target villages, with a total of 101 participants (31 women)
- Disaster risk reduction measures, such as raising awareness on how to prepare for floods, storing fodder during floods, safe areas for livestock and people, etc. A total of 928 community members (including 566 women) were reached through dissemination activities.
- Micro-activity in the community was carried out such as producing rat-traps, repairing and cleaning water points, mounting a water container stand, planting grass and fencing the pound, carrying out home gardening work, recruiting 32 villagers (19 women) for micro-activities.
- A rescue team in each target village was established
- Red Cross volunteers participated in needs assessments in the villages
- Early warning systems, such as measuring flood levels and providing loudspeakers to villages, were developed

Road Safety Project

The road safety project continued its activities in three targeted branches – Battambang, Kampong Speu, and Phnom Penh. In addition, Bantey Meanchey was included in the programme area. Funding through IFRC was completed at the end of May 2011. Since June 2011 the programme has been bilaterally supported by Australian Red Cross with a focus on road safety and disability. The programme area continues to focus on helmet wearing and against drinking and driving. Activities and campaigns have targeted schools and universities. In addition, the project has collaborated actively with private sector and philanthropic organizations to mobilize resources for the project.

The project aims to save lives and change minds. When comparing the figures of road accident casualties from previous years, there is now a significant decrease in Cambodia. In 2010, 18,287 casualties were reported and in 2011, the provisional figure is 15,263 according to the traffic police in Cambodia. The decrease is due to a joint effort undertaken by the National Road Safety Committee, government ministries and institutions and other road safety stakeholders. Changing minds is more difficult to measure, but the follow-up of helmet wearing at schools is a sign of the positive effect Red Cross Youth (RCY) can have in their own environment. RCY has also been publicly acknowledged by the Prime Minister for socializing the importance of and respect for traffic laws.



The Road Safety Project campaign to reduce speed and encourage the culture of wearing helmets in a proper way. Road Safety Project/ HRD/CRC

Constraints or Challenges

When the country is hit by several emergencies, it is a challenge to complete the development programmes. CRC managed well in 2011 to complete the tasks, but with a cost of a heavy workload on staff at headquarters as well as most of the branches. At the end of 2011, a number of staff were reported sick due to stress, while the disaster management department suffered from the lack of human resources.

While CRC has developed its skills on disaster responses well, there is a need for better technical skills in reporting.

Health and care

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies
Programme component 1: Community-based health development (CBHD)
<p>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.</p> <ul style="list-style-type: none"> • Utilizing the operational alliance tools and lessons learnt as well as the existing CBHD project concept, the health management and staff work towards developing a holistic and integrated programme. • The existing AHI/DHF¹ 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

¹ AHI - avian human influenza / DHF - dengue hemorrhagic fever

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 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 people living with HIV AIDS (PLWHA) are reviewed, strengthened and integrated in branches; and youth activities and anti-stigma campaigns are conducted.

Achievements

Sustainable development can be supported through strengthening community resilience which CRC is doing by helping people to be as healthy as possible and to prevent or reduce health risks.

The Cambodian Red Cross approach for community resilience is to strengthen the community-based disaster risk reduction and community-based health development. CRC's community-based health programme aims to improve health in communities and to reduce individual and community vulnerability.

A framework for a harmonized and integrated approach for CBHD was developed with financial support from Australian Red Cross and technical support from IFRC. An orientation workshop on the CBHD framework and the development of monitoring tools was carried out before the end of 2011. Combined with monitoring tools, the reporting system and data collection will be strengthened. Support for the implementation of CBHD is also provided by Australian Red Cross and DFID² funds to cover four targeted areas: Kampong Cham, Kampong Chhnang, Koh Kong, and Svay Rieng province.

CRC reached approximately 1,500 people through different CHBD training sessions and household visits. Through a water, sanitation and hygiene (WASH) project, CRC reached 4,869 people (including 2,418 women) by establishing WASH clubs in five target villages in Stung Treng province with financial support from British Red Cross.



Red Cross Volunteers join efforts to build a basic house for people living with HIV/AIDS.

At the same time a drawing contest award was presented to a child who has a physical disability because of HIV/AIDS.

Photo: Svay Rieng Branch/CRC

² United Kingdom's Department for International Development

Despite improving routine measles vaccine coverage (from 65 per cent in 2000 to 92 per cent in 2009), Cambodia faced increased risk of large measles outbreaks due to gaps in measles immunity, especially in the very young population³. The Ministry of Health together with the World Health Organization (WHO) organized a national vaccination campaign in 2011. Approximately 350 Red Cross volunteers participated in the campaign in six branches. According to WHO statistics from 2011, the coverage achieved was 95 per cent.

Community volunteers were also deployed to promote public awareness of the key messages related to avian influenza, H5N1. Cambodia had 16 deaths reported due to avian influenza.

Multilateral funding support from Swedish Red Cross enabled CRC to support the orphan and vulnerable children living with HIV/AIDS in Kampot, Prey Veng and Svay Reing provinces. The main activity was focused on non-discrimination of these children. With financial support from Italian Red Cross, CRC implemented a harm reduction project in Battambang and Siem Reap provinces. Drug and ex-drug users were referred for health services related to communicable diseases including tuberculosis and anti-retroviral treatment as well as voluntary counselling and testing. Project workers carried out training sessions for 337 drug users in communities to raise awareness on HIV and drugs.

Constraints or Challenges

Community-based health and first aid programmes are part of the branch activities. It is a challenge to integrate the new framework approach nationwide, and to get good quality reports from the branches. It is also too early to measure improvements in communities.

Technical support is still needed from headquarters to branches, and among Red Cross volunteers there is a lack of capacity on specific health promotion areas, such as HIV/AIDS.

Organizational development

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

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

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

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| <ul style="list-style-type: none"> • 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 • A comprehensive "HR management package" is developed with and for the branches • Advocacy is conducted towards CRC governance to support the process |
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Outcome 2: Financial management and reporting are improved, enhancing transparency and accountability, through the implementation of a pilot project

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| <ul style="list-style-type: none"> • 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) |
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³ Ministry of Health – Guidelines for measles SIA 2011

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

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

Achievements

The Cambodian Red Cross was one of the six national societies that was selected to carry out an IFRC organizational development impact study to review organizational change and to share good practices among national societies.

The International Year of Volunteering in 2011 with the slogan “Find the volunteer inside you” was celebrated on World Red Cross Red Crescent Day. Youth from universities and volunteers from communities participated in a television discussion under the local context theme “Volunteering – Humanitarian effectiveness”.

In addition, CRC called to action for the better recognition, protection, and promotion of volunteering through a re-drafted volunteering policy and guideline.

CRC also attended the Global Volunteering Conference in Budapest. The conference was held under a theme “Volunteering for a sustainable future”. CRC’s information technology capacities were analysed, and CRC was one of 15 national societies selected in the Asia Pacific zone to work on the IFRC approach called *Digital Divide*.

CRC IT specialists redesigned the national society’s internal IT system with support from IFRC Asia Pacific zone office. The main activities were:

- Purchasing a new set of computer servers for upgraded mail server and gateway of internet access with bandwidth splitter
- Building a new FTP server for SharePoint and store electronic documents
- Developing a CRC ITC policy
- Upgrading the CRC website from static to dynamic through external online gateway support
- Building CRC’s intranet and backup device
- Purchasing anti-virus security software (according to IFRC’s McAfee software standard)
- Building up capacity of the CRC IT team by providing training on Cisco network, Linux OS, PHP MySQL
- Providing IT maintenance tools (three sets of walkie-talkie and a set of digital cable testing equipment)

Through financial support from German Red Cross since 2009, CRC carried out the organizational development component in reviewing CRC rules of procedure, developed new CRC Strategy 2011-2020, and developed CRC four-year development plan 2011-2014. The integrated branch and community development (IBCD) was also a main activity implemented in 2011, while the organizational development team at headquarters level played an important role in preparing a field visit for Red Cross partners during the annual partnership meeting focused on “Partnership during disaster”.

Constraints or challenges

- Effective service delivery needs a strong and sustainable national society. There is a continuous need for capacity building for staff and leadership at all levels to ensure effective leadership and management capacity.
- The PMER sub-unit has suffered from several changes in the staff and the consequent loss of resources. At present, CRC’s most urgent need is reporting and planning skills.
- Lack of funding for organizational development programmes supported through IFRC is the biggest challenge for the country office.
- Lack of technical organizational development expertise support to both the IFRC country office team and Cambodian Red Cross.

Principles and values

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

Red Cross Red Crescent 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

Programme component 1: 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 the 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"

Achievements

The IFRC country office worked within different programming areas to increase knowledge and skills on principles and values as they link to current disaster response, disaster risk reduction and community-based health. For example, during the floods, as auxiliary to the government, CRC was able to carry out humanitarian activities in the interest of vulnerable people and with full respect to fundamental humanitarian principles.

The most visible day of the year is World Red Cross Day, 8 May, when CRC highlighted the Fundamental Principles of the International Red Cross and Red Crescent Movement. The year 2011 was also the Year of Volunteers. With the local context theme "Volunteering – humanitarian effectiveness," CRC drew attention to the needs of vulnerable people in terms of assistance and protection. Youth participated in the discussions on television, and the branches organized visible campaigns on streets in Phnom Penh and around the country. Red Cross Day is also the biggest annual fundraising event for the Cambodian Red Cross; CRC garnered USD 9.5 million on Red Cross Day alone in 2011.

CRC led the IFRC delegation during the 11th Meeting of State Parties to the Anti-Personnel Mine Ban Convention. The meeting took place in Phnom Penh, gathering more than 1,000 delegates from 158 member states and 15 states that have not yet joined the Convention. Through its full participation in the conference, CRC was able to profile and advocate the work of Red Cross Red Crescent societies. CRC is the largest humanitarian organization in Cambodia and is currently undertaking activities in community-based mine action and mine risk reduction/risk education activities and disability inclusion in community-based health development.

At the meeting, IFRC highlighted in its statement how it is possible to transform vulnerabilities into capacities through local capacity for long-term support to those affected. CRC's assistance to those who require it is provided through mine risk education with a holistic approach. With a loan or fund, those wounded as a result of these mines could make their own livelihood choices, change their behaviour, reduce their risks to landmines, and start home-based businesses to support their families. A partnership enabling environment supported by the State is crucial to further the implementation of the Anti-personnel Mine Ban Convention.

Constraints or Challenges

There have been limited financial resources from IFRC, and due to low funding coverage for the country office's plan of action, financial resources for principles and values were covered by CRC and ICRC. Although IFRC has provided mainly technical support, CRC will also benefit from better funding resources as the national society has good capacity to implement the plan of principles and values.

Working in partnership

Cambodian Red Cross has signed a cooperation agreement strategy (CAS) with Danish Red Cross, French Red Cross, German Red Cross and Swiss Red Cross. In line with the agreement, CRC has organized quarterly Movement coordination meetings to facilitate open and transparent cooperation. An annual partnership meeting was held in line with the CAS and Code of Good Partnership with focus on partnership during disasters. Additionally, IFRC is leading regular meetings with Partner National Societies in the country. A number of Partner National Societies continue to fund CRC bilaterally. For example, direct support is provided by Japanese Red Cross Society on community-based first aid, Norwegian Red Cross on mine awareness, and Italian Red Cross on harm risk reduction.

In building up institutional effectiveness and services, it is necessary to learn today to do better with less. CRC has used its own capacity for resourcing, partnership and networking, and is a model for good practices in the region.

Contributing to longer-term impact

The IFRC country office is setting its priorities in line with the CRC Strategy 2011-2020 in order to respond to actual needs of the vulnerable and to strengthen CRC humanitarian services in order to help more and to work effectively. To build a strong national society, CRC is focusing on decentralization and to build up the capacity of Red Cross volunteers and youth in order to deliver more services on community resilience against disasters and health hazards, while promoting humanitarian values, culture of non-violence and protection of human dignity.

CRC's strategic aims support the Millennium Development Goals in Cambodia. For example, CRC works in advocacy for mother and child health through the President of CRC, directly supporting Cambodian Millennium Development Goals number 4 and 5: reduce child mortality and improve maternal health.

Several training sessions and Movement coordination meetings have provided platforms for knowledge sharing. In order to ensure that services are focused on the needs of people and in making efforts to move from projects to more sustainable programmes, CRC will focus on developing its resource mobilization skills and capacities.

Looking ahead

Emergency situations challenged the Cambodian Red Cross in 2011. Looking ahead for year 2012, in anticipation of imminent new floods or emergencies, the importance of building a strong and well-functioning National Society remains a priority.

The IFRC country office will continue to support and develop existing disaster management structures and networks, to strengthen the Provincial and Branch Response Teams (PDRT, BDRT) as well as the National Society's disaster response mechanisms in order to increase national disaster response capacity.

Disaster risk reduction will be strengthened through the IFRC resource mapping system. The tool will be used to develop a database to gather information on CRC's resources, knowledge and experience which can be utilized to improve the disaster response mechanism.

The IFRC country office will also provide technical support to CRC with the existing resources in-country. The country representative will also share her time to support Lao Red Cross.

The IFRC country office will continue to support CRC to work together in partnerships and alliances. Engagement with partners can, over the long term, result in the strengthening of programming and advocacy in the country through technical and financial contributions from partners.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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.

www.ifrc.org
Saving lives, changing minds.



IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Find out more on www.ifrc.org

Contact information

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Development Programme Financial Report

MAAKH001 - Cambodia

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAKH001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	97,639	164,969	186,482		328,233	777,322	
B. Opening Balance	28,628	50,785	58,001	0	175,139	312,553	
Income							
Cash contributions							
<i>Australian Red Cross</i>		6,730				6,730	
<i>Australian Red Cross (from Australian Government)</i>		26,919				26,919	
<i>DFID Partnership grant</i>		52,896				52,896	29,859
<i>Finnish Red Cross</i>	6,467				0	6,467	
<i>Finnish Red Cross (from Finnish Government)</i>	36,645				0	36,645	
<i>German Red Cross</i>			-433			-433	
<i>Italian Red Cross</i>		21,179				21,179	
<i>Norwegian Red Cross (from Norwegian Government)</i>	-1,933					-1,933	
<i>Swedish Red Cross</i>		248				248	
C1. Cash contributions	41,179	107,973	-433		0	148,719	29,859
Inkind Personnel							
<i>Finnish Red Cross</i>					127,200	127,200	
C3. Inkind Personnel					127,200	127,200	
Other Income							
<i>Services Fees</i>					84,932	84,932	
C4. Other Income					84,932	84,932	
C. Total Income = SUM(C1..C4)	41,179	107,973	-433		212,132	360,850	29,859
D. Total Funding = B + C	69,806	158,758	57,569	0	387,271	673,403	29,859
Coverage = D / A	71%	96%	31%		118%	87%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	28,628	50,785	58,001	0	175,139	312,553	
C. Income	41,179	107,973	-433		212,132	360,850	29,859
E. Expenditure	-68,208	-149,457	-49,256		-286,279	-553,200	
F. Closing Balance = (B + C + E)	1,599	9,300	8,313	0	100,992	120,203	29,859

Development Programme Financial Report

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Programme	MAAKH001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		97,639	164,969	186,482		328,233	777,322	
Relief items, Construction, Supplies								
Construction Materials			6,331				6,331	-6,331
Water, Sanitation & Hygiene		2,277	6,151			2,935	11,363	-11,363
Medical & First Aid		338					338	-338
Other Supplies & Services		7,994	1,319				9,312	-9,312
Total Relief items, Construction, Supplies		10,610	13,801			2,935	27,346	-27,346
Land, vehicles & equipment								
Computers & Telecom	50,200		1,007			4,154	5,161	45,039
Total Land, vehicles & equipment	50,200		1,007			4,154	5,161	45,039
Logistics, Transport & Storage								
Distribution & Monitoring	20,000							20,000
Transport & Vehicles Costs		1,970	2,134			8,641	12,744	-12,744
Total Logistics, Transport & Storage	20,000	1,970	2,134			8,641	12,744	7,256
Personnel								
International Staff	144,000					160,668	160,668	-16,668
National Staff	65,000	8,222	10,305	6,486		26,411	51,422	13,578
National Society Staff	56,100	20,109	9,254	107		228	29,699	26,401
Volunteers			413				413	-413
Total Personnel	265,100	28,331	19,972	6,592		187,308	242,202	22,898
Consultants & Professional Fees								
Consultants	33,500	1,275	13,189				14,464	19,036
Total Consultants & Professional Fees	33,500	1,275	13,189				14,464	19,036
Workshops & Training								
Workshops & Training	135,030	27,305	46,639	8,548		4,583	87,075	47,955
Total Workshops & Training	135,030	27,305	46,639	8,548		4,583	87,075	47,955
General Expenditure								
Travel	35,400	2,500	1,729	39		5,611	9,879	25,521
Information & Public Relations		1,999	14,629	12,771		169	29,568	-29,568
Office Costs	42,000	10,942	5,448	9,844		12,521	38,755	3,245
Communications	46,500	2,573	1,738	654		7,844	12,809	33,691
Financial Charges	3,000	11	22	-11		6,703	6,724	-3,724
Other General Expenses	99,150	4,420	1,311			3,287	9,018	90,132
Total General Expenditure	226,050	22,445	24,877	23,296		36,135	106,753	119,297
Operational Provisions								
Operational Provisions		-28,956	17,658	7,588		31,884	28,174	-28,174
Total Operational Provisions		-28,956	17,658	7,588		31,884	28,174	-28,174
Indirect Costs								
Programme & Services Support Recov	47,442	4,094	9,053	2,992		9,649	25,787	21,655
Total Indirect Costs	47,442	4,094	9,053	2,992		9,649	25,787	21,655
Pledge Specific Costs								
Pledge Earmarking Fee		535	927	241		392	2,094	-2,094
Pledge Reporting Fees		600	200			600	1,400	-1,400
Total Pledge Specific Costs		1,135	1,127	241		992	3,494	-3,494
TOTAL EXPENDITURE (D)	777,322	68,208	149,457	49,256		286,279	553,200	224,122
VARIANCE (C - D)		29,432	15,511	137,225		41,954	224,122	