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[Strategic Review of the Ex-Regional Disaster Management Unit (RDMU) and Current Community Safety and Resilience Unit (CSRU) – Southeast Asia Regional Delegation]

(Since 2011, The Federation has been actively engaging in community safety and resilience (CSR) building process in the South East Asia region. Alignment and transformation of former Regional Disaster Management Unit (RDMU) and Regional Health Unit was carried out to better support the Resilience Approach. The regional road map has served as a basis for strategic and integrated work in this area (developed in 2012). This study highlights readiness and commitment of the Community Safety and Resilience Unit, established two years ago, to take Community Safety and Resilience issues forward.)

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1. Executive Summary

1.1 Background to the study:

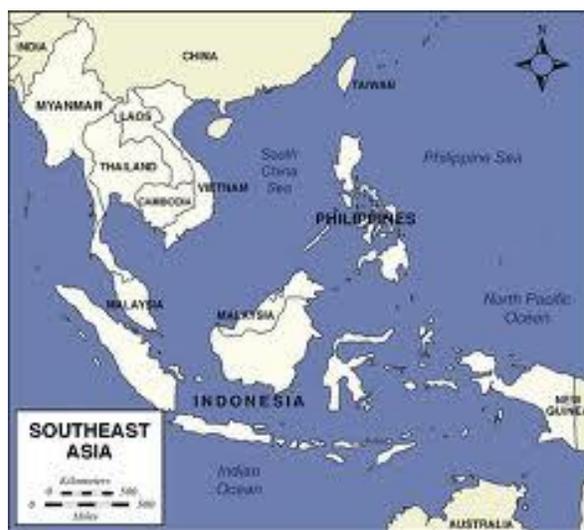
The International Federation of Red Cross and Red Crescent Societies' (IFRC) Southeast Asia regional office was set up in 1991. The region comprises of 11 national Red Cross Red Crescent Societies: Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Timor-Leste, Thailand and Viet Nam. The capacity is varied from country to country. All National Societies have institutional network of volunteers and experiences working in disaster response, Recovery and Development programmes.

The regional delegation works through the six country offices of the International Federation of Red Cross and Red Crescent Societies - Cambodia, Indonesia, Myanmar, the Philippines, Timor-Leste, and Viet Nam - to support those respective national societies. The regional office also supports partner national societies and other actors working on, or, with an interest in, building host national society capacity

The Regional Disaster Management Unit (RDMU) was established and embedded into the South East Asia Regional Delegation (SEARD) with the view of supporting the NSs in the region to manage disasters effectively and efficiently. The main goal was to build the capacity of the National Societies to be well prepared, be able to respond to disasters in a timely, efficient and coordinated manner, clearly linked to the Federation's response system and improving the ability of the communities at risk to cope with disasters. Program and strategic objectives were set to achieve the above goal with the development of appropriate programs, organizational set ups and mechanisms at the regional and NSs levels.

From the initial set up of the RDMC, the approach had been slowly moving to a strengthening of the community preparedness as the disaster response mechanisms/responsibilities were put in place and responsibilities of response preparedness moved to the AP Zone. This was one of the factors for a strategic move towards more holistic and comprehensive approach to support strengthening of Community Resilience as a long term approach. The RDMU operated until July 2011.

The RDMU was successful in aligning the NS' approaches to disaster management in the region and supporting development of relevant policies and plans for programmatic planning approach. RDMU had also put efforts in promoting auxiliary status of the NSs in the region; however, with establishment of CSRU and bringing ASEAN representatives to RDMC meeting, bringing government/ASEAN participants to joint workshops/trainings/meetings along with NS DM staff supported further strengthening of the NS auxiliary status and relationships with their respective Governments and national disaster management offices. With the settlement of the Zone, the AP Z DMU took over the responsibility to support NS and country delegation at time of Disaster emptying part of the Regional DMU of its initial function. It was therefore important to re think the role of the region versus the Zone. Accordingly the SEA regional delegation proceeded



to make some adjustment to move the resilience agenda forward. The regional delegation, therefore, did transitioning to a stronger development focus (Community Based Disaster Risk reduction and Community Based Health).

Since the development of the Global Community Safety and Resilience Framework, the Federation had been steadily moving in the process of engaging in community safety and resilience (CSR) building process in the Southeast Asia region. Therefore, the Community Safety and Resilience Unit was established in August 2011 to support strategically this process. Alignment and re-engineering of structures is an ongoing progress to fine tune to the change process and it may take few years until the “perfect” structure is in place. The regional NSs Road Map has served as a basis for strategic and integrated planning work in this area. Therefore, this study was carried out in order to review the readiness of Community Safety and Resilience Unit, established just over two years ago, in order to take Resilience Agenda forward.

1.2 Purpose:

This study seeks to address/review the following issues:

- Relevance and sufficiency of Ex-RDMU/current Community Safety and Resilience Unit to NS capacity building efforts to community level focused on strengthening resilience at community level and its sustainability (institutionalization)
- Opportunities to scale up programming and deepen impact at both the regional; country and community levels (cross –sectoral integrated programming)
- Partnership opportunities at different levels,
- Review of present resilience structure and delivery mechanisms, and
- Strategic direction for the Resilience Unit's support over the next five years and beyond

The findings of this review are expected to support SEARD in developing relevant policies and strategies to ensure CSRU's competitive advantages in the coming years.

1.3 Methodology and limitations:

Documents review and semi structured interviews were used for the review process. A large variety of stakeholders were consulted for the interviews. Every possible effort was put to have views from multiple stakeholders.

The study had some limitations. For example, due to time constraints, only few one-to-one (direct) interviews were conducted. Most of the interviews were carried out either through teleconference or Skype conference. A planned workshop with the National Societies could not be carried out. This may, however, be shared with the concerned in the appropriate forums.

The review was initially planned to be carried out by a team, but eventually it had to be conducted by a single person. In addition, there has been change in the persons in due course of RDMU and CSRU journey; the information was not institutionalized which would have been helpful in sustaining the resilience approach.

1.4 Process Applied and Report Structure

The report has been structured into different sections based on the key questions from the TOR, documents review, interviews and consultations. Efforts have been put to analyze qualitative information systematically as follows:

- *Section 2: Relevance and sufficiency of Ex-RDMU/current Community Safety and Resilience Unit to NS capacity building efforts to community level focused on strengthening resilience at community level and its sustainability (institutionalization).*
- *Section 3: Opportunities to scale up programming and deepen impact at both the regional; country and community levels (cross-sectoral integrated programming)*
- *Section 4: Summary of partnership levels with recommendations*
- *Section 5: Review of present resilience structure and delivery mechanisms*
- *Section 6: Strategic direction for the Resilience Unit's support over the next five years and beyond*
- *Section 7: Conclusion*

1.5 Summary Conclusions and Recommendations

- i. **Coordination:** Safety and resilience work involves multiple stakeholders. *Effective coordination* is required to maximize effectiveness, reduce duplication, complement efforts, promote participation and resource sharing, develop ownership and work collaboratively. There is still a need to improve coordination with other Departments and Units within the Delegation, PNS integrated within the Regional Delegation and others working bilaterally at the country level.

Recommendation: *A more formal coordination mechanism needs to be established within Southeast Asia where all concerned stakeholders sharing same interest in Resilience Approach (including PNSs) can participate. Virtual coordination mechanism is also possible to make important players informed of the work of the CSRU. Existing coordination mechanisms (for example, regional CSR forum, annual PNS dialogue meeting, Regional DRR/Resilience meeting and annual RCRC leadership meeting, monthly management meeting) are some good examples which should be continued.*

More engagement and commitment from other stakeholders needs to be reinforced particularly within the Country delegation and PNS operating bilaterally in the region. SEA NS are well on board yet there is room for improvement. Institutional donors (UN, EU, Governmental agencies), private sectors could be better engaged and could represent a factor of sustainability in term of long term partnership at domestic level.

- ii. **Structures:** There are mixed views about *the structure of the Community Safety and Resilience Unit*. Some respondents think that all the relevant components should be merged and all work as one unit. CSRU should present itself as a model or as a symbolic structure so that others may replicate that. Whereas others view that structural integration is not that necessary but the culture of working in silos should be eliminated and practice of integrated planning needs to be promoted. With support of the CSRU, SEA NSs are also in the process of exploring possibilities for better integrated planning and alignment and implementation through coordinated approach. The key is effective delivery rather than the structure composition.

Recommendation: *Structural integration is sometimes very difficult to attain as this requires a lot of management arrangements. Structural integration sometimes slows down the delivery as well. Therefore, -instead of having a heavy unit, it is advisable to have light structures with defined functional coordination and alignment mechanisms. This should not be limited only at the project or the activity level. Thus, it is recommended to have strong alignment among different units and components including cross cutting issues. This should be ensured by proper anchoring and information sharing mechanisms. CSRU may develop strategies and disseminate to the NSs as well for the alignment processes. The integrated planning, use of integrated tools, approach of community safety and resilience, culture of working together being promoted by the CSRU are some good examples which need continuation.*

Some partners suggested that mainstreaming or symbolism of structure may be considered to make NSs to understand and adapt as appropriate in the long run. However, there can't be any prescribed model for any NS but consideration should be given to increase an effectiveness; promote integrated and cross sectoral programming approach being more responsive to the community needs and providing more interaction and effective linkages between the very many components.

- iii. **Stakeholders:** Safety and resilience is the evolving agenda moving steadily forward in the South East Asia region. More sensitization of key stakeholders on IFRC approach to Resilience should be encouraged to promote standard understanding and action it requires. Effective delivery needs to be ensured through logical interventions.

Recommendation: *CSRU is engaged in yearly capacity mapping exercise- facilitated by SEARD. CSRU invites governmental officials and stakeholders at different workshop and meetings. The invitation and participation of stakeholders and government official at different workshops like Mekong River Coordination, Urban Resilience, Early Warning Early Action enhanced partnerships. They were useful in developing appropriate strategies and partnerships to promote the safety and resilience agenda collectively. However, to promote further understanding and move strategically ahead, CSRU should focus more on providing strategic leadership and guidance both at the Delegation and NS level. Support should be provided further to enhance capacity at different levels to promote safety and resilience agenda more organizationally and strategically. CSRU should also help NSs and Country Office to develop their own roadmap including possibility to implement projects, identifying regional funding with country focus if possible.*

- iv. **Capacities within Unit.** Current Capacity of the CSRU is not equally distributed between DM and health and that reflects the availability of funding as DM/DRR remains to attract donor funding much easier than Health. It is also recognized that the NSs in the region have quite strong technical capacities in **Health**. CSRU health team primarily focuses on strategic day-to-day technical support to Country Delegations/National Societies, knowledge sharing, regional cooperation among health technical experts and with colleagues from NSs from different technical sector. Efforts are being made for better positioning with national and regional stakeholders and translation of strategies into operational models. Regional Road Map is an example how integration among health, DM and OD can work together. At the time of review, SEARD NSDU Coordinator was not in place to provide specific support on component of OD. Regarding health, one PSP delegate and one health officer are supporting CSRU efforts on health. Strong component of OD is needed to maximise effectiveness of service delivery and promote sustainability .

In addition, efforts should continue to be invested in **Advocacy and Humanitarian Diplomacy** (auxiliary role, RCRC positioning) in DRR, Health and resilience approach to continue promoting RCRC work and contribute to further strengthening of auxiliary role. This should be continued at the regional level, SEARD being the best placed to support this effort, yet if opportunities arise it should also be done at country level.

Recommendation: *Both SEARD and CSRU should focus more on strengthening balanced capacity through increased fundraising effort that would enable strengthening of health team within CSRU. Capacity of health has*

room for improvement. Alternative solution could be found if technical capacities /focal points could be identified from within SEA NSs for their specific area of expertise (i.e. CBHFA, HIV/AIDS, Blood etc) – which would also contribute to peer-to-peer learning and regional collaboration. Given the need to emphasize on the health interventions in relation to building community-safety and resilience as per the resilience framework, more attention should be placed to explore integration of CBHFA, HIV-AIDs, and Bloods services, NCDs with other NS's programming at community level – reviewing existing tools ensuring integration of Health components as all of these together contribute to the community resilience as well.

Increased engagement in better positioning of SEA NS in regional forums, networks, and platforms should be strongly encouraged – resulting in concrete partnerships not only with national government but other key stakeholders involved in Health and Resilience building. At national level such efforts should also be accelerated to contribute to further strengthening of NS's auxiliary role. Practice of CSRU of joint events with national government representatives should be continued as good example of coordination, collaboration and partnership.

SEARD is also required to consider strongly for OD structure and interventions. Ways should also be explored to utilize the collective capacity of the Federation. OD and more specifically Capacity Building should be looked at as a strong tool to improve service delivery and investment in staff and volunteers as well as the involvement of beneficiaries in the resilience programming with special emphasis on Beneficiary Communication.

- v. **Cultural Challenge.** Some of the NSs, due to their culture, are not forward coming (reluctant) to share their identified positions, overall needs and gaps in relation to community safety and resilience. Their understanding of the broader picture and capacity to demand external support is limited.

Recommendation: CSRU should focus more on or invest further in developing/enhancing capacities of the NSs to generate demands and acquire specialized services from the CSRU and other partners with particular focus on institutionalizing CSR work in the NS. DRR mapping and several DRR/FS sessions carried out by CSRU had an added value in taking Resilience agenda forward, however, a comprehensive and coherent approach on capacity building is critically important. For this, along with mapping, CSRU/SEARD should work closely with Country Delegations/National Societies to analyze NS' current programming and see how much the resilience concept/approach does apply in the specific country context or not, what needs to be adjusted, reviewed as to identify gaps and needs to be met.

- vi. **Partner National Societies:** In SEARD there are currently 3 PNSs (American Red Cross, French Red Cross and Australian Red Cross Volunteers Programme Representative). PNSs are also working in the field of resilience through different approaches i.e. through Country Delegations and bilaterally with the NSs as well. PNSs feel that they have not been sufficiently involved in the process by the CSRU or due to their own other priorities. They also expect to participate in the relevant sessions of the CSR forum providing constructive added value and support to the forum. PNSs are interested to offer their support including that for the implementation of the regional road map.

Recommendation: Resilience is the current and future direction. Therefore, to create a broad base and to increase further participation and ownership among the PNSs, CSRU should facilitate opportunities to bring PNSs on board, giving space for their further engagement and contribution to implementation of the resilience framework, regional road map and ensure their buy-in. PNSs should also feel encouraged to proactively approach CSRU seeking opportunities for more engagement, provide resource contribution to the process - both human and financial. The PNSs and CSRU meetings and consultation during the development of resilience related proposals (at both ends) are very helpful and like coordination and consultation for broader work it would need to be intensified.

- vii. **Secretariat Role:** Regional Delegation is expected to continue investing/focusing in key functions of the Secretariat i.e. strategic coordination, representation, organizational development and capacity building etc. Some of the organizational development functions are being carried out by a Finance Development Delegate, a youth Focal person, and a Gender Focal Person. The support is also provided from the large OD Unit in APZ. NSs expect further support from the SEARD in National Society development area. Therefore, the Regional Delegation should focus more on this and PNSs may be in a position to support as they have expressed their concern quite strongly.

***Recommendation:** Regional Delegation has been much focused on strengthening and delivering “traditional” secretariat functions and should continue to do so to ensure consistency and further build on results achieved so far that inevitably contribute to the NS capacity development.*

- viii. **Positioning:** CSRU is well placed for better positioning of RCRC in the regional forums/platforms. The collective capacity of the Red Cross is instrumental in advocating for strategic partnerships and resource mobilization.

***Recommendation:** The CSRU is well represented in different networks, platforms and forums in Southeast Asian region. As the work of safety and resilience is being promoted globally, regionally and nationally, the visibility and representation of the IFRC and CSRU needs consistent positioning in the future too. Some interviewed partners also emphasized this. Advocacy and Humanitarian Diplomacy should continue to be emphasized at all levels. Participation of different stakeholders at various levels including beneficiaries and authorities is crucial to ensure added values for positive change.*

- ix. **RCRC identity:** There are growing opportunities in the humanitarian field for the RCRC NSs to promote their unique identity, demonstrate capacity of the network of organizations and volunteers and deliver quality and in-depth services.

***Recommendation:** The competitive advantages of the Red Cross, its capacity to work with multiple communities and resource diversification need to be further promoted. Tools/materials should be developed to further facilitate this process. Partnership with academic and other relevant institutions should be explored and possibilities need to be identified for utilizing the social capitals. The working collaboration with AIT, Chulalongkorn University and Thai Nursing College are commendable and it is advisable that CSRU further intensify this and also support the NSs in this aspect. Online credit courses, academic orientations, trainings etc. could be some of the areas for further collaboration and partnership for this type of effort should be for minimum of five years to assess the impact. Furthermore, work with the Asian Coalition on School Safety, RCRC being one of the founding members, should be further explored and build on – seeking concrete partnership for future joint interventions in school based disaster risk reduction.*

- x. **Strategic direction:** CSRU should continue to focus on strategic dimensions such as promoting the concepts of resilience across the board based on the framework and the road to resilience, its objectives – translated into regional context and delivered in a simplified version to NSs for better understanding. Furthermore CSRU can be instrumental supporting of specific mapping of the needs of the NSs and creating demands for needed assistance/support, building partnerships with variety of stakeholders and maximizing the funding opportunities, supporting the NSs in positioning themselves in the National disaster management authorities (*complementing effort made at National Level*) as well as health structures, systems and mechanisms.

***Recommendation:** CSRU should continue to build on the current momentum, identify strategic focus further, develop appropriate strategies and interventions and the collective capacity, tools and resources needed for this purpose. Regional road map has supported the CSRU to determine its strategic focus based on NSs’ needs and priorities. Actions need to be further accelerated.*

- xi. SEA NSs capacities: Significant resources and capacities exist in some of the NSs in SEA. Some of the NSs have structure, framework and extensive experience in the field of DRR and Health Programmes that have been serving and could further serve as an entry point for more holistic resilience approach to community needs. This needs to be further explored, capitalized on and used in the best interest of other NSs as well in the region.

***Recommendation:** CSRU should continue to facilitate to mobilize such resources for peer support. Areas of support could be human resources, projects or other required logistics assistance. CSRU should undertake its facilitating role more strongly. Exchange visits are existent and helpful, however, scope of this kind of peer learning should be increased and broadened to specific technical support as well.*

- xii. Knowledge Information Management (KIM): SEARD and CSRU is connected with different regional organizations/forums like ADPC and UN agencies mainly ESCAP, UN ISDR, UNOCHA, WFP and WHO. SEARD has been playing an important role to establish the connection between RCRC reference centre like RCRC Climate Centre, Global Disaster Preparedness Centre and NSs of this region. SEARD/CSRU should continue investing in improvement of cooperation with the ASEAN secretariat, ACDM and AADMER Partnership Group (APG). SEARD works with major networks and forums to institutionalize the learning. In addition, the leadership and technical managers meet separately at least once in a year to discuss the different agenda in order to scale up the RCRC programming.

At Regional level, CSRU has created an online library¹ to serve as an institutional memory, information sharing platform, but also to institutionalize the learning and consider for future reference. Loss of institutional memory was observed at the National Society level . Possibilities are further needed to be explored to support NSs as well to support NSs to reduce information gaps and institutionalise the information.

***Recommendation:** It is required to continue investing in knowledge information management system i.e. knowledge discovery, storage, retrieval, sharing and changing as per need with best utilization of IT system. Transition/ handover of information and knowledge should be managed properly/effectively. Online library is very helpful and contributes to wider information sharing network, but use of social media and interactive approaches in the present context will be useful. Further improvements should be considered for the online library.*

- xiii. Relevance: The RDMU and CSRU are both found to be highly relevant. When the RDMU was established the context was different and when CSRU was established, there was a change in the context. The scope of CSRU is wider compared to the RDMU. But in terms of relevance; value addition to the NSs, and eventually to the communities, it has been positive. In terms of impact, as no quantitative baseline data is available, however, based on the consultations with various stakeholders, it can be concluded that the RDMU had had a positive impact. As CSRU is continuing building on the successes and foundation created by the RDMU, it will continue to have positive impacts among stakeholders considering that it is moving in a positive direction. Some of the benchmarks established by the RDMU, the capacity that was transferred to the NSs, enhancement of individual and collective capacity of the National Societies, development of tools, implementation of programs, visibility of the NS's work, development of response tools in the region and their mobilization, efforts for joint planning etc substantiate that the RDMU and CSRU have contributed to measurable impacts. The support of the RDMU and CSRU is evident at the National society level which has contributed significantly to strengthening of the capacity of the NSs to deliver.

It is also important to note that the work of RDMU (focusing on emergencies, responses mechanisms, etc.) does continue and is done through the APZ DMU supporting the SEA NS when needed except those NSs where there is no Country

¹ <https://sites.google.com/site/drrtoolsinsoutheastasia/>

Delegation where CSRU is involved directly in response (i.e. Thai RC, Lao RC etc). So it is important to realize that this important work is not discontinued thus there is no disruption of service provision from IFRC to the SEA NS.

Recommendation: The shift to a stronger development agenda should be better explicit CSRU looking more at local preparedness, through regional forums positioning NS at national but also country delegations, at local level in a stronger dialogue and partnership with national, local authorities but also other domestic stakeholders, community networks, business community, and beneficiary etc, (reference to CAS generation 2) . There is also a need to invest on the collective capacity of SEA NS to organize them, to support each other's, to adopt common SoPs and response mechanisms.

The learning from the past should be documented, successes should be capitalized and interventions needed to address the gaps. SEARD should carry out more frequently evaluation of its work, properly document and disseminate. Learning should be capitalized and used for developing new strategies for the future.

- a. **Piloting:** In consideration with emerging approach of community safety and resilience, a need for piloting new models and replicating in the region is important. It is because some NSs have already moved ahead whereas others are lagging behind in designing and implementing resilience programs.

Recommendation: Some pilot projects are under implementation in Cambodia, Laos, Timor Leste, Myanmar etc. where multi-sectoral assessment and integrated planning have been promoted. However, it is practical to think of a sub-regional pilot projects, consolidate lessons learned and plan to capitalize learning across the region. It is better to plan this model together with PNs and go hand-in-hand for implementation with multi-partner approach.

Section 2: Relevance and sufficiency of Ex-RDMU/current Community Safety and Resilience Unit to NS capacity building efforts to community level focused on strengthening resilience and its sustainability (institutionalization).

Organizational context

The International Federation of Red Cross and Red Crescent Societies' (IFRC) Southeast Asia regional office was set up in 1991. The region comprises 11 national Red Cross Red Crescent societies: Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Timor-Leste, Thailand and Viet Nam. The regional office has also continued to support partner national societies and other actors working on, with an interest in, building host national society capacity.

The International Federation of Red Cross and Red Crescent Societies (IFRC) seek to save lives and change minds under its Strategy 2020. This ambition guides the IFRC regional delegation for Southeast Asia, in its support to the national Red Cross Red Crescent societies in the region. The regional delegation is part of the Asia Pacific zone which is one of the nine business groups of the IFRC secretariat.

The regional delegation works through relatively small IFRC offices in six countries: Cambodia; Indonesia; Myanmar; Philippines; Timor Leste and Vietnam. The regional delegation has a direct relationship with the five national societies without IFRC country representation: Brunei; Malaysia; Laos; Singapore; and Thailand.

In addition to serving the host national societies of Southeast Asia, the Bangkok office supports partner national societies active or with an interest in the region. This includes few partner national societies who are currently integrated in the Bangkok office, namely: American Red Cross; French Red Cross; as well as the Global Road Safety Partnership (a hosted IFRC program). For those partners with no permanent presence the regional delegation provides regular updates and represents their interest in the region. The regional delegation also coordinates follow-up of Movement initiatives with the regional office of ICRC (also located in Bangkok).

In line with the changing minds agenda, the regional office represents all member national societies at appropriate regional, zonal, and global forums hosted in Bangkok: the world's third largest humanitarian hub after New York and Geneva.

Disaster context in the region

Natural disasters are a frequent occurrence in Southeast Asia, killing an estimated 350,000 people in the last decade and causing tens of billions dollars' worth of damage. Many of the most destructive natural disasters of the past few decades have occurred in Southeast Asia. The most lethal tsunami in recorded history occurred in Indonesia in 2004, and in 2008, deadly tropical storms claimed about 138,000 lives in Myanmar. Apart from these catastrophic but infrequent events, some countries in the region are frequently buffeted by natural disasters.

Asia is one of the most disaster-prone regions in the world. Southeast Asia is particularly susceptible to the negative effects of seasonal floods and storms, which are increasing in number and strength. The region also straddles the Pacific "ring of fire", characterised by frequent powerful earthquakes and a string of active volcanoes. In 2011, Southeast Asian countries were badly hit by wide-spread flooding affecting Thailand, Vietnam, Laos and Cambodia. The Philippines was hit by a number of powerful storms, the biggest of which killed more than 1,200 people in Mindanao.

Health and disasters

Asia Pacific is also faced with several health problems. Asia Pacific is considered to be the epicenter of many epidemics. This region in the past had been exposed to epidemics causing disasters. South East Asia has also been facing several disasters and epidemics.

SEARD has also been working in the field of health which remains as one of the key operational areas of work of the NSs as well. Regional health unit was established at SEARD and continued until it was integrated within community safety and resilience unit. Details about CSRU follow in below sections.

The regional health unit got involved into preparedness, prevention and response related to health.

Key program areas included:

- Community Based Health and First Aid
- Humanitarian Pandemic Preparedness (H2P)
- Water and Sanitation
- HIV/AIDS
- Hygiene promotion/health education, and
- Psychological support program
- Pandemic Preparedness
- Voluntary non-remunerated blood donation, and
- Coordination and collaboration

Therefore, the region was involved not only in responding to natural disasters in relief but also to health emergencies as well.

Regional Health Team was also established and the periodic meeting of the team took place with participation of the Health Managers from the NSs, IFRC Regional Delegation and also the PNSs participated in these meetings.

Efforts were put in place to have strong coordination and joint planning between the health, DM and OD. DM people were also invited in some of the relevant Health meeting' sessions and the same was done in the meetings organized by the DM i.e. RDMC. Some of the regional health team meetings were focused on certain thematic areas only. Details about RDMC have been mentioned in below sections.

Involvement of the Red Cross in disaster; a global perspective

Disaster Management is one of the core areas of the work of the IFRC and the National Societies. It was the key focus in the strategy 2010 where disaster preparedness and disaster response were identified as the core areas of work.

The strategy 2020 focuses on saving lives and changing minds which also demand the active engagement of the Red Cross in building safer and resilient communities to save lives and livelihood. Therefore, the IFRC and NSs did put all possible efforts to implement strategy 2010 and it has been continuous efforts to implement strategy 2020 and contribute to the strategic aims. Taking into consideration the above disaster scenario and other vulnerabilities in the region, the South East Asia Regional Delegation has been putting all possible efforts to build the capacity of the NSs in the region to address risks and vulnerabilities with structures, programs, projects, activities and technical inputs. With serious consideration of the disaster situation in the region, the AADMER under the ASEAN has also been established.

This is an intergovernmental structure. IFRC and NSs also coordinate and work closely with this structure and other networks in the region. CSRU also has very good working relationship with AHA centre to implement AADMER. SEARD is also contributing to ACDM to further strengthen the cooperation in Disaster Risk Reduction. CSRU involvement in different levels of simulation exercises is equally significant.

Regional Disaster Management Unit: Establishment and Development

Disaster relief is one of the major areas of work of the Red Cross and Red Crescent Societies and the International Federation of the Red Cross and Red Crescent Societies. Since early 80's, the Red Cross and Red Crescent Movement have also started to work in the field of development primarily targeting to reduce the vulnerabilities of the communities. Following this, there has been increased effort on community based intervention and particularly community based disaster preparedness and disaster risk reduction has been the key focus since 1990's. Efforts have been there to focus from single hazard approach to multi hazard approach and to build capacity of the communities to be prepared for, to cope with and respond to disasters.

Over the years, there has been further development in the field of disaster risk reduction and thus more emphasis is now put to address the holistic approach of community resilience. The Federation also introduced the integrated programming approach in mid 2000's basically to address all the core areas as identified/described in strategy 2010 through integrated planning and also integrated programs. Several National Societies already initiated programs towards that direction and the Federation provided necessary technical support. This type of approach in the past has contributed to think holistically and implement integrated programs in the recent years.

South East Asia Regional Delegation provided assistance to NSs in the areas on underlying and emerging needs. The primary focus has been on building safe and resilient communities in the recent years. Based on the international developments, commitments and needs, the Federation has also been adjusting itself and appropriate policies, strategies, structures and implementation modalities/mechanisms are developed to address the needs and priorities. Being the umbrella organization of the member NSs, NSs are supported accordingly by the Federation.

With the increasing disasters and incidents in South East Asia region in the past decades, the Regional Disaster Response Unit (RDMU) was established and embedded into the South East Asia Regional Delegation (SEARD) in 2000. RDMU was established especially in view of the disasters and incidents faced by the Cambodia, Indonesia, Laos, Myanmar, the Philippines, Thailand, and Vietnam; and in particular by the poor and vulnerable communities that were facing severe threats of their lives and livelihoods. Additionally, increased challenges of climate change, rapid urbanization and environmental degradation affecting the resilience of the communities to natural hazards in the region, there were real fears that they will become more vulnerable in the near future and to respond to such emerging trends in the region in a more planned and strategic manner, RDMU was established.

The RDMU's objective was to directly support the key processes through tailored inputs and working closely with the NSs and the Country Delegations in programming, strategies development, preparedness plans, workshops, courses and evaluations, that included direct support to Lao and Thai Red Cross with their community based programs on various aspects. As no country delegations are present in these countries, direct focus was put in place. However, other NSs were equally provided with technical assistance in the above areas including development of CBDP, CBDRR and Resilience programs.

Establishment of RDMC and interrelationship between the RDMU and RDMC

In August 2001, DM representatives from eight NSs and IFRC's Disaster Preparedness Delegates from four countries and the regional delegation gathered in Melaka, Malaysia with the main purpose to discuss how to strengthen the regional network in SEA where one can learn from other in disaster response preparedness and reduction. The discussion ended with adoption of a statement with focus on four points such as needs and areas for regional cooperation strengthening, NSs human and material resources, establishment of an organizational framework, plan for the second regional DM cooperation meeting.

The second meeting held in November the same year ratified the Regional DM Framework by all the 11 National Societies in the region. This document became the key document for all the National Societies to act on. This provided an opportunity for standardization, synchronization and alignment of the DM efforts of the National Societies and the South East Asia Regional Delegation (SEARD). The journey continues from 2001 and altogether 17 meetings have taken place already. These meetings have been successful in defining certain outcomes/milestones. These meetings have also been instrumental in developing individual and collective capacities.

Following the birth of the RDMC, RDMU has been hosting the secretariat of the RDMC. RDMC is the membership mechanism and the forum of the National Societies. National Societies identify their priorities and plan and work in cooperation and collaboration based on agreed framework. RDMC's priorities are linked with the programming of the RDMU. Therefore, there is a strategic link between the priorities of the NSs and the objectives of the work of the RDMU. RDMU supported for the periodic meetings of the RDMC and such meetings were also the opportunity for the RDMU to discuss various Federation tools, update the NSs with the developments at the regional and international level on the issues of disaster management. This created a space for the RDMU to identify needs, gaps and develop strategies to address these. It has been reported that some of the RDMC meetings were heavily influenced by the Federation as the

agenda items were fixed by the Federation and the meetings were handled by the Federation only. Therefore, such meetings only became a kind of input sessions. Since the agenda items were heavy sometimes, it was beyond the absorption capacity of the NSs. Because of this situation, RDMC got diluted from 2005. There was no continuity in the participation but being a part in the meeting was taken as an opportunity. This had a negative impact on the ownership of the National Societies. This was later realized by both the NSs and the Federation. Now the meeting agenda is fixed by the NSs, NSs sometimes exclusively discuss their issues and concerns separately in close door setting; agenda from the Federation is included with consultations with NS's - where the Chair is requested to include the agenda of the Federation. Federation is invited for their inputs in the relevant sessions only. Other Movement components are also invited as appropriate. The history can be summarized as below:

2001-2005 (pick-up) and 2005-2010 (bit passive but the good thing was that the RDMC meetings were still continuing and inputs were provided)

There were other reasons for the NSs not to be that active in between. One of the reasons is that many other forums emerged such as ADPC, ADRC as well as other networks at the national level. Therefore, NSs had many things on their plate and they were expected to be in several networks. Therefore focus on RDMC was lost to some extent.

RDMC was established with an ambition and spirit. It was highly active and effective in the first few years, but its effectiveness level changed to some extent following that. However, with the continued support of the RDMU and follow-up, it could be institutionalized. NSs extended cooperation, working together culture developed and NSs became stronger than before.

Most of the interviewees shared the opinion that the establishment of RDMU was highly relevant based on the then context. RDMU was instrumental in supporting the NSs to come together in RDMCs initially to foster and nurture, update themselves and bring the NSs to current stage. RDMU became stronger as the RDMC became stronger and stronger.

RDMU also added value in programs (knowledge sharing, learning from each other etc). RDMU provided opportunity not only to participate in the meetings of the RDMC but also supported in DM planning, exploring funding opportunities, implementing projects especially piloting some of them, starting new initiatives etc. Integrated planning was introduced and components such as gender, climate change adaption, livelihood, cash transfer programming approach etc were introduces. Efforts of mainstreaming started.

External partner also shared the view that the RDMU raised the profile of the Red Cross in the field of disaster risk reduction. It was further advised the Red Cross should now focus on advocacy with the Government on their work on resilience and the CSRU should facilitate for this.

NSs also opined that the RDMU was highly relevant as it established the foundation. Now the scope has been widened and the components are working together. They also shared that the RDMU was highly relevant in enhancing sharing of information, resources, peer sharing and learning.

PNSs also shared the views that the RDMU was highly relevant in terms of facilitating sharing of knowledge and resources among NSs, promoting the DM work in the region, build capacity of the NSs and representing the Red Cross in various forums.

There was ownership and commitment from the NSs and that is why the support was extended to the RDMU by the NSs initially. But it was reported this level of commitment and ownership has also been up and down with the change of person and lack of institutional mechanisms to transfer the knowledge/information.

The RDMU passed through different phases and encountered various situations including big disasters as well in between like Tsunami, cyclone Nargis etc. and also based on developments and priorities of the NSs, there were also various situations of self-sufficiency as well.

Once the responsibility for the disaster response was undertaken by the zone office, the prominent role of RDMU was not that well considered by some respondents.

The RDMU continued from 2000 until July 2011. It was successful in developing response capacity at the regional level and the NSs, supporting the NSs in initiating community based disaster preparedness, disaster risk reduction and risk management programs. Support was also provided in developing appropriate policies, plans, strategies and programs in the NSs. NSs were supported for their visibility and participation in various national, regional and international forums. Support was also made available for integrated planning and for resource mobilization to some extent. RDMU served as the secretariat of the RDMC, the forum of the National Societies in the region, to come together and work in cooperation and collaboration as expected by the NSs together. The RDMU grew over the years following the needs and requirements from the NSs.

With the changing minds agenda, global direction in community safety and resilience as outlined in community safety and resilience framework 2008, the decision and direction taken by the AP Zone office, the SoP of the AP Zone DMU, CSRU was established. Further, in consideration with comparative advantage of RDMU, along with the transition of the response mechanism to the zone, the regional delegations are now expected to focus more on supporting the NSs in long term development and community resilience building work. The resilience concept also fitted with the NSs development. With the existence of the DRR community in SEA, the resilience approach has fed significantly to integrated programming approach that had already been developed. Though there was some sort of passive resistance at the time when the decision was made, this has now proved relevant in the regional context.

With this development, the structure had been created at the regional level which is named as Community Safety and Resilience Unit (CSRU) where disaster management and health came together to further enhance NS's needs in building safer and resilient communities. OD provided necessary support for organizational capacity building. The CSRU is primarily focusing its work in the following three areas in the South East Asia. The new model of community Safety and Resilience in the regional context is in line with the global resilience framework. There is compatibility between the two. Therefore, the region is putting effort to contribute to achieve the overall goal of the global safety and resilience framework and also that of millennium development goals.

Community Safety and Resilience Unit (CSRU)

IFRC defines resilienceⁱ as "an ability to prepare for, adapt to, withstand and recover from external and internal shocks/adversities as well as to have the capacity to cope with social, political and economic disparities that contribute to vulnerability".

Key principles are:

People first: *A people and community centered approach. We can facilitate and assist individuals and their households and communities in their own efforts to strengthening their resilience.*

Local ownership: *Focus on building local ownership, assets and capacity, do not foster dependency or substitution.*

Comprehensive approach: *Understand the diverse underlying causes of vulnerability and disaster and crisis risks simultaneously. This requires holistic assessments and interventions which take into account a variety of shocks and underlying causes of vulnerability.*

Acknowledging Interconnectedness: *Addressing underlying causes of vulnerability, preparing for and responding to disasters and crises throughout the overlapping phases of disaster management and linking closely to developmental programming.*

Long term perspective: *Engage and invest in the long term.*

Working in Partnership: Create and broker relevant partnerships or advocate for support especially in areas which are not in the core of Red Cross and Red Crescent expertise or mandate but relevant to the individuals and communities we work with. Resilient communities cannot be achieved solely with IFRC support. The Red Cross and Red Crescent needs to facilitate support from a range of stakeholders who contribute to strengthening and sustaining resilience.

Know The Limits: *Acknowledge that strengthening and sustaining resilience is not possible in all contexts at all times.*

RDMU was in existence for more than a decade and it has certainly laid a foundation for the DM work in the region and the National Societies. It was not limited in response only but equally effort was put for national Society programming, coordination and cooperation, building partnerships and networks, resource mobilization, capacity building, developing plans, promoting response tools etc. Health and OD were working separately and contributing to the resilience work to some extent. CSRU was created in 2011 July, where former health and RDMU were merged and a single unit was established. The Response part of RDMU was shifted to the AP Z as per APZ DM strategy (DR surge capacity, SoP, etc.). It is not the Region who decided to disrupt the RDMC initial focus, but due to the APZ strategic orientation, it was important for the SEARD to clarify its added value at that specific level. This is when it was decided to focus on Community preparedness.

The main objective of CSRU was focused on development programming support to National Societies to promote cross sectoral integrated planning to strengthen community safety and resilience. Integrated planning and programming become more valid at the community-based interventions. However, it is recognized that some health programs like Blood Program, ambulance service and other institution-based health programs can be implemented in a non-integrated but coordinated way.

CSRU, through Country Delegations and PNSs, targets to provide National Society-focused technical advisory support in three priority areas.

1. *Improve preparedness for response capacities through strengthening local, national and regional capacities to respond to health emergencies, disasters and crises;*
2. *Strengthening community safety and resilience through promotion and development of an integrated cross sectoral community based programs that incorporates all cross cutting issues such as climate change, gender, migration, people with disabilities, PSS and other relevant issues and;*
3. *Reducing the burden of public health issues through strengthening NS capacities in their auxiliary role to the Government.*

CSRU serves as the conduit of regional safety and resilience activities. The transition to CSRU from RDMU and merging of the Health Unit was not that easy. There was a passive resistance at the beginning. But there was a strong support from the leadership of the regional delegation to establish this structure and the then RDMU coordinator was actively

involved in conceptualizing and implementing. The health interventions were very much based on program/ response approach but the long term strategy did not exist. Then it was realized that a strategy based interventions are needed to address the issue of community safety and resilience, then this structure was created and work was started. Structurally, health and DM were merged but other components were also considered while planning. Coordination was established as required, Especially, OD was strongly considered while developing the Long Term Planning Framework (2011-2015). CSRU is trying to promote alignment with OD and other cross cutting components like water and sanitation, beneficiary communication, road safety etc.

CSRU is trying to build on the efforts put by the RDMU and Health as well as OD in the past. The CSRU still required focusing more on coordination and strategic approaches of CSRU. However, it has been maintaining the effort of integrated planning and implementation for the projects that it is undertaking such as DIPECHO and Mekong river projects. Mekong river project is a classic example of integrated approach and cross border collaboration.

With the decision of the Federation to ask the regional delegations to work closely with the National Societies for longer term development and with the view of building capacity of the National Societies to build community safety and resilience, the structure was created and since the CSRU has been gradually evolving and expanding its roles towards that direction. Engagement in the development work is not new to the Red Cross. Red Cross has been involved in the development work following the decision of the International Conference in Manila in 1981. Since then the Red Cross has been engaged and working with the communities to address the underlying risks and vulnerabilities. From early 1990's, there has been active involvement of the Red Cross in the community based interventions especially on community based disaster preparedness; community based disaster risk reduction; community based health and first aid; community based water and sanitation; community development etc. Therefore, in a way and to a certain extent, the Red Cross has already been doing resilience work since long. The current effort is to work more systematically, organizationally and holistically in a more coordinated manner with the main purpose of building community safety and resilience with defined characteristics and indicators. It is to contribute significantly in achieving the overarching goal of the strategy 2020 " saving lives". The decision of the Federation to decentralize efforts of response and the long term development has been observed as positive step. The Regional delegation is now engaged more with the National Societies for their long term development, supporting them in their endeavor to be the Strong National Society which will eventually contribute to build their capacity in order to enable them to work more effectively to build safe and resilient communities. Regional Delegation has been able to add further value and NSs have taken this positively. Growing ownership has been observed in the National Societies.

"Resilience is not a new thing, it is more about how you think, understand and work"

– Dr. Amnat Barlee, The Thai Red Cross.

With the zone taking the response responsibility, the response has been standardized. In the past, when there was a disaster in any country in the region, the whole RDMU had to be involved. Now, the CSRU can focus on its mandated role and concentrate itself on the same even if there is a disaster in the region.

Over the years, some of the NSs have been engaged actively in some aspects of resilience work. Some have already started to define its structure whereas others have started programmatic alignment and coordination mechanisms have been defined. Some of the initiatives from the NSs included PMI working on their own resilience framework and all departments/sectors contributing to the overall goal, Timor Leste implementing integrated community risk reduction program where several sectors and cross cutting components have been considered and partnership with the Government has been established, Cambodia Red Cross – moving in a positive direction and new initiatives have been undertaken,

However, the NSs have realized the importance of resilience work in a more holistic manner. It does not mean that the NSs are not doing any work in resilience. Having network of organization and volunteers, NSs, since long, have been involved with communities in the humanitarian work which encompasses the component of the resilience as well. CSRU should do a mapping and focus its support to those NSs who continuously require this. It should also focus strongly on promoting the resilience framework which does not talk only about service delivery but also on creating an enabling environment. Continuous support should be provided to support the NSs to position themselves in their own National Disaster Management Systems.

In June 2013, in line with the Resilience Approach in southeast Asia and, in particular, multi-sectoral integrated planning as an initiative of the RDMC members and with agreement and endorsement of the Regional Health Forum – two forums were merged into one - “Regional Community Safety and Resilience Forum” - with consideration that Regional OD forum joins in as a next step. Terms of Reference were developed by SEA NSs to guide the forum. It is anticipated DM, Health and OD together would have an annual forum meeting and ensure joint planning is done. A Regional road map has been developed by the NSs to focus the interventions on the areas of DRR, health, OD and other cross cutting issues. NSs are committed for the implementation of the road map and the CSRU is expected to facilitate and provide technical support. PNSs are also interested to participate in the relevant sessions of the CSR forum and also ready to offer their support. The CSRU should be able to capitalize on this. In addition, the outcomes have been shared with the leadership of the National Societies and they have owned this.

Likewise technical working groups in each of the above areas have been formed. TORs have been developed for the DM and Health already. It is being prepared for OD. NSs are taking lead on this which is positive. The working groups specifically work in the technical areas and contribute to the overall roadmap and framework.

NSs also expect strong support in the area of OD with regard to integration. It was reported that SEA OD is out layered and does not consider this work as their strongest priority (most passive among all). The CSRU and other departments/units (OD) and PNSs require working more closely within the Regional Delegation and coordination needs to be improved.

PNSs expect the CSRU to focus on the secretariat function rather than the project implementation. Their expectation of the involvement of CSRU is seen in strategic coordination, positioning, partnership building, representation at key forums, organizational development, capacity building, etc. PNs are ready to offer their support if requested but at the same time such acceleration would require more proactive engagement of PNSs for the same goal. CSRU is delivering its function quite well. However, it has been perceived at times as personality driven.

One of the representatives of the NS said that Community based/long term programs are to be taken care of / coordinated by the CSRU whereas zone needs to be communicated for emergency health/WASH programs. Two different points are to be coordinated but these are related with resilience. Therefore, it would be good to have strengthened capacity at the regional level in these areas including proactive engagement of OD as these are not related with response only but importantly also with long term preparedness for response. He also added that NSs in SEA are less proactive and do not ask what they actually need (*although with CSRU that does not seem to be the case*). Therefore, capacity should be developed to ask for their needs (*possible cultural issue*). The contexts and capacities are different and thus support also varies. CSRU gets in touch with the NSs but there is no mechanism to provide feedback to the CSRU by the NSs. Therefore a mechanism should be developed to provide feedback and get the support as demanded by the NSs. Although there is SEA NS and CSRU mailing group used for sharing of information and periodic feedbacks from the NSs to CSRU.

The human resource capacity of the CSRU is limited given the size of the region. Current capacity of four persons is not enough. Especially, the HR capacity in the health unit could be strengthened. However, possibilities may be explored to use the collective resources to support the NSs as expected and demanded. AP Zone DMU is quite engaged during the disaster and emergency situations only. Their support can be better utilized in other times by the CSRU. Likewise, the capacity and resources of the Reference Centers may also be utilized.

PNSs and NSs see the relevance and value addition of the CSRU. PNSs shared that its effectiveness is gradually being observed. But it may take some time to really measure the impact.

For some NSs, resilience is better understood from the health angle and perspective. Therefore, it needs to be strengthened further. It is advisable to use the strength of existing Community Based Health networks to develop and integrate the culture of risk, prevention.

"Resilience is not new for PMI. DM and health are more operational. OD is the umbrella and it encompasses everything and thus this should be made very strong. Integrated planning approach should be further promoted". Mr. Arifin-PMI.

Structurally, Health seems to be under resourced and this could be linked to depleting donor funding for health in general thus existing capacities appear to be overstretched at time. NSs health technical capacities and expertise should be considered as potential human resources to fill in the gap as they are ready and experienced in delivery but they need additional support in key organizational core areas to be modern professional organization such as capacity building/strengthening, human resource management/volunteer management, finance, procurement, PMER, resource management/mobilization, monitoring and evaluation among others. Thus SEARD should focus more on these areas.

Key milestones of CSRU

Although it has not been long since CSRU is established, it has been observed and documented that CSRU is taking a positive shape in consideration of safety and resilience framework, addressing needs of the NSs building relationships and giving strategic directions to the work of safety and resilience in the region and the NSs. Its facilitating role has been well recognized by the NSs and partners as well. NSs have now agreed to work on the common regional road map which serves as the basis for the NSs and the region to plan and shape its work in the field of safety and resilience. The RDMC recent meetings in 2012 and 2013 proved highly fruitful to work collaboratively in the coordinated manner to achieve the common goal. Among others, including the regional projects, the following meeting and developments can be considered as the major milestones of the recent past.

16th RDMC meeting, Singapore, 6-8 June, 2012:

Learning from the past meetings, IFRC/CSRU took necessary steps to ensure ownership of the meeting by the SEA NSs, handing over the entire event to NSs to chair/s and providing background support – leaving NSs in the driving seat. This approach was welcomed by SEA NSs and resulted in some concrete outcomes:

- RDMC structure: Constructed between RDMC members (*Heads and deputy Heads of DM departments/divisions*). The forum, for the first time since its establishment, selected a chairperson of the forum in addition to sub-chairs of four thematic sub-groups: disaster preparedness, disaster response, disaster management information system/ knowledge sharing and regional DM co-operation framework and coordination.

- **RDMC roadmap:** RDMC road map for 2012 to 2015 was developed by SEA NSs. The road map defines the way forward with clear roles and responsibilities for each RDMC member, including CSRU role and support in the process. Please refer to annex 1 for the road map.
- **Resilience approach:** The RDMC expressed its strong commitment towards a holistic approach to community resilience focusing on integrated cross-sectoral planning. They committed to work closer with both health and OD departments to improve the quality of service to communities which strengthens their resilience.

To have such an approach adopted, the RDMC realized that it would require strong leadership support. That support could be demonstrated through encouragement to respective NS departments to work closer together on developing integrated plans.

The RDMC members also discussed participation of key national society health department representatives in future meetings to initiate integrated planning to support the building of safer and more resilient communities. This initiative needed support from the leadership (*which was granted at later stage*).

Demonstrating willingness to explore cooperation between SEA NSs and ASEAN, IFRC/CSRU facilitated participation of the Executive Director of ASEAN AHA Centre in the meeting, delivering updates on AHA centre engagement and offering interest to further explore concrete cooperation with RCRC in the region. SEA NSs were happy for this opportunity but also expressed their interest to have more engagements with ASEAN secretariat, AADMER Partnership Group (APG) and AHA Centre.

17th RDMC meeting, Yangon, June 11-13, 2013

For the first time ever, a joint participation of SEA NSs Directors of Health and DM departments took place in Yangon, discussing extensively about the following areas: (*for more details please refer to annex 2*)

1. Joint review/update of the regional roadmap – making it multi-sectoral by integrating Health and some components of OD (*in absence of OD representatives*),
2. Agreed that the health and disaster management forum should merge into one forum,
3. Decided to invite SEA organizational development forum to join the next meeting of the new merged forum
4. Agreed to reconsider RDRT future in SEA with possible consideration to create elite RDRT reviewing existing 300 trained members to consider short listing 30 well trained RDRTs who could deliver best possible services within the region and possibly beyond. (*This decision was linked to the fact that during the last 3 years, despite several emergencies very scarce deployment of RDRTs due to lack of requests from affected NSs.*) National societies further stressed their priority to strengthen National Disaster Response Teams (NDRT) capacity.

The minutes of the meeting with key recommendations are shared with the SEA NSs leadership seeking their support/endorsement and further directions, as appropriate. This has promoted a way to build ownership of the leadership about the work of the CSRU and NSs technical departments.

Mekong Region Cooperation Mechanism

A trilateral Memorandum of Understanding had been signed between National Societies in the Mekong River Basin area between Cambodia, Laos and Vietnam covering the period from May 2011 to Dec 2015. The purpose was “*to encourage NSs to exchange information and encourage staff/volunteers at chapter level to work in close cooperation to enhance quality of their humanitarian and development work*”. The agreement stipulated that signatories NSs would seek support

of IFRC in the implementation process. Until now this MoU has been translated into random and small scale peer-to-peer cooperation among NSs signatories of the agreement – without involvement of IFRC.

Realizing the importance of such sub-regional forum, the CSRU took an initiative to activate discussions among Mekong River Basin NSs, including Thailand organizing a 2 day workshop in Laos in December 2012. In addition to NSs representatives from both Health and DM, representatives of National Disaster Management Authorities and ADPC took part in the workshop. Main objectives of this workshop were to

- Facilitate opportunity to National Societies to learn from each other about achievements to date in terms of risk reduction initiatives implemented in the Lower Mekong Basin (LMB), peer to peer learning, exchanges of knowledge and good practices (*and also to inform all other stakeholders about it – to position better RCRC in this sub-region*)
- To strengthen cooperation and coordination among LMB National Societies and key strategic partners.
- To learn more from other key stakeholders such as NDMA representatives from each respective country of the LMB, MRC, ADPC and perhaps ECHO and others about their experiences and potential opportunities for cooperation with Red Cross National Societies focusing on RCRC county-wide presence at the community level.
- To identify possible activities to be carried, develop tentative plan and turning the plan into action with proper time frame.
- To promote collective efforts for integrated risk reduction and preparedness measures focusing on respective NSs and communities situated in LMB.

While the event was very successful, resulting in a joint and detailed PoA the implementation of the same requires continuous engagement, necessary funding and coordination from the CSRU. Opportunities have been explored to tap into ADB funding to no avail till the time of preparation of this report. Thus, much more efforts need to be invested to push this agenda as the principal commitment had been made by all participants but will not move forward without necessary funding that should kick start some concrete cooperation. CSRU would need to build on the success of this workshop and facilitate continuous discussions among key stakeholders and eventually assist in mobilizing necessary resources to support the implementation of developed Plan of Action.

Section 3: Opportunities to scale up programming and deepen impact at both the regional; country and community levels (Cross Sectoral Integrated programming)

Community safety and resilience building is a comprehensive process. Several models are in practice in southeast Asia. In NS context the following examples are worth considering for scaling up and replication:

- PMI follows a comprehensive community safety and resilience model. PMI works closely with the local government. During planning phase, local government representatives fully participate and contribute in setting up local priorities together with local community. PMI facilitates the process. Thus, rather than duplicating to local government efforts, PMI complements in their efforts. Thus, once project implementation is over, it is handed over to the local community and the local government, which enhances chances of sustainability to a great extent.
- Philippines Red Cross has been engaged in a unique program called 143. It is a comprehensive program developed through a full participation of community members and local government together. It is therefore an

integral part of local government's resilience plan. Philippine Red Cross builds up local capacity for implementation of the interventions. Once project is over, it is handed over to the local government.

- Timor Leste is another example. Timor Leste has developed a comprehensive resilience program for five years. Emphasis has been given on developing local community and local government capacity in the development and management of the project. Once capacity building phase is over, local government funds resilience projects through their own resources. Thus, sustainability and potential replication is very high.
- Myanmar Red Cross has also been developing an integrated program. As an entry point MRCS used existing and successful CBHFA program, revisiting it with their DM and other teams and integrating other relevant sectors that were not initially included ensuring holistic approach to community needs – increasing their overall resilience. The lessons learned are planned to reflect into future programs.

Regional CSRU has documented some of the above practices/examples into case studies shared within and outside of region. There is a critical need to continue capturing such learning from these and similar initiatives document them properly and suggest for replication widely. With the growing engagement of the Federation and the National Societies in the resilience work, structural and/or programmatic alignment is being promoted. Practice of integrated planning and working together is on the rise. CSRU has already been implementing integrated approach such as through DIPECHO funding. The successes and lessons learnt need to be well documented and disseminated to attract additional funding and partners.

Similarly, the PNSs are ready to complement the effort of integrated planning and implementation. Though they are focused in certain technical areas, they are ready to complement in the communities with their interventions to support other resilience building initiatives. They are committed to complement not to duplicate.

Given variety of approaches being used, there are increasing opportunities to scale up and deepen impact at different levels. IFRC/CSRU should explore opportunities to develop models, continue implementing pilot interventions, and prepare evidences of the successes, replicate. It should also focus on hooking international tools and resources to trickle down to the communities. Concepts are available but delivery is equally challenging in different contexts. There is no one size fits all model thus options should be made available for NSs to contextualize it to their own context. Thus region should best utilize its expertise and competence to create environments for attracting partners, showcasing successes and sustain the efforts.

CSRU had used every opportunity at the regional level exist for advocacy and humanitarian diplomacy in particular focusing on Resilience, DRR and health with aim to explore opportunities for new partnerships between RCRC and other external stakeholders for the community work of the NSs.

Section 4: Summary of partnership levels with recommendations

Partnership opportunities could be further explored at different levels. At regional level, it is critical to tap enthusiasm of PNSs to work together as a part of resilience building process. This can be harnessed through planning together, implementing together and sharing resources together. However, the commitment and engagement should be equal on both sides.

At National level, NSs could consider being more proactive in assessing local funding opportunities and exploring partnership opportunities. National governments are potential partners in terms of mobilizing resources and long term sustainability.

Local governments have also been recognizing role of Red Cross but mainly in disaster response and some specific health programs. Therefore, forging partnership with local government is one opportunity that should be further explored and expanded.

In summary, multilateral and bi-lateral partnerships exist. There are tangible evidences that the CSRU has been exploring further partnership opportunities to attract non-traditional partners. Following could be considered for recommendation for new partnerships:

- Continue exploring opportunities to diversify funding base to reduce dependency in the long run and ensure sustainability -focus on strategic partnerships.
- The CSRU have already initiated a commendable and sustainable work by positioning and profiling better the NS, The RCRC Movement and IFRC. Governments have now started to recognize the work of the Red Cross significantly in the field of community safety and resilience. Resources are available at the country and the local level. Building on this, further opportunities should be explored to partner with the Governments which will ensure long term support and sustainability.
- Continue exploring and fostering partnership opportunities with the intergovernmental, academic and expert organizations in the technical areas. Continue exploring possibilities to use indigenous knowledge and science and also use the social capitals to promote safety and resilience at a community level.

Section 5: Review of Present Resilience Structure and Delivery mechanisms

The CSRU structure is evolving. The structure started with the merging of the Health and DM Units into one. National Societies in the region have different (traditional) structures. However, there is improved coordination and alignments between different components of the resilience. Understanding is growing and integrated planning is taking place gradually. CSRU should endeavor more to ensure coordination and effective service delivery. Capacity within the CSRU is limited and insufficient.

The CSRU should focus more on delivering services effectively through the country delegations where it exists. The role of the CSRU should be more to coordinate, facilitate and provide technical assistance as required. Country Delegations while designing projects should consider covering some of the costs of the position of the CSRU for above purposes.

The position of the CSRU coordinator is highly important in providing strategic guidance and vision. This position together with the other members in the team may continue to extend further leadership, management, fund raising and representational support to the other units and NSs. This will contribute in further enhancing effectiveness and visibility of the Unit.

Balanced structure within CSRU for safety and resilience components (i.e. DM, health and OD) should be created to provide expected support to the National Societies. Different structures exist between the region and the NSs; there should be compatibility as far as possible.

Country Delegations and NSs generally take the structure of the CSRU as a model. CSRU can focus on structural integration as a symbolism but this may not be that easy. In that case, clear model of alignment with other components needs to be developed to promote integrated planning and working together. The key is to ensure effective service delivery at the community through defined structures and approaches.

Section 6: Strategic direction for the Resilience Unit's Support over the next five years and beyond

Resilience building is a long term and comprehensive process. It has just been 2 years since CSRU came into being. Direction it is taking is positive but it is still bit early to fully review, comment and recommend. However, CSRU has been building on the foundation laid by the RDMU and legacy is being continued. Following should be the strategic direction for the future work of the CSRU:

- National Societies have different needs and capacities in the region. CSRU requires focusing more on value addition also for the NSs to identify their needs and gaps by themselves. Capacity of the NSs needs to be developed to create demands based on that the CSRU should develop appropriate strategies to assist the NSs to address the needs and gaps they have identified. CSRU should be in a position to provide specialized support to the NSs based on their needs and demands.
- CSRU should continue to focus on long term strategic partnerships and fund diversification. It is advisable to target mid-term to long term funding with agencies like World Bank, Regional Banks or Governmental agencies. Similarly, regional organizations could also be potential partners to secure resources. Adequate planning and continuity in to work that has already begun is important to continue.
- Concepts, tools and frameworks are available but its effective implementation at the field level is challenging. CSRU needs to provide continued support for the implementation of resilience framework, strategies and actions based on its road to resilience road map, promoting alignments of structures and tools, use of tools effectively to promote community safety and resilience.
- CSRU requires providing continued support to the NSs for their representation/participation in the community safety and resilience forums. More emphasis should be given to promote unique identity, demonstrate adequate capacity to work closely with the communities and market what is being done to promote community safety and resilience using individual and collective capacity of the International Red Cross and Red Crescent Movement.
- Promoting cooperation and support between the NSs (peer to peer approach) needs to be further promoted. Resources and capacities available in the National Societies needs to be utilized further in the interest of the other NSs. CSRU can support further in creating this environment and may support with resources for this purpose. Strategies should be developed for the utilization of collective capacities.
- CSRU needs to continue supporting the NSs in promoting their auxiliary role, identity and visibility, positioning themselves in the National Disaster Management systems and ensuring their recognition in the appropriate policies, strategies, structures and guidelines.

- CSRU has been very successful in delivering the functions of the secretariat such as strategic coordination, knowledge management and effective mobilization of resources, advocacy and humanitarian diplomacy, capacity building and strengthening technical competence of the National Societies to deliver in-depth and quality services, support to NSs for Results Based Management and it should continue to do so.
- CSRU need to continue promoting programme approach rather than project, promoting more balanced approach for the components of the safety and resilience (holistic approach and inclusiveness), further support to NSs for integrated planning and implementation.
- Ongoing support needs to be provided to the NSs for their self-reliance, ensuring allocation of budget from their respective Governments for their work in DM. Redundancy of the NSs needs to be promoted for external support. This contributes to greater sustainability.
- More support in OD/ National Society capacity development needs to be ensured.
- There is still lack of harmonization in the plans and tools. This needs to be promoted.
- Anchoring/alignment are on the rise- but still a challenge. This needs to be addressed strategically.
- Continue support for ongoing efforts of the NSs in relation to their work in the field of safety and resilience. Focus more on capacity transfer and strategic thinking and planning.
- Continue to work on creating an enabling environment as outlined in the resilience framework in parallel to focusing on the technical areas.
- CSRU should continue to build the confidence of the NSs Leadership to ensure their ownership and buy-in of the efforts being undertaken for community safety and resilience building. Leadership forum should be best utilized for this purpose.
- Understanding of resilience and standardization in the approaches should be transferred to country levels/country delegations.
- CSRU and other Units in SEARD should focus more on strengthening internal and external communications.
- CSRU should invest more in health interventions and integrations as well as preparedness activities.

Section 7: Conclusions

Resilience is a broad concept. Many international organizations have their mandated appearance in the field. However, Red Cross movement has unique presence and competitive benefit of working with the communities with its strong base of organization and volunteers. Therefore, capitalizing on these strengths and developing synergy with organizations are needed. SEARD/CSRU can lead in this process.

RDMU was successful in achieving its overarching goal over the period of time. CSRU, though in infancy, it is moving in right direction. However, it is necessary to build on further capacity to continue these efforts. As such, need for additional resources, capacity to work on multiple-partnership model is inherent.

SEARD/CSRU has great added value in South East Asian context. NSs have strong buy-in for strengthening CSRU and utilizing services for their best interest from CSRU. Thus, SEARD has been effective in bridging gap between Zone and the National societies/Country Delegations as expressed by NSs leadership.

CSRU's effectiveness could be further improved through strengthening workforce, aligning structures, reviewing approaches to work in multi-partnership model, improving real time information sharing mechanisms and generating new knowledge through pilot interventions and replicating in the region through multi-stakeholder model.

Different operational models exist in the region in relation to safety and resilience. It is therefore useful to take lead by CSRU in developing coherence amongst these models and approaches. This, however, needs contextualization. Holistic approach needs to be promoted.

Support from the RDMU and CSRU have significantly contributed in the individual capacity of the National societies individually and collectively. NSs were not strong earlier as they are today. CSRU require providing continued support to build organizational capacity, self-reliance and operational capacity to deliver quality services in order to build community safety and resilience. Considerations are required for institutionalization of the efforts.

CSRU should equally focus on providing support to NSs in management functions along with technical ones.

Actions should also be geared towards creating an enabling environment as defined but the Resilience Framework as well.

Strategic partnerships and regional representation of the CSRU in regional networks need to continue to be promoted further.

CSRU may consider to developing plan to implement the recommendations outlined in the above section.

Annex 1: Name of Persons interviewed

SN	Name	Designation	Organization	Remarks
1	Dr. Amnat BARLEE	Director –RCHB	Thai Red Cross	In Person meeting
2	Dr.Bountheng Menevilay	Director – DMD	Lao Red Cross	Interview from distance
3	Ryan Jay B: Jopia	Manager Health Service	Philippine Red Cross	Interview from distance
4	Arifin Muhammand Hadi	Head – DMD	PMI	Interview from distance
5	Dr. Uy Sam Ath	Director – DMD	Cambodian Red Cross	Interview from distance
6	Drew Strobel	Regional Representative	American Red Cross	In person meeting in BKK
7	Herve Gazeau	Regional DRR Coordinator	French Red Cross	In person meeting in BKK
8	Patrick Fox	Senior DRR Advisor	Swedish Red Cross	Interview from distance
9	Michael Annear	HoD	IFRC – Viet Nam	Interview from distance
10	Thearat Touch	Disaster Risk Reduction Assistant	ECHO Regional Support office for East, South East Asia, and the Pacific	In person meeting
11	Ryan Duly	Advocacy Coordinator	Advocacy Coordinator(GRSP)	In person meeting
12	Nguyen Hung Ha	DIPECHO Project Manager	IFRC-SEARD	In person meeting
13	Rakesh Kumar	Regional Finance development Advisor	IFRC-SEARD	In person meeting
14	Katherine Roux	Regional Communication and Advocacy Manager	IFRC-SERD	In person meeting
15	Dr. Sok Long	Director Health	Cambodian Red Cross	Interview from distance
16	Ms. Caroline Austin	Regional Beneficiary Communication Delegate	IFRC-SEARD	In Person meeting
17	Ms. Ann Leclerc	Head of Regional Delegation	IFRC-SEARD	In Person meeting
18	Ms. Indira KulEnovic	CSRU Coordinator	IFRC-SEARD	In Person meeting
19	Mr.Sanjeev Kumar Kafle	Regional DRR Advisor	IFRC-SEARD	In Person meeting
20	Mr. Marko Korhonen	Asia Regional Representative	Finnish Red Cross	Interview form distance
21	Mr. Encase Chua	PRU Coordinator	IFRC-SEARD	Interview form distance
22	Ms. Aurelia Balpe	Head of Regional Delegation	IFRC-Pacific office	Interview form distance
23	Mr. Kamal Niraula	Former DM Delegate	IFRC, Timor Leste	In Person meeting

24	Mr. JaganChapagain	Director	IFRC, Zone Office	Interview from distance
25	Mr. Al Panico	Head Of Operation	IFRC, AP zone	In Person meeting

Annex 2: Biography

Umesh Prasad Dhakal

Biography

Mr. Umesh Prasad Dhakal has been involved in the Red Cross and Red Crescent Movement for nearly two decades now. He is currently working as the Executive Director of Nepal Red Cross Society and has held this position since last 7 years. In his continued engagement with the International Red Cross and Red Crescent Movement, he has undertaken several responsibilities in different functions nationally and internationally. Mr. Dhakal also carries the experience of working with the International Federation of Red Cross and Red Crescent Societies as the Regional Disaster Response Manager for South Asia. Mr. Dhakal has also done a couple of international consultancies in several countries with the International Federation of Red Cross and Red Crescent Societies.

Mr. Dhakal has extensive experience of working in the field of planning, management, and health and disaster management. Mr. Dhakal has been exposed to several national and international trainings, workshops, conferences and seminars. He has also presented papers in different international forums. He has been panelist in different national and international forums organized by the UN, the International Red Cross and Red Crescent Movement and other organizations. Mr. Dhakal was awarded with Ralph U stone Memorial Award by the Centre for Development and Population activities (CEDPA- A U.S based INGO) in Washington D.C for his outstanding work in reproductive health in Nepal in June 1999. In addition, he has also been conferred with the Disaster Relief Medal by the Government of Nepal. In addition, he has also been felicitated by a National Institution in Nepal in recognition of his involvement in the humanitarian and social field.

Mr. Dhakal has earned Master's Degree in Science (M.Sc. in Statistics) from Tribhuvan University, Nepal

¹ Adapted from Federation's resilience framework