

# Annual report

 International Federation  
of Red Cross and Red Crescent Societies

## East Asia

Appeal No. MAA54001

30 April 2010

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



This first aid post in Suhung ri, Hamju county, South Hamgyong province is one of 2,500 first aid posts supported by the DPRK Red Cross in the entire country. Volunteers run the posts on a daily basis. Photo: Raiia Andersen/ IFRC.

## In brief

**Programmes summary:** The International Federation of Red Cross and Red Crescent Societies' (IFRC) East Asia regional office serves to support and build capacities within the national societies of the East Asia region. The region includes China, Mongolia, the Democratic People's Republic of Korea (DPRK), the Republic of Korea, and Japan. The IFRC has programmes that support the national societies in China, Mongolia and the Democratic People's Republic of Korea.

The IFRC continues to support the Red Cross Society of China (RCSC) in the recovery efforts for the areas struck by the 8.0 magnitude earthquake on 12 May 2008. The regional office hosted, with the RCSC, a partnership meeting specifically on the earthquake recovery activities in April, in conjunction with the annual partnership meeting of East Asia national societies.

At the same event, the IFRC organized specific sessions on the Global Alliance on HIV in East Asia, a Cooperation Agreement Strategy (CAS) partnership meeting for the DPRK Red Cross Society, and exploration of a possible CAS process for Mongolian Red Cross Society.

The regional disaster management team hosted a regional disaster management team meeting in March followed by an emergency assessment workshop. The team also continues to support each national society on contingency planning, the development of national disaster response teams and integrated programming.

The regional health team also organized and hosted a regional health team meeting in March where focus on community-based health and first aid as well as water and sanitation initiatives were introduced and discussed in detail. The development of the A (H1N1) virus into a global pandemic spurred the IFRC's health team into action to make sure each country office and national society in the region have pandemic

preparedness plans updated and ready for the inevitable spread of the virus. Furthermore, support to national societies in dealing with hand, foot and mouth disease and the concerns over H5N1 avian influenza virus are ongoing.

Following the worst floods in decades which hit Mongolia in July, killing 24 people and affecting thousands more, CHF 240,000 in funds was released from the Federation's Disaster Relief Emergency Fund (DREF) to support the Mongolian Red Cross Society's (MRCS) relief efforts with food and non-food items.

In other developments, the East Asia regional disaster management programme continues to provide technical support to DPRK Red Cross, RCSC and MRCS in disaster risk reduction. The programme supports the national societies in reviewing and developing funding plans and proposals and conducting feasibility studies together with the national societies and discussing with potential donors and partner national society interested in supporting disaster risk reduction in the region.

The regional health programme supports the national societies of the region in various health programming, including HIV, blood donor recruitment, and emergency health and water and sanitation. The regional health programme has also been actively supporting the adaptation process of the IFRC's new community-based health and first aid approach in the regional countries.

Regional support to the national societies in communications, organizational development, planning, monitoring, evaluation and reporting, and overall coordination continue to be a priority for the regional office.

**Financial situation:** The total 2009 budget was revised down from CHF 3,802,062 (USD 3.51 million or EUR 2.5 million) to CHF 1,001,123 (USD 980,205 or EUR 662,447) to account for a shift in expenditures that were accounted for in the China earthquake appeal budget. Coverage is 110 per cent while expenditure from January to December 2009 is 45 per cent of the total 2009 budget.

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

**No. of people we help:** During this reporting period, headquarters and branch staff of the Mongolian, Chinese and DPRK Red Cross Societies directly benefited through support of the IFRC's initiatives. Indirect beneficiaries include the branch staff, volunteers and communities that gain further knowledge and better services through the workshops and trainings that are held at the regional level. Furthermore, through support of the regional office, the national societies have been made better able to reduce risks in the communities they serve both from disasters and public health concerns.

**Our partners:** The IFRC's East Asia regional office works closely with the national societies in the region, their governments, and local communities. Other partners include the American Red Cross, Australian Red Cross/Australian government, British Red Cross/British government, Canadian Red Cross/Canadian government, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, German Red Cross/German government, Japanese Red Cross, Netherlands Red Cross/Netherlands government, Norwegian Red Cross/Norwegian government, Spanish and Swedish Red Cross/Swedish government. The United Kingdom Department of International Development (DFID) is also a supporter in the region. Close coordination with other Movement partners, such as the International Committee of the Red Cross (ICRC) and the Asian Red Cross Red Crescent Network on HIV (ART) is a key element of our work. Maintaining and building relations within the United Nations system continues to be a priority, especially with partners such as World Health Organization (WHO), United Nations Children's Fund (UNICEF), The Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA and other international and non-government organizations. Furthermore, the regional office works with international media agencies and other partners to promote the work of the Red Cross national societies in the region. The national societies in the region have many Red Cross partners engaged in both bilateral and multilateral projects. The IFRC supports the national societies in their coordination with partner national societies, specifically the CAS established in DPRK and the initiation of the process in Mongolia and the Global Alliance on HIV in both Mongolia and China.

The IFRC, on behalf of the national societies in the East Asia region, would like to thank the abovementioned partners for their generous support.

## Context

The East Asia region is diverse demographically, geographically, economically and politically. While the range of issues facing the national societies in this region are wide, there are many shared challenges including the affects of climate change, global economics, migration, and, of course, the constant threat of natural disasters.

Countries in East Asia were greatly affected by the global economic downturn in the first half of this year. China felt a 22.6 per cent year-on-year drop in exports in April, which was the sixth consecutive month showing a decrease. Likewise, companies in Mongolia closed their doors as the effects of the crisis deepened. Unemployment rose in 2009 and fear that this may push many thousands more into poverty is a reality already taking hold.

The political tension on the Korean peninsula had somewhat reduced by the end of the year. Optimistic developments in 2009 included the possibility of reopening of the six-party talks. However, contradictory opinions among international agencies on the food security situation for 2010, based on data from the harvest of different crops in 2009, made it difficult for humanitarian organizations to plan appropriate support.

All the countries in the East Asia region were hit with A (H1N1) cases. As of 9 December, the DPRK has reported nine cases of A (H1N1), with no deaths, while the virus spread quickly throughout China in the last months of 2009. In the second week of November, nearly 90 per cent of flu cases in the mainland were A (H1N1)<sup>1</sup>. This brings the total to over 93,000 reported cases in mainland, Hong Kong, Macao and Taiwan as of 17 November<sup>2</sup>. A vaccination campaign was launched across the country mainly targeting high risk groups. Already, 20.34 million people are inoculated against the A (H1N1) flu nationwide as of 22 November<sup>3</sup>.

Mongolia reported 1,044 confirmed cases of A (H1N1), including 17 deaths as of 17 November. Intense influenza activity continues to be observed in Mongolia with a severe impact on the healthcare system and the government maintained the second-highest level of alert during most of November. More information on the situation and response of the MRCS can be found [here](#). Meanwhile, both South Korea and Japan had serious outbreaks in 2009, which stabilized towards the end of the year.

It is widely acknowledged now that these figures are likely to represent only a small proportion of the actual number of cases that have occurred in the region, since many countries have stopped counting individual cases, particularly of milder illness in latter months.

At the same time, hand, foot and mouth disease continued to plague China and Mongolia with hundreds of thousands of new cases in 2009, even though the severity of the outbreaks have been reduced. Avian influenza (H5N1 virus) continues to circulate in China, with another seven human cases contracted. Concerns of continuing outbreaks of the H5N1 virus in birds and the transmission to humans puts support of avian influenza prevention messages still at a priority.

In the second half year, China was hit by a series of disasters, including flooding, typhoons, earthquakes, drought and heavy snow. The floods during the rainy season left more than 300 people dead and 100 missing, with up to 67 million affected in nearly all the provinces in the country. At least 260,000 houses collapsed and the direct estimated economic loss is estimated more than CHF 7.7 billion (CNY 46 billion)<sup>4</sup>. The downpours destroyed houses, flooded crops, cut power, damaged roads and caused rivers to overflow.

Typhoon Morakot made landfall in Taiwan on 7 August, killing nearly 500 people and forcing the evacuation of thousands. According to statistics from the Ministry of Civil Affairs of China, the typhoon killed eight people, toppled more than 10,000 houses and inundated 449,600 hectares of cropland in mainland China.

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<sup>1</sup> The A (H1N1) influenza cases accounted for 89.4 percent of all flu cases reported in the Chinese mainland the second week of November, almost 3 percentage points higher than the figure of the previous week, China's Ministry of Health.

<sup>2</sup> Source: Ministry of Health

<sup>3</sup> Source: Ministry of Health

<sup>4</sup> The numbers is estimated based on the statistics of Office of State Flood Control and Drought Relief Headquarters of China released on July 30, 2009: there are 29 provinces/cities/areas affected by floods, 5.335 million hectare crops destroyed, 67.36 million affected, 307 killed, 113 missing, 260,000 houses collapsed, the direct economic losses is estimated CHF 7.75 billion (RMB 46.5 billion). These figures covers the period from 1 April to 30 July, most of the floods happed during the end of June to July.

In Mongolia, the flooding in July caused at least 24 deaths, with 2,000 families affected and up to 124 of them left homeless. The disaster was minimal in terms of the number of people affected or killed if compared, for example, other neighbouring countries like China – although not if Mongolia’s small population is factored in - but it has shown that even small to medium size recurring flood events in poor, *ger* districts of Ulaanbaatar can lead to serious public health concerns, especially among the most vulnerable groups due to their very low coping capacity. The larger issue of ensuring better health for the most vulnerable who often live in informal settlements in the region’s rapidly growing cities remains a critical issue to be addressed in regional forums.

A year after the devastating earthquake hit China’s southwest region, recovery efforts are still ongoing, with rapid construction going on throughout the areas. Other disasters continue to challenge the branches of the region’s national societies, including harsh cold weather in Mongolia and China, flooding and the onset of the tropical storm season, and drought which is a silent killer of crops and livestock that greatly affect vulnerable populations across the region.

The Red Cross societies in the region continue to serve some of the most vulnerable populations in their countries, and work together through support of the IFRC’s regional office to deepen partnerships and share valuable knowledge in order to strengthen the impact of Red Cross work in East Asia.

## Progress towards outcomes

### Disaster management

#### Outcomes

Programme component	Component outcomes
Disaster management planning and organizational preparedness	National society disaster management strategies and contingency plans are developed and implemented, promoting national societies as respected humanitarian organizations with effective disaster management capacity in their country.
	Capacity of the three national societies in the region to respond to disasters is strengthened.
Community preparedness/disaster risk reduction	The capacity of East Asia national societies is strengthened to support hazard-prone communities in reducing the impact of disaster through increased awareness and preparedness activities.
Coordination and cooperation	The East Asia disaster management programme is supported through the effective coordination and cooperation with international and external groups.

#### Achievements

##### **Disaster management planning and organizational preparedness**

Throughout the year, the IFRC provided a platform and coordinated knowledge sharing and discussions on disaster management planning between RCSC, DPRK and Mongolian Red Cross. Focus has been on enhancing the overall capacity for efficient disaster response and disaster risk reduction within the context of their own national Red Cross strategy.

The 2009 regional disaster management meeting was conducted in March in Kunming, China. Disaster management managers from the DPRK Red Cross, MRCS and RCSC representatives attended the meeting to exchange their national disaster management strategies, long-term plans and key priorities in year 2009. All three national societies pledged a clear emphasis on the importance in prioritizing of disaster management actions in line with overarching Red Cross Red Crescent strategies.

A regional emergency assessment workshop was conducted after the meeting in Kunming, China, after the meeting. A total of 23 participants from the region participated in the five day training. With technical support from the regional office and the zone disaster management unit, participants were able to practise through participatory approach and simulation exercises. Simulated situation reports, local government reports, and other realistic details provided the groups to role play and strategize how to best handle the situation. After the workshop, participating disaster management managers were able to bring knowledge exchanged and

classroom experiences back to their respective national societies, to be further disseminated among colleagues, further improving their respective response capacities.

In China, May 12<sup>th</sup> marked a full year after the devastating earthquake in 2008. The IFRC disaster management team worked with the RCSC headquarters' disaster management department to review lessons learned from the Sichuan earthquake operation and recovery programmes. The Federation's regional disaster management delegate participated in an international disaster and risk conference in Chengdu, China. Both the RCSC and the IFRC gave presentations at the conference focused on Sichuan earthquake response and the Federation's disaster risk reduction approach worldwide. A national disaster response team concept paper was developed and agreed upon with the RCSC towards the end of the year.

In Mongolia, disastrous floods hit the country in July, affecting more than 2,000 families in the *ger* districts of Ulaanbaatar. The IFRC supported MRCS to conduct a needs assessment, and a total of CHF 240,000 was released from the Federation's Disaster Relief Emergency Fund (DREF) to support the country's relief efforts. A procurement delegate from the IFRC's Sichuan earthquake operation was also deployed to Mongolia to support procurement.



The MRCS volunteers have been extensively involved in the distribution and monitoring process of the DREF assistance.  
Photo: Enkhtor/MRCS

With funding support from Australian Red Cross, MRCS conducted a disaster management programme review in March - July 2009. The final report was completed in July, and MRCS has developed a plan of actions in response to the recommendations.

In the DPRK, the regional disaster management programme participated in the DPRK Red Cross Society's disaster management review in November 2008, where key recommendations were made to improve the disaster management programme. In this year, the IFRC Regional Office, together with Asia Pacific disaster management unit followed up by supporting the DPRK Red Cross to facilitate a disaster response and contingency planning workshop. 20 DPRK Red Cross Society staff from disaster management, health, water and sanitation and organization

development were trained and most importantly, a contingency plan for floods were drafted in response to the country most frequent type of disaster. The DPRK Red Cross was able to continue developing contingency plans at the provincial levels.

### **Community preparedness and disaster risk reduction**

National societies in the region are continuing to actively work with vulnerable communities on disaster risk reduction. The regional disaster management team continues to provide technical support to the national societies in the East Asia region, and share experiences of disaster risk reduction activities with other regions in the Asia Pacific zone.

In China, a review on the community-based disaster preparedness programme model was initiated by the IFRC, with the participation of partners actively supporting these programmes in the country. A mutual understanding was reached and all parties agreed that further discussion will be continued to strengthen the existing model as a response of the country's overall strategy.

A total of four community-based disaster preparedness programmes, supported by IFRC and other partners such as the Finnish Red Cross concluded in 2009. These programmes, targeting nine village communities in Hubei, Anhui, Chongqing and Henan provinces, has helped more than 14,000 vulnerable villagers to protect their lives and hectares of corn from natural disasters such as floods and droughts. A total of 8 roads, 4 bridges, 12 wells, 7 small and 1 larger scale barrages, irrigation channels as well river embankments were constructed. In addition, each of the villages set up a local disaster response team composed of trained local villagers. Up to 60 per cent of the villagers in targeted sites were given first aid and emergency response training. With the successful completion of the programmes, IFRC and other partners actively looked to support other disaster-risk reduction opportunities in the country, and confirmed the community-based

disaster preparedness programme in Gansu and Shaanxi which is badly hit by the earthquake in 2008 which will benefit 30 village communities.

In Mongolia, the regional disaster management team has supported the MRCS to develop a more integrated disaster management programme. In 2009, the regional disaster management delegate visited the MRCS to support the development of a community-based disaster preparedness project proposal and facilitate the disaster management review process which is currently ongoing. The expectation from the disaster management review is to provide strategic direction to formulate MRCS's long-term disaster management strategy and policy.

### Coordination and cooperation

The regional disaster management delegate continues to work closely with the Asia Pacific disaster management unit and actively participate in regional disaster response team taskforce meetings in the Asia Pacific zone office in Kuala Lumpur. By supporting field assessments and reviews, and facilitating coordination between national societies as well as IFRC regional and zone offices, support was gathered for each national society to apply and adapt disaster management tools as well contingency preparedness planning. During the year, the MRCS and the RCSC disaster management staff participated in the practitioners' workshop on disaster risk reduction in Thailand, where RCSC shared experiences in community-based disaster preparedness development in China. In addition, two staff members from the DPRK disaster management department received emergency response unit training in Kuala Lumpur while staff from RCSC and Japanese Red Cross received training on regional disaster response team management and logistics. A staff from RCSC attended an IMPACT training (International Mobilization and Preparation for Action Training) together with others from the Asia Pacific zone in Hong Kong to further incorporate the value of Red Cross Red Crescent Movement into their development.

This year, the IFRC also focused on linking up partners from all over the world to support programmes in the region. In the DPRK, three years of funding have been received from the European Union through the Danish Red Cross to support the DPRK Red Cross disaster risk reduction programme. In Mongolia, the Australian, Finnish and Norwegian Red Cross societies are supporting the MRCS in its disaster risk reduction programme. In China, the Norwegian Red Cross plans to develop a five-year project focused on disaster risk reduction to support the RCSC to scale up its community-based disaster risk reduction programme. In addition, Australian Red Cross, Finnish Red Cross and the Hong Kong branch of the RCSC continue their support in disaster risk reduction activities in China.

### Constraints or challenges

Countries in this region have a very wide range of disasters and needs that are addressed by the Red Cross Societies in disaster risk reduction and response. Gathering representatives from all national societies in the region is often difficult due to schedule challenges, and last minute priorities, especially when a disaster strikes. The regional office recognizes that opportunities to share knowledge and experiences are far too valuable and cannot be properly carried out without proper representation, and scheduling can be difficult. Opportunities to meet during other meetings, such as the annual partnership meeting, have also proven effective. A shortage of human resources in the IFRC's team occurred when the regional disaster management officer left in October, which posed a great challenge to meet all the needs and interests of the national societies prior to the new officer coming on board.

## Health and care

### Outcomes

Programme component	Component outcomes
HIV prevention	Capacity of national societies to design, implement, monitor and evaluate effective HIV/AIDS programmes has increased
Emergency health and water and sanitation	Capacity of national societies to respond to public health issues and water and sanitation issues in emergencies has increased in emergencies has increased.
Blood donor recruitment	Capacity of national societies to manage non-remunerated voluntary blood donor recruitment programmes has increased.
Community-based health and first aid	Capacity of national societies to provide quality community-based health and first aid services has increased.

## Achievements

### HIV

Support provided by the regional office in the last year was focused on scaling up the HIV programmes in two Global Alliance member national societies and integrating the Global Alliance principles into the HIV programming. If compared with the expenditure of the Red Cross HIV programmes in Mongolia and China for the previous year, the scale up in terms of programme funding in 2009 has been minimal in China and increased slightly in Mongolia. Although in the last two years the MRCS has become known as an important HIV partner in the country and more in-country funding opportunities have become available compared with the previous years, further growth of MRCS' HIV programme is constrained by the lack of capacity of its branches to implement community-based HIV programmes. The MRCS is planning to conduct the HIV Global Alliance review in February 2010, upon which it will revisit its current programme strategies. A planned semi-annual review for the MRCS will be combined with this review as well.



Red Cross volunteers play a "True or False" game to increase passengers' HIV knowledge in a train as a part of the national railway HIV prevention and anti-stigma campaign jointly hosted by the RCSC and the ministry of railway. Photo: RCSC.

In China, challenges in domestic fundraising for HIV activities and a lack of adequate human resource capacity in the branches constrained the programme to realize the full potential envisaged under the HIV Global Alliance concept of scaling up and improving the programme quality by integrating Global Alliance principles.

In 2009, the HIV prevention cross border project has been successfully implemented and the collaboration between the two implementing national societies (RCSC and MRCS) has been strengthened. The two societies regularly exchange progress reports, shared baseline study results and consult each other on designing bi-lingual information, education and communication materials used in the projects on both sides of the border. The IFRC's regional office in Beijing plays a coordination role within the Red Cross whereas the UNFPA China and Mongolia offices provide technical support to the projects.

The Red Cross HIV programmes in East Asia have been well promoted in 2009, not only within the Red Cross/Red Crescent through the Asian Red Cross and Red Crescent HIV Network (ART), and also through the active participation and presentations at a major regional HIV conference held in Indonesia<sup>5</sup>. A total of 12 participants from East Asian national societies and the Federation's East Asia regional office attended the conference and six presentations were made at this forum, which is highest number of presentations per region in the Asia Pacific zone.

### Emergency health and water and sanitation

Although 2009 has been relatively quiet without any large scale disasters, small scale disasters continued to occur throughout the region, underlining the importance of building good capacity in health and water and sanitation in emergencies in all of the regional countries, especially in China, Mongolia and DPRK as well as at the regional level. Regional programme staff was deployed to support the national response to small scale disasters as they occurred and used these opportunities to also coach national society staff on how to conduct health and water and sanitation assessments, so that they can do such assessments on their own the next time.

The occurrence of the A (H1N1) pandemic throughout all countries in the region starting from May in three countries has diverted the focus of the regional office's health programme staff towards the organizational preparedness and pandemic mitigation support measures in the worst hit countries.

<sup>5</sup> 9<sup>th</sup> International Conference on AIDS for Asia & Pacific - ICAAP

Immediately following the first cases of A (H1N1) in the region, the programme put in place a business continuity plan for the regional office and supported the Chengdu sub-office and two country offices in developing their plans, provided necessary guidelines for the staff and completed regional procurement of personal protective items. The programme continues to issue periodical updates on the A (H1N1) situation in the region and globally and the actions of the national societies in the region.

The national societies' capacity in responding to emergency health/pandemics are greatly increased through the preparation of a business continuity plan and producing information, education and communication materials against A (H1N1) under the technical guidance from regional delegation office. This includes technical support in the implementation of A (H1N1) communication and business continuity planning project implemented by MRCS as well as technical and funding support to the A (H1N1) communication campaign by the RCSC. Using the Federation's "The Best Defence is You" communication materials, MRCS and RCSC conducted A (H1N1) public risk communication campaigns which provided timely advice to the general population and children in schools throughout the country on how to protect themselves from A (H1N1) infection.

The scheduled water and sanitation in emergencies regional workshop planned for the last quarter of 2009 was not conducted due to avoid overlap with the Asia Pacific zone water and sanitation workshops which took a place in August in Kuala Lumpur. The Asia Pacific workshop was adjusted to incorporate the water and sanitation in emergencies issues to benefit a larger number of national societies in Asia Pacific.

### **Blood donor recruitment**

Tailored support needed from the regional office to national societies in the region for their varied involvement in health activities related to blood include blood donor motivation by the DPRK Red Cross, donor recruitment by RCSC and MRCS, the full range of blood services by the Republic of Korea Red Cross and Japanese Red Cross Society, and maintenance of the national register of organ and stem cell donors within the RCSC.

Through the facilitation and coordination of the regional office with other regional offices in the Asia Pacific zone, nine participants and two blood donor professionals from the East Asia region participated in the regional workshop on voluntary blood donor recruitment organized by the IFRC Southeast Asia office in Indonesia and the international forum on Club 25 and health promotion held in Kenya. The DPRK Red Cross Society blood donor recruitment staff conducted a study visit to the Singapore Red Cross Society. Intra-regional ideas and experiences were exchanged between the national societies and others within the Red Cross Red Crescent Movement.

The annual celebration of World Blood Donor Day provided a good opportunity to raise public awareness and intensify advocacy efforts in promoting 100 per cent voluntary non-remunerated blood donations.

The strategic review of the MRCS' voluntary blood donor recruitment programme planned in 2009 was not conducted due to the decision not to duplicate with similar assessment conducted by the Mongolian government and the World Health Organization in Mongolia, where the MRCS blood donor programme was included as a part of the review. In 2009, the MRCS conducted a self-assessment of its blood donor recruitment programme using GAP guidelines and received feedback from GAP's global technical panel, enabling the national society to better manage its corporate risks that accompany blood donor recruitment activities in the context of securing blood safety.

### **Community-based health and first aid**

The year 2009 has been important in rolling out or adapting Red Cross community-based health and first aid programmes in the region using IFRC's new approach which required a lot of support and regional coordination from the regional health team. Following the regional sensitization workshop on community-based health and first aid in March, the national societies of DPRK, Mongolia and China expressed their interest in adapting this approach and by the end of the year, a total of 260 Red Cross staff and volunteers in China and Mongolia are sensitized in this approach while 35 RCSC staff and volunteers are trained as master facilitators, including those trained under the 2008 earthquake operations in China. The translation of the community-based health and first aid manual into Chinese, Mongolian and Korean languages are underway. In DPRK, the programme also contributed to the review of ongoing community based first aid programme of the DPRK Red Cross. The regional health delegate was the team leader of this review which came up with recommendations to the DPRK RCS and has greatly shaped the next phase of the community based health programme. In Mongolia, the regional health programme has helped to integrate the

community-based health and first aid approaches in a pilot joint project of health, disaster management and youth programmes.

Moreover, at least three partner national societies supporting different community-based programmes in China and Mongolia have shown interest or supported the adaptation of community-based health and first aid approach in the national societies' community health programmes currently supported bilaterally. The programme also helped to integrate psychosocial support components into the ongoing social care programmes of the MRCS by bringing the external psychosocial expert on the request of the national society. To date, 506 MRCS social care volunteers are trained in psychosocial support, with 44 volunteers trained to be trainers in this programme.

In 2009, the regional health team brought together health directors from national societies in the region, partner national societies supporting health programmes in East Asia and Federation health and water and sanitation staff in a regional meeting. This was the first regional health meeting and will be continued to serve as a platform for all the national societies in this region to share information and the best practices on health related issues. The planned regional health mapping as a follow-up to the regional meeting was postponed due to time constraints and emerging regional priorities but will be taken up again in 2010.



On the occasion of "World First Aid Day 2009", the Red Cross Society of DPRK organized the first aid trainings and first aid skill competitions across the country. Photo: DPRK Red Cross

### Constraints or challenges

The state of high alert related to the A (H1N1) pandemic in Mongolia, which lasted almost a month, caused limitations on the implementation and monitoring of ongoing programmes at the country level and the HIV prevention cross border project. During the peak of the pandemic in Mongolia, extensive support was required from the regional office. At the same time, since the basics of influenza pandemic preparedness and mitigation measures are essentially the same for preparing and dealing with other influenza pandemics and epidemics of communicable diseases (all-hazard contingency planning approach), the newly emerged A (H1N1) pandemic - which fortunately turned out to be relatively mild - presented a strong wake-up call for the national societies in the region and opportunities for the regional programme to fast-track health preparedness planning in those countries. As a result, the regional national societies have become better prepared when compared with the situation one year ago.

The lack of programme reporting and monitoring capacity in the RCSC and MRCS, especially in HIV programmes, resulted in delayed reporting and time-consuming follow-ups by the regional health and PMER programme staff. It is hoped that the new format of HIV Global Alliance annual reports which was significantly simplified from January 2010 should encourage improved reporting.

## Humanitarian values

### Outcomes

Programme component	Component outcome
Promotion of humanitarian values and Fundamental Principles	Advocacy and international representation.
	Capacity-building in principles and values / gender of national societies staff and volunteers.
	All national societies in the region have increased the capacity of their information departments.
	Enhancing understanding and sharing of best practices.
Integration of humanitarian values and gender into operational disaster management and health programming	Further development of tools and mechanisms to enhance principles and values-based programming.
	Further development of gender into programming.
Anti-discrimination and violence	Mapping of national society programmes which target

prevention/reduction programmes	discrimination, marginalization or exclusion of communities who fall outside the traditional health and disaster management programme areas.
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## Achievements

in 2009, the communications delegate played a key role in writing and producing a marketing document highlighting Red Cross disaster management activities in the DPRK. This document highlights many of the unique achievements of the national society's disaster management work and features stories of how people's lives have been changed through the support of the DPRK Red Cross Society. Additional stories highlighting IFRC and DPRK Red Cross supported work in the country were also prepared, and will be published on the IFRC website or other outlets such as upcoming editions of the Asia Pacific zone newsletter. An information sheet about the national society's humanitarian diplomacy work in interactions with the government towards the establishment of the country's March 2007 Red Cross Law is being prepared. This will possibly be used as an example to share with other national societies.

Following the CAS meeting for DPRK in Beijing, at which the delegate provided communications support to the DPRK Red Cross, a further visit to the country, possibly in early 2010, is under discussion.

Marketing documents on the Global Alliance on HIV for both China and Mongolia were developed in the first part of this year. These documents highlighted the progress over the past year since the launching of the alliance in East Asia in early April 2008. Much of the work of both national societies highlighted their achievements in promoting humanitarian values to reduce stigma and discrimination, as well as working with high risk, often marginalized groups.

In the summer, the communications delegate played a key role in the DREF operation following the floods which hit Mongolia in late July, killing at least 24 people and affecting thousands more. The communications delegate travelled to Mongolia together with the regional disaster management delegate to report first hand on the impact of this disaster.

Working closely with the IFRC office in Ulaanbaatar and the MRCS, the communications delegate was able to supply such outlets as CNN, BBC, APTN and Reuters TV with high quality photos and video. These brought the story to international attention and played a role in the rapid replenishment of the DREF. The delegate was also able to meet keen demand for interviews from networks including Al Jazeera and BBC<sup>6</sup>.

The trip also served a capacity building purpose, allowing the communications delegate to work closely with MRCS' video cameraman, helping him to produce the kind of product demanded by international outlets; useful feedback was also obtained from Reuters TV on the footage provided to them, permitting lessons to be learned for future disaster coverage.

A great opportunity for the MRCS came when a professional photographer visited MRCS projects to document their work in disaster management, social care and other areas. The project resulted in a library of top quality photographs that can be used to represent and promote the work of the MRCS.

As part of a joint initiative with the ICRC, the communications delegate was involved in organizing visits to the Secretariat headquarters in Geneva and to Aceh and Nias in Indonesia by journalists from the Chinese news magazine Lifeweek, which published a 34-page cover story on Red Cross Red Crescent Movement in May. Lifeweek is a leading popular magazine in China with a wide readership nationwide, and its focus on the Movement was a great opportunity to spread knowledge to the public about the work of the Movement worldwide.



Photographer Rob Few visited Ovorkhangai Province, 430k south east of Ulaanbaatar, where herding families were receiving support from the MRCS with relief items. Photo: Rob Few

<sup>6</sup>The report: <http://edition.cnn.com/2009/WORLD/asiapcf/07/21/mongolia.floods/index.html>  
[http://news.bbc.co.uk/2/hi/in\\_pictures/8162695.stm](http://news.bbc.co.uk/2/hi/in_pictures/8162695.stm)

## Working in partnership

The IFRC's East Asia regional office works closely with the region's national societies and their partners to help coordinate Red Cross activities in the region. At the continued request of the RCSC, the East Asia regional office plays a special role in coordinating Movement support to the 2008 earthquake operations.

There are a number of coordination mechanisms in place in the region, namely the cooperation agreement strategy (CAS) led by DPRK Red Cross in the DPRK as well as the HIV alliances in both Mongolia and China. The East Asia regional office also facilitated a focused discussion with partners on coordinated support to MRCS, with consideration of a possibility to initiate a CAS process with partners.

In April, the East Asia regional office organized the annual East Asia partnership meeting in Hainan, China, co-hosted by the Red Cross Society of China. It brought together representatives of all five national societies and their partners for a four-day gathering to discuss critical issues in the region. A new approach to strengthening national societies' capacity through the development of long-term partnership strategies was introduced by the Asia Pacific zone's organizational development coordinator. Participants were able to break away into focused meetings on DPRK CAS, MRCS coordinated partner support, HIV alliances and China earthquake recovery support.

Another leadership meeting of East Asia national societies was scheduled in Ulaanbaatar, coinciding with the 70<sup>th</sup> anniversary celebration of the MRCS. Although the meeting was cancelled due to bad weather conditions, the gathering of the 70<sup>th</sup> anniversary brought together leaders of the East Asia region and partners.

The East Asia regional office maintains close working relationships with the ICRC regional delegation in Beijing. Frequent meetings between management and programme staff enable close coordination within the Movement.

Both the regional disaster management team and regional health team continue to develop partnerships in the region. This is especially important in fostering good relations and partnerships among national societies as well as other stakeholders in the region. The regional teams often meet with UN partners, those representing other non-governmental organizations and potential funding sources for the region.

## Contributing to longer-term impact

Through translation of specific tools, planning of specific workshops and trainings in key approaches, IFRC provides opportunities within the region and beyond for experience and information sharing, which is essential for developing national societies' capacity in disaster management and disaster risk reduction strategies.

It is estimated that over the last one year period, the programme's actions and support directly contributed to training and increased programme capacity of over 340 Red Cross health, water and sanitation and social care professionals from the region through their attendance in regional and national trainings, forums and regional networking.

While organizational development is not a separate programme sector within the IFRC's regional support plan, it is a critical component of the IFRC's work. With specific input from the zone organizational development coordinator and the regional programme coordinator, national societies continue to receive tailored support from the region. In the second half of 2009, both the Asia Pacific zone and regional offices provided ongoing support to the national societies in Mongolia and China to continue to work on intensified capacity building projects.

Bringing together partners and coordinating opportunities for collaboration and linkages is an important role for the regional office. This effort will continue to be strengthened in the years to come.

## Looking ahead

In 2010, the regional disaster management programme will focus on supporting national societies in the region as they develop their respective contingency planning processes as well as giving technical support to national societies to further develop their own disaster response teams. The programme will also support

national societies in the region to continue scaling up disaster risk reduction activities and coordinate disaster risk reduction initiative with other regions.

The main focus of the regional health programme in 2010 will be to further promote and support the roll out of community-based health and first aid approaches and developing the national societies' capacity in responding to health threats in disasters.

In the next year, the IFRC hopes to take advantage of the fact that the region is host to a very high-profile global event – Shanghai World Expo 2010 from May through October – and its potential global media outreach. The regional office will also coordinate closely with the RCSC on the planning of celebrations of two important health issue days which are widely celebrated by the Red Cross Red Crescent, namely World First Aid Day and World Blood Donor Day.

<b>How we work</b>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"><li>• Reduce the numbers of deaths, injuries and impact from disasters.</li><li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li><li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li><li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li></ul>
<b>Contact information</b>	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"><li>• Federation East Asia regional office in Beijing: phone: +86 10 65327162, fax: +86 10 65327166<ul style="list-style-type: none"><li>– Mr. Carl Naucler, (head of regional office), email: <a href="mailto:carl.naucler@ifrc.org">carl.naucler@ifrc.org</a></li><li>– Mr. Gu Qinghui (regional disaster management delegate), email: <a href="mailto:qinghui.gu@ifrc.org">qinghui.gu@ifrc.org</a></li><li>– Ms. Amgaa Oyungerel (regional health delegate), email: <a href="mailto:amgaa.oyungerel@ifrc.org">amgaa.oyungerel@ifrc.org</a></li><li>– Ms. Nicole LaFleur (regional programme coordinator), email: <a href="mailto:nicolle.lafleur@ifrc.org">nicolle.lafleur@ifrc.org</a></li></ul></li><li>• Federation Asia Pacific zone office in Kuala Lumpur: phone: + 60 3 92-7 5700, fax: +60 3 2161 0670<ul style="list-style-type: none"><li>– Mr. Jagan Chapagain (deputy head of zone), email: <a href="mailto:jagan.chapagain@ifrc.org">jagan.chapagain@ifrc.org</a></li><li>– Ms. Penny Elghady (resource mobilization and planning, monitoring, evaluation and reporting (PMER) coordinator), email: <a href="mailto:penny.elghady@ifrc.org">penny.elghady@ifrc.org</a></li></ul></li><li>• Please send pledges of funding to <a href="mailto:zonerm.asiapacific@ifrc.org">zonerm.asiapacific@ifrc.org</a></li></ul>	

***<final financial report below; click here to return to title page>***

# International Federation of Red Cross and Red Crescent Societies

MAA54001 - East Asia region

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAA54001
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
<b>A. Budget</b>	237,701	251,658	0	351,337	160,428	1,001,123
<b>B. Opening Balance</b>	114,451	102,382	0	147,550	134,338	498,721
<b>Income</b>						
<u>Cash contributions</u>						
British Red Cross				-0		-0
China Red Cross (from Chinese Government)				32,612	32,612	65,224
DFID Partnership grant	43,959					43,959
Japanese Red Cross	49,382	49,382				98,763
Netherlands Red Cross (from Netherlands Government)	14,908					14,908
Norwegian Red Cross (from Norwegian Government)	29,390	14,695		29,390	10,019	83,493
Sweden Red Cross (from Swedish Government)				140,170		140,170
UNFPA		3,684				3,684
Unidentified donor		19,695				19,695
<b>C1. Cash contributions</b>	<b>137,638</b>	<b>87,456</b>		<b>202,171</b>	<b>42,631</b>	<b>469,897</b>
<u>Outstanding pledges (Revalued)</u>						
Netherlands Red Cross (from Netherlands Government)	14,879					14,879
UNFPA		7,121				7,121
<b>C2. Outstanding pledges (Revalued)</b>	<b>14,879</b>	<b>7,121</b>				<b>22,000</b>
<u>Other Income</u>						
Services					108,640	108,640
<b>C6. Other Income</b>					<b>108,640</b>	<b>108,640</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>152,517</b>	<b>94,577</b>	<b>0</b>	<b>202,171</b>	<b>151,272</b>	<b>600,537</b>
<b>D. Total Funding = B + C</b>	<b>266,967</b>	<b>196,959</b>	<b>0</b>	<b>349,722</b>	<b>285,610</b>	<b>1,099,258</b>
<b>Appeal Coverage</b>	<b>112%</b>	<b>78%</b>	<b>#DIV/0</b>	<b>100%</b>	<b>178%</b>	<b>110%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	114,451	102,382	0	147,550	134,338	498,721
<b>C. Income</b>	152,517	94,577	0	202,171	151,272	600,537
<b>E. Expenditure</b>	-151,067	-95,928		-202,219	-41,511	-490,724
<b>F. Closing Balance = (B + C + E)</b>	<b>115,901</b>	<b>101,032</b>	<b>0</b>	<b>147,503</b>	<b>244,099</b>	<b>608,534</b>

International Federation of Red Cross and Red Crescent Societies

MAA54001 - East Asia region

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAA54001
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	
<b>BUDGET (C)</b>		<b>237,701</b>	<b>251,658</b>	<b>0</b>	<b>351,337</b>	<b>160,428</b>	<b>1,001,123</b>	
<b>Supplies</b>								
Shelter - Relief	79,504							79,504
Construction Materials	152,759							152,759
Clothing & textiles	150,670							150,670
Seeds,Plants	68,949							68,949
Water & Sanitation	1,707,500							1,707,500
Medical & First Aid	2,675,050	6,125					6,125	2,668,926
Teaching Materials	121,417							121,417
Utensils & Tools	69,264							69,264
Other Supplies & Services	487,834							487,834
<b>Total Supplies</b>	<b>5,512,948</b>	<b>6,125</b>					<b>6,125</b>	<b>5,506,823</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	72,247							72,247
Computers & Telecom	4,000							4,000
<b>Total Land, vehicles &amp; equipment</b>	<b>76,247</b>							<b>76,247</b>
<b>Transport &amp; Storage</b>								
Storage	91,461		168				168	91,293
Distribution & Monitoring	585,169							585,169
Transport & Vehicle Costs	140,592				1		1	140,591
<b>Total Transport &amp; Storage</b>	<b>817,223</b>		<b>168</b>		<b>1</b>		<b>169</b>	<b>817,053</b>
<b>Personnel</b>								
International Staff	1,213,491	81,197	43,253		179,052	341	303,843	909,648
National Staff	184,946		839		-57	6,835	7,618	177,328
National Society Staff	226,296		169				169	226,127
Consultants	37,436							37,436
<b>Total Personnel</b>	<b>1,662,169</b>	<b>81,197</b>	<b>44,261</b>		<b>178,995</b>	<b>7,176</b>	<b>311,629</b>	<b>1,350,539</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	498,960	10,743	12,369		158	11,511	34,780	464,180
<b>Total Workshops &amp; Training</b>	<b>498,960</b>	<b>10,743</b>	<b>12,369</b>		<b>158</b>	<b>11,511</b>	<b>34,780</b>	<b>464,180</b>
<b>General Expenditure</b>								
Travel	116,697	20,003	5,378		4,745	19,507	49,633	67,064
Information & Public Relation	82,730	22,381	890		3,965	166	27,401	55,328
Office Costs	95,394		465		1	-166	301	95,093
Communications	92,173	519	1,603		997	377	3,495	88,678
Financial Charges	2,296		50				50	2,247
Other General Expenses			197		141	166	504	-504
<b>Total General Expenditure</b>	<b>389,290</b>	<b>42,902</b>	<b>8,583</b>		<b>9,850</b>	<b>20,050</b>	<b>81,384</b>	<b>307,906</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			22,905				22,905	-22,905
<b>Total Contributions &amp; Transfers</b>			<b>22,905</b>				<b>22,905</b>	<b>-22,905</b>
<b>Programme Support</b>								
Program Support	622,668	10,100	6,721		13,216	2,775	32,811	589,857
<b>Total Programme Support</b>	<b>622,668</b>	<b>10,100</b>	<b>6,721</b>		<b>13,216</b>	<b>2,775</b>	<b>32,811</b>	<b>589,857</b>
<b>Operational Provisions</b>								
Operational Provisions			920				920	-920
<b>Total Operational Provisions</b>			<b>920</b>				<b>920</b>	<b>-920</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>9,579,503</b>	<b>151,067</b>	<b>95,928</b>		<b>202,219</b>	<b>41,511</b>	<b>490,724</b>	<b>9,088,779</b>
<b>VARIANCE (C - D)</b>		<b>86,634</b>	<b>155,730</b>		<b>149,118</b>	<b>118,917</b>	<b>9,088,779</b>	