

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

CAMBODIA

30 May 2006

In Brief

Appeal No. 05AA052; Appeal target: CHF 1,158,006 (USD 964,603 or EUR 757,114);
Appeal coverage: 122.7%. ([click here to go directly to the attached Annual Financial Report](#)).

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>

For further information specifically related to this Annual Appeal please contact:

- In Cambodia: Cambodian Red Cross, Mrs. Men Neary Sopheak (Director of Communications); email: sopheak.menneary@crc.org.kh; Phone: +85.52.321.2876; Mobile: +85.51.281.0854; Fax: +85.52.321.2875
- In Cambodia: Federation office, Scott Tind Simmons (Federation Representative); email: scott.tindsimmons@ifrc.org; Phone: +85.51.290.1400; Fax: +85.52.321.0163
- In Thailand: Federation Southeast Asia Delegation, Mr Bekele Geleta (Head of Regional Delegation), phone: +66 2661 8201 ext 100, Email: bekele.geleta@ifrc.org
- In Geneva: Asia Pacific Department, Charles Evans (Regional Officer), email: charles.evans@ifrc.org; phone +41 22 730 4320; fax 41 22 733 0395 or Sabine Feuglet, email: sabine.feuglet@ifrc.org; phone +41 22 730 4349; fax 41 22 733 0395

Operational Context

With Cambodia enjoying another year of peace and stability in 2005, the country's economic and social development progress showed substantial improvement. With the continuing tourist, garment manufacturing and construction booms, the economy grew by more than 7% (some estimating GDP up by 9.8%), three times the level that some had forecast. Efforts at poverty reduction by the government and civil society are showing results. A comprehensive poverty assessment survey conducted by the World Bank (WB), to be released in 2006, clearly shows that the poverty rate over the past decade has fallen significantly, by around a quarter. This progress was further highlighted in the 2005 United Nations Development Programme (UNDP) Human Development Report, demonstrating that even though Cambodia continues to rank 130th out of 177 countries, important indicators such as percentage of the undernourished, primary enrollment, adult literacy and HIV/AIDS rates have steadily improved.

One of the year's most promising developments was the progress made towards the Khmer Rouge Tribunal. While USD 10 million still needs to be raised to cover the expected operational budget, recruitment for tribunal coordinators, judges and prosecutors is ongoing and the tribunal site has been selected, with full operations expected to commence in the first half of 2006.

However, considerable challenges remain. The same WB and UNDP reports, while praising Cambodia's progress and commitment to poverty reduction, clearly stressed the growing inequality between the rich and the poor, and the rural and the urban. Poverty, WB highlighted, is rapidly becoming an overwhelmingly rural issue – 91% of the Cambodian poor are rural. Furthermore, health and education outcomes remain well below regional averages, and

lack of investment in the agricultural sector has severely hampered rural development. Against this backdrop, a variety of other social problems are becoming more acute including increases in human trafficking incidents, endemic corruption, and drug abuse among youth.

Avian influenza reappeared in Cambodia at various times throughout the year with four Cambodians dying from the disease. The entire region is seen as a potential hot spot for an outbreak of human to human transmission of the disease. The Cambodian Red Cross (CRC) will do its part to prevent such a scenario by launching a project in early 2006 with a focus on prevention and preparedness targeting subsistence farmers and women by using the Red Cross Volunteer and Youth networks in eight high-risk provinces in Cambodia.

It was a year of high profile events for the Cambodia Red Cross beginning with the 50th Anniversary of the National Society from 18-20 February 2005. The golden jubilee was graced by the king and attended by the prime minister, CRC's president and secretary general, the vice-president of the International Committee of the Red Cross, and the head of Federation Southeast Asia regional delegation. Over 20,000 people attended the event, helping the CRC raise over USD 2 million. In addition, Red Cross Day was celebrated on 8 May at all 24 branches, the theme this year being "*Protecting Human Dignity*". Through their efforts, the Branches raised over USD 500,000 to contribute towards their various projects and activities, highlighting the National Society's increased capacity to fundraise at all levels.

Twenty-four branch assemblies were successfully held throughout 2005, resulting in new branch committees and the formulation of five-year development plans. This year, CRC and Federation gave special support to the weaker branches with the goal of strengthening their capacity to organize their own assemblies.

The CRC's partnership meeting in September and the annual review and planning meeting in November contributed greatly towards achieving the goals laid out in the CRC's new three-year development plan 2005-2007. The partnership meeting provided a timely forum for partners, Federation and CRC representatives to discuss and finalize key components of the cooperation agreement strategy (CAS). The annual planning meeting served to draft annual programme work plans using participatory approaches, and reinforce seminal organizational commitments in human resources, financial procedures, branch development and monitoring and evaluation.

In 2005, CRC committed itself to robust impact monitoring and evaluations (M&E) structures and systems to ensure more effective, accountable and focused service delivery to the most vulnerable. This process was given tremendous impetus by the visit of the United Kingdom's Department for International Development (DFID) impact measurement study team in September and the approval for the establishment of an independent M&E unit by the president to be based at the national headquarters (NHQ).

Overall analysis of the health and care programme in 2005

Overall Goal: The health and well-being of the most vulnerable communities in Cambodia is improved

Programme Objective: CRC has the capacity and resources to deliver effective health services to the vulnerable in Cambodia

In 2005, the health and care programme underwent several positive changes which highlighted the commitment of CRC's Central Committee towards the programme and to its delivery of health services to the vulnerable. Chiefly, the department was restructured to better streamline its functioning and it was given a new title: health department (formerly programme department). Furthermore, a new health director was recruited who is seen by CRC, partner national societies (PNS) and Federation as the right person to take the programmes to higher levels. Throughout the year, a health working group (CRC, in-country PNS and Federation) met regularly to consult on topical health issues and challenges. A key focus last year and continuing into next year is the formulation of 'common approaches' to community-based health care. The Federation is supporting this process through the recruitment of a health delegate (funded by British Red Cross), who will begin her mission in early 2006.

Achievements, Constraints and Lessons Learnt

Expected result 1: *To contribute to the national HIV/AIDS response to reduce vulnerability, mitigate impact of HIV/AIDS and combat stigma and discrimination*

The CRC HIV/AIDS projects are aligned with Red Cross global AIDS strategy, RC/RC AIDS Network (ART), and the *Manila Action Plan* within which HIV/AIDS is a core area of intervention. The project follows the Federation triangle strategy which focuses on three components – prevention, care/support, stigma and discrimination. Projects activities are carried out in collaboration with country delegations and the Federation regional health unit and ART. HIV/AIDS projects have been integrated into CRC's overall and health strategic plan 2004-2007. Donors include the Australian, Japanese and Swedish Red Cross, Family Health International, the Global Fund for HIV/AIDS, TB and Malaria. Project activities are carried by the Red Cross Branches and volunteers, in close collaboration with various local organizations and the Network of HIV Positive People (CPN+).

In 2005, CRC HIV/AIDS project was able to **achieve its objective** through implementing all activities as planned, and witnessing a significant increase in sensitization towards people living with HIV/AIDS. Prevention activities included holding life skills workshop for 3143 police, peer supporter training for 134 police, and half-day trainings on HIV/AIDS/STIs and reproductive health for 67 police wives. In addition, refresher courses were conducted for 293 police peer supporter and sensitization courses for 25 police commanders. These trained police in turn, reported that they educated their friends and neighbors. Furthermore, HIV/AIDS and life skills trainings were held for 65 casino staff and 70 casino workers along Cambodian-Vietnam Border. These workers are expected to continue to support and train others in their workplace and surrounding community.

Activities in health and care resulted in 147 Red Cross Volunteers trained to conduct home visits, counselling and support to people living with HIV/AIDS (PLWHA). HIV/AIDS sensitization sessions were conducted for 75 local community leaders, as they play an important role in the coordination efforts to support PLWHA. The project also supported 922 PLWHA, 123 chronically-ill patients, 220 orphans and vulnerable children; all benefiting from regular donations of basic food staples, and skills for self-care management. In addition, RCVs, while providing support to PLWHA, conducted HIV/AIDS anti-stigma and discrimination awareness to 4267 villagers with the aim of promoting positive behaviours towards PLWHA.

Furthermore, to promote anti-stigma and discrimination among youth, CRC participated in the Southeast Asia regional HIV/AIDS campaign during Red Cross Day on 8 May with the theme "Come Closer". The National Society also used the Khmer Water Festival holiday and World AIDS Days to promote these important messages.

At a regional level, the CRC HIV/AIDS team actively led the regional Red Cross Red Crescent AIDS network (ART), participated in the "Access for All" International Conference on AIDS in Bangkok and the 7th International Conferences on AIDS in Asia and the Pacific (7 ICAAP) in Kobe.

In 2005, the project faced a few **challenges**:

- Discrimination against PLWHA in local communities continues to prevent people from accessing proper HIV services. To address this ongoing challenge, CRC has spearheaded the creation of a local community forum with representatives from PLWHA, CRC, local authorities, and religious groups. The purpose of the forum is to provide support to PLWHA and their families, to contribute to HIV education and reduce stigma and discrimination in the communities;
- Bird flu outbreaks in poultry in parts of Cambodia prevented PLWHA from participating in proposed income-generating chicken raising projects. As an alternative, Red Cross volunteers are training and supporting PLWHA to conduct home gardening and other small income-generation project.

In 2005, a significant **opportunity** adding value to the project occurred when ART selected Cambodia to pilot an HIV/AIDS-related stigma and discrimination campaign. The project will continue into 2006.

Through results gathered from regular field visits and surveys, the **lasting effect of 2005** was the increase in condom use among targeted population, increased knowledge among police on HIV/AIDS prevention measures and willingness to educate their peers, and increased support and commitment for the goals of the projects from local authority. Over the past **three years**, the capacity of the CRC to sustain and implement HIV/AIDS projects in collaboration with multiple Red Cross and non-Red Cross partners is significant, but most importantly,

according to the National AIDS Authority, the HIV prevalence in Cambodia has dramatically dropped to 1.9 % compared to 2.1% this time last year.

Lesson learnt include:

- For success of the HIV/AIDS project, involvement of the community, especially HIV positive people, and collaboration and coordination with relevant stakeholders in programme design and implementation is crucial.
- Regular field monitor and support to Red Cross volunteers help facilitate project effectiveness.

Impact

The HIV/AIDS project has had the **desired effect** through several key indicators. At the partnership meeting in September 2005, CRC leadership indicated strong commitment to support the HIV/AIDS projects, especially concerning the creation of an HIV/AIDS workplace policy and increased involvement of HIV Positive people in the project implementation.

Feedback from Australian, French and Swedish Red Cross during field monitoring visits has demonstrated that the project is having positive impact on target beneficiaries. These include:

- Increased support by community leaders of PLWHA. Anecdotal evidence demonstrates that there is greater awareness of the plight of PLWHA among these leaders. For example, as a result of this sensitization workshops, one targeted community led an initiative to support an HIV positive woman who was abandoned by her husband with food and counselling;
- Greater confidence of PLHA demonstrated by increased willingness to talk in public about their situation. These public talks are seen by the HIV/AIDS team as critical in reducing HIV/AIDS stigma among community members. Several examples demonstrate that as a result of these public talks, PLWHA report less discrimination towards their businesses and towards their children at school.
- Another important indicator of increased confidence and initiative by PLWHA is their creating of self-help groups in the village. Through the workshops focusing on life skills and health, these self-help groups are launching clean-up campaigns of their households and village surroundings, and initiating income-generating projects
- Through emphasis on the importance of regular health care visits, health care centre staff in targeted communities are reporting a monthly increase in check-ups by PLWHA;
- Through the workshops focusing on police, the HIV/AIDS team reports that they are increasingly changing their behaviours. Some police state that they are reducing their risky extra-marital sexual behaviour and others are becoming more inclined to save their income and spend it on their families.

An **unexpected positive effect** of the project in 2005 was the establishment of a community fundraising box by the local authorities to be used for community HIV-related activities and to support the travel costs of PLWHA to the health care. This activity demonstrates increased ownership on the part of the community towards HIV/AIDS activities and greater sensitivity towards the plight of PLWHA by local authorities.

The **HIV/AIDS project budget** was spent according to budget plan.

Expected result 2: *Strengthen the community to reduce the vulnerability of children under 12 in the project areas affected by DHF*

Over the past year, with support for the New Zealand Red Cross, 125 Red Cross volunteers in four targeted provinces have been conducting household health promotion focusing on dengue prevention and behavioural change. Mobile car dissemination is the primary means of dissemination with the RCV teams distributing leaflets and posters throughout the communities. Through these efforts, a total of 78,968 households were reached. The key messages included encouraging family members to clean all water storage jars on a weekly basis and inspect their home for any potential mosquito breeding sites, and taking children immediately to the hospital if the child shows signs of fever and rash. In order to promote more frequent water jar cleaning, CRC distributed 23,200 brushes to nine communes in Kandal province.

During the last quarter, the project was focused on responding to dengue outbreaks in Samrong Torng district in Kampong Speu province. This was a key opportunity for the DHF project to promote their DHF prevention

messages. To minimize the negative impact in the affected district, the project conducted clean-up campaigns involving 600 people and disseminated the DHF health education messages through 133 RCVs and mobile car reaching a total of 25,200 households.

To reinforce CRC's DHF health education message, a roundtable talk on 18 August 2005 was broadcast on TVK to highlight the dangers of the Dengue and how to prevent the disease.

Long term **partnerships** with the Ministry of Health National Malaria Centre (CNM) have strengthened, with CNM assisting in overall planning, monitoring and training of DHF activities. CRC representatives were also invited to make presentations on Community-Based DHF project in Cambodia to the National Dengue Steering Committee. Furthermore, CNM sends monthly DHF statistical updates (KAP and Entomological surveys) to CRC. In addition, selected Red Cross Branches and Provincial Health Department officials have been working closely through frequent meetings and joint field monitoring trips at village level, with special focus on monitoring RCVs and village health support group (VHSG) conducting health education.

Certain **constraints**, however, hindered the progress of the project:

- Creating well-functioning DHF preparedness structures from national to the community levels proved a great challenge. Regular meetings between the members of the provincial dengue working group (PDWG) and community dengue working group (CDWG) were attempted although met with little success in 2005.
- Village health care centre's capacity are limited, therefore most villagers choose to go to private clinics. Treatment is more expensive and it is more difficult to disseminate DHF messages at private clinics.
- Travel is extremely difficult in the targeted provinces due to deteriorating road conditions, particularly during the rainy season, causing delays in planned activities.

Ultimately, the lasting **effects of 2005** were the strengthening of coordination between CRC and CNM allowing for more structured and effective monitoring of activities. Through the work of the RC Volunteers and VHSG, the DHF project achieved 90% of its expected coverage in the four provinces. Furthermore, as demonstrated through KAP surveys, villagers living in the catchments have gradually increased their knowledge leading to clean water jars, environmental clean up around the households, and to refer to the health center children suspected of DHF. In addition, through CNM surveys in 2005, the number of dengue cases has decreased (*see impact section*)

The **Lessons Learnt** in 2005 for DHF were:

- Participation of women in the DHF project is beneficial as they often are instrumental in changing behaviours within the household
- Using the mobile car to disseminate health education message was attractive for the community, especially for the children

Impact

Through the DHF post-evaluation knowledge, application and practice (KAP) and Entomology Survey report conducted by the Ministry of Health and published in August 2005, there is little indication that there has been significant improvement among beneficiaries. While indicators such as frequency and method of water jar washing to prevent mosquito breeding, and seeking immediate medical treatment, showed improvement; other important indicators fell short. These include the pre and post entomological surveys which demonstrate that the number of positive water jars (mosquito larvae present) and number of positive discarded containers increased in certain parts of the project villages. Overall, the survey concluded that the density of the *Aedes Aegypti* larvae/pupae remained high for risk of outbreak of dengue fever on those targeted villages.

Because of this data, the Federation has decided to review the project and has suspended all activities until this process is complete

Unexpected effects have also become visible. For example, through interviews with health centre staff and the community, it was discovered that, as a result of the DHF message encouraging early referral to the health centre, the number of the children being referred to the centre for other health problems such as fever and diarrhoea is increasing.

Expected result 3: *To reduce illness caused by poor water and sanitation, utilizing local resources, community participation and mobilization in two target provinces*

In 2005, the wat/san project was able to achieve its objective through the completion of planned activities in Kep City. Over the course of the year, 205 families (100% coverage) were provided rain water catchments, flush family latrines and ceramic water purifiers. Significantly, villagers actively participated during the construction phase by contributing their labour and local resources. Operation and maintenance training for the existing safe water points was provided to the villagers through RCVs. Highlighting increased ownership of the village, a maintenance committee composed of the village and group chief and RCV was set up to monitor the maintenance and operation of the water points.

In addition, the above 205 families in Toul Sangam village received health education on better hygiene practices through household visits by RCVs. Each house was visited three times to reinforce key hygiene messages of hand and body cleanliness, the importance of boiling water before drinking and quick referral of sick family members to the health centre.

CRC wat/san expanded its operations in 2005 to the province of Koh Kong where the village of Veal Thboug, Sre Ambel district was targeted. With funds from the Austrian Red Cross, 160 families (950 direct beneficiaries) were supplied with rainwater catchments and family latrines. Additionally five rounds of house to house hygiene promotion were conducted with considerable success. The KAPB impact survey showed significant improvements on hygiene related knowledge and behaviour of the beneficiaries (*see impact section*)

Furthermore, a key focus of the wat/san project in 2005 focused on increasing the management, operational and coordination capacity of the Kep City Red Cross Branch. Training was provided by the project manager to the Branch officers on project and financial management and on the technical aspects of water sanitation. As a result, increased responsibility has devolved to the Branch level as compared to the previous year. The wat/san project also benefited from technical and financial support from Danish Red Cross, French Red Cross and Austrian Red Cross, in particular during the design of the IEC materials and hygiene education curriculum. To reinforce coordination, a monthly wat/san working group was established in 2005 with the purpose of sharing technical expertise among the stakeholders involved in the project.

The major **constraints** during 2005 included:

- Participation in wat/san activities among beneficiaries remains low. Although this is a key focus of the project, beneficiaries remain reluctant to contribute their time and materials. The wat/san project manager, during his monthly monitoring visits, has emphasized the importance of ownership and participation to beneficiaries to ensure long-term operation and maintenance of water facilities
- Road conditions during the rainy season deteriorate to such an extent that it becomes difficult to transport the construction materials in a timely manner. Activities were continually delayed throughout the year because of the situation.

Several **opportunities** were presented to the wat/san project during 2005. Chiefly, the Austrian Red Cross agreed to support the expansion of the wat/san project into another province, Koh Kong province. Consequently, the project not only benefited from increased funds, but also from an injection of technical support through two Austrian Red Cross delegates based in the health department. This support was demonstrated through the introduction, by the delegates, of new rain water catchment technology for their project in Koh Kong. This technology ran parallel to the technology being used by CRC in Kep. Throughout the year, the effectiveness of both were monitored by the CRC and towards the end of the year, it was decided that the rain water catchment used in the Austrian-funded project was the most effective. As a result, CRC decided to introduce this technology into their wat/san project in Kep.

The **lasting effects of 2005** were primarily demonstrated through the shift in behaviours exhibited by the beneficiaries towards greater hygiene practices. A series of post-KAPB surveys conducted towards the end of 2005 showed that the percentage of people who boil or filter their water prior to drinking, who use the latrine and who refer the sick to the health care centre has increased (*see impact section*). Furthermore, additional monitoring has shown that beneficiaries have started to take greater care of their surroundings, wash their hands and that of their children after using the latrine and before eating.

Lessons Learnt

- The rainy season is not a good time for construction of the water facilities due to poor road conditions making transport difficult and shortening available time for construction. As a result, the wat/san team has decided that construction of the facilities during the next phase of the project will begin from early January, during the dry season;
- One year is not enough to effectively change the behaviours and attitudes related to hygiene practice, phases of two-three years will be needed to reach desired results;
- Lengthy cash withdrawal processes hindered the scheduled implementation of activities. This constraint has been forwarded to the financial working group who are looking into reforming the procedures allowing for project to receive timely project funds.

Impact

Through the KAPB surveys conducted in Kep and Koh Kong at the end of 2005, certain positive effects demonstrating the progress towards project objectives were highlighting. Most importantly, the percentage of targeted families using safe water rose from 31% in 2004 to 98% in 2005 in both areas. Another important indicator is the use of latrines among beneficiaries which rose from 91% to 98% throughout the year. Health centre use in both targeted areas has also increase, up to 99% from 65% a year ago, helping to contribute to a decrease in water-borne diseases. In terms of participation, at the start of the project, only 20% of women in targeted households joined community meetings and construction of water facilities, however, by the end of the phase, reports indicated that 80% of those women were participating in wat/san community activities in Kep and Koh Kong.

As a result of the health messages promoted by the wat/san project, an **unexpected effect** of the increased awareness was the realization by pregnant mothers of the link between their health and that of their unborn baby. The health care centre reported that they witnessed an increase in ante-natal care appointments with the mothers stating the Red Cross project as the reason for the checkups. Furthermore, the health care centres reported an increase in mothers subscribing to the vaccination programmes for their newborn babies.

For 2005, the wat/san project was able to meet its budget. As a result of the review and analysis of the wat/san project in 2005, a few changes have been made to project plans for 2006:

- The project will start from October 2006 as time is needed for data collection prior to the commencement of the construction phase (January to May)
- CRC, along with its partners, will work in 2006 to create a standard health education training curriculum for use by all CRC staff and partners working in the wat/san sector.

Overall analysis of the organizational development programme in 2005

Overall Goal: A greater number of vulnerable people (women and men) in Cambodia have access to poverty alleviation programmes and more effective humanitarian relief

Programme Objective: The capability of CRC to implement sustainable projects and programmes through NHQ and Branch has systematically increased at all levels and the society has become a leading humanitarian organization in Cambodia

The beginning of 2005 saw CRC enter a new phase of implementation of the CRC Strategy 2003-2010 and the three-year development plan 2005-2007, paving the way for the National Society to move towards its strategic directions (positioning CRC for a higher profile in Cambodia, streamlining for better service delivery, becoming a well-functioning National Society).

The OD programme, having taken the National Society through a change process (analysis of situation, strategic planning, aligning the NHQ and branches to the strategy) in 2004, is now in the implementation phase, providing significant support and encouragement to the CRC as it undertakes the ambitious enterprises laid out in the three-year plan, aimed at improving the quality of service delivery and transformation of the organization.

There is a wide support base with funds provided by DFID, the Federation's Capacity Building Fund (CBF), Swedish Red Cross, British Red Cross and additional strong support from the Danish Red Cross providing delegate funding and bilateral organizational development funds

Achievements, Constraints and Lessons Learnt

Expected result 1: *CRC NHQ and Branch has capable and committed board members and management staff at central and branch level to work together in a coherent and consistent way as one strong National Society*

This expected result was achieved in parts through the successful branch assemblies, attended by representatives from Federation, partners and NHQ, to elect the new branch committee members in all 24 branches throughout 2005. Through comprehensive preparation including prior Branch presidents meetings, dissemination of four year reports and standard package folder for electoral procedures; and induction courses of new committee members, the branch committees were well-prepared to undertake their roles and responsibilities over the next four years. As a result, CRC now has newly elected governance teams at Branch level, who will in turn elect the central committee in mid-2006.

The new Branch development approach promoted by CRC using the branch assessment and categorization process proved critical in improving the capacity of the management of the Branches in 2005. Special focus was placed on strengthening those branches (C and B- categories) facing difficulties by demonstrating low capacity and performance. This process entails regular visits by Leadership, resource sharing by NHQ, monitoring and guiding the branch governance and management team. Training in office and project management to improve their performance and capacity was also conducted for these weak branches in 2005.

Expected result 2: *CRC has sufficient human, financial and material resources to implement its humanitarian work*

Both the 50th Anniversary celebration in February and Red Cross Day in May demonstrated the increased capacity of the National Society, in particular the Branches, to fundraise with USD 2 million and USD 500,000 raised respectively. The Communications Department played a significant role by effectively using the media to promote the image of the CRC and focus community attention on the celebrations.

Commercial First Aid, a CRC income-generating project, was supported by the OD programme in 2005. Most of the funds were directed at marketing efforts for the project. Due in part to this support, the project surpassed its income goals of USD 16,000 for 2005, ultimately reaching USD 28,000. In quarter four, a comprehensive market survey was implemented, funded by the British Red Cross, by an independent marketing research firm covering key markets around Cambodia. The findings highlighted the potential for rapid growth of commercial first aid if fundamental changes towards better customer-focused services were made. The findings will form the basis of a new marketing strategy in 2006.

Two micro income-generating projects (cow bank and goat bank) were established in four villages in 2005. The aim is to help the Red Cross branches whilst supporting beneficiaries to generate their own income to improve livelihoods. The process started with awareness raising on the Red Cross history, its ideals and principles. It was followed by the CRC strategy contributing to poverty reduction, and resource participation. Criteria for selecting beneficiaries and decision on how much they can contribute were decided by villagers.

A total of 15 cows and 12 goats were invested, with 15 beneficiaries for cows and a group of ten families for the goats. It is estimated that this project will bring concrete results in five years for the cow bank and three years for the goat bank. At this time, each beneficiary will be able to own two cows, the branch two cows and the community will own one.

Expected result 3: *CRC has appropriate structures, systems, mechanisms, policies and procedures to efficiently coordinate all activities*

Having organized the '9S' campaign in 2004, CRC restructured the organization with the creation of a new human resource department and recruitment of a new HR director. To date, various HR-related policies have been drafted including revised Conditions of Services, retirement and pension policy, grading and salary scale,

volunteer and youth policies and guidelines. In addition, staff performance appraisals at branch and NHQ were conducted to evaluate performance and capacity of staff and make it part of staff development process.

Teambuilding was a focus in 2005. OD promoted team building workshops within each department and between department to encourage integration and better understanding of each others roles and responsibilities, and capabilities - knowledge, skills, and attitude and needs.

Additionally, study visits were conducted to Thailand and Vietnam, participated by 20 branch committee members and directors to promote border cooperation between two sister national societies in common issues along the borders such as HIV/AIDS prevention, trafficking, disaster response.

In September, CRC hosted a partnership meeting to present the progress of achievements and remaining challenges of the National Society to its partners. The highlight of this meeting was the finalization of the CAS. Additionally, throughout the year, CRC also organized monthly mini partnership meetings to share information and discuss priority issues.

Expected result 4: CRC has a systematic planning, reporting, monitoring and evaluation process to improve learning and measuring effectiveness

With the publication and distribution of the three-year plan 2005-2007, CRC and partner national societies were clearer on how to implement its Strategy 2003-2010. Over the year, each department began to align its plans and budgets to one standard format. Financial, reporting and M&E system continue to be developed and tested with full implementation expected in 2006

CRC organized an annual review and planning workshop in November 2005, participated by branch presidents, branch directors, NHQ directors and managers. Presentation on review of past achievements, lessons learned and planned activities for 2006 was presented by 24 branches and 5 departments of CRC (total 80 participants). Frank and open discussions were held to give and take feedback from different participants and partners. The results have been compiled as annual report 2005, plans and budget for 2006 and submitted to central committee for approval. This part of the systematic planning, reporting and monitoring process in CRC since 2003, which contributes to better coordination, partnership and improve the overall performance of CRC at NHQ and branch level.

The establishment of an M&E unit for CRC was recommended at the annual planning meeting at the end of November (official approval was given by the central committee in January 2006). During this meeting the M&E task group presented the guidelines and lessons learned in M&E to the participants. Planning, financing and set up of this unit will be conducted in early 2006.

Refresher project planning process (PPP), project management and participatory community development (PCD) courses were conducted to improve project planning, implementation, monitoring and evaluation for branch committee members, branch directors and NHQ staff.

In terms of financial development, new financial procedures were established during the year and a new financial structure and system (ACCPAC) was introduced to provide activity-based reports and budgets.

Expected result 5: Youth Unit develops road safety awareness and accident prevention in Phnom Penh

The first phase of the road safety project was completed in 2005. Major activities included a five-day road safety ToT was conducted to provide training to a total of 24 participants, eight school-based road safety workshops for 400 Red Cross Youth in Phnom Penh high schools focusing on traffic safety, peer education skills, and first aid. Two publicity campaigns were also organized to raise awareness around the issue of road safety and youth. In December, a helmet survey was conducted in 4 of the schools where the trainings were held. The purpose of the survey was to measure whether youth were wearing helmets following the road safety workshops. The report indicated that 91% of the trained Red Cross Youth wear helmets.

Major stakeholders such as the Phnom Penh Municipality, Ministry of Education and Transport and Handicap International have contributed greatly with technical support towards the project. A road safety steering committee at the NHQ was established for all stakeholders and met quarterly. Furthermore, CRC was invited to join the Inter-Ministerial National Road Safety Committee, the only NGO to be invited.

Challenges

- Though concentrated efforts have been made by Federation and partners for several years in this area, lack of a well-functioning financial system that can efficiently support all projects and programmes in a timely manner is one of the immediate challenges for management at NHQ and branches. Since January 2005, to address this issue, the financial working group has been discussing ways to consolidate and improve the financial system at CRC. The Southeast Asia regional financial delegate has also been working closely with CRC towards this end.
- Lack of a resource development (RD) plan has limited the NS from securing funds and generating income for the branches and NHQ for operation and maintenance costs, which often slows down the smooth flow of funds and work in the NHQ and branch. In Early 2006, a RD plan will be drafted and systematic effort will be made to establish a RD policy and committee at central and provincial level. Viable income generation projects will be implemented at selected branches e.g. commercial first aid training and property rental
- Achieving understanding of the importance of M&E at a governance level was a lengthy process. Furthermore, questions remain whether there is adequate capabilities at NHQ to establish an effective M&E unit and system that will coordinate all M&E activities. This unit will require qualified staff with relevant skills and experience to guide the whole process.
- There remains a few branches (Koh Kong, Rattanakiri, Mondolkiri, Preah Vihear, and Udom Menchey, Pailin) that are weak and need support and guidance to overcome their challenges in resource development, dissemination and membership drives, recruitment of volunteer and youth, building of management capacity and governance leadership skills to deliver quality programmes to the most vulnerable.

"Road Safety Begins with Me"



Ms. Tan Sok Eng, CRC Youth in Rossey Keo High School, Phnom Penh, Cambodia

Sok Eng started driving when she was 13 and now she is 18 years old. When she was 14, she got into an accident with another motorcycle. Although the accident was not her fault, she was the victim.

While she has been driving for more than 5 years, she has little knowledge about traffic laws, such as the meaning of the traffic signs. She has broken the traffic laws often, often on purpose. However, after the CRC school-based road safety training, she realized that the driving habits she had before must change, beginning with wearing a helmets and driving slower on the road.

She believes that CRC's road safety project does not only have impact on her, but on other youth. She hopes that CRC will continue to implement road safety projects, targeting all students across Cambodia.

Opportunities

A significant opportunity that the OD programme took advantage of in 2005 was the DFID impact study conducted in September with the aim of linking OD to tangible impact on beneficiaries. The DFID team also worked with CRC branch and NHQ staff on creating impact monitoring frameworks. The results of the study were positive and showed in concrete ways how OD was impacting service delivery at the grassroots. The visit was also timely because CRC was in the process of establishing an M&E team who would lay the groundwork for the establishment of an M&E Unit in 2006. The momentum created, and the expertise shared, helped to galvanize CRC Leadership and Senior Management, to launch the M&E team and successfully lobby the central committee to establish the M&E unit.

Lasting Effects

In 2005, several lasting effects were witnessed. Chief among them was the establishment of the HR department which is now seen and supported by CRC leadership as the right solution for solving HR-related challenges. The HR department throughout the year was instrumental in drafting several policies that will benefit staff and the organization for many years to come. The branch assemblies provided opportunities to align the central and branch committee members to the branch development approach and elaborate on governance roles and functions to improve branch performance. Youth/volunteer strategy, policy and guidelines provided a solid framework to expand their networks and raise motivation and profile, with the Road Safety project giving fresh motivation and ownership to the youth programme. To guide the entire OD process, the approval and application of CRC's three-

year development plan is instrumental for guiding the National Society towards its goal of becoming a “well-functioning” National Society by 2010.

Lessons Learnt

- The newly established HR department supported by the CBF and other partners reinforced the change process - like “new blood” infused a new life, energy, synergy and spirit of cooperation among the staff working in CRC NHQ and branch, it also demonstrated greater fairness and qualitative way to handle human resource development and management issues. This is seen by many in CRC and partners as one of the fairest fruits of OD and CB programme.
- Branch assemblies provided opportunity to align new central committee members to the branch development approach and indicators, and governance roles & functions to improve branch performance
- CB efforts and inputs provided ongoing support to branches to improve service delivery, seen as crucial to meet needs of community/vulnerable people. Also realizing that sustainability would not possible unless and until there is 1) Well-trained trainers to develop human resources (staff, youth and volunteers) at grass-root level, and 2) functioning monitoring and evaluation system that will share information and promote learning
- The adoption of the youth strategy and implementation of the road safety project has given a fresh impetus and raised the profile of the youth programme, providing future opportunity for expansion and increased partnership with local authorities and national and international civil society organizations.

Impact

While not all of the planned OD interventions were completed in 2005, overall the OD programme had the desired effect, creating sustainable and effective structures, systems within CRC and building the capacity of staff. As result, staff and volunteer capabilities was increased which directly contributed to the number of services delivered to vulnerable people, which significantly increased in 2005. Around 80,000 people in disaster prone areas received assistance to relief their suffering from flood and drought. Around 10,276 people directly and 30,000 people indirectly were beneficiaries for HIV/AIDS programme. Around 5,000 people for primary health programme supported through water, sanitation, hygiene and other health related activities managed the NHQ staff and implemented by the branch staff, volunteers and the community. As well as involvement of 2,500 volunteers and youths in providing voluntary services, peer education, home visits, hygiene promotion, relief work and community development

In all, the OD efforts throughout 2005 have had a direct impact on the vulnerable in the communities, primarily through enhancing RC institutional capacity and enhancing service delivery. For example, through support to CRC gender development at NHQ and branch levels, it is demonstrated that vulnerable people are benefiting from visits from gender-balance teams and that service delivery is more focused on women and children. Support to management teams through trainings at branch and NHQ have resulted in CRC and partners focus on community based projects, helping people to become self-reliant and improve capacity to be more resilient and prepared. CRC is increasingly shifting towards involving the community at all levels of the project cycle.

The **OD budget** was spent according to plan.

Overall analysis of the disaster management programme in 2005

Overall Goal: The impact of natural disaster on people of Cambodia is reduced.

Programme Objective: A sustainable and replicable model for community based disaster risks reduction for natural disaster prone community in Cambodia.

The main focus for this 18-month project cycle, starting from January 2005 to March 2006, is to rework the existing community-based disaster preparedness (CBDP) project. CRC, funded through the Federation by DFID, the British Red Cross, and with funding from the European Commission’s Humanitarian Aid Office’s Disaster Preparedness programme (DIPECHO) through the Danish Red Cross, implement the CBDP programme within the four most disaster affected provinces (Prey Veng, Svay Rieng, Kratie, Pursat). Under the remodeling process,

while there is new intervention activities added, there is no adaptation or revision of the CBDP structure, as well as no changes in the roles and responsibilities of the respective team members.

Achievements, Constraints and Lessons Learnt

Expected result 1: *RCVs, local Disaster Management Committees and Red Cross staffs with improved capacity to facilitate community-based disaster risk management*

Three of the four core CBDP trainings, co-facilitated by the RCLs, were completed by 97% of the designated participants. The remaining CBFA training is scheduled for the first quarter of 2006. However, no concrete evaluation is yet available (village and provincial participatory review planned for early 2006) to demonstrate increased knowledge and skills on part of participants. These two main activities are conducted in order to provide opportunity to villagers and CBDP staff to measure the impact of the programme over the year.

The first planned cross-visit was completed in early 2005. The purpose of these visits, undertaken by CBDP staff is to learn from other CBDP target provinces and disaster preparedness programmes run by other organizations. The remaining cross – visit is scheduled for the first quarter of 2006

Expected result 2: *Communities have assessed natural hazards, vulnerabilities & capacities (HVCA) and have village disaster reduction plans (VDRPs); and have identified, prioritized, and implemented structural & non-structural DRR micro-projects*

All 12 villages completed their HVCA and village disaster reduction plan (formerly the community disaster management plan – CDMAP) by the end November 2005. In addition, the prioritization and selection process of DRR micro projects aimed at addressing the identified risks were completed. Thus, the expected result is considered fully achieved.

Expected result 3: *Identified Hazard vulnerable group have reduced impact of natural disaster through the sustainable community based micro-project.*

These above activities are on-going during the reporting period. The preparation time required to implement the micro-projects requires time for coordination discussions and meetings with local government agencies and other national and local NGOs. Consequently, implementation is expected in the first quarter of 2006.

Expected result 4: *Communities and Disaster Management Committees have developed participatory Monitoring and Evaluation plan for project impact.*

This activity is scheduled for the first quarter of 2006.

Expected result 5: *Cambodia Disaster Risk Reduction Forum established and functioning.*

The establishment and functioning of the Disaster Risk Reduction Forum has been one of the major achievements of the programme in 2005. This forum was initiated by the Cambodia Red Cross and its purpose is to assist in improving coordination and cooperation between the various government and NGO stakeholders involved in disaster reduction activities.

Expected results	0% Percentage of completion 100%										
ER 1: RCVs, local Disaster Management Committees and Red Cross staffs with improved capacity to facilitate community-based disaster risk management.											
ER 2: Communities have assessed natural hazards, vulnerabilities & capacities (HVCA); have village disaster reduction plans (VDRPs); and have identified, prioritised, and implemented structural & non-structural DRR micro-projects.											
ER 3: Identified hazard vulnerable group have reduced impact natural disaster through the sustainable community based micro-project.											
ER 4: Communities and disaster management committees have developed participatory monitoring and evaluation plan for project impact.											
ER 5: Cambodia Disaster Risk Reduction Forum established and functioning											

Linkages

The CBDP programme strives to link its activities with the Red Cross Fundamental Principles. All CBDP Red Cross volunteers undergo a three day training on Red Cross and Red Crescent Principles which is included within the CBDP training package. Consequently, the trained RCVs, as part of their disaster preparedness responsibilities, are encouraged to disseminate Red Cross Principles in their respective community.

Furthermore, within CBDP, there is a strong focus on gender as a cross-cutting issue. Primarily, the project seeks to achieve a balance when selecting the Red Cross volunteer and Red Cross leaders. Both men and women, and even children, are encouraged to participate in the process of disaster risk analysis as well as the development of village disaster reduction plan. More importantly, consideration of gender perspective is also made during micro-project beneficiary selection.

Coordination

With the Cambodia Disaster Risk Reduction forum now firmly established and hosted by Cambodian Red Cross, there exists concrete opportunities for all of humanitarian organizations in Cambodia to meet regularly for improving coordination and cooperation, and sharing of best practices. At field level, CBDP project staff are also providing CBDP training package to two other INGOs in Cambodia (Lutheran World Federation and CWS). In addition, CRC is also working closely with Action Contre La Faim (formerly AAH) to assist in the implementation of their flood early warning program.

Constraints

- Sharing CBDP human resources to provide community-based disaster management training services to other NGOs was recognised as one of the major constraint for CBDP programme. This activity was attempting to follow recommendations emerging out of a programme review which indicated that CRC should consider providing CBDM training to others DM agencies in Cambodia; although it is now clear that CBDP does not have the capacity to undertake such activities;
- One of the major constraints throughout the year has been high staff turnover. Two senior CBDP staff members left the programme in 2005. This is partly due to the uncompetitive salary as compared to other NGOs. While new staff has been recruited, time is needed for them to be fully trained and capable in their new roles;
- Reporting (monthly, quarterly, annual report) is still a major difficult due to inappropriate documentation process. This results mainly from two factors: first is capacity of staff in documentation, and second due to an overload of activities, staff do not have much time to be trained in report writing.

Opportunities

A significant knowledge sharing opportunity was the study visit on DM and OD impact measurement initiated by DFID, including internal CRC and Federation members. The overall objective of this study was to conduct an impact measurement approach in OD and DM with a focus on the development of impact indicators and baselines. The Impact Measurement study helped reflect on the impact to date of the CBDP project and increase the capacity of the project staff in developing a more beneficiary-focused impact assessment framework. As the project previously focused primarily on outputs, an impact-oriented shift may take time to be fully reflected in project planning and M&E frameworks.

Lasting Effects

In early 2006, two impact assessment studies will be conducted including the “participatory impact M&E” and “participatory review”. These studies will focus on the impact of the micro-projects and gauge the impact of the project on beneficiaries, giving a more complete picture of the effects over the course of 2005. During the last three years, the most significant effect was the creation of the “Red Cross Leader”. The RCLs are the main focal people in the community to run the CBDP project. They assist the HQ trainers, and the provincial DOs. Strong RCLs will significantly contribute to the sustainability and community ownership of the CBDP project and CRC will continue to improve their capacity to take on greater responsibility within the community.

Another significant effect has been the revision of the disaster risk analysis process and village disaster risk reduction plan that can facilitate better assessment, analysis and development of long term community plans to cope with effect of disasters.

Lessons Learned

- Heavy activity load under the programme in 2005. The CBDP team recognized that this project cycle has too many small activities stretching the capacity of the team. Consequently, certain activities have been revised and scaled down (participatory monitoring and evaluation) over the reporting period;
- Running the two parallel projects (Federation and Danish Red Cross) with two complete difference financial systems is creating huge financial management difficulties.

Impact

Overall, as described above, the programme cycle has yet to be complete making assessment of impact somewhat premature. In the short term perspective, however, the programme is closer towards achieving the objective of creating an effective model for community based disaster risk reduction. For example, through the DFID impact measurement study in two provinces, it was found that the safe-area and accompanying facilities have meant communities were able to better protect (and continue) their livelihoods when flooding reached a threatening level. A comprehensive review of the programme is planned in 2006, which will provide clearer information on impact of beneficiaries.

An **unexpected effect** occurred during the construction of the family safe areas which created holes around the household. Families would use these holes to create fish-breeding ponds, eventually selling the fish to gain increased income. Although unplanned, these fish ponds have impacted on the economic livelihood of the project and have been integrated into the micro-project component of the programme.

There is no clear information about whether the programme under spent or over spent the budget since the programme will finish in quarter 2 of the year 2006.

Some **changes** have been made for 2006 such as replacing the planned participatory monitoring and evaluation activities. They will be replaced by a participatory review in targeted villages. Additionally, a replication workshop will be introduced as part of the 2006 work plan to be held at the Cambodian Red Cross national headquarter with participation of all provincial and community staff involved in the CBDP project.

Overall analysis of the humanitarian values programme in 2005

Overall Goal: There is greater awareness, respect for, and application of International Humanitarian Values in Cambodia

Program Objective: The Movement's Fundamental Principles as well as its position concerning humanitarian values is disseminated to, and understood by, a larger proportion of the Cambodian population.

In 2005, the promotion of humanitarian values (PHV) programme focused on the documentation of 50 years of CRC's activities, and the further promotion of the identity of the Movement in the country. These activities included the CRC's 50th Anniversary celebrations in February, National Mine Awareness Day, various international celebrations, and the World Red Cross Day under the global theme "*Protecting Human Dignity*".

Other highlights for the PHV programme include the holding of successful induction course for the newly elected branch committee members in 24 branches, dissemination and fundraising training to 100 volunteers working for sub-branches in five branches (Phnom Penh, Kandal, Kg. Cham, Pursat and Siem Reap), orientation for provincial authorities on Red Cross principles and values, the set up of two first aid stations in two Phnom Penh markets, the launch of the World Disasters Report, the study on population movement issues, and implementation of community-based micro income generation project (cow and goat banks) in four communities.

The contributing factors which enabled the success of the above mentioned activities were the creation of systematic plan to upgrade the quality of work and to build stronger capacity of responsible staff. Furthermore, close partner support ICRC, British Red Cross and Federation enabled the humanitarian values programme to progress considerably over the course of the year.

Achievement, Constraints and Lessons Learnt

Expected result 1: *Key audience understand the origin and history of the Movement, its Principles and the Importance of the Respect for the Emblem*

In 2005, key messages on history of the Movement, its Principles, the importance for the respect of the emblem and CRC activities were disseminated to:

- 171 provincial authorities, 50 municipal authorities, 95 district authorities and 66 uniformed personnel in six provinces (Rattanakiri, Monduliri, Kompong Thom, Kompong Cham, Sihanouk Ville, Pursat)
- 100 security guards and first-aiders,
- 430 villagers in Kompong Cham and Pursat

In addition, numerous dissemination sessions continue to be conducted by all branches recorded at several reaching several thousand people.

Following the first inter-ministerial meeting in 2004, the decision was taken by the Ministry of Health to remove Red Cross emblem from its signboards at all government-run health centres. Progress to date has been slow in implementing this decision.

Expected result 2: *The degree of general understanding of the general public has gradually increased*

In 2005, 1545 students in three universities and two orphanage centres received basic IHL knowledge and CRC activities; 150 students participated in Red Cross contests organized on the eve of CRC's 50th Anniversary with nine students winning prizes. The contest was broadcast on six TV channels, reach at least 10,000 viewers. In August, ten winners of various Cambodian Red Cross contests were refreshed on IHL conventions.

CRC achieved unprecedented media coverage during the 50th Anniversary celebrations, under the national theme: "*United for Humanity*", beginning with a two-month national media coverage campaign on all Cambodian TV and radio stations) focusing on the development of the National Society over the last half-century and on its multitude of services to the most vulnerable. CRC's history and the commemoration of its 50 years was also widely disseminated through BBC Radio World Service coverage, the CRC website, and the Federation Asia Link newsletter.

During the 50th Anniversary celebrations, a three day exhibition on the Movement's origins, its mandate and mission as humanitarian actors was organized and supported. The Red Cross Youth organized a cultural performance and Red Cross-themed booths were set up. In total, 20,000 visitors passed through the exhibition. In addition, the 50th Anniversary Book printed, a joint CRC-ICRC-Federation effort, was the marketing tools for the CRC during the course of the year, serving to give key messages on the Movement's efforts to help the most vulnerable in Cambodia.

World Red Cross Day continues to be the most important day for raising public awareness and fundraising nationwide. Significantly, the annual event offers the opportunity for PNS, ICRC and the Federation to contributing significantly to the visibility of the Movement's identity by funding street banners, TV round table discussion focusing on the global theme, an contests on Red Cross knowledge. Additionally, the NHQ supported Takeo branch in their fundraising efforts. The remaining Red Cross branches organized and fundraised according to their respective capacity. Over USD 500,000 was raised for World Red Cross Day 2005.

Other national / international events that have helped to promote the profile of the CRC were:

- **24 February** Mine Awareness Day
- **08 March** International Women's Day
- **01 June** International Children's Day
- **14 June** Blood Donors' Recruitment Day
- **12 August** Geneva Convention's Day and International Youth Day
- **10 December** Human Rights Day

The activities to commemorate the above events included round table discussion, role plays and drawing contests, distribution of basic needs items to children orphaned by HIV/AIDS. Branches also used the opportunity to raise public awareness of the Red Cross and organized fundraising the Charity Dinner, the lottery operation, etc.

Other awareness raising efforts included:

CRC Website: More than ten articles and stories uploaded onto the web in 2005. Additionally, the 50th Anniversary book and the Three Year Development Plan (2005-2007) were also uploaded. The low capacity server was replaced by one with greater capacity towards the end of the year. The CRC is working to have a unified e-mail account throughout the national society, and an IT policy is being drafted to ensure smooth operation.

CRC Publications: CRC publications are now published in full colour layouts. The documents printed in 2005 are listed below:

	Description	Language	# Copies	Donors
01	50 th Anniversary Book	KH + E	1' 000	CRC, ICRC, Federation
02	2004 desk calendar	KH + E	2' 000	Federation
03	Quarterly Newsletter (3 issues)	KH	2' 000	CRC, ICRC
04	Progress Update	E	1' 500	Federation
05	2005 World Disasters Report	KH	1' 000	Federation
06	Royal Decrees on CRC Recognition and Emblem Protection	KH	10'000	ICRC
07	Review on PHV and IHL	E	1'500	ICRC
08	3 Year-Development Plan	E	300	Federation
09	First Aid Flyer	KH	10,000	Shoken Funds

Other publication such as the Seven Fundamental Principles, the Emblem leaflet, the Story of One Idea, CRC profile, CRC membership leaflet continue to be in stock and used regular for general distribution.

TV and Radio Broadcast: A half hour weekly TV broadcast is operated and managed by the Municipal Branch, highlighting CRC activities mainly within the capital. Coverage of other RC branch activities is still minimal due to insufficient resources for field trips and information gathering.

Launch: The launch of the World Disasters Report 2005 brought participatory discussion on how to improve communication and information sharing in disasters.

Expected result 3: *The degree of understanding of the Cambodian Red Cross staff and volunteers has increased*

Under the branch development program, 240 newly elected members of the branch committees received induction course on the Red Cross Principles, values and basic IHL as an introduction to the principal concepts on good governance and management. In addition, 100 sub-branch volunteers in five branches received training in organizational management, dissemination and fundraising.

Twenty-nine disseminators from 22 branches and seven sub-branches, together with three newly recruited staff and two communications department volunteers, received refresher training. All made strengths-weaknesses-opportunities-threats analysis of their dissemination activities for future planning.

Two CRC representatives participated in the regional Federation organized workshops on media in emergency I and II, whose purposes were to strengthen the regional communication network, to learn the best practice of the communication work in the tsunami operation, and to upgrade the knowledge of the communicators of the national societies in the Southeast Asian region. Furthermore, three staff received a week internship programme at the public relations department of the Thai RC to get overview of their overall PR activities, their media work, TV and publication activities within the framework of support extended by the Federation's OD programme.

With budget support from the British Red Cross, the communications team was equipped with one video and one digital camera.

In summary, the **overall goal and the programme objective** was met by the joint efforts exerted by the National Society with the strong support from the Federation, ICRC and PNSs. The financial resources for the programme are equally shared among them. The cost of public awareness activities on Red Cross history and ideals, World Red Cross Day and other events like the International Children Day was contributed by all components of the Movement. The messages were given directly to small audiences, and through the media, these messages have reached out to wider audiences

Major constraints of the PHV programme include:

- Late budget support confirmation imposed hectic implementation of some tasks;
- There is limited capacity of staff in planning and reporting
- CRC newsletter and website are not updated regularly
- While communication is considering important to overall CRC strategy, little support and encouragement is extended

A significant **opportunity** for the PHV programme in November 2005 was the study visit on population movement issue, with the support of the Federation's regional population movement coordinator, in Cambodia. The selected target province for the field visit was Koh Kong, in the west of Cambodia, bordering Thailand. The interview and discussion were conducted with UN agencies, international organizations and government key departments. The recommendations made by the report led to the organization of a three day planning workshop on PM focusing on Red Cross response to human trafficking in late January 2006. PM will also be incorporated into CRC's advocacy strategy, to be developed in 2006.

Lessons Learnt

- In order to develop a dynamic public relations strategy, a public image survey is needed. CRC will commission a survey in 2006, which will help form the basis of a long-term public relations strategy.
- Advocacy work on issues such as population movement are can be effectively handled by the CRC, but care must be taken since the National Society is seen as an auxiliary of the government.

Impact

Measuring impact of the programme is a complex task. Ultimately, the level of understanding or awareness rate could not be adequately measured, since there has been no public image survey conducted. This survey is expected to be commissioned in 2006, with the report expected to provide CRC with some data on effects of the PHV programme.

However, increased awareness can be seen through the fundraising results such as the 50th Anniversary Celebration, the World Red Cross Day organized by every branch (USD 2 million and USD 500,000 raised respectively), membership enrolment, number of the charity dinners, and lotteries and the participation in different activities such as relief distribution and volunteering service.

The **budget** was spent according to plan.

As a result of outcomes and constraints in 2005, several additional activities will be planned for 2006 including:

- Conducting a nationwide CRC public image survey;
- Building staff capacity in planning and reporting;
- Providing additional website and newsletter support through drafting comprehensive action plan.

Coordination and Implementation

The delegation has strived to add value to the Movements work within Cambodia through various measures, particularly overall coordination and the harmonization of capacity building support to CRC. At the same time the delegation is very conscious of the fact that CRC needs to be in the driver's seat for their OD processes, capacity building efforts and relationship management. Encouraging dialogue and cooperation between the movement components, and at the same time allowing more room for CRC to take control of their partnerships, has resulted in some positive steps in the right direction. The delegation is seen as the key partner for organizational development with CRC, and as a linking point with various partners, so as a result the delegation has a broader overview on the capacity building efforts required from CRC. Dialogue with partners on a more aligned support and common approaches has complemented this position.

An example of the value of this juxtaposition; the delegation provided support and advice to CRC on handling significant challenges within the program/health department, and at the same time united efforts and focus from partners voice their concerns, and wishes of desired change. The eventual result, i.e. a new director and new department with greater clarity and focus, bravely and sensitively carried out by CRC leadership, provides a platform for substantial change in health programming for the future, and potentially greater impact in favour of vulnerable people.

Coordination

During the course of 2005 there has been a noticeable shift away from Federation coordination to that of CRC taking more of the lead. The partnership meeting in September was a demonstration of this development with CRC facilitating most of the meeting and discussions. This will be further cultivated over the coming years with behind the scenes support from the delegation. The CAS document crystallizes some of these developments with structures being in place for CRC senior management to take control and ownership of their partnerships. It is critical also to point out that the commitment from CRC leadership to the CAS process, and to changes within the organisation, has changed the working environment for partners. These cooperative efforts are encouraging stronger relationships.

The delegation supported CRC, through a lengthy consultative process, to have a CAS document that partners and CRC are happy with. In 2006 the key will be the implementation of the strategy. The delegation will have a representative on the 'CAS team' that will facilitate partnerships for CRC. This will be a temporary role until knowledge management systems are in place.

Evolving from the 2004 Partnership meeting three working groups were functioning in 2005 in health, financial management and CAS. These working groups have all brought about changes, either directly or indirectly, to the potential of CRC handling partnerships in an open and constructive manner. The delegation has supported the working groups by providing input as regular members, and by encouraging the process within CRC.

Monthly 'PNS meetings' continued in Cambodia for the first half of 2005. But based on discussions with partners it was felt that the meetings could be reinvigorated by having a different format and approach to the discussions. Additionally it was felt that the meetings should be every second month. A timetable for these meetings will be developed in 2006.

In summary, the mood of cooperation has improved markedly over the past 12 months. This should be cemented in early 2006 with sign off by most partners, if not all, of the CAS document. The general mechanisms for coordination have improved, but need to be further developed and reinforced. The management structure of the CAS document provides the outline, however moreover this will require significant support and willingness to become effective.

The table below outlines the activities of the Red Cross partners working in Cambodia.

RC Partners	Activities
ICRC	ICRC has extended their prosthetics programme taking over the running of Kompong Spue Rehabilitation Centre previously managed by Amcross. ICRC support to the CRC tracing service continued. ICRC also provided technical and financial support to the CRC Communications Department in order to expand its capacity in dissemination and the promotion of International Humanitarian Law.
Australia	ARC has continued to fund the HIV/AIDS program, while finally withdrawing technical support in the second half of 2005, acknowledging that the capacities were in place for CRC to manage the programme independently. ARC fully funded the Federation Representative role for 2005.
Austria	ARC provided support to CRC's land mine program, as well as technical and financial support to the CRC water and sanitation program.
Denmark	The DRC supported Health Care project in Kampot and Siem Reap provinces added 19 more villages in 2005, expanding the total to 27 villages. DRC also committed to working in Mondulkiri through a similar programme arrangement. DRC continued to support the OD process by contracting and funding the OD delegate, and contributing to OD activities. DRC also has partnered CRC in CBDP, with funding primarily through a DipECHO contract.
France	FRC continue to deliver their Water and Sanitation project in Oddar Meanchey. In 2004 the FRC initiated their HIV/AIDS project funded through the Global Fund (GFATM). The programme focuses on providing ARV treatment to adults and children in Sihanoukville and Phnom Penh in close collaboration with the Ministry of Health.
Hong Kong	The Hong Kong Branch of the RC of China continued support to the CRC CBDP programme.
Japan	JRC provided funds to CRC's HIV/AIDS programme and to start up funds for the new avian influenza project.
Korea	KNRC has been supporting the CRC blood donor recruitment (BDR) project since July 2002. The technical and financial support concluded in the last quarter of 2005.
New Zealand	NZRC continue to support the CRC Dengue Fever and water and sanitation programmes.
Sweden	SRC continued their long term support to the OD process and the HIV/AIDS programme.
Switzerland	SRC continues to manage a public health services contract in Takeo province. During 2005 SRC also undertook a four-day planning meeting with the CRC Takeo branch to look at programme opportunities.
United Kingdom	British RC (BRCS) signed a five-year agreement with CRC in 2004. BRCS have continued to work directly with CRC to support a Primary Health Care project in two provinces, as well as to support disaster management and organizational development through the Federation delegation.
United States	Amcross started to roll out their 'Child Survival' grant in Siem Reap province. AmRC also continues to partner with Mekong River Commission to support CRC in a flood referencing 'Early Warning' programme.

Representation

The CRC Strategy 2003-2010 identified two important opportunities: to strengthen the relationship between CRC and the 'international community', and to better promote the image and services of the organization. The Federation has therefore sought to build the capacity of CRC and at the same time arrange and deliver important messages on behalf of the movement.

The delegation has supported various CRC activities during the year including:

- The CRC 50th anniversary, which gave great exposure of CRC to the general public. Phnom Penh was filled with posters and banners promoting the Red Cross and its position on many humanitarian values, such as HIV/AIDS anti-stigma and disaster risk resilience.
- The celebration of May 8 was one of the most significant events of the year. The joint statement from the Federation and ICRC was translated and sent to all branches. Madam President also issued a CRC Statement highlighting the volunteer work and activities of the CRC in particular related to the human dignity promotion. These statements were presented at all May 8 events across the country.
- World First aid was celebrated and highlighted by CRC and the Federation secretariat through the opening of two first aid posts run by CRC. The openings at Oressey market, Phnom Penh, and the main market in Kandal province, assembled hundreds of people, and allowed for reinforcement of the key first aid messages.
- The Federation representative also joined the CRC youth performances on TV3 for International Children's day. The performances carried out by the youth, to the national television audience, strongly expressed their

concern for drug use in the youth of Cambodia, and the social evils that are associated, along with raising concerns about trafficking of human beings.

- The HIV/AIDS projects works in collaboration extensively with local and international partners. CRC has been a member in GFATM CCC, National AIDS Authority and HACC and Red Cross Regional AIDS network (ART) as chairman.
- CRC and the Federation hosted the Presentation to the international and local stakeholders of the study carried out during 2004 by two external consultants on '*Linkages between Flood and Drought disasters and Cambodian rural Livelihoods and Food Security*'. The workshop was very well attended and continued to focus the attention on community reliance, rather than top-down interventions.
- The Federation delegation in-country and regional delegation both contributed to a successful blood donor recruitment day organized by CRC. The Federation representative, along secretary of state for MoH, representative from WHO and secretary general of CRC, provided speeches to reinforce the important messages of voluntary non-remunerated blood donations. There was a party like atmosphere with music, drinks and food for all 556 people that attended. Importantly some 68 units of blood were collected from honour guests, regular donors and other participants.

The delegation has also continued attendance and representation at the government established health technical working group meetings, the health partners group, the CCC of the GFATM, the Food Security Forum, and various forums led by the National Committee for Disaster Management, including the avian influenza preparedness and response discussions.

Delegation Management

The delegation has continued with a small team (two expatriates and five national staff) focused on providing technical advice for OD/CB and partnership development, simultaneously the delegation has worked closely with other PNS who have been providing technical support to CRC programme areas at CRC headquarters. For instance, Danish Red Cross - CBDP, Australian Red Cross - HIV/AIDS, Austrian Red Cross - water and sanitation, Korean Red Cross - blood donor recruitment. The delegation housed the organization development delegate during 2005, which will reduce to a part-time role in 2006. The delegation has placed more reliance on local and regional consultants to carry out the technical support required.

The Federation is in addition focused on providing services to the partner National Society, as well as being able facilitate Federation events and activities. Service agreements are in place for all in-country PNS, including an 'integration agreement' with the American Red Cross operational from the 1 January 2006.

[The annual financial report is below; click here to return to title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

CAMBODIA

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA052
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	565'637	212'645	44'213	335'511	0	1'158'006
B. Opening Balance	123'968	-108'067	377	14'973	98'472	129'722
Income						
Cash contributions						
Australian Red Cross					76'071	76'071
British Red Cross		66'585	22'740	120'029	11'255	220'608
Capacity Building Fund				70'300		70'300
Danish Red Cross				34'300		34'300
ECHO		216'182				216'182
Japanese Red Cross Society	68'010					68'010
New Zealand Red Cross	127'298					127'298
Swedish Red Cross	147'462			49'800		197'262
C1. Cash contributions	342'769	282'766	22'740	274'429	87'326	1'010'031
Outstanding pledges (Revalued)						
New Zealand Red Cross	179'300					179'300
C2. Outstanding pledges (Revalued)	179'300					179'300
Inkind Personnel						
Australian Red Cross					102'000	102'000
C5. Inkind Personnel					102'000	102'000
C. Total Income = SUM(C1..C6)	522'069	282'766	22'740	274'429	189'326	1'291'331
D. Total Funding = B + C	646'037	174'699	23'117	289'402	287'798	1'421'053

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	123'968	-108'067	377	14'973	98'472	129'722
C. Income	522'069	282'766	22'740	274'429	189'326	1'291'331
E. Expenditure	-502'249	-125'684	-15'303	-248'141	-178'422	-1'069'799
F. Closing Balance = (B + C + E)	143'788	49'015	7'813	41'260	109'376	351'254

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA052
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		565'637	212'645	44'213	335'511	0	1'158'006	
Supplies								
Shelter		902					902	-902
Construction		2'652			648		3'300	-3'300
Food		18'610					18'610	-18'610
Seeds,Plants		888					888	-888
Water & Sanitation	86'004	62'639			1'054		63'694	22'310
Medical & First Aid		517	1'053		1'543		3'113	-3'113
Teaching Materials	3'197		29	836		325	1'190	2'007
Utensils & Tools		9'826					9'826	-9'826
Other Supplies & Services		551					551	-551
Total Supplies	89'201	96'584	1'082	836	3'246	325	102'073	-12'872
Land, vehicles & equipment								
Vehicles		4'178			1'409		5'586	-5'586
Computers & Telecom	21'495	1'673	966		9'608		12'247	9'248
Office/Household Furniture & Eq				5'707	3'840		9'547	-9'547
Total Land, vehicles & equipme	21'495	5'851	966	5'707	14'856		27'381	-5'886
Transport & Storage								
Distribution & Monitoring		47					47	-47
Transport & Vehicle Costs	39'763	21'515	7'882		8'854	5'286	43'536	-3'773
Total Transport & Storage	39'763	21'562	7'882		8'854	5'286	43'584	-3'820
Personnel Expenditures								
Delegates Payroll	151'188				30'615	10	30'625	120'563
Delegate Benefits		180			19'668	146'719	166'566	-166'566
Regionally Deployed Staff	175'466		6'837				6'837	168'629
National Staff		20'436	7'697		12'187	14'338	54'658	-54'658
National Society Staff		165'812	43'267		29'967	389	239'435	-239'435
Consultants	36'436	100	9'138		24'939		34'177	2'259
Total Personnel Expenditures	363'090	186'528	66'939		117'376	161'456	532'298	-169'208
Workshops & Training								
Workshops & Training	259'896	35'397	16'029	1'665	18'597	2'076	73'764	186'132
Total Workshops & Training	259'896	35'397	16'029	1'665	18'597	2'076	73'764	186'132
General Expenditure								
Travel	102'134	26'885	5'740	649	9'320	5'484	48'079	54'055
Information & Public Relation	106'762	22'353	7'979	22'345	34'949	251	87'878	18'884
Office Costs	100'395	26'354	6'000	560	14'037	8'126	55'076	45'319
Communications		11'209	7'662		4'140	7'473	30'484	-30'484
Professional Fees					124	59	184	-184
Financial Charges		152			49	-24'082	-23'881	23'881
Other General Expenses		3'557	1'430	5'803	3'219	515	14'524	-14'524
Total General Expenditure	309'291	90'511	28'811	29'357	65'838	-2'175	212'343	96'948
Program Support								
Program Support	75'270	32'646	8'169	995	16'129	11'166	69'106	6'164
Total Program Support	75'270	32'646	8'169	995	16'129	11'166	69'106	6'164
Operational Provisions								
Operational Provisions		33'170	-4'195	-23'256	3'245	287	9'251	-9'251
Total Operational Provisions		33'170	-4'195	-23'256	3'245	287	9'251	-9'251
TOTAL EXPENDITURE (D)	1'158'006	502'249	125'684	15'303	248'141	178'422	1'069'799	88'207
VARIANCE (C - D)		63'389	86'961	28'910	87'370	-178'422	88'207	