

Annual report



International Federation
of Red Cross and Red Crescent Societies

Southeast Asia

Appeal No. MAA51001

30 April 2010

This report covers the period 1 January
to 31 December 2009.

In brief

Programme purpose: To coordinate and support IFRC (i.e. secretariat and partner national societies) efforts to assist host national societies in Southeast Asia to scale up their work in line with the Global Agenda. In early 2010, the priority is to support national societies as they transition to working under Strategy 2020.

Programme summary: The Southeast Asia team based in Bangkok has:

- Strategically supported and guided country office teams (Cambodia, Indonesia, Myanmar, Philippines, Timor-Leste, Thailand, and Viet Nam);
- Increased technical and leadership support to national societies with no secretariat country presence, particularly Brunei and Malaysia;
- Strengthened institutional memory and the sharing of good practice and lessons learnt;
- Coordinated Red Cross Red Crescent Movement work in the region within the IFRC mandate, including strengthening relations with partner national societies and the International Committee of the Red Cross (ICRC);
- Provided representative and priority technical support to Lao Red Cross.

Financial situation: The total budget for 2009 was CHF 2,886,600 (USD 2.82 million or EUR 1.91 million), which was covered up to 148 per cent. Expenditure overall was 81 per cent.

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

No. of people we help: The programme supports the 11 national societies of Southeast Asia, who, in turn, work with millions of people. The plan also supported Red Cross Red Crescent partners active in the region.

Our partners: The primary partners are the 11 Southeast Asian national societies as well as relevant government ministries, such as health and disaster management bodies. Within the Movement, there has been strong and loyal support from multilateral supporters, particularly Japanese Red Cross/Japanese government, New Zealand Red Cross and Swedish Red Cross.

Other supporters include: Australian Red Cross/government, Austrian Red Cross, Danish Red

Cross/government, Finnish Red Cross, Netherlands Red Cross/Netherlands government, Norwegian Red Cross/Norwegian government, Spanish Red Cross, and Swedish Red Cross/Swedish government.

Contributions have also been received from the Asian Disaster Preparedness Centre/Asian Development Bank and the European Commission's Humanitarian Aid department (DG ECHO). Outside of the Movement, UN OCHA (through the inter-agency standing committee), UNESCAP, WHO and several UN agencies are important partners in addition to non-government organizations, such as CARE and Oxfam.

IFRC would like to thank all donors and partners who have contributed to the support of the Southeast Asia regional office.

Context

Humanitarian overview

The disaster-vulnerable nature of the region has become something of a cliché; unfortunately the reality of the description was again brought home through a series of crises affecting several countries. Typhoon Ketsana brought misery and destruction to Philippines, Viet Nam, Cambodia and Lao PDR. Hot on its tail came typhoons Parma, Mirinae, and Lupit, all of which again most affected the Philippines, where 963 people were killed. IFRC launched a CHF16.3 million emergency appeal to support Philippine Red Cross (PRC) in its response and recovery efforts on behalf of 550,000 people over 18 months. As the year draws to a close, Volcano Mayon in Philippines was showing worrying signs of erupting (*see picture below*). Meanwhile, the Typhoon Fengshen operation in Philippines (CHF2 million to support 30,000 people over 12 months) finished; 7,000 people obtained new transitional shelters as a result of PRC/IFRC support.



In Viet Nam, Ketsana killed 123 people: IFRC launched an appeal for CHF5.6 million to support Viet Nam Red Cross' (VNRC) response and recovery operations assisting 270,000 people over 12 months. In addition, a CHF50,000 disaster relief emergency fund (DREF) allocation was made to support Cambodian Red Cross (CRC). Meanwhile, the 2008 floods operation in Viet Nam (CHF4.8 million to assist 293,000 people over 10 months) also finished. Major distributions of rice and other essential items were completed. These devastating hydro-meteorological disasters hammered home the point that the role of the Red Cross Red Crescent is to assist communities in their preparation, interpretation and adaptation to the impact of climate change by increasing their resilience through disaster risk reduction activities.

In Indonesia, the Padang earthquake in West Sumatra was yet another devastating event for the region's biggest country. It followed the West Java earthquake. A total of 1,195 people were reported killed in both quakes. IFRC launched an appeal for both operations that currently seeks CHF13.3 million to support Indonesian Red Cross (PMI) in its assistance to 100,000 people for six months. Some of the PMI volunteers who worked day and night to bring comfort and hope to their communities are pictured below. Earlier in the year, heavy rain contributed to a dam burst that killed 98 people in the capital Jakarta.



In Myanmar, the first anniversary of cyclone Nargis was marked in May. The IFRC appeal for CHF74 million – 96 per cent covered – for 100,000 households, runs until May 2011. In December, the fifth anniversary of the Indian Ocean tsunami passed. IFRC emphasized the national society's community role in terms of 'early warning and early action'. To review 'the story of the wave' and one poignant tale (of millions) – [*it is recommended to watch Dina's story*] - please visit: <http://tsunami.trust.org/>

In review, the year appears quite daunting, particularly when one considers it will not be too much of a surprise that 2010 holds similar challenges. It all emphasizes the need for the Red Cross Red Crescent to preserve its edge as the leading global disaster response organization, but that alone is not enough. In terms of addressing vulnerability and preserving the Red Cross Red Crescent organizational comparative advantage in disaster management, the Federation must develop its disaster risk reduction capability.

The issue of safety of humanitarian workers was brought into focus with the kidnapping and eventual release of three ICRC colleagues in Philippines, who were abducted by Abu Sayef rebels. Later in the year, the German Red Cross representative was the first victim in three separate shootings involving foreigners in Banda Aceh. Fortunately, he too survived his ordeal.

Along with the rest of the world, the H1N1 influenza pandemic caused the region to shudder and re-highlighted the importance of already existing pandemic preparedness initiatives underway.

Progress towards outcomes

Disaster management

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

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

Achievements

The regional disaster management programme followed the priorities set jointly by the national societies' regional disaster management committee (RDMC) and the IFRC's regional disaster management unit (RDMU). This cooperation guided the regional programme helping national societies to focus their resources to address the risk profile of the communities which they support. Development of national and regional capacities has identified risks, measures to mitigate these and preparation for future disasters. In particular the following has been achieved:

- **Disaster response and disaster preparedness**

The regional disaster management unit supported Viet Nam Red Cross following the major flooding across the northern provinces as a result of typhoon Hagupit, Kammuri and heavy rains between August and November 2008 to support 293,860 beneficiaries. Given the shortfall in funding, the operation reduced some of its planned activities. Rice distribution supported the above number of beneficiaries, while an assessment confirmed the selection of the most vulnerable to receive livelihood support and rehabilitation of water and sanitation. Non-food items (kitchen sets, blankets, and mosquito nets) were distributed to some 24,700 families (approximately 105,900 people). Institutional capacity building was done through a coaching process on how to conduct a professional rice distribution process – from selection of beneficiaries to the distribution. Reflection of the best practices and gaps in the operation was also documented and shared with all involved staff after the distribution.

The regional disaster management team coordinated with the Geneva disaster management team to organize the first Relief to Recovery (R2R) workshop in February in Bangkok. The workshop aimed at raising awareness on the application of a seamless transition of relief to recovery in a disaster response operation. Experiences of best practices in this particular area were also shared by Indonesia, Myanmar and Philippines. It involved 30 participants mainly from senior management in Southeast Asian national societies, the Pacific, the disaster management unit in Kuala Lumpur and some partner national societies. Participants agreed that there is a need to put the concept into practice in a wider perspective. The IFRC was requested to offer this kind of training to national society staff and volunteers to promote it further. A key outcome is that enhanced needs assessments are required at an early stage in a response operation, and there is a need for further training on this.

Under the request from the regional disaster management committee, the first RDRT water and sanitation specialized course was conducted in mid December 2008 in Philippines with the overall goal to promote and improve the Red Cross Red Crescent capacity and role in emergency response in order to better assist the most vulnerable in the water and sanitation sector. The training involved 19 participants from nine national societies. The training was funded by Spanish Red Cross and the RDMU, with Swedish Red Cross funds and AusAid funds through Australian Red Cross.

Similarly, a first RDRT IT and telecommunication specialized course was conducted for Asia and Pacific zone in Singapore in May 2009. The course brought together both RDRT trained and non-RDRT trained participants in order to develop a core group of RDRT members with IT and telecommunications as a speciality who can support any major response operation. The training included 15 participants: five from South Asia regional office (Afghanistan, Bangladesh, India, Nepal and Pakistan); seven from Southeast Asia (Cambodia, Indonesia, Malaysia, Myanmar, Philippines and Thailand); two partner national societies (Finnish Red Cross and New Zealand Red Cross); and a staff member from the Asia Pacific zone disaster management unit. The Finnish Red Cross and the New Zealand Red Cross jointly financed the activity while the Singapore Red Cross were hosts. The training was a joint operation between the regional disaster management unit and the Asia Pacific zone disaster management unit.

Emergency Shelter Cluster Coordination (ESCC) Training: one member from RDMU participated in the ESCC training in Amman, Jordan. The aim is to enhance cluster coordinator capacity for Southeast Asia. The participation was supported by Swedish Red Cross and Japanese Red Cross.

There were some major disasters affecting the region in September; typhoon Ketsana (affecting the Philippines, Viet Nam, Lao PDR, and Cambodia); Typhoon Parma, also affecting the Philippines and Viet Nam in particular and a particularly strong earthquake in Padang (Sumatra), Indonesia. While the Asia Pacific zone disaster management unit coordinated all international responses, the multiple disasters drew heavily on the regional disaster management unit's resources with all five staff being deployed to support the operations. The regional disaster management unit further supported the response through the deployment of nine RDRT members to support the Philippine Red Cross and Viet Nam Red Cross.

An RDRT combined induction course and a second specialized training on emergency water and sanitation was conducted in Indonesia from 12-23 November 2009. The participants numbered 26 and 23 respectively, with

most participants attending both events. The objective of the training was to increase the roster of qualified RDRTs as well as develop a roster of RDRT capacity with special focus on water and sanitation in emergencies. While most participants were from Southeast Asia, four seats were offered to other regions. The venture was supported by the zone water and sanitation coordinator. Funding for the training was provided by American Red Cross, German Red Cross and Spanish Red Cross. PMI hosted the event.

A response plan involving international assistance is being produced for Thailand through a contingency planning exercise involving all clusters. The RDMU took the lead in the shelter cluster together with Thai Red Cross. The shelter plan has been completed and will be submitted to UNOCHA for consolidation with the other cluster response plans.

The regional disaster management unit facilitated the PMI Logistics Framework Workshop on 1-2 September 2009 in Jakarta, Indonesia. This was a follow-up on the recommendations provided in the joint PMI logistics assessment in June 2009 in which the Regional Logistics Unit and the RDMU took the lead. Feedback and comments were given from RDMU on the draft PMI logistics framework. This PMI logistics framework, when completed, will be the first such framework to be developed within the Movement. The mission was conducted with support from the Japanese Red Cross and Swedish Red Cross.

A Logistic Framework Planning Meeting was organized for Thai Red Cross from 16-17 September 2009. The meeting was a successful collaboration between PMI, Indonesia country office, the regional logistics unit in Kuala Lumpur and the regional disaster management unit in terms of sharing experiences and providing input into the Thai Red Cross logistics framework for 2010-2012.

The Timor-Leste Red Cross (CVTL) logistics assessment was carried out in November, with technical support from the regional disaster management unit and the regional logistics unit. CVTL is putting priority in strengthening its capacity in securing effective logistics services to its programming. The expected outcome is to deliver practical recommendations and feed into the long term action plan of CVTL. The assessment was supported with funding from Swedish Red Cross and Japanese Red Cross.

As a continuation of promoting preparedness for response in national societies, the third phase of the Well Prepared National Societies project with national societies was initiated at the Southeast Asian national societies' leadership meeting in Hanoi in August and is planned to be completed by July 2010.

Supporting community-based disaster preparedness and risk reduction interventions is critical and the regional disaster management unit continued to provide technical and financial support to Lao Red Cross (LRC) in implementing its ongoing community-based disaster preparedness programme funded by Japanese Red Cross. Promotion of a more robust vulnerability and capacity assessment (VCA) tool was conducted with local staff from Red Cross branches and from different provincial government sectors to ensure the planning covers all aspects of risk. This was included in two community-based disaster risk management (CBDRM) trainings in the branches of Khammoune and Savanakheth provinces. The second year of the project ended in March 2009 and an RDMU focal point facilitated the planning session with LRC's involved staff to develop a plan for 2009 and 2010. In addition, the RDMU initiated an ongoing dialogue with French Red Cross to harmonize the support provided to the LRC's community-based disaster preparedness programme. This has received positive responses in particular given the heavy presence of French Red Cross staff in the country.

- **Disaster risk reduction and climate change adaptation**

The DiPECHO supported project, funded through ECHO and co-funded by Swedish Red Cross, addressing disaster risk reduction at the regional level has been implemented since October 2008 and all through 2009, and was due to be completed in March 2010. The date of conclusion includes a requested three-month extension deemed necessary as a result of the multiple disasters that affected Southeast Asia in September 2009. This proposal complements those developed at country level such as in Cambodia, Indonesia, Lao, Philippines and Viet Nam and is in line with the overall objective of strengthening national society capacity and support to vulnerable populations through disaster risk reduction holistic approaches implementation within the region. The action plan has focused on encouraging national societies in addressing different key components of the disaster risk reduction framework tools such as; i) the vulnerability and capacity assessment tool; ii) early warning system guidelines; iii) mainstreaming of disaster risk reduction into the education sector and; iv) Southeast Asia regional cooperation mechanisms. Publications have been completed on:

- A Southeast Asia Disaster Risk Reduction framework
- A regional Vulnerability and Capacity Assessment (VCA) tool, field tested in Lao PDR and Viet Nam.

- A “Risk Learning” package with tools and information to promote safer and more resilient communities. The tool targets primarily children and adolescents (including school attendees and drop outs) and comprises a cross sectoral programmatic approach to disaster management, health, social work, and Red Cross youth/training.
- A tool box on improving community-based early warning systems (EWS). The project focused on roles and responsibilities of the Red Cross Red Crescent in early warning systems.

All documents have been translated into Lao, Thai, Vietnamese, Khmer, Bahasa Indonesia and Burmese.

A series of workshops and events have taken place aimed at identifying key aspects in promoting scaling-up on disaster risk reduction in Cambodia, Myanmar, Lao PDR and Viet Nam, the Philippines, Indonesia and Timor-Leste. The aim was to map out in what way the identified areas could be promoted, and types of support required in achieving a scaling-up. Key approaches to achieve this included: quality assurance – ensuring a holistic approach to programming involving consistency in planning and execution; and quantity – to be able to enlarge the foot print in programming without compromising on quality. The annual regional disaster management committee meeting in April identified a number of areas which required attention. This was followed-up by a workshop in May which defined key aspects of each area that would require support.

The Practitioners Workshop in September 2009 attracted over 185 participants from a broad segment of practitioners in disaster management in Asia Pacific. The participants were asked to share experiences on how they would tackle identified topics found to be important thresholds to pass, in line with promoting more resilient communities. Within each area of intervention, a series of recommendations were developed, which will be used to operationalize the disaster risk reduction tools.

With strong commitment from Cambodian Red Cross, continual facilitation, support and guidance was provided by the RDMU (in close collaboration with the IFRC country representative) to Cambodian Red Cross on the Global Alliance for disaster risk reduction. Cambodian Red Cross is the first piloting country in the Southeast Asia Region to take forward the implementation of the Global Alliance for disaster risk reduction. The first step was to develop a baseline and then produce a five-year plan of action for the implementation of mainstreaming of disaster risk reduction in all activities. Extensive dialogue has been carried out involving Cambodian Red Cross, Asia Pacific office, the RDMU, Danish Red Cross and Finnish Red Cross on how to strategically progress the disaster management programme approach that merges existing disaster risk reduction projects within Cambodian Red Cross, together with the upcoming Global Alliance on disaster risk reduction framework. This process has been supported through Swedish Red Cross funding.

Climate change

Assigned RDMU staff worked closely with staff from the Climate Change Centre to support the national societies of Indonesia, Lao PDR, the Philippines and Thailand to progress on the Preparedness for Climate Change project that was initiated in early 2008. Indonesian Red Cross, Lao Red Cross and Philippine Red Cross were able to reach the end of the “4 steps preparedness process” as initiated by the Climate Change Centre (only Thai Red Cross was unable to complete the 4 steps due to issues faced in the project management structure). As a result, various information education communication material, and documentation of issues were produced aiming at raising awareness on climate change impact and ways that communities and Red Cross can adapt in their respective countries. The project was finalized by end of March 2009 and in April 2009 the review of project lessons learnt was done informally and carried out jointly by the Climate Change Centre, RDMU and all countries who directly participated in the project. Critical discussions on future funding cycles were carried out and is an ongoing process that involves RDMU, the Climate Change Centre, and national societies in Southeast Asia region. One of the key lessons learnt from this project was that it is very clear that the climate change interventions need to be mainstreamed into existing community-based disaster risk reduction/disaster preparedness project/programme strategy and structure rather than following separate structures or designed as stand-alone projects. In late December the Netherlands government gave the green light to supporting one more round of Preparedness for Climate Change projects, and the Southeast Asia region, through the RDMU, will be supporting the implementation of such projects in two countries, notably Myanmar and Timor-Leste.

Challenges

In line with providing support and achieving the 2009 objectives, one issue in particular affected the capacity of the regional disaster management unit to fully deliver on plans:

The multiple disasters that affected the Southeast Asia region drew heavily on the RDMU staffing resources to support the response operations, with all five staff members involved at various stages. While this is to be

expected as the RDMU is part of the IFRC's response tool box, it nevertheless affected the carrying out of some planned activities. Also as a result of these series of disasters, five of the seven focal countries in the region were heavily involved in disaster response, meaning that the national societies were unable to absorb any more activities and support, effectively putting any longer term activities on hold. This also resulted in the DiPECHO funded project being suspended for three months.

Working in Partnership

The needs of the Southeast Asian national societies are increasingly better understood and more key staff in each national society are able to identify their own strengths and needs for support. Regional network capacities and partnership relations, both within and outside the Movement, have improved approaches from Movement partners in supporting national societies, who are increasingly in the driver's seat.

In the areas of community-based disaster management, on-going support has been provided to Lao Red Cross (supported by Japanese Red Cross) and the Philippines Red Cross (supported by the RDMU) in the development of general understanding and awareness of disaster management and community-based approaches and response capacity nationwide.

The regional disaster management unit continues to enhance national response capacity by providing financial and technical support to Cambodian Red Cross and Timor-Leste Red Cross (supported by Swedish Red Cross and AusAid through Australian Red Cross) to train and equip national disaster response teams (NDRT) to deliver more effective and timely response to those in need. This initiative will be continuous and part of the long-term action plan.

In particular, Lao Red Cross has seen a boost in direct support, with a more structured and integrated programmatic approach from the regional office. From the regional disaster management unit, this engagement is ensured through one RDMU staff member spending 25 per cent of his time in country, through the financial support from Japanese Red Cross.

Coordination and cooperation

In the Federation: In line with promoting integration of programmes, active exchange and presence at events from both health and disaster management are encouraged. This has resulted in joint trips and sharing of tasks between the units – including a workshop on road safety attended by a health member representing and reporting back to both units. The disaster management and health units worked closely to harmonize assessment tools: specifically in Cambodia, Lao PDR and Timor-Leste. Furthermore, the RDMU chaired an event of the Pandemic Preparedness Forum covering response functions in a pandemic outbreak. Working at supporting and complementing each other across sectors (health, disaster management, OD, communication) was highly and proactively promoted throughout 2009. Climate Change and health training was organized jointly by the health and disaster management units in Bangkok in January. The regional health meeting as well as the regional disaster management committee meeting included strong representation with interventions from all sectors. In order to further promote exchanges between programme units, a knowledge management project has commenced which aims to capture knowledge and experience from the respective units (organizational development, health and disaster management). Synergies derived through this approach will strengthen country focused tailored support from each unit and the regional office as a whole.

Coordination within the Movement: The 13th Southeast Asia's regional disaster management committee meeting in Hanoi was attended by representatives from the nine national societies together with IFRC representatives from the regional and zone office and some selected partner national societies. This is a permanent disaster management mechanism for national societies and the IFRC in Southeast Asia aimed at supporting processes and developing guidelines for furthering the Movement mandate. This particular meeting reviewed the progress against the committed work since the last meeting in April 2008, then come up with an action plan for 2009 and onwards. Furthermore, topics around volunteer management in emergencies, relief to recovery, improved logistical capacities during responses, improved RDRT tools and mechanisms, IDRL, civil-military relationships in response, enhanced integration of disaster management and health in programming and response were discussed and activities and goals designed. It was agreed that logistics and warehouse management be promoted through an enhanced collaboration between the regional logistics unit, regional disaster management unit and initially with Indonesia Red Cross and Lao Red Cross. In addition, two sub-committee meetings took place during 2009. Amongst a number of programmatic issues, these meetings generated two position papers (on disaster risk reduction and restoring family links) that were forwarded to the Southeast Asian national societies' leadership at the annual leadership meeting.

Coordination with other partners: Relationships are maintained and strengthened with donors (such as AusAid and Sida) and UN agencies (such as UNOCHA, WFP, FAO and UNICEF) as well as international organizations such as WVI and CARE. This includes active participation in the Inter Agency Standing Committee (IASC) where the IFRC through the RDMU has co-chaired and chaired sessions. Other engagements include providing presentations at various venues on behalf of the IFRC on Climate Change Adaptation in disaster risk reduction programming as well as contributing to the consultative process of revising the SPHERE manual. In March, RDMU staff joined the UNDAC two-week mission to Cambodia to review the Cambodian government's capacity in preparedness for response. The RDMU was also much involved in the climate change talks that took place in Bangkok in September-October (in preparation for the Copenhagen summit) as a member of the IFRC team. The participation was supported through Swedish Red Cross.

Looking ahead

Reinforcing the contingency planning process is a vital approach to saving lives. AusAid through Australian Red Cross has been supportive in this work, and work will focus on completing the processes in Cambodia, Lao PDR, Timor-Leste and Viet Nam. The latter has embarked on a good path and IFRC engaged a short-term consultant to assist Viet Nam Red Cross in this process. The aim is to engage more directly with national societies to perform these tasks, and further the readiness of national societies to respond using the Well Prepared National Society (WPNS) as a central information tool to update and improve capacity in respective national societies.

Conducting regional trainings and workshops are effective ways in terms of attracting staff from national societies to engage in knowledge transfer and exchange processes. However, what we frequently observe is that there is a shortcoming in the information chain, when participants return to their respective national society. The RDMU will thus adopt a policy of better engaging with the national societies in their home countries and approach them as a follow-up strategy following a workshop/training to ensure that each national society as a whole better benefits from the capacity building events. The objective is to utilize the WPNS as an information resource for national societies and develop a tailored approach to supporting them in internal capacity building processes. The aim is further that these seminar-types of engagement with the national societies will be done cross departmentally – i.e., when there is added value, health and disaster management will jointly receive capacity building support during these approaches. An example is to better apply the concepts of disaster risk reduction and climate change into a given context and discuss preparedness measures, response measures and awareness raising campaigns. It is further the aim to prepare for the next step of the ongoing DiPECHO funded programme which currently has a primary aim to produce tools. The next phase will focus on the implementation and application of these tools in given contexts.

Joint ventures have, as mentioned, proven successful to allow for a more effective use of resources, but also to encourage inclusion in the programmatic approaches with the national societies in the driver's seat. This will be further encouraged, and we are looking at continuing these efforts and as such contributing to a coordinated support to the national societies in the region. This work has begun in some national societies with the harmonization of assessment tools in health and disaster management.

In 2010 the regional team will continue to strengthen its approach to communicating with all interested Movement partners. The ad hoc and piecemeal approach of the past while in some ways adequate at times has not contributed enough to providing more information and opportunities to supporting vulnerable people. This approach is naturally a two-way street and invites all Movement partners to jointly contribute. It is also of strategic interest to further link up with various academic institutions and information platforms and to draw on/benefit from these resources. Linking in with such organizations will enable the work of the Red Cross Red Crescent Movement to be further respected and recognized.

As a result of the major disaster events in the region, there have been some postponements of planned activities from 2009, mainly involving workshops including the warehouse management workshop and disaster management induction training. The first will now take place 23-26 February in Chiang Mai, Thailand and the second will take place 8-12 March in Bangkok, Thailand.

Lao Red Cross will continue to receive support within the new programme implementation cycle of 2009 – 2010 through regular visits and coaching of staff.

The RDMU will continue support to Cambodian Red Cross to finalize the Global Alliance for disaster risk reduction baseline and proposal development, and CRC's disaster risk reduction programme approach development in a more structured approach, and link them to a funding source to undertake the work in 2010. The Phase 2 regional DiPECHO project proposal will be finalized and submitted. Also, the RDMU will continue to support Indonesia, Timor-Leste and Viet Nam in the warehousing/fleet/logistics management project as well as the community-based disaster risk reduction project.

Health and Care

Global Agenda Goal 2: Reduce the number of deaths, illnesses and impact from disease and public health emergencies.

Programme Objective: Strengthen national societies to deliver relevant and effective health services to vulnerable communities.

Expected result 1: Strengthened and improved cooperation, coordination and support mechanisms within national societies and the IFRC

Achievements:

The annual regional health team meeting was held in March 2009 with the participation of national society health directors and health delegates/focal points from partner national societies and the IFRC. The meeting provided a platform for the regional health team members to discuss and share experiences, and to be informed about recent developments within technical as well as management areas. Climate change and its consequences for human health including the national society role in adaptation was the topic for the thematic day facilitated by the health specialist from the IFRC Climate centre.

New health programme guidelines and material, for example the community-based health and first aid (CBHFA) in action, standards for HIV peer education programmes, HIV prevention guidelines, epidemic control for volunteers, and the malaria tool kit, developed globally by the IFRC based on consultations with the national societies, were introduced and shared with the national societies in the region.

National societies' contribution to the overall global health situation continued to be monitored through key indicators related to health programmes and to progress on policy, agreements and relationship issues. A mapping of national societies' partnerships within the Movement as well as with external partners showed that more efforts need to be invested in the establishment of national level partnerships. The data for 2008 (see below) were presented at the Leadership meeting in Hanoi 2009 as part of the regional health team presentation on progress made in regional implementation of health and care in relation to the resolutions and outcomes of the 2008 Southeast Asia Red Cross Red Crescent leadership meeting, the 2006 Asia Pacific Red Cross Red Crescent Conference in Singapore, and 2007 General Assembly and International Conference in Geneva.

Data reported for 2008

Estimated number of direct beneficiaries	10,190,921*
Number of volunteers mobilized to support health programmes	712,000**
Funds mobilized for health programmes	USD 13,477,144***
Total expenditure for health programmes	USD 17,891,330**

*No data available for Cambodia, Brunei

** No data available for Brunei

*** No data available for Brunei, Indonesia, Malaysia

National society external partnerships March 2009

Organization	National society	Type of agreement	Area of collaboration
WHO	Philippines	Memorandum of understanding	Immunization
	Timor-Leste	Oral agreement	Immunization, AHI
UNICEF	Myanmar	Memorandum of understanding	Life skills training (HIV), MCH
	Timor-Leste	Written agreement	Water and Sanitation
GFATM	Cambodia	Formal	HIV
	Lao PDR	Formal	Blood programme
	Philippines	Formal	HIV prevention (Blood programme)
	Timor-Leste	Sub recipient	HIV programme

Expected result 2: Reduced vulnerability to HIV and its impact**Achievements:**

As part of the International Congress on AIDS in Asia and the Pacific (ICAAP) held in August in Indonesia, a Red Cross Red Crescent pre-ICAAP zone HIV meeting facilitated by the regional health unit took place. 56 participants, including staff and volunteers from national societies and the IFRC, attending the ICAAP came together to showcase their HIV prevention programmes, learn about the IFRC “Global HIV Prevention Guidelines” and “Standards for HIV peer education programmes”, as well as to network and share with others. Five national societies from the region presented posters and gave oral sessions during the congress.

The major outcomes of the 21st annual ART meeting (Asian Red Cross Red Crescent HIV/AIDS Network) and the ART management meeting, which were held in conjunction with the ICAAP and funded by the Norwegian Red Cross, were the adoption of the ART evaluation recommendations and the development of the ART Operational Plan 2010. The Thai Red Cross were re-elected chair for the network and the management team members 2010 – 2011 will be from the Red Cross societies of Cambodia, China and Japan. The two events contributed to the strengthening of national society HIV programmes through capacity building, and means of inspiration and motivation.

Nineteen HIV programme staff from eight national societies were trained as master facilitators on the generic training package for community volunteers: “HIV Prevention, Treatment, Care and Support” with the goal to strengthen national society HIV programmes and contribute to national HIV responses in Southeast Asia through the introduction of this training package. The workshop was funded by the Finnish Red Cross.

An advocacy visit to Thailand and Cambodia, to promote a humanitarian drug policy, was undertaken by the president of the Red Cross Red Crescent Movement Standing Commission in July 2009. The visit was supported by the Italian Red Cross. The visit resulted in Thai and Cambodian Red Cross Societies further exploring partnerships and the development of HIV prevention programmes, targeting drug users with a focus on harm reduction principles. In addition, in December 2009, the Italian Red Cross and IFRC, supported financially and technically a study visit and training programme for representatives from both national societies as well as Cambodian Government Representatives to the Villa Maraini Drug Rehabilitation and Support Centre in Rome, which is run by the Italian Red Cross. Both national societies have committed to an action plan developed during the Rome visit to implement or expand HIV prevention programmes targeting drug users with a focus on harm reduction principles.

The Red Cross societies of Cambodia, Indonesia, Lao, Myanmar and the Philippines continued to implement HIV programmes in line with the IFRC Global Alliance on HIV strategy. Overall the Global Alliance enabled the societies to conduct forward planning, be more strategic around HIV programming, to look at HIV programmes holistically and consolidate from a project to programme-based model. The Global Alliance created an environment where supporting partners and national societies worked more effectively under one programme document. However, this approach worked only where partners were committed and took on board the model. The vision of the Global Alliance on HIV being a tool for mobilising resources was not largely realized.

The Indonesian, Myanmar and Timor-Leste Red Cross societies have used the new IFRC “Standards for HIV peer education programmes” to review their peer education programmes. This was an attempt to consolidate different peer education approaches being used by projects and partners within national societies, and to ensure that the HIV peer education programmes were being implemented systematically and with best practice principles. The result will be a national HIV peer education curriculum for the Indonesian Red Cross and a youth HIV peer education training curriculum and package for Timor-Leste Red Cross.

Expected result 3: Improved access to safe water and sanitation**Achievements:**

Country support visits focused on water and sanitation programmes in Cambodia, Lao PDR, Timor-Leste and Viet Nam. The support to Lao Red Cross health programme, funded by the New Zealand Red Cross through the IFRC, focused on programme management, coordination and reporting while in Cambodia the focus was on monitoring and evaluation. Coordinated national society-partner national society water and sanitation meetings were conducted and represented a positive step forward in knowledge sharing and water/sanitation/health programme coordination. The support to the Timor-Leste and Viet Nam Red Cross programmes focused on familiarization of current water and sanitation programme direction, review of the national society role in water and sanitation in emergency response and the development of water and sanitation priorities and future direction. Technical review of selected water and sanitation projects in Timor-Leste was completed and support for the development of water and sanitation programme guidance notes is ongoing through 2010. In addition technical input into concept notes and programme proposals for future integrated programming which will be used to engage with potential donors in 2010 were provided.

Technical and logistical support was provided to the Australian Red Cross (ARC) thematic evaluation of ANCP funded water and sanitation projects in Lao, Cambodia and Timor-Leste. The field assessment for Cambodia was conducted jointly by the Australian Red Cross consultant and the regional water and sanitation delegate and focused on a project supported by ARC, Austrian Red Cross and the IFRC. While all projects across Lao, Cambodia and Timor-Leste have shown positive impact on target communities (particularly with respect to increased access to water) there were opportunities to strengthen the software (participatory hygiene promotion) and sanitation components of projects in order to conform to the water and sanitation policy.

The first Asia Pacific water, sanitation and hygiene promotion workshop hosted by the Asia Pacific zone disaster management unit with support from the regional health unit was held in August 2009. In addition water and sanitation delegates from the Australian Red Cross, Austrian Red Cross, French Red Cross and the ICRC contributed as co-facilitators. Participants from eight Southeast Asian national societies were provided a forum to share knowledge and experiences with others, get relevant updates and establish a stronger Water Sanitation and Hygiene Promotion network across national societies in Asia/Pacific. The workshop was evaluated positively with highlights being presentations from Myanmar and Indonesian Red Cross, technical review sessions (particularly sanitation) and discussions on linkages between CBHFA and water and sanitation. An Asia Pacific water sanitation and hygiene promotion partners meeting with representatives from eleven partner national societies was held as a follow up to the workshop. As it was the first meeting of its kind it was used to share updates of current activities, future plans and strategic direction within water sanitation and hygiene promotion.

Expected result 4: Improved community based health and first aid (CBHFA) services and health in emergencies delivered to vulnerable communities.

Achievements:

A broader and more comprehensive approach to injury and disease prevention, and health promotion was introduced in Southeast Asia through the master facilitators' workshop on CBHFA in Action – learning by doing - held in April 2009. The purpose was to support the implementation of CBHFA in Action to improve community-based health and first aid in the region; and as an action learning project for regional learning of the supporting materials and community-based integrated programme approach. Workshop facilitators were the regional health delegates from Sri Lanka and American Red Cross. Twenty-four participants from ten national societies including two partner national societies (Cambodia, Indonesia, Myanmar, the Philippines, Thailand, Timor-Leste, Viet Nam, Austria, Norwegian Red Cross, and Malaysian Red Crescent) and the IFRC delegates/officers were trained as master facilitators. A field visit to conduct a community assessment was facilitated by the Thai Red Cross to a community south of Bangkok. The workshop contributed to participants' increased knowledge and skills in facilitation techniques and commitment to roll out the approach in their respective countries. A resource pool of master facilitators to be used across the region was created.

The CBHFA in action master facilitators' post-workshop assignment to develop a national society plan of action for the implementation of the approach was followed up and continued support was provided to the national societies in initiating the CBHFA in action approach, holding sensitization workshops for national society staff, partners and other stakeholders, advocacy, adaptation and translation of the CBHFA materials and organizing facilitators' workshops. Progress made and challenges encountered were monitored through a questionnaire that was developed for this purpose.

The regional health unit cooperated closely with the IFRC health and care department in the secretariat in Geneva, in organizing and facilitating the Global Community-Based Health and First Aid (CBHFA) in action Monitoring and Evaluation meeting followed by a Lessons Learnt and Moving Forward workshop, held in Jakarta, Indonesia, October 2009. The monitoring and evaluation meeting resulted in a comprehensive monitoring and evaluation tool kit including a list of core indicators for the CBHFA approach. The tool kit will be finalized by March 2010. The purpose of the CBHFA Lessons Learnt and Moving Forward workshop was to get a first feedback from national societies implementing the approach and agree on technical and financial support needed for effective implementation. It focused on identification of gaps and shortcomings in the implementation of the CBHFA approach such as integration, sustainability, trainings and resource materials, and ways to fill such gaps. CBHFA managers from more than 20 national societies from four continents participated in this workshop. The final outcomes and recommendations are being consolidated into one global CBHFA plan of action. The official launch of the CBHFA in action materials took place during the closing ceremony of the workshop.

Programme staff from the Indonesian, Philippines and Thai Red Cross and the Bangladesh Red Crescent societies participated in the regional training workshop on community-based management of Avian Human Influenza (AHI) that was organized by the AHI-NGO-Red Cross Red Crescent Asia partnership partners. The regional disaster management unit co-facilitated emergency preparedness and response planning sessions and the regional health unit evaluated the workshop. The exchange of experience among community-based AHI practitioners in the region was facilitated through a study tour to Indonesia supported technically by the regional health unit in which the AHI focal persons from Indonesian, Lao, Myanmar, the Philippines and Thai Red Cross participated. The partnership contributed to building national society capacity in project management as well as partnering with other organizations. The partnership ended in February 2009.

The regional planning and programme management meeting for the USAID-funded initiative Humanitarian Pandemic Preparedness (H2P), with the goal to increase the state of preparation for and the capacity to respond to a pandemic at district and household level, was organized by the regional health unit in close collaboration with the zone AHI coordinator in January 2009. The meeting aimed to ensure that national society focal persons have a comprehensive understanding of technical management of the programme and grant before the development and preparation of detailed project proposals. The Philippines, Indonesian and Viet Nam Red Cross societies were awarded the grant and started implementing the projects in close collaboration with partners. Support was provided to the Cambodian Red Cross in developing a proposal for the Humanitarian Pandemic Preparedness Accelerated Project (H2P-AP), funded by the UK Department for International Development (DFID). The project, implemented in twelve provinces, focused on development of a pandemic preparedness plan and dissemination of prevention messages. H1N1 communication and dissemination activities were conducted with the support of the regional health unit in southern Lao reaching approximately 10,000 persons.

The Measles Initiative goal is to reduce global measles mortality by 90 per cent by 2010 compared to 2000; today the reduction is 74 per cent. The Timor-Leste and Indonesian Red Cross societies contributed to reaching this goal by involvement in community social mobilization activities during the measles vaccination campaigns. Support in partnering with the WHO, ministry of health and UNICEF was provided by the regional health unit and the Timor-Leste Red Cross signed a collaboration agreement with the WHO which contributed financially to the Red Cross activities during the campaign.

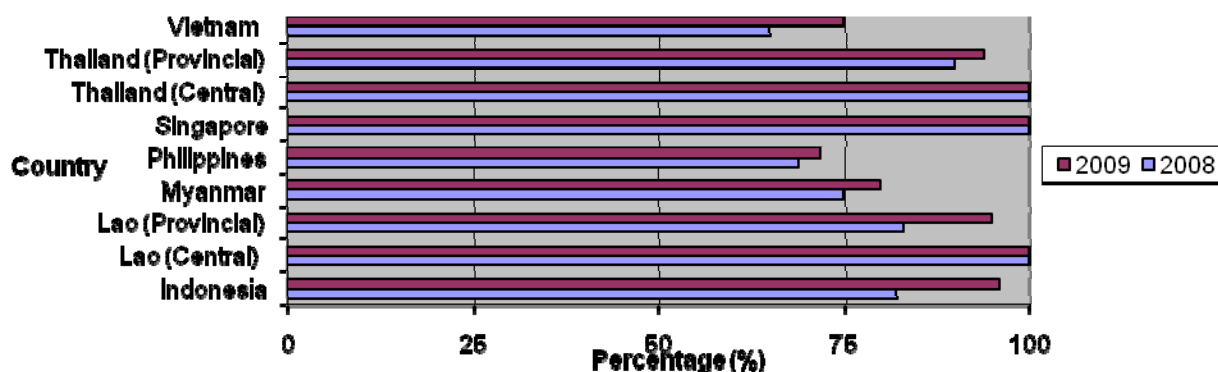
Expected result 5: Increased voluntary non-remunerated blood donor recruitment.

Achievements:

Voluntary non-remunerated blood donor recruitment continued to be a core activity in seven national societies in the region and four of the societies have been given special mandate by their ministries of health to manage national blood services. The regional Voluntary Non-Remunerated Blood Donor Recruitment Programme continued to be technically supported by the Singapore Red Cross through the renewal of the agreement between the regional office and the Singapore Red Cross Society.

The regional health unit coordinated and facilitated the selection of participants to the International Forum: "Club 25 and Health Promotion" that was held as part of the Africa Society for Blood Transfusion 5th Conference in Nairobi, Kenya, in June 2009, and organized in collaboration with the IFRC. Important issues that impact on the collection of sufficient safe blood to satisfy the needs of patients were addressed. Club 25 representatives from the Singapore, Thai, Viet Nam, Philippines and Lao Red Cross participated in the forum with support from the Japanese Red Cross through the IFRC.

The 7th Regional Workshop on Blood Donor Recruitment, hosted by the Indonesian Red Cross and facilitated by the Director for the Blood Donor Recruitment Programme, Singapore Red Cross, with support from the regional health unit, was held in Jakarta in December 2009. The workshop was funded by the Austrian Red Cross through the IFRC. More than 30 participants representing 14 national societies including partner national societies and the IFRC attended the workshop. Steady progress towards the joint IFRC/WHO goal "100 percent Voluntary Non-Remunerated Blood Donation" by 2010 has been made across the region but there is still work to be done to achieve the goal on time (*see table below*).



Expected results 6: 1) Selected communities in Sekong, Saravanh and Attapeu districts of Lao PDR have increased access to safe water and sanitary facilities, and have adopted healthier behaviour related to prevention of common diseases. 2) Lao Red Cross has capacity to manage and implement their community-based health programme.

The regional water and sanitation delegate spent 25 per cent of her time in supporting the society in the implementation of the integrated health/water and sanitation programme funded through the IFRC by the New Zealand Red Cross. The support focused on programme management for headquarters staff and on gradual scaling down of programme activities. All major construction works associated with the programme were completed in March 2009 whereafter the focus of work was on continued monitoring and support including refresher training for volunteers and district staff in relevant health and hygiene promotion topics and refilling of first aid kits. Since the programme started in 2004 a total of 29,000 persons have got access to safe water. The hygiene promotion activities continued throughout the year. Whilst the programme is due for completion in December 2010, a final evaluation visit is planned for early 2010 after which the summary programme document will be finalized by IFRC. The Lao Red Cross water and sanitation team supported by the regional health unit held quarterly water and sanitation meetings with the province and district branch staff and representatives from partner national societies in-country involved in water and sanitation. The IFRC together with the Lao Red Cross representatives was actively involved in the Lao PDR WASH technical working group leading to increased coordination and knowledge of what other organizations were doing in this field.

The Lao Red Cross CBHFA in action programme was initiated. An introduction meeting for key staff from health, organizational development and disaster management departments at the national headquarters, translation of the implementation guide into Lao language and a sensitization workshop for national society staff, partner national societies and other stakeholders were completed. All stakeholders were introduced to the CBHFA in action concept and how the CBHFA in action approach can build healthier communities. Thirty-eight persons from 17 branches and representatives from the ministry of health and partner national societies attended the workshop that was successful with active involvement and engagement from all participants. The CBHFA implementation and facilitator guides were adapted and translated into Lao language. A facilitators' workshop will be held in January 2010, facilitated by master facilitators from the Thai Red Cross and the regional health unit, and financially supported by partner national societies (Australian Red Cross, Austrian Red Cross, Danish Red Cross, French Red Cross and Swiss Red Cross) and the IFRC.

Challenges

Capacity limitations at national level remained a challenge especially the capacity to plan, implement, monitor and report on programmes. National societies were overwhelmed by multiple donor programmes and various reporting demands. The competition for both financial and human resources has been growing; limited capacity makes it difficult for national societies to tap available external funding from outside the Movement. Many national societies moved from a project to programme approach but were still being caught up in project support. Integration of projects and programmes needs to be strengthened at all levels, and mechanisms for enhanced collaboration between disaster management, health and organizational development departments elaborated. Stronger leadership commitment in particular to the HIV Global Alliance is required.

The establishment of new working relations was delayed due to the ever increasing workload and broad range of expectations on the regional health unit. Funding for delegates remained a challenge as well as for certain components of the regional health programme. The roles and responsibilities of the Asia Pacific disaster

management unit versus the regional health unit in relation to both disaster response and in-between disasters need further clarification.

Working in partnership

The key partners supporting the regional health programme 2009 were the Australian Red Cross, Finnish Red Cross, Japanese Red Cross, New Zealand Red Cross and Norwegian Red Cross. The collaboration with American Red Cross was further strengthened through its technical contribution to regional health workshops. The monthly half-day inter-agency forums on Pandemic Preparedness among representatives from regional and country international non-governmental organizations, UN, donor communities, media, academia and private sector organizations based in Bangkok continued with the regional health unit being a member of the forum core group. Collaboration with partner organizations which are part of the IFRC global agreements such as WHO, UNICEF and UNAIDS were facilitated at national level. The collaboration with APN+ was further strengthened through active involvement in the regional HIV programme and the regional master facilitator workshop on HIV prevention, treatment, care and support for community volunteers.

Contributing to longer-term impact

With the launch of the Global Alliance on HIV in five countries in Southeast Asia the programme is expected to expand and double its reach by 2010. Community-based health programmes contribute to increased community ownership making programmes more sustainable and at the same time empower the communities. Working with vulnerable communities will enable them to attend to their own health needs and to provide care leading to less dependency on outside structures and systems. The creation of a regional pool of specialized resource persons, who will act as facilitators in their own countries and regionally, will facilitate national society capacity building and expansion of programmes to reach and serve vulnerable communities.

Looking forward

In a rapidly changing environment national societies continually adjust their strategies and activities to deliver relevant services to the most vulnerable communities. Consequently the focus of the health programmes varies from country to country. The regional health unit support to national societies' health programmes in 2010-2011 will continue to focus on technical and management capacity development. The strengthening of regional/zone Red Cross/Red Crescent technical teams and networks and the establishment of new ones will be supported as well as partnerships and operational alliances including the implementation of the Global Alliance on HIV. An integrated programme approach will be promoted; exchange of expertise and knowledge sharing across the region/zone and among stakeholders will be facilitated. Community-based prevention programmes aimed at reducing diseases with epidemic and pandemic potential including dengue fever and vaccine preventable diseases will be in focus and national societies will be assisted in the roll out of the CBHFA in Action – Learning by Doing – approach. In-country support will continue to be prioritized as well as regional workshops and the facilitation of national society participation in regional and global events.

Organizational development

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

Programme components

1. Tailor-made organizational development and capacity building initiatives
2. Integration with health, disaster management and humanitarian values
3. Information sharing and knowledge management

Achievements

To an increasing degree, the organizational development (OD) unit has been sought out by national societies to play a wide range of specific roles from facilitating workshops featuring the branch development game in Indonesia, Timor-Leste, Malaysia, Maldives; assessing and helping develop internal financial controls in Timor-Leste and Myanmar; designing and facilitating strategic planning processes in the Philippines, and providing technical input on constitutional revision processes in Malaysia.

The fact that the staffing of the OD unit has remained fairly stable (the OD delegate and the finance development delegate have completed three years in their roles) has meant that work has been carried out on the basis of relationships going back three years with national society leaders.

Finance development

One highlight has been the work of the finance development delegate, funded by the Swedish Red Cross. In 2009, the three countries that took most of his focus were Myanmar, Timor-Leste and Viet Nam. Two significant milestones were the computerization of the financial systems in 'the hubs' in the delta area affected by Cyclone Nargis in Myanmar; and the board approval of a new set of financial controls in Timor-Leste. Both are significant steps that have increased confidence in the respective societies and their ability to manage their funds with a high degree of accountability.

Also worthy of note are the ways that the OD unit has developed a constructive relationship with Brunei Darussalam Red Crescent Society (BDRCS) and the Malaysian Red Crescent. Neither of these national societies has received much tailored Federation technical support in recent years. And in the case of Brunei, the OD delegate was the first IFRC delegate to be invited by the BDRCS to visit for several years. This has opened up a number of possibilities for cooperation in 2010.

OD in emergencies

The regional OD unit has become a reference point for advice on 'OD in emergencies'. The idea of 'OD in emergencies' has arisen because it has been observed that after large internationally funded emergency operations, national societies can be left in a weaker state than they were before the operation began. The big question then is how an operation can be carried out in such a way that the national society is stronger at the end than it was at the beginning.

The regional OD unit played a central role considering this dimension of the Cyclone Nargis operation which began in Myanmar in 2008. Since then, a considerable amount has been learnt from this experience. The OD unit chaired a lively debate at the RDMC on this question. This was followed up by presentations both in Indonesia at PMI's national disaster committee and a presentation on OD in emergencies delivered at the Southeast Asian leaders meeting in Hanoi. The leaders of Myanmar and Indonesia Red Cross Societies, who have lived through the biggest emergency operations in the region in recent years, both affirmed the presentation as accurately portraying the critical issues.

In 2009, the region was hit by disasters in Indonesia, Philippines, and Viet Nam (and Samoa) simultaneously. OD consultants were employed in the operations in Indonesia and Samoa and the regional OD unit provided advice in this work.

Effective regional platforms for knowledge sharing

The potential of national societies sharing ideas and experiences with each other has long been recognized. The regional OD unit has worked hard in 2009 to make regional forums more engaging, and provide a more effective space for national societies to make connections.

In 2009, the regional OD forum moved away from being an event based around national society powerpoint presentations. Instead, it utilized two key methodologies. The first was group dialogue using the 'world café' approach (a way of letting participants get to know each other better while they progressively build on a discussion item as they shift between different hosted tables). And secondly, rather than having national society representatives signing up for the OD forum, they were asked to sign up for specific working groups. There were three working groups to choose from - corporate fundraising; branch development; and 'OD in emergencies'. The working groups enabled participants to deal with the topics in depth and to share their work with each other in detail.

The forum, co-hosted by the Thai Red Cross, proved popular with a desire to use similar methodologies in national society meetings.

A meeting of finance directors was held, to which participants from South Asia were also invited. The most interesting dimension of the event was learning about some of the networking that occurred between national societies after it was over. We were delighted to hear of a number of interactions between finance directors after the meeting, including the sharing of tools and manuals.

The third regional event hosted by the OD unit was the Southeast Asia youth director's meeting, co-hosted by the Lao Red Cross. This event considered how the 'Solferino Youth Declaration' could be applied in the region. The key agreement was to promote the idea of 'youth forums' that could represent youth perspectives on national society issues.

Development of an 'OD practice'

The final significant milestone of the year concerned work carried out towards strengthening the discipline of OD. The OD delegate experienced some OD training from outside the Red Cross Movement which greatly enriched his approach to his work. The unit then hosted a week of training and reflection on OD work for all the Federation OD staff in Southeast Asia. This has begun to form a 'community of practitioners'. Work to foster this community will continue into 2010.

Constraints

While we are confident that the service we provide is increasing in professionalism, it remains a challenge to articulate the 'impact' of the OD programme. This challenge becomes a greater issue when dealing with donors who require evidence of the impact on vulnerable people. In 2010, we hope to work with our donors to investigate and trial methodologies for tracing 'impact' in complex contexts. Two we are looking at are - 'the most significant change' methodology, and 'outcome mapping'.

Confusion about the nature of OD work is a continuing issue worthy of mention. For many, OD is defined by a list of topics (focused on the characteristics of a well-functioning national society). Some national societies have created 'OD departments'. Often this has resulted in 'OD counterparts' in national societies with limited influence. The OD unit argues that OD is a discipline focused on helping change to emerge in organizations. As such, the natural counterparts should be national society leaders. The regional OD unit has attempted to foster this sense of an 'OD discipline' amongst IFRC practitioners in Southeast Asia.

Networking between national societies continues to be less than what should be possible. There is not yet a culture of national societies picking up the phone or writing emails to those with similar roles in neighbouring national societies. The biggest exception to that is the youth directors. There, through consistent membership of the network and relationships built up over years, participants go out of their way to share their work and contact each other directly. We continue to explore initiatives to promote greater networking.

An ongoing challenge for a regional OD programme is engaging with the true face of a national society. When visits are infrequent, it is easy to be exposed to 'the best face'. However, getting a deeper understanding of 'what is really going on' requires patience and a highly observant attitude. There is no replacement for having colleagues on the ground who can provide ways of understanding what you see.

Communications

The communication material relating to cyclone Nargis as well as the four natural disasters striking within one week of late 2009 dominated the work of the communication unit for months. However, 2009 was also the year where an ambitious plan for communication capacity building was drawn up and partly implemented, and the work will continue in 2010. Otherwise the year was characterized by increased and good cooperation between the communication delegates in the zone as well as a large output of videos and publications.

Outcomes

The regional office has close cooperation with communication departments in national societies, most notably Myanmar Red Cross in connection with Nargis recovery and capacity building/training. Good media relations are maintained, and the regional communication delegate has provided communication services for the Nargis and tsunami anniversaries, the four disasters hitting Asia Pacific in 2009 as well as other activities. Continued services to other units, country offices and national societies in the region have also been provided.

Achievements

There has been a much higher degree of "internationalization" of national societies in the region, providing communication outputs for the IFRC in connection with disasters and recovery. An ambitious plan for capacity building in three national societies (Cambodian Red Cross, Myanmar Red Cross and Cruz Vermelha de Timor-Leste) has been drawn up.

A comprehensive Nargis one-year communication package with stories, photos, reports, videos, TV-spots and a photo-exhibition highlighting volunteers was prepared in close cooperation with Myanmar Red Cross.

The relations with international media with "bilateral" contact have increased, and two press conferences were organized. The communications delegate cooperated with and temporarily replaced the zone communication manager in his absence during the four natural disasters hitting the zone – three of them in Southeast Asia. Media and partner national societies responded well to the output from communication delegates in the field, office and the secretariat.

A meeting among zone communication delegates in Bangkok early in the year resulted in increased cooperation and joint projects, i.e. establishing a regional e-newsletter, production of a video on HIV and production of cards, planners and calendars, with the Bangkok regional office taking the lead on the latter two activities.

Other videos included a recovery video on cyclone Nargis and two on disaster preparedness as well as preparation for a disaster risk reduction video from the Philippines.

Other publications included the support to different leaflets and booklets as well as a set of flyers describing the major activities of the regional office.

The communication unit has also established much better audio/visual preparedness and a proper filing system for years of video and photo materials so that the materials are accessible to all staff.

Challenges

Funding, the overall global agenda and the regional communications delegate's job description do not reflect zone communication policy and the job reality and demands. It works thanks to great flexibility from all parties but it would be better to "align" these.

The "eternal dilemma" remains that there is too little time for development due to other demands and commitments. Another challenge is to use anniversaries and other occasions as platforms for advocacy and humanitarian diplomacy. This can be done to a much larger extent than what is presently done.

Looking ahead

Communications intends to increasingly work on capacity building, partly in three specific national societies (Cambodian Red Cross, Myanmar Red Cross and Cruz Vermelha de Timor-Leste) and partly in the region and the zone as a whole. A number of workshops combining strategic thinking and skills training will be organized as well as a number of visits to Myanmar, Cambodia and Timor-Leste.

Communications also plans to take an active part in humanitarian diplomacy and possible global campaigns. Service to national societies beyond the zone and region (mainly to partner national societies) will continue as they increasingly contact the regional and zone offices. More videos are planned together with the regional disaster management unit.

Working in partnership

One of the bigger achievements of 2009 was the establishment of a stronger rhythm and basic instinct of partnership among Movement actors in Southeast Asia. Quarterly meetings (with the organization and chairing shared between partner national societies, IFRC and ICRC) attained a high level of discussion, credibility and confidence building towards more joint thought and action after some awkward beginnings. A monthly update from the region has also been well received by partners.

Relations with ICRC have continued to go from strength to strength. Joint initiatives and missions in Lao PDR, Cambodia and Viet Nam have added to a Movement approach in these countries, which also benefits host national societies (at the very least reducing the strain of dealing with an extra partner when there is no real need).

The critical partnership, of course, is the one between the region's 11 national societies and that too has strengthened. The annual leaders meeting in Hanoi was a success in terms of ambience and substance and prepared the region well for the statutory meetings held in November 2009 in Nairobi. The leadership of Thai Red Cross Society and Palang Merah Indonesia (PMI) working together on the development of a Memorandum of Understanding with ASEAN is just one example of the network where all the expertise, resources & influence – ie the national societies themselves – is reaching new levels of effectiveness.

As encouraged under Strategy 2020, reaching out effectively beyond the Movement is proving to be something of a 'final frontier'; however, initiatives with academic institutions in the US and Australia as well as Thailand show potential to reap dividends in 2010 in terms of knowledge 'establishment' and sharing.

Contributing to longer-term impact

The governing board of the IFRC approved a proposal from the secretary general to integrate the secretariat country presence within the national society structures in November 2009.

In Southeast Asia, the regional team has long taken this issue seriously and has been active in having appropriate and non-parallel country-level support structures for host national societies. Indeed, parallel structures are not only less cost effective; they often hamper national society capacity building.

The regional office has been feeding its experience into an evolving Asia Pacific-wide approach with the objective of realigning the secretariat role in supporting national societies to expand their respective 'humanitarian business environments'.

Several key principles are emerging; such as that an IFRC office should not implement core area programming in place of a national society, except in an emergency to save lives; and an IFRC office should always work to develop the capacity of a national society, while providing services and support while that capacity develops.

One challenge is spreading this ethos to partner national societies who increasingly put their trust and money in their own 'delivery structures'.

Looking ahead

The regional office in Southeast Asia continues to stand the test of time with a reasonably good record of adapting to ever changing scenarios both within as well as outside the Movement. Morale has had its ups and downs and 2010 presents its own set of challenges. However, the team finds solace, indeed validation and inspiration in focusing on country-level support and quality. In this it has a good foundation of acceptance and respect from the national societies of this region on which to build.

It will undoubtedly be a challenge to continue to authenticate the rationale of the regional office, especially with the shift of response coordination from Bangkok to Kuala Lumpur. However, the team is reorientating itself around a broader risk reduction agenda, as well as continuing to reflect on how best it should play its unique role as a key actor on behalf of the IFRC in this humanitarian hub that is Bangkok.

Gap filling in terms of key country level representation remains on the agenda in both Cambodia and Lao PDR (with the new representative having arrived in Viet Nam mid-March). There seems no solution to this long term, with limited funding available at the country level to support such positions, and a shortage of funding as well as high calibre candidates available to fill them.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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[<financial report below; click here to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MAA51001 - South East Asia region

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAA51001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	1,053,374	795,948	445,267	52,973	539,037	2,886,600
B. Opening Balance	527,902	278,018	171,236	57,867	293,294	1,328,316
Income						
Cash contributions						
Asian Disaster Preparedness Center (from Asian Development Bank)		15,560				15,560
Australian Red Cross (from Australian Government)	0	24,779				24,779
Austrian Red Cross		30,294				30,294
British Red Cross					-23,043	-23,043
China Red Cross					-5,908	-5,908
Danish Red Cross	0	0	2,294			2,294
Danish Red Cross (from Danish Government)	0	0	0			0
ECHO	479,658					479,658
Finnish Red Cross	449,174	13,117				462,291
Finnish Red Cross (from Finnish Government)		74,332				74,332
Germany Red Cross		0				0
Japanese Government	52,270					52,270
Japanese Red Cross	116,538	85,595	30,726	10,974	20,743	264,575
Netherlands Red Cross (from Netherlands Government)	14,908					14,908
New Zealand Red Cross	9,980	69,280	151,080			230,340
Norwegian Red Cross	250,000	10,201				260,201
Norwegian Red Cross (from Norwegian Government)	0	91,806				91,806
Other	-1,900	0	0		-0	-1,899
Spanish Red Cross	30,020					30,020
Sweden Red Cross	81,031					81,031
Sweden Red Cross (from Swedish Government)	210,695		201,579	28,093	56,185	496,552
Unidentified donor					-8,065	-8,065
C1. Cash contributions	1,692,374	414,962	385,679	39,066	39,912	2,571,994
Outstanding pledges (Revalued)						
Asian Disaster Preparedness Center (from Asian Development Bank)		-15,087				-15,087
Australian Red Cross (from Australian Government)	-45,753					-45,753
Danish Red Cross			-2,294			-2,294
ECHO	84,766					84,766
Finnish Red Cross		2,543				2,543
Finnish Red Cross (from Finnish Government)		14,408				14,408
Netherlands Red Cross (from Netherlands Government)	14,879					14,879
New Zealand Red Cross		-69,300				-69,300
Spanish Red Cross	-14,966					-14,966
C2. Outstanding pledges (Revalued)	38,925	-67,437	-2,294			-30,806
Income reserved for future periods						
ECHO	-49,045					-49,045
C3. Income reserved for future periods	-49,045					-49,045
Inkind Personnel						
Australian Red Cross		-12,400				-12,400
New Zealand Red Cross		74,400				74,400
Sweden Red Cross	74,400					74,400
C5. Inkind Personnel	74,400	62,000				136,400

International Federation of Red Cross and Red Crescent Societies

MAA51001 - South East Asia region

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAA51001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

Other Income

Services					315,525	315,525
C6. Other Income					315,525	315,525
C. Total Income = SUM(C1..C6)	1,756,655	409,525	383,385	39,066	355,437	2,944,068
D. Total Funding = B + C	2,284,557	687,543	554,621	96,934	648,730	4,272,384
Appeal Coverage	217%	86%	125%	183%	120%	148%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	527,902	278,018	171,236	57,867	293,294	1,328,316
C. Income	1,756,655	409,525	383,385	39,066	355,437	2,944,068
E. Expenditure	-1,006,890	-505,293	-390,151	-14,618	-421,364	-2,338,317
F. Closing Balance = (B + C + E)	1,277,666	182,250	164,470	82,315	227,366	1,934,068

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Budget Timeframe	2009/1-2009/12
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Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of 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)		1,053,374	795,948	445,267	52,973	539,037	2,886,600		
Supplies									
Construction Materials			612				612	-612	
Clothing & textiles		64	145				208	-208	
Water & Sanitation	2,000		36,899				36,899	-34,899	
Medical & First Aid		306	4,403				4,709	-4,709	
Total Supplies	2,000	369	42,059				42,428	-40,428	
Land, vehicles & equipment									
Vehicles		1,560					1,560	-1,560	
Computers & Telecom	23,500	19,284	1,594	11,471	470	1,988	34,807	-11,307	
Others Machinery & Equipment	51,000							51,000	
Total Land, vehicles & equipment	74,500	20,844	1,594	11,471	470	1,988	36,367	38,133	
Transport & Storage									
Storage		1,909	2,412	86		86	4,493	-4,493	
Distribution & Monitoring			363				363	-363	
Transport & Vehicle Costs		2,493	2,797	12	2	3,674	8,978	-8,978	
Total Transport & Storage		4,402	5,572	98	2	3,760	13,834	-13,834	
Personnel									
International Staff	847,880	279,795	218,934	204,342	-15,173	60,900	748,798	99,082	
Regionally Deployed Staff	112,000	95,554	5				95,559	16,441	
National Staff	90,000	38,943	32,264	34,007		2,065	107,279	-17,279	
National Society Staff		13,614	13,969			1,929	29,512	-29,512	
Consultants		28,730	1,442	1,500	11,355		43,027	-43,027	
Total Personnel	1,049,880	456,637	266,613	239,849	-3,818	64,895	1,024,176	25,704	
Workshops & Training									
Workshops & Training	619,295	176,097	97,820	42,212	387	32,282	348,798	270,498	
Total Workshops & Training	619,295	176,097	97,820	42,212	387	32,282	348,798	270,498	
General Expenditure									
Travel	295,660	98,819	54,542	37,100	2,111	22,288	214,861	80,799	
Information & Public Relation	2,000	19,245	12,984	2,128	1,980	557	36,892	-34,892	
Office Costs	295,800	13,660	2,991	1,587	1,095	87,879	107,212	188,588	
Communications	84,400	19,489	9,363	8,507	1,182	4,409	42,950	41,450	
Professional Fees	6,000	174	900	233			1,307	4,693	
Financial Charges		1,883	1,606	789	84	291	4,652	-4,652	
Other General Expenses	269,436	22,593	79	20,013	10,000	175,406	228,092	41,344	
Total General Expenditure	953,296	175,863	82,465	70,357	16,451	290,830	635,966	317,330	
Programme Support									
Program Support	187,629	62,202	32,176	25,830	1,126	27,608	148,942	38,687	
Total Programme Support	187,629	62,202	32,176	25,830	1,126	27,608	148,942	38,687	
Services									
Shared Services		649					649	-649	
Total Services		649					649	-649	
Operational Provisions									
Operational Provisions		109,828	-23,006	334			87,157	-87,157	
Total Operational Provisions		109,828	-23,006	334			87,157	-87,157	
TOTAL EXPENDITURE (D)	2,886,600	1,006,890	505,293	390,151	14,618	421,364	2,338,317	548,283	
VARIANCE (C - D)		46,484	290,655	55,117	38,355	117,673	548,283		