

Annual report



International Federation
of Red Cross and Red Crescent Societies

Southeast Asia

Appeal No. MAA51001

30 April 2011

This report covers the period of
1 January to 31 December 2010.



Community volunteers build stone barriers to protect from coastal erosion in Timor-Leste. (Photo: CVTL/IFRC)

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 Strategy 2020.

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

- Supported and guided country office teams in **Cambodia/Lao PDR, Indonesia, Myanmar, Philippines, Timor-Leste, Thailand, and Viet Nam;**
- Provided technical and strategic support to the above countries as well as national societies with no dedicated secretariat country presence (i.e. **Brunei Darussalam, Malaysia and Singapore**);
- Strengthened institutional memory of the membership by capturing and sharing knowledge, good practice and lessons learnt;
- Via good partner relations, coordinated International Red Cross Red Crescent Movement work in the region within the IFRC mandate.
- Supported national societies as part of the zone team at times of disaster, ie in the recent floods in Southeast Asia

Financial situation: The total budget for 2010 was CHF 2,859,261, which was covered up to 128 per cent. Overall expenditure against the budget is 87 per cent.

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

1. **No. of people helped:** 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 IFRC regional office works primarily with the 11 Southeast Asian national societies. In

addition the regional office liaises with relevant government ministries, such as health and disaster management bodies. There has been strong and loyal support for the regional office from multilateral supporters; in particular, Japanese Red Cross Society, New Zealand Red Cross and Swedish Red Cross/Swedish government.

Other partners in the region include: Australian Red Cross/Australian government, Austrian Red Cross, DiPECHO/ECHO, Finnish Red Cross, German Red Cross, Hong Kong branch of China Red Cross, Italian Red Cross, Netherlands Red Cross and Norwegian Red Cross/Norwegian government. 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.

On behalf of the Southeast Asian national societies, IFRC would like to thank all partners and donors for their support.

Context

Humanitarian overview

2010 was a challenging year in many respects. The long-bubbling political crisis in **Thailand** reached a crescendo in May when government forces moved on entrenched positions of demonstrators in Bangkok. By the time the clashes had settled down, 85 people had been killed and 1,400 injured. It was a difficult time for Thai Red Cross with the epicentre of protest right on its doorstep. However, the national society performed well and the crisis prompted a well-coordinated international Red Cross Red Crescent Movement response to a situation that was extremely complex.

Tensions continued to bubble throughout the year on the border between **Thailand** and **Cambodia**, centred on the Preah Veay temple, whose sovereignty is disputed by the two countries. The January earthquake in **Haiti** saw the Red Cross Red Crescent network at its best in the face of tragedy: the Thai public – via **Thai Red Cross** – became the biggest donor from Asia Pacific after handing over more than USD 4 million to the IFRC appeal.

Long-awaited elections in **Myanmar** passed off relatively quietly. The Union Solidarity Development Party won the vote. Meanwhile, the Myanmar Red Cross completed its move to the capital Nay Pyi Daw (a five hour drive from Yangon). The IFRC team remains in Yangon. In addition, delegates focused on the Nargis operation had to work from Bangkok for the last two months of the year after being requested to leave for the duration of the elections.

In **Cambodia**, the PM declared the stampede tragedy that killed 351 people as the worst tragedy since the Khmer Rouge era. The disaster unfolded on a narrow bridge on the Mekong river as thousands were crushed on the last day of the country's water festival. Cambodian Red Cross volunteers on duty at the festival were among the first responders.

Lao PDR, the most heavily bombed country in history, hosted the first meeting of State Parties to the Convention on Cluster Munitions (thus far 108 signatories). The Lao Red Cross president addressed the forum, which had ICRC as one of its organizers. After the war, 80 million unexploded ordnances (UXOs) littered the countryside in Lao PDR.

In **Timor-Leste**, the security situation remained relatively stable. The prime minister presented a development 'road map' for the country entitled 'On the road to peace and prosperity'. The IFRC **Indonesia** office and partner national societies moved to a new location in Jakarta to be housed at one location instead of being scattered among four different places around the city.

Overall, the momentum of development and transition continued to be seen across most of Southeast Asia. This dynamic context challenges both national societies in their often impressive development of domestic programmes; it also challenges the regional office to adapt to this development and remain responsive and relevant in its support to these 11 host national societies. Some of the highlights of regional office work were:

- Support to national society strategic planning in line with Strategy 2020 to **Cambodia, Lao PDR, Philippines, Timor-Leste** and **Viet Nam**,
- Disaster management and health technical support throughout the region including an innovative approach to learning by doing at the community risk reduction field school in **Lao PDR**,

- Support to all national societies, including **Thai Red Cross Society**, in terms of utilizing and balancing their auxiliary role with their respective authorities,
- Governance support to the national society leadership collective at their annual conference hosted by **Indonesian Red Cross** and in their preparations and presence at the Asia Pacific conference in Jordan
- National society avian influenza preparedness planning in several countries including **Cambodia, Lao PDR, Timor-Leste** and **Viet Nam**,
- Recovery under the Cyclone Nargis operation in **Myanmar**
- Response to disasters in **Cambodia, Indonesia, Philippines** and **Viet Nam**
- Statutes revision in **Cambodia, Malaysia** and **Philippines**
- Finance development in **Myanmar** and **Timor-Leste**; volunteer development in **Brunei** and **Thailand**; youth development in **Cambodia** and **Lao PDR**

Disaster management

Expected results: Vulnerable communities are effectively supported by National Societies through timely and high calibre disaster response operations, and guidance in reducing disaster risk to natural and man-made hazards.

Achievements: The regional office's regional disaster management unit (RDMU) maintained a close working modality with the regional disaster management committee (RDMC) which consists of all disaster management managers from the national societies in the region. The programme covers both promoting extensive and integrated disaster risk reduction and disaster preparedness for response at regional level and supporting operations at country level. The regional disaster risk reduction (DRR) project funded by DiPECHO played an important role in promoting the DRR philosophy, practices through production of regionally contextualized DRR-related tools and methodologies in order to support relevant national society DRR operations.

Furthermore, at country level, RDMU provided technical support to community-based disaster risk reduction (CBDRR) and preparedness programme to ensure that it was in line with Red Cross Red Crescent Movement standards and practices through the development of the Global Alliance for DRR. RDMU was actively engaging in the development and strengthening of preparedness for response tools that involved specializing regional disaster response teams at regional level. It also supported national societies in the development of national disaster response teams, disaster response mechanisms and procedures.

Support was also provided in the integration of climate change adaptation and health practices to achieve overall DRR ambitions of producing safer and more resilient communities. The RDMU also took a lead to promote the knowledge and information management (KIM) initiative in the regional office by initiating the KIM project in order to ensure that integrated institutional knowledge is maintained across the regional office.

Programme component 1: Disaster management planning

Following the successful implementation of the previous regional DRR project, the RDMU has been selected by DiPECHO for another funding cycle aimed at continuing standardizing DRR-related tools and methodology to support national societies. The annual RDMC meeting in Yogyakarta, Indonesia, outlined the progress and achievement from the previous year; and fixed priorities for 2010 to 2011.

At country level, the RDMU supported Cambodian Red Cross and Indonesian Red Cross to develop its DRR Global Alliance. Cambodian Red Cross has finalized its DRR profiling exercise and the five years programme documents which will act as the road map for Cambodian Red Cross' DRR. Indonesian Red Cross finalized its DRR profiling exercise.

Over the course of the year, a strategic approach to community safety and resilience building has been in the making. The objective of the four-year proposal is to strategically position the Red Cross Red Crescent Movement as a lead member of civil society that contributes to the strengthening of communities under the Hyogo Framework for Action. It serves as a platform for ensuring that national societies are recognized as advocates for their communities by both the communities as well as the government. It helps improve the performance of the Red Cross Red Crescent by strengthening institutional capacities and contribute to the realization of the ASEAN DRR objectives. This is done by ensuring delivery on their agendas through the member state's respective national societies as well as regional support through collective Movement approaches.

Programme component 2: Organizational preparedness

The regional disaster response team (RDRT) concept and management continued to develop, especially in the context of increased specialization of the team to meet the increasing needs of those affected by disaster. Two RDRT training sessions were scheduled and planned to take place in Indonesia as well as an RDRT refresher course in October in connection with the Association of Southeast Asian Nations (ASEAN) regional disaster emergency response simulation exercise (ARDEX) and the RDRT water and sanitation in November were postponed to the first six months of 2011 due to the emergencies in Indonesia (eruption of Mt. Merapi, and the Tsunami). These training sessions will be supported by the Australian Agency for International Development (AusAID) through Australian Red Cross and Spanish Red Cross.

Two RDMU staff and four key persons from national societies as well as IFRC personnel from country teams attended a master trainer contingency planning organized by the zone office. This is part of the rolling out of the standardization of the contingency planning to serve as a foundation for preparedness development in connection with the well-prepared national society checklist. The process is now awaiting the finalization of the contingency planning guidelines. The same two RDMU staff also attended a two-day training on international disaster response law (IDRL). Part of the training content is incorporated into the RDRT training curriculum. These attendances were supported by Swedish Red Cross, and AusAID through Australian Red Cross.

The well-prepared national society checklist for ten National Societies in the region was completed under the facilitation of the RDMU. It has been forwarded for analysis at the Secretariat in Geneva. The result of the analysis will be disseminated and discussed at the RDMC meeting in May 2011 with the aim of feeding into development plans.

At country level, RDMU has been supporting Viet Nam Red Cross, Cambodian Red Cross and Lao Red Cross to develop their disaster response preparedness mechanisms that include the standard operating procedure for the national disaster response team (NDRT), the NDRT training curricula and the response operation itself. These activities were supported by Japanese Red Cross Society, DiPECHO through the regional office and Danish Red Cross, French Red Cross as well as Ministry of Finnish Foreign Affairs through Finnish Red Cross.

Programme component 3: Community preparedness and risk reduction

The zone disaster management unit coordinates the international response while the regional delegation plays an important role in DRR aimed at promoting safer and more resilient communities. The main challenge was to have a common understanding of DRR philosophy and practices as well as having contextualized and standardized tools for National Societies. A regional DRR framework and a Vulnerability and Capacity Assessment (VCA) step-by-step guideline was developed in consultation with involved National Societies. It was translated into Laotian, Khmer, Vietnamese and Bahasa Indonesia. To further assist national societies to engage informally on DRR in education, an education guideline was produced together with animated stories.

A ten-day VCA field session was conducted in September 2010 in Lao PDR. The objective was to provide training for facilitators on how to engage with communities and enhance analysis. The approach is to consider community needs and priorities as well as develop work plans around the outcomes. In doing so, practitioners from both disaster management and health were part of the session to better ensure that proper focal group discussions and analysis takes place. This learning-by-doing format will be increasingly pursued with a further objective of joint programming facilitation and analysis.

Through the implementation of a preparedness for climate change project, a regional workshop on enhancing climate change adaptation through DRR framework was held in October 2010. 27 participants



Participants of the climate change adaptation workshop which was organized in Cambodia (Photo:IFRC)

from five National Societies (Cambodia, Viet Nam,

Thailand, Myanmar, and Lao PDR) met. The workshop attempted to find ways to integrate climate change adaptation into the DRR framework in particular and what are the practical ways to help communities to adapt to climate change. In the Myanmar Red Cross Society and Timor-Leste Red Cross, where the preparation for climate change programme is implemented, plans of action were produced to guide the respective national societies on this matter. These activities were supported by the Dutch government through the Climate Centre and DiPECHO.

Programme component 4: Disaster response

In the new standard operating procedures for disaster response, it is the region's role to provide training and support the deployments of RDRTs upon request from the zone disaster management unit. Training sessions are carried out as outlined above in line with national and regional preparedness ambitions. Deployments have meanwhile been facilitated to the Pakistan floods operation on three rotations with a total of six RDRT members from Malaysia and Indonesia.

Programme component 5: National society programming

The initial three-year phase of the community-based disaster preparedness programme (CBDP) ended in March 2010. The programme restarted a new phase and modified to community-based disaster risk reduction programme (CBDRR) to expand the interventions of DRR components toward building resilient communities. Apart from community-based interventions, it also incorporated some institutional development interventions to strengthen Lao Red Cross in preparedness for response. These activities are primarily supported by Japanese Red Cross Society and with additional support from AusAID through Australian Red Cross:

- Preparation for the CBDRR programme document: A participatory planning process was facilitated by the RDMU to assist Lao Red Cross to develop the four-year disaster management programme document. A disaster management planning meeting was held in June 2010 facilitated by RDMU and involved Lao Red Cross leadership, representatives from the health division, the Lao Red Cross cabinet, French Red Cross, Danish Red Cross and Australian Red Cross. This meeting formed the basis priorities for the development of this programme document.
- Selection of volunteer and target communities: In June, the Lao Red Cross disaster management team assisted by an RDMU representative, conducted a target selection mission. To avoid duplication, the team had identified six villages in Mulaphamuk of Champasak province while French Red Cross is supporting a similar CBDRR approach in Khammuane and Savanakheth provinces. Fifty volunteers were selected in the six villages in December together with eight members of village disaster preparedness units. The village-based representative will be working for the CBDRR programme to support their respective communities.
- OPERACY training course: As an entry point before programme delivery, a leadership and team empowerment training course was conducted in November involving the programme team at both headquarters and branch. The objective of this training was to improve personal performance, productivity, happiness in the work place, family, school and community by strengthening their social, emotional and ecological skills as well as changing their limiting mindsets and beliefs. In practice, this course motivated people to do what they know and empower them to live up to their full capacity. It was formulated on a firm conviction that sustainable growth or development is possible only if there is commitment, self-regulation and expansion; in short it depends on responsible leadership. The training was essentially about changing minds to improve personal and team performance in order to increase work productivity that in turn can deliver better programmes and services to beneficiaries.

Challenges: As work and responses become increasingly complex, and resources are limited, the roles and responsibilities of all Movement partners are tested and need regular revision. There is increased clarity around disaster response; roles and responsibilities around DRR also need to be further clarified.

In addition, internal integration needs to be addressed systematically at different levels from Geneva down to regional and country level through the development of joint guiding tools and procedures. This will reduce levels of duplication i.e. a joint DRR and CBHFA policy rather than two separate ones.

Working in partnership

ASEAN has increased its role in disaster management and has promoted its agreement on disaster management and emergency response (ADMEER). As a result, the RDMU together with the RDMC has been engaged to define the role that the Red Cross Red Crescent Movement in the region can play

together with government within the ADMEER framework. In June 2010, disaster management managers representing Indonesian Red Cross and Philippine Red Cross together with representatives from RDMU and ICRC attended an ADMEER meeting in Jakarta to discuss this matter with ASEAN. As a result, an memorandum of understanding was drafted. It is still in the process of being finalized.

At country level, the RDMU has worked closely to support the country level with the: development of DRR approaches; designing of disaster preparedness for response mechanisms; and establishment and training of disaster response teams. In line with this process, there have been discussions on how to better harmonize the project for enhancing emergency response (PEER) that hosted by Asian Disaster Preparedness Centre and funded, in part, by American Red Cross. Support of this work is achieved through funding from Japanese Red Cross Society, Finnish Red Cross, Swedish Red Cross and DiPECHO.

The RDMU also attended regular meetings organized by the Inter-Agency Standing Committee at regional level in Bangkok. The RDMC remained the RDMU's active partner in all planning processes and operations. At various stages in engagements with ASEAN, joint representation by RDMC and RDMU has been emphasized. These engagements have been supported by AusAID through Australian Red Cross, Japanese Red Cross Society and Swedish Red Cross.

Internally, integration with the health unit at regional and country level has improved through joint action and approaches to support National Societies; for example, in CBHFA, the VCA process and programme planning. The ambition is to continue this trend for it to become normative in future so as community support is more effective.

Contributing to longer-term impact

Programme monitoring was conducted in different ways, for example, monthly unit meetings, activity reporting, programme updates, and assigned focal points for particular National Societies and countries. The knowledge and information management initiative plays an important role in improving learning in the regional office and monitoring process. All DRR-related activities both at regional, country and community levels were linked with poverty reduction. In addition, integrating DRR planning to development planning is another key intervention. Furthermore, DRR concepts were also integrated into disaster response in particular RDRT and NDRT tools and training packages as well as more developmental programming.

Looking ahead

The achievements from 2010 have built the foundation for 2011 plans towards promoting safer and resilient communities in Southeast Asia. The priorities for 2011 are: promoting collective community assessment approaches, with stronger facilitation capacity and understanding of the assessment tools (VCA methodology); mainstreaming of gender and diversity across the disaster management cycle; increased specialization of RDRT teams; promoting coordination and cooperation; supporting national society programming; integration of climate change adaptation into DRR and health sectors; and enhanced focus on early warning systems as a way to encourage social capital (behaviour) changes in communities (to build resilience). The roles and responsibilities within the IFRC structures will as such need to be further clarified to promote more effective use of resources.

Health and care

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

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

Achievements:

The regional health unit (RHU) continued to support the Southeast Asia National Societies to strengthen their different health and care programmes to better respond to the needs of the most vulnerable. The support has been given remotely as well as directly through country visits and focus was on community-based health and first aid (CBHFA), HIV prevention, care and support including harm reduction, stigma and discrimination, immunization campaigns, dengue fever prevention emergency health and blood donor recruitment. national societies were also supported in development of abstracts for poster presentations,

project proposals, survey questionnaires, terms of reference, monitoring and evaluation forms and report writing. IFRC country offices were technically supported in various matters such as recruitment, HIV workplace programmes, etc.

With the objective to build capacity and to strengthen regional technical networks, the RHU organized annual meetings and workshops, gathering national society focal persons in specific technical areas. The 2010 annual regional health team meeting was attended by national society health directors and health delegates/focal points from Partner National Societies and 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. The road safety workshop held in connection to the meeting and facilitated by IFRC road safety advisor in collaboration with the Global Road Safety Partnership, resulted in increased interest for road safety programming and several national societies have since organized various road safety activities including adaptation and translation of the road safety commitment cards.

national societies' contribution to the overall global health situation continued and were monitored through key indicators related to health programmes. In addition, progress on the implementation of the Singapore Declaration was evaluated and a mapping of national societies' partnerships within the Movement as well as with external partners carried out. This mapping showed that more efforts need to be invested in establishment of partnerships at national level.

Data reported for 2009

Estimated number of direct beneficiaries	18,755,975*
Number of volunteers mobilized to support health programme	956,212*
Funds mobilized for health programmes	USD 31,193,642*
Total expenditure for health programmes	USD 32,150,289*

*No data available for Brunei Darussalam, Lao PDR, Malaysia

New health programme guidelines and materials, such as the CBHFA in action tools, various advocacy reports, "Towards 100 per cent voluntary non-remunerated blood donation" strategy, developed globally by IFRC based on world wide consultations with national societies, were introduced and shared with the national societies.

The Asia Regional Risk Communication Initiative forum organized by the United Nations System Influenza Coordination (UNSCIC) took place in Bangkok in September 2010. The initiative is made up of eight independent agencies, World Health Organization (WHO)/Southeast Asia regional office and Western Pacific regional office, United Nations Children's Fund (UNICEF), Food and Agriculture Organization (FAO), United Nations System Influenza Coordinator (UNSCIC), Academy for Educational Development (AED), IFRC and ASEAN, all of whom provided a range of assistance under the umbrella of risk communication to countries in the South and Southeast Asia regions. The forum brought together United Nations and its partner agency communication practitioners from across the regions to showcase outbreak and emerging infectious disease related communication and behaviour change material and activities, and to discuss ways to work more effectively in partnership to support cross-agency collaboration for better communication response and outcomes. The outcome of the forum will specifically guide the future activities of the initiative and the focus will be broadened and encompass not only avian influenza and influenza A but any emerging infectious disease of pandemic potential.

Outcome 2: Reduced vulnerability to HIV and its impact

Achievements:

Ongoing support was provided to the Asian Red Cross and Red Crescent HIV/AIDS Network (ART) Network. The network continued to provide a linkage



The World AIDS Day campaign was organized in Viet Nam under the theme of "Lights for Rights" (Photo:IFRC)

between national society HIV programmes in East and Southeast Asia. The specific theme for the network annual meeting, funded by the Norwegian Red Cross and Australian Red Cross, was harm reduction. The sessions were facilitated by the Italian Red Cross coordinator for harm reduction in Villa Maraini Foundation as well as President of European Red Cross Red Crescent Network on HIV, AIDS and Tuberculosis. The ART network will be entering a period of change due to a reduction in committed funding for 2011. The members were concerned about the reduced support and were exploring different strategies for operating and maintaining the network, including seeking greater contributions from member national societies. The Australian Red Cross agreed to support the placement of a volunteer communication and information technology support officer with the ART network whose key focus will be to develop and establish a resource hub for the ART network improve communication and sharing between members and to build the capacity of the ART secretariat officer. ART members joined the regional collaboration with the world AIDS campaign with the theme “Lights for Rights”.

Cambodia, Lao PDR, Myanmar, Indonesia and the Philippines are members of the Global Alliance on HIV. Although the members prescribe to the Global Alliance as a framework, it was primarily used as a tool around national HIV programme plan development. The Global Alliance on HIV will continue as the framework for national society HIV programmes with support from IFRC and it was the major topic for the IFRC global meeting held in connection to the International AIDS Conference in Vienna. The global meeting generated an “Expression of Commitment” to address HIV as a priority issue and the Geneva Secretariat was encouraged to continue strengthening efforts for addressing the challenges of HIV and tuberculosis. The Southeast Asia regional office and national society representatives from Cambodia, Thailand and Timor-Leste participated in the meeting and conference in Vienna. A number of abstracts from national societies including Timor-Leste were accepted for poster presentations.

Timor-Leste Red Cross was supported in the development of a comprehensive HIV youth peer education programme being piloted in two districts and to be reviewed early 2011 to assess and reflect on the effectiveness of the programme design and the impact on the targeted youth educators. Planning meetings were held with the Cambodian Red Cross national HIV team to review the existing HIV operational plan and provide input to the drafting of the 2011 – 2012 operational plan. The national strategy and other key documents were used for the review including the Cambodian National Comprehensive and Multi-Sectoral National Strategic Plan to respond to HIV/AIDS in Phase III (2011-2015). The Philippines Red Cross HIV programme, coordinated by the health department and implemented by three different units (Community Health and Nursing Services, Youth and Social Services) was re-established after financial support from IFRC in country. Overall the programme appeared to be well received by beneficiaries.

Both the Indonesian Red Cross and Lao Red Cross will lose the major donors to their respective HIV programme in 2011. To ensure that there are strategies in place for the withdrawal of funding and technical support from current partners the Lao Red Cross elaborated a programme development plan. HIV programme promotion material and a strategic direction document were also being developed by the society.

Training on HIV prevention, care and stigma developed in collaboration with the Thai Red Cross and Wednesday Friends’ Club, a support group for people living with HIV, was conducted for all staff in the regional office according to the IFRC directive on HIV in the workplace. Knowledge and attitude surveys prior to and three months post training indicated an increase in HIV knowledge and positive attitudes towards people living with HIV. IFRC delegations in Timor-Leste, Cambodia, the Philippines and Indonesia were supported by the regional office to implement the directives.

Outcome 3: Improved access to water and sanitation. The regional water and sanitation position was converted to a zone position.

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

Achievements:

RHU support to national society CBHFA in action programmes included programme management,



A group working in the community- based health and first aid (CBHFA) facilitators’ workshop in Viet Nam (Photo:IFRC)

implementation and monitoring of activities, adaptation of the CBHFA in action package into local context, assistance with sensitisation and training workshops and fundraising. Particular focus in 2010 was on the facilitators' workshops in Cambodia, Lao PDR, the Philippines, Viet Nam and Timor-Leste. The regional bi-annual monitoring of national society progress in the roll out and implementation of the approach including challenges encountered continued. A number of national societies have now increased the capacity to implement the CBHFA in action approach through their teams of trained facilitators who can carry the programme forward in-country. Community volunteers were trained mainly on the core modules of the CBHFA in action manual in addition to first aid. The activities carried out in the communities varied and were to a great extent still the customary ones rather than responses to priority health issues identified by the communities themselves.

To move from community based first aid to the CBHFA in action approach – learning by doing - and to shift from health education classes to a behaviour change approach were challenges which caused confusion among volunteers and staff. It has not been easy to convert trainers into facilitators as the methodology was new and the confidence to facilitate activities in the communities was lacking. Lack of trained persons with experience of and skills in facilitation was a concern. Facilitation skills need to be improved to move away from traditional “teaching” to active facilitation “learning by doing”. The approach that focuses on behaviour change requires time to fully understand and master. Other challenges encountered by the national societies were not enough staff to implement and monitor activities, retainment and commitment of existing staff and quality of staff and volunteers. Materials and tools adapted to the local context were lacking and there were difficulties in coordination, communication and logistics.

RHU cooperated closely with IFRC Asia Pacific health and care unit and the health department in Geneva in organizing and facilitating the CBHFA Asia Pacific workshop - Lessons Learnt and Monitoring and Evaluation in Bangkok. CBHFA developers and practitioners (total 45 persons) from thirteen national societies, six partner national societies, the IFRC Geneva, zone, region and country delegations, met to share experiences on programme implementation, volunteer management, integration and evaluation, development of monitoring and evaluation tools and to decide the way forward. Prior to the meeting the national societies completed a questionnaire on their involvement in CBHFA and prepared case studies, and they brought material used in respective national society CBHFA programmes to share. The evaluation of the workshop showed that the group was too big for fruitful discussions but the group work was much appreciated. Communication in the groups was dynamic. The groups had hands-on tasks or questions to tackle and made brief analysis on the main points discussed. The major outcome of the workshop included a set of agreed final recommendations and deliverables and the Asia Pacific Actions.

RHU continued to actively participate in the monthly Pandemic Preparedness Forum meetings organized by UNSIC and the forum core group. The aim is to improve coordination and enhance the sharing of knowledge between individuals and organizations working to mitigate the threat of pandemics in Southeast Asia. The meeting on “civil societies and communities in pandemic preparedness” was organized and facilitated by the RHU. The key findings of the humanitarian pandemic preparedness programme (H2P) were presented followed by the practices, lessons learnt and next steps from the provincial multisectoral pandemic preparedness programme in Viet Nam implemented by the Viet Nam Red Cross. The H2P led to an increased focus on pandemic preparedness among several international organizations and governments and on community-level interventions, and increased involvement of national societies and non-governmental organizations (NGO) in pandemic preparedness work. Prior to H2P, several organizations and governments focused more on avian than pandemic flu, and/or pandemic preparedness focused only on national-level interventions and interventions for health facilities. Many national societies and NGOs had not been involved in pandemic preparedness work prior to H2P.

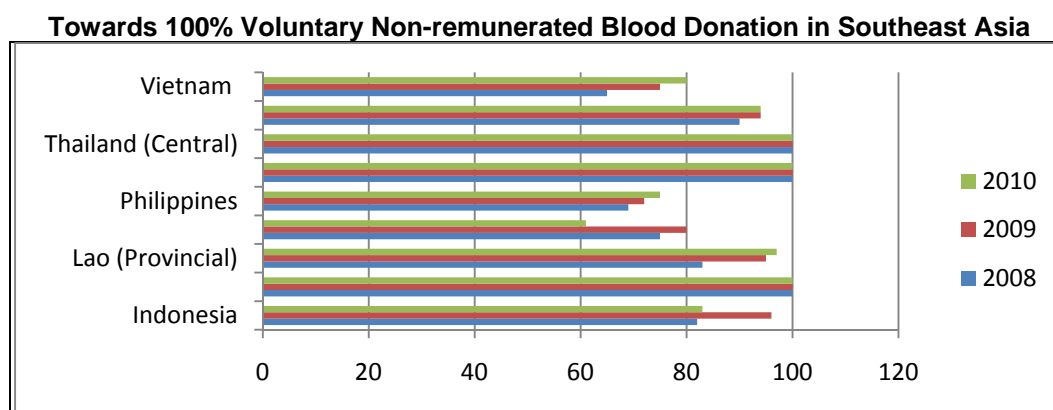
Outcome 5: Increased voluntary non-remunerated blood donor recruitment (VNRBD)

Achievements:

This continued to be a core activity among the national societies in the region and four societies have special mandates to manage national blood services. The regional VNRBD programme was technically supported by the Singapore Red Cross through the renewal of the agreement with the IFRC regional office.

The annual regional workshop on VNRBD was organized in December 2010 by RHU. More than 30 participants representing 14 national societies from three regions including Partner National Societies and the IFRC regional office attended the workshop. Besides sharing information on activities in respective

country, experiences and lessons learnt, particular attention was given to the Club 25 concept and the follow up of the 2009 workshop special sessions on costing of blood and blood donor recruitment and development of coaching, mentoring and impactful training for youths. The regional progress towards the joint IFRC/WHO goal “100 per cent VNRBD” was discussed and it was noted that there is still work to do to reach this goal. Thai Red Cross facilitated a visit to its blood bank as well as a session on Club 25. The marketing afternoon gave the national societies the opportunity to show case information education communication material, collaterals, reports and to present their blood donor recruitment programmes.



Outcome 6: Increased capacity of Lao Red Cross volunteers and communities which are prepared and able to respond to health and injuries prevention in targeted communities

Achievements:

The Lao Red Cross integrated health and water and sanitation project, initiated in 2004 and supported by New Zealand Red Cross through the IFRC, came to an end in December 2009. The overall project objective was to promote sustainable improvement of the health and well being of vulnerable people in poor, rural communities in selected provinces. Over 50 villages were supported and 27,535 persons benefitted from the activities to improve water and sanitation facilities and increase understanding and awareness on hygiene issues. Based on findings from review visits and an evaluation undertaken the health situation in the villages had improved as a result of the activities. More knowledge on hygiene and first aid was available; the village volunteers were active and even though the health messages and first aid activities provided were basic they reached the whole community and had impacted the health situation.

The capacity to carry the CBHFA in action approach forward in Lao PDR was increased through two facilitators’ workshops and the creation of a resource pool of trained facilitators. The workshop in Vientiane, financially supported by the regional disaster management and health units, and the Partner National Societies including Austrian, Danish, French, Netherlands and Swiss Red Cross, and it was technically supported by the Thai Red Cross’ master facilitators and the RHU. Twenty three persons from 14 provinces participated in the workshop. A community assessment to identify priority health problems together with the community members was carried out. The workshop evaluation showed that the participants were satisfied with the new approach “learning by doing” the only complaint was time constraint.

Lao Red Cross in Bokeo province with support from the Austrian Red Cross launched a three- year CBHFA in action programme. The RHU supported Lao Red Cross facilitators to conduct the facilitator workshop for 32 participants from different sectors. A community assessment was carried out in a village nearby; the participants adapted and practiced the community assessment tools for the data collection prior to the field visit.

In order to continue the ongoing Commercial First Aid project, the Lao Red Cross was supported in the development of a project proposal with the aim to increase income generation through strengthened capacity of staff and volunteers in providing quality first aid services to clients. This proposal was funded by the New Zealand Red Cross through IFRC. New adult and baby manikins were procured to ensure appropriate and sufficient material for trainings of clients. A three day refresher first aid course for trainers of trainers, attended by thirteen trainers from branches and the national head quarter, was conducted by

first aid trainers from Thai Red Cross in collaboration with RHU. Marketing and business plans for the project are presently being developed.

The World First Aid Day with the theme “First Aid for All” was celebrated at the National University in Vientiane. The event was supported by IFRC and partners, was attended by approximately 1,000 persons among them collaborating partners from different sectors such as the government, NGOs and private companies. Five exhibition booths were open for interested persons to practice first aid: fractures, safe transportation of injured, bleeding, fainting and cardiopulmonary resuscitation of baby and adult supervised by trained first aid volunteers.

The Lao Red Cross had several opportunities to increase its capacity in health through participation in regional and zone workshops such as emergency health, DRR field sessions, hygiene promotion and climate change adaptation. RHU provided support to a health information and coordination meeting for Lao Red Cross partners in August when it was concluded that coordination meetings were needed and recommended to hold on a quarterly basis.

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 is increasing while limited capacity makes it difficult for national societies to tap into available external funding from outside the Movement. Many national societies moved from 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 RHU. 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 Health and Care Unit versus the RHU in relation to disaster response and in-between disasters need further clarified.

Working in partnership

The key partners who have supported the regional health programme 2010 were the Japanese, Norwegian, Finnish and Australian Red Cross Societies. The collaboration with American Red Cross was strengthened through its technical contribution to regional workshops. The monthly half day inter-agency forums on pandemic preparedness among representatives from regional and country international non-governmental organizations, United Nations, donor communities, media, academia and private sector organizations based in Bangkok continued with the RHU being a member of the forum core group. Collaboration with global partner organizations such as WHO, UNICEF, Joint United Nations programme on HIV/AIDS (UNAIDS) were facilitated at national level and the collaboration with Asia Pacific network of people living with HIV/AIDS (APN+) was further strengthened through active involvement in the regional HIV programme.

Contributing to longer-term impact

With the launch of the Global Alliance on HIV in five national societies in Southeast Asia, the programme was expected to expand and double its reach. Community-based health programmes contributed to increasing community ownership, making them more sustainable and simultaneously empowering 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 regional pool of specialized resource persons created in 2009 acts as facilitators in their own countries as well as regionally and will facilitate national society capacity building and expansion of programmes to reach and better serve the vulnerable communities.

Looking ahead

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. RHU support to national societies' health programmes in

2011 which 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 and the 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 roll out and scale up 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/zone 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

Outcomes

- Organizational issues have been addressed in individual national societies through tailor-made organizational development (OD) and capacity initiatives.
- Increased integration of organizational development and capacity building aspects within health and disaster management programmes.
- Lessons learnt and best practices are shared and a community of skilled national society practitioners is built across Asia Pacific.

Achievements:

Programme component 1: Tailor-made organizational development and capacity building initiatives

The regional organizational development unit provided technical support to almost all the national societies in Southeast Asia region in their capacity building initiatives. In fact, the support went beyond the Southeast Asia national societies when the finance development delegate undertook the mission to Palau Red Cross in the Pacific region .

The technical support extended to a wide range of organizational development areas such as strategy planning process, constitutional revision, branch development, developing volunteering and youth policies in the national societies. Apart from that, the organizational development unit also facilitated workshops and training so that lessons learnt and best practices are shared; and a community of skilled organizational development practitioners is built to enable building of stronger national societies in alignment with Enabling Action One of Strategy 2020.

- Philippine Red Cross initiated its strategic planning process in January 2010. The draft plan was submitted to the Philippine Red Cross leadership for approval. It is expected that national society's leadership will endorse the draft Strategy 2020
- Cambodian Red Cross and Viet Nam Red Cross finalized their strategic plans in 2010
- Lao Red Cross initiated the strategic planning process for 2011 to 2015 and is progressing. It is hoped that Lao Red Cross strategic plan document will be in place in 2011
- Malaysian Red Crescent completed the constitutional review and the proposed revisions in their constitution have been finalized
- Cambodian Red Cross reviewed and revised the youth policy and guidelines in 2010 with the support from the regional organizational development unit. The revised guidelines have since been adopted by Cambodian Red Cross

The finance development activities also progressed with new initiatives from the national societies to undertake finance development activities such as computerization of accounting on new accounting software; defining core cost elements for better core cost controls and initiating budgetary controls mechanisms; developing accounting guides, branch financial and administrative guidelines; and developing a comprehensive finance manual comprising the accounting policies, systems and procedures for sound financial management in national societies.

- Philippine Red Cross initiated the implementation of Navision software. During 2010, an agreement was signed between Philippine Red Cross and the service provider to implement the Navision Software initially at headquarters. The software will be in place and operational for headquarters in

early 2011. As a second phase of this plan, Philippine Red Cross will implement the Navision Accounting Software in the chapters to ensure that the financial management system is fully integrated and real-time financial information from all its chapters is available to the headquarters for stronger financial management. Philippine Red Cross is also initiating review of the present accounting policies, systems and procedures to make these aligned with the international financial reporting standards. A finance manual for Philippine Red Cross is planned to be developed with the technical support of the finance development delegate supported by Swedish Red Cross.

- Timor-Leste Red Cross started working on the financial sustainability issues with defining its core cost elements and initiating integration of budgetary control mechanisms in the financial systems. An accounting guide book was developed for finance staff, and training was run for the finance and programme staff by the finance development delegate. To take the finance development further in the branches, financial and administrative guidelines were developed and forwarded to the country office for comments and finalization.
- A comprehensive finance manual containing the financial policies and procedures has been developed for Viet Nam Red Cross for greater transparency in financial management and to bring about consistency in accounting. The draft finance manual is with Viet Nam Red Cross for consideration and comments before this is forwarded for approval. A new and encouraging financial development initiative taken by Viet Nam Red Cross is embarking on producing consolidated financial statements and to have these audited from independent auditors which will go a long way in building Viet Nam Red Cross' financial transparency and accountability. The regional finance development delegate, supported by Swedish Red Cross is providing technical support to the Viet Nam Red Cross in its new finance development initiatives.
- Myanmar Red Cross Society's computerized accounting at all nine hub offices supports carrying out Cyclone Nargis operations in the country. The external audit of Myanmar Red Cross Society accounts was completed up to 2009 with technical support from the regional finance development delegate, funded by Swedish Red Cross. An independent audit of 2010 accounts is in progress. Since the Myanmar Red Cross Society operations have grown many-fold during the last few years, their present accounting software Peachtree is not able to cater to the present accounting and financial management needs. To address the present needs, Myanmar Red Cross Society is taking the initiative to change their present accounting software. It is expected that new software based on accounting and financial reporting needs will be in place in 2011. As a part of its finance development in the township branches, the township branch financial guidelines and procedure are being developed.
- Malaysian Red Crescent also initiated revision of its finance manual. A revised draft finance manual has been circulated to the committee and is under consideration.

Some of these activities were finished in 2010 with others progressing well towards completion in the ensuing year.

Programme component 2: Integration with health, disaster management and humanitarian values

The organizational development unit continued to reach out to more colleagues in the related technical areas of disaster management and health. A volunteer management simulation under a disaster management induction training held in 2010 was one example of such a tangible relationship.

At the RDMC meeting in Indonesia, a session on leadership issues in the management of volunteers helped bring in a wider variety of wisdom and expertise on the subject.

Two courses in basic training were conducted in Phang Nga and Trang in Thailand for Thai Red Cross. The sessions focused on Red Cross and Red Crescent Movement knowledge, team building, human relationships, a volunteer manual and first aid for Thai Red Cross volunteers.

The regional office met youth leaders from more than ten different universities in Cambodia to assess their garnering of facilitation techniques and skills for peer education which provided significant opportunity for integration between youth (organizational development), road safety (disaster management) and living healthy lives (health).

The regional office linked up with Thai Red Cross for a team building exercise that incorporated reflections on disaster risk reduction at a mangrove plantation close to Bangkok. It presented a good example of the effectiveness of alternative training methods as opposed to the usual class room approach.

Programme component 3: Information sharing and knowledge management

The potential of national societies sharing ideas and experiences with each other has been recognized and the organizational development unit has been working hard to provide effective regional platforms for the knowledge and information sharing among the national societies of the Southeast Asia region. Not only is knowledge sharing important but it is equally vital to keep an institutional memory of experience gained by all while undertaking missions to the national societies

An effort in this direction was made in 2010 with the establishment of knowledge and information management as a part of RDMU supported by Swedish Red Cross. Knowledge is captured through the collection of reflections - contextualized understanding of actions and decision process – that is gathered in a web-based bank for further use by programme and support staff. So-called ‘maps’ are established, each representing the collective understanding/knowledge of a national society and made available through interviews. Attached to those reflections, technical reports and other documents are used during a specific mission which allow the viewer to go deeper into a respective programmatic activity area. This process initiated in mid-2010 is slowly bearing fruit as a critical mass of knowledge is gathered to render the system useful in terms of adequate content for analysis.

With the objective of sharing ideas and experiences among national societies, the organizational development unit jointly with Brunei Darussalam Red Crescent society hosted the organizational development forum themed “saving lives, changing minds”. The forum had participation from the organizational development practitioners from national societies as well as IFRC finance development practitioners. The participants were divided into three working groups and picked up discussions around respective topics. The first working group explored the issues connected with branch/headquarters relations and decentralization issues. The second working group picked up volunteering issues and hosted a simulation in a local area wherein the participants found themselves under real-life pressures in making decisions on volunteer management. The third working group explored issues, opportunities and challenges for the Red Cross Red Crescent Movement and the national societies in and around humanitarian diplomacy.

The organizational development forum was followed by a retreat day for all IFRC organizational development practitioners in Southeast Asia to initiate developing a community of organizational development practitioners in Southeast Asia.

Hosting the organizational development forum in Brunei also had a distinct advantage of bringing closer working relationships with the Brunei national society which hitherto was absent.

The organizational development unit also hosted, in joint collaboration with Cambodian Red Cross, the youth directors meeting and youth leaders forum. The objective of holding the meeting together was to provide an opportunity to youth directors and youth leaders to review achievements of 2009 and share their experiences, the current challenges and to make recommendations for effective participation of youth in future in alignment with the global theme of “saving lives, changing minds”.

The three-day event was attended by 21 representatives from all 11 national societies of the Southeast Asia region and 25 other representatives from South Asia and Southeast Asia national societies as observers. The meeting focused on several key issues such as youth empowerment, youth and governance, youth and leadership, youth and fund raising aligned together with Federation themes “doing more, doing better and reaching further”. One clear message that came out of the meeting was the youth leaders’ call for increased representation of youth as members of the governance boards to ensure their voices are heard while implementing Red Cross and Red Crescent programmes as well as prioritizing work areas in line with the content of youth development.



The youth director and youth leaders meeting was organized in Cambodia (Photo: IFRC)

A study trip for Thai Red Cross officials was organized to the Hong Kong branch of Red Cross Society of China to provide a clearer picture on the Movement's cooperation and to understand cooperation and strengthening working relationships between Thai Red Cross, IFRC, ICRC and the Hong Kong branch in general. This study trip provided the participants with an overall understanding of the Red Cross and Red Crescent Movement.

In addition, the regional office also worked with Thai Red Cross on its revision of training of trainers curriculum for master trainers.

Training were conducted in Timor-Leste for finance staff to provide understanding of accounting issues and socialize the accounting guide developed for Timor-Leste Red Cross. The finance development delegate also facilitated workshops for programme staff and the branch coordinators with a view to build their capacity for better financial management in the branches and at headquarters.

A finance development review for three national societies including Myanmar Red Cross, Viet Nam Red Cross and Timor-Leste Red Cross was completed in 2010. They were visited by an independent consultant financed from Swedish Red Cross to review progress as well as to suggest ways to improve the programme focus.

Constraints or challenges

Organizational development activities were supported mainly by two partners: Swedish Red Cross, which supports the cost of regional finance development and part of the programme activities; and Japanese Red Cross, which contributes to the programme activity cost. Funding constraints restricted filling the position of the regional organizational development delegate. The present organizational development unit consists of one person as opposed to a team of three at the beginning of 2010. This may have an adverse impact on organizational development work with reduced support available to the national societies in the Southeast Asia region. The regional organizational development programme faces a challenge in the absence of any third significant funding partner. The regional office has, however, begun a dialogue on how to lead on organizational development in 2011.

Limited availability of visas to Myanmar also restricted organizational development work in the national society.

A key ongoing challenge remains the development of relationships with national society leadership without which it is difficult to get an accurate read on how progress can be made.

Relationships with regional colleagues are also equally important to the prospects of integrating organizational development dimensions into health and disaster management programmes.

Looking ahead

Enabling Action One of Strategy 2020 forms the purpose of the regional organizational development programme with a focus to build strong national societies in Southeast Asia that are adaptable and relevant to the local needs in addressing the most urgent situations of vulnerability.

Organizational development challenges across the Southeast Asia are enormous and one solution to all national societies will not fit all. The regional organizational development programme therefore consists of organizational development and capacity building initiatives tailored to the specific needs of the individual national societies. This involves looking deeper in understanding the organizational dynamics that enables the national society leadership to recognize and deal with the key issues and set forth its priorities. The regional organizational development unit has built strong relationships with national societies and so far, it has been able to cater to the requests and needs of the national societies.

The regional organizational development team consists of only one member with a focus on strengthening the financial management system in the national societies. However, with wider support from zone organizational development, partner national societies and arrangements with consultants, the needs of national societies on other issues i.e. statute review, human resource management, youth and volunteer management will continue to be addressed in the year ahead.

Humanitarian values

A number of disasters hit Southeast Asia and East Asia during the latter part of the year, which had significant impact on regional communications work. During the floods in Pakistan, the Southeast Asia regional office in Bangkok was requested to provide field support on many occasions. It also served as back up and as temporary zone communication focal point while the zone communication manager was in the field.

Two months later, the communications unit supported six disasters in Southeast Asia: floods in Viet Nam and Thailand, typhoons in Philippines and Myanmar, and earthquakes, tsunami and volcanic eruptions in Indonesia. Press releases and updates were written, media requests handled, and photos collected. National society communication staff were well supported during these times and IFRC rallied behind them to help ensure successful delivery of services. It was encouraging to see the increased amount and quality of communication from national societies, proving that frequent contact and training pays off.

However, in general, resources, structure, preparedness and priorities during disasters need a more in-depth discussion.

The IFRC booth at the **Singapore** Youth Olympics was supported over a 10-day period. This was a great opportunity to teach young athletes basic first aid and to run a number of workshops on how they could use their status as humanitarian role models in their communities and countries. The best of many video interviews with young athletes during the workshop were edited into a short video placed on YouTube.

Communication capacity building as well as skills training through workshops have continued to support individual national societies.

Upon the request of the secretary general of **Viet Nam Red Cross** and the IFRC country office, the present VNRC communication set up (which consists of four separate departments, plus fundraising) was analysed. A more inclusive structure was suggested. A skills training workshop was conducted as well as longer discussions with the communication department at headquarters. Some results are already visible with the VNRC's and IFRC country office's proactive communication response to subsequent floods, as well as including communication as an element of appeals, plans and activities.

Likewise in Timor-Leste, **CVTL** was also supported in communications. A communication strategy is one of the strategic directions in CVTL's new plan for 2010-2014. The visit facilitated discussion on priorities and ideas. CVTL has recently hired a second information officer and has begun training for dissemination and communication staff. A number of initiatives are ongoing. A number of half-day skills training workshops were also held.

Direct support to **Myanmar Red Cross** was less due to a number of factors. However, during the Communication Forum in Nepal, MRCS successfully presented their 'change in approach' to health communication and their coaching visit by and cooperation with **Thai Red Cross**. During a separate meeting, priorities for continued Cyclone Nargis response communication was discussed. It should be remarked that MRCS is continuously documenting recovery efforts during the whole three-year appeal period.

Two photography workshops were held in Bangkok and in Phuket, Thailand respectively. This was part of the 'skills training' of the communication capacity programme. Whereas it could be argued that some of this skills training could be organized locally or through other agencies, participants have underlined how much they appreciate visiting other national societies and working with colleagues from other national societies. The workshops attracted participants from other departments and programmes, as well as ICRC and partner national societies.

The Communication Forum in Nepal was also part of the new communication capacity building plan, written by the Asia Pacific Zone office in KL and the regional office in Bangkok with input from the regional offices in New Delhi, Beijing and Suva. It was presented during the Forum with valuable feedback from many national societies. To ensure ownership and sustainability, the re-formed Communication Steering Group with representatives from national societies will follow up on capacity building programmes and initiatives. The communication capacity building plan was discussed, resulting in many ideas for possible skills training and coaching visits.

Regional communications continues to work closely with colleagues in other country offices and the zone in connection with disasters as well as on capacity building and publications. 2011 planners and table calendars were an example of such cooperation, with final design, print and distribution taking place in Bangkok.

Colleagues continue to receive communication support, i.e. within the past six months video-recording training was provided to the Bangkok disaster management unit; video interview training was organized for Danish Red Cross and IFRC staff; and support was provided for some publications, videos, animations and visual identity renewals.

The eternal dilemma of the need to provide efficient communication in times of disasters and sustainable development in communication in quieter times is perhaps impossible to resolve unless a different attitude and approach to funding and prioritizing communication in IFRC materializes. It is still possible, though, to have relevant discussions and agree on priorities as well as defining roles, responsibilities and coordination among IFRC zone, region and country office communication staff.

Working in partnership

The regional office's links with the national society leaders of Southeast Asia continued to deepen. The head of regional office met the leadership collective at a side meeting in the Asia Pacific conference in Jordan. The Bangkok office shifted to working closer – and indeed involving more the leaders – in the current work and future direction of the regional team.

Discussions with several partner representatives took place during the reporting period, including Australian, American Italian, Finnish, Norwegian national societies and the global road safety programme (GRSP) among others. Meanwhile, American Red Cross dramatically reduced its presence and will be represented by just two staff in 2011 (focused on risk reduction and water and sanitation). Its immense tsunami recovery efforts have wrapped up. French Red Cross has also reformed its team, not replacing its tsunami coordinator but maintaining a quality team. GRSP has stabilized and confirmed its continuing presence in Bangkok. Danish Red Cross more or less remains as was. All partners will be consolidated on the same floor in the present office location by April 2011. Links with partners not permanently present at the regional level but nevertheless active are broadening. Canadian Red Cross is one partner with whom significant relations are being built. Increased presence and representation at government functions was witnessed.

Both the regional offices of IFRC and ICRC underwent several personnel changes in 2010 and new relations were established building on previous good rhythms.

The regional office is endeavouring to focus more on making the most of its presence in Bangkok. Relations with ECHO and major government aid divisions remained good.

Contributing to longer-term impact

The regional office, in conjunction with the country heads, took the decision at its November meeting in Bangkok to begin a four-year approach to planning. The team aims to cross-reference thinking and action to a greater degree and reach out for partners to be more included in combined efforts around national society priorities.

The IFRC Southeast Asian team will also reflect more on how they should interpret and progress around integration with host national societies. The team completely accepts the spirit of being configured in a way to enhance national society development but will proceed based on the context in each country.

Efforts were made to support awareness of impact-focused programming (first agreeing what indeed it means) and ability to plan, implement and measure it. Revised planning, monitoring, evaluation and reporting (PMER) training in Myanmar and Timor-Leste represented progress in this regard. This builds on other excellent examples of quality reflection, such as the cost-benefit analysis of impact in community disaster management work in the Philippines as well as the excellent community conversations held in the shelter recovery work of the Cyclone Nargis recovery in Myanmar or the Listening Project work of Thai Red Cross and American Red Cross in the tsunami recovery in Thailand.

Looking ahead

The 2010 Southeast Asia leaders meeting hosted by Indonesian Red Cross signalled the leaders' strong desire to be more involved with their regional office. This is a welcome development and the regional office will endeavour to make sure the leaders do feel more engaged. Progress in this respect will be reviewed in 2011 at the next annual leaders meeting, to be hosted by CVTL in Dili.

The new head of regional office wants to see a more holistic approach to programming in 2011, particularly in terms of youth, as well as a greater focus on community preparedness for disasters and pandemics.

The configuration of technical support from the region remained challenging in terms of securing professionally and financially viable candidates for key positions (such as in organizational development).

How we work	
<p>IFRC's vision is to: Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none">1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.2. Enable healthy and safe living.3. Promote social inclusion and a culture of non-violence and peace.
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[<financial report below; click here to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MAA51001 - Southeast Asia

Annual Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/9998
Budget Timeframe	2010/1-2010/12
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	1,452,449	385,104	354,539	111,239	555,930	2,859,261
B. Opening Balance	1,277,666	182,250	164,470	82,315	227,366	1,934,068
Income						
Cash contributions						
<i>Asian Disaster Preparedness Center (from Asian Development Bank)</i>		-55,609				-55,609
<i>Australian Government</i>	-33,947					-33,947
<i>Australian Red Cross</i>		0				0
<i>Australian Red Cross (from Australian Government)</i>	24,292	7,099				31,391
<i>Belgium - Private Donors</i>	366					366
<i>European Commission - DG ECHO</i>	440,414					440,414
<i>Finnish Red Cross</i>	14	3,981				3,995
<i>Finnish Red Cross (from Finnish Government)</i>		22,556				22,556
<i>Japanese Red Cross</i>	72,280	60,234	30,117	12,046	30,117	204,794
<i>Netherlands Red Cross (from Netherlands Government)</i>	-1,283					-1,283
<i>Netherlands Red Cross (from Rockefeller Foundation)</i>		9,454				9,454
<i>New Zealand Red Cross</i>		-3,971	-10		59,969	55,988
<i>Norwegian Red Cross</i>		9,070				9,070
<i>Norwegian Red Cross (from Norwegian Government)</i>		81,632				81,632
<i>Other</i>	295	146	11	0	11	463
<i>Spanish Red Cross</i>	0					0
<i>Swedish Red Cross</i>	0		-0			-0
<i>Swedish Red Cross (from Swedish Government)</i>	204,486		220,672	29,212	58,425	512,795
C1. Cash contributions	706,918	134,592	250,790	41,259	148,521	1,282,080
Inkind Personnel						
<i>Australian Red Cross</i>		102,680				102,680
<i>Norwegian Government</i>		1,224				1,224
<i>Norwegian Red Cross</i>		136				136
<i>Swedish Red Cross</i>	105,600					105,600
C3. Inkind Personnel	105,600	104,040				209,640
Other Income						
<i>Services Fees</i>					224,801	224,801
C4. Other Income					224,801	224,801
C. Total Income = SUM(C1..C4)	812,518	238,632	250,790	41,259	373,323	1,716,521
D. Total Funding = B + C	2,090,184	420,882	415,260	123,574	600,689	3,650,589
Appeal Coverage	144%	109%	117%	111%	108%	128%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	1,277,666	182,250	164,470	82,315	227,366	1,934,068
C. Income	812,518	238,632	250,790	41,259	373,323	1,716,521
E. Expenditure	-1,339,041	-354,468	-299,381	-88,078	-411,494	-2,492,463
F. Closing Balance = (B + C + E)	751,143	66,413	115,879	35,496	189,195	1,158,125

International Federation of Red Cross and Red Crescent Societies

MAA51001 - Southeast Asia

Annual Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/9998
Budget Timeframe	2010/1-2010/12
Appeal	MAA51001
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)		1,452,449	385,104	354,539	111,239	555,930	2,859,261		
Relief items, Construction, Supplies									
Shelter - Relief		95					95	-95	
Construction Materials		12,788	1,423				14,212	-14,212	
Water, Sanitation & Hygiene		649					649	-649	
Medical & First Aid			1,501			74	1,574	-1,574	
Teaching Materials	3,333							3,333	
Utensils & Tools	17,900							17,900	
Total Relief items, Construction, Sup	21,233	13,532	2,924			74	16,529	4,704	
Land, vehicles & equipment									
Computers & Telecom	38,500	11,641					11,641	26,859	
Office & Household Equipment		500					500	-500	
Others Machinery & Equipment	30,000							30,000	
Total Land, vehicles & equipment	68,500	12,141					12,141	56,359	
Logistics, Transport & Storage									
Storage	19,000	426	37			16	478	18,522	
Transport & Vehicle Costs		5,048	2,727	4	1	83	7,864	-7,864	
Total Logistics, Transport & Storage	19,000	5,474	2,764	4	1	100	8,342	10,658	
Personnel									
International Staff	820,840	478,157	181,271	152,204	33,315	83,904	928,851	-108,011	
National Staff	237,094	171,392	35,608	20,928		1,850	229,779	7,315	
National Society Staff	40,233	36,419	3,857			1,270	41,546	-1,313	
Total Personnel	1,098,167	685,969	220,736	173,132	33,315	87,024	1,200,176	-102,009	
Consultants & Professional Fees									
Consultants	33,332	16,985		11,913	7,087	5,566	41,551	-8,219	
Professional Fees	63,635	634	68	210			912	62,723	
Total Consultants & Professional Fe	96,967	17,620	68	12,122	7,087	5,566	42,463	54,504	
Workshops & Training									
Workshops & Training	488,865	206,584	72,020	42,115	18,817	15,033	354,569	134,296	
Total Workshops & Training	488,865	206,584	72,020	42,115	18,817	15,033	354,569	134,296	
General Expenditure									
Travel	356,150	65,856	31,129	32,305	6,535	18,267	154,092	202,058	
Information & Public Relation	56,292	39,749	5,226	3,930	2,618	728	52,251	4,041	
Office Costs	160,600	18,885	1,820	883	838	102,844	125,269	35,331	
Communications	61,828	20,850	7,026	6,621	2,195	9,251	45,942	15,886	
Financial Charges	600	1,865	259	576	1,121	36,165	39,985	-39,385	
Other General Expenses	256,550	20,322	14,032	8,560	10,000	109,891	162,804	93,746	
Total General Expenditure	892,020	167,526	59,491	52,874	23,307	277,145	580,344	311,676	
Operational Provisions									
Operational Provisions		152,823	-21,777	-334			130,711	-130,711	
Total Operational Provisions		152,823	-21,777	-334			130,711	-130,711	
Indirect Costs									
Programme & Service Support	174,509	74,206	15,082	18,193	5,364	25,021	137,867	36,642	
Total Indirect Costs	174,509	74,206	15,082	18,193	5,364	25,021	137,867	36,642	
Pledge Specific Costs									
Earmarking Fee		2,266	2,360	1,274	189	1,531	7,620	-7,620	
Reporting Fees		900	800				1,700	-1,700	
Total Pledge Specific Costs		3,166	3,160	1,274	189	1,531	9,320	-9,320	
TOTAL EXPENDITURE (D)	2,859,261	1,339,041	354,468	299,381	88,078	411,494	2,492,463	366,798	
VARIANCE (C - D)		113,408	30,636	55,158	23,161	144,436	366,798		