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Philippines Annual Report 2013

 International Federation
of Red Cross and Red Crescent Societies

MAAPH001

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**This report covers the
period 1 January 2013
to 31 December 2013**

In 2013, 900 active community health volunteers took part in conducting hygiene promotion sessions, reaching 23,400 households in 12 provinces.

Photo: Philippine Red Cross



Overview

2013 was an eventful year for Philippine Red Cross given the consecutive disasters – natural and conflict-driven - that struck the country. The national weather agency, Philippine Atmospheric Geophysical and Astronomical Services Administration (PAGASA) gives local names to weather systems that enter the country's area of responsibility alphabetically and in 2013, the names of these weather systems completed the letters from A to Z where some left extensive damage. Typhoon Utor (locally known as Labuyo) made landfall in Aurora on 12 August 2013, followed two weeks later by monsoon rains exacerbated by Tropical Storm Trami (locally known as Maring), which did not make landfall. Almost a month after Tropical Storm Trami, a powerful storm – Typhoon Usagi (locally known as Odette) – entered the Philippine area of responsibility (PAR), making landfall in the Batanes group of islands on 21 September 2013, as it barreled out of the Philippines. Even though it moved away and dissipated on 22 September, Usagi exacerbated the southwest monsoon that brought continuous rain until 24 September. As Typhoon Usagi dissipated, a new system – Tropical Storm Wutip (locally known as Paolo) – triggered the southwest monsoon, bringing rains and thunderstorms over the western sections of Central and Southern Luzon from 26 to 27 September 2013. The southwest monsoon rains fuelled by Typhoon Usagi and Tropical Storm Wutip caused flash floods and landslides in Zambales province, killing 32 people. Typhoon Nari (local name: Santi) made landfall in the municipality of Dingalan, Aurora province, on the night of Friday 11 October 2013, packing maximum sustained winds of up to 175 kilometres per hour. It brought heavy rains as it crossed central Luzon, causing flooding in several provinces. Then in November, the strongest typhoon on record to hit land, Haiyan (locally known as Yolanda) wiped Central Visayas region and killed 6,300 people and damaged/destroyed at least one million houses.

In addition to these weather-driven situations, a three-week conflict erupted between government forces and a rebel group in Zamboanga City, starting in the first week of September. Almost 140,000 people were affected and 140 people were killed. At the end of the conflict, some 180 hostages were released and put under the

custody of the government. A few weeks after the conflict, a 7.2 magnitude earthquake shook the island of Bohol on 15 October where some 220 people were killed.

All these emergencies have stretched the capacity of Philippine Red Cross (PRC) in responding simultaneously and slowed down the implementation of activities toward achieving the goals outlined in the long term planning framework. However, PRC was able to continue implementation in several crucial areas. The National Society focused on establishing the disaster management framework that will also serve as guide in developing other documents such as standard operating procedures and contingency plans. In addition, formation of Red Cross Action Teams (RCAT) has advanced, with equipment purchased for seven teams during reporting period. Training sessions are scheduled to be held within first half of 2014. In general, the biggest accomplishment for PRC during 2013 is the establishment of cash-based programming, as such initiative facilitated the quick response in terms of cash intervention when Typhoon Haiyan struck the Visayas. Additional details on other activities outlined in the long term planning framework are discussed under each business line below.

Working in partnership

Partner National Societies:
Australian Red Cross Finnish Red Cross German Red Cross Japanese Red Cross Society The Netherlands Red Cross Spanish Red Cross
Other partner organizations:
International Committee of the Red Cross (ICRC)

Operational Partners	Agreement
UK Department for International Development (DFID)	M11AA096 Philippine Red Cross chapter development and CBHFA
US Office of Foreign Disaster Assistance (OFDA)	AID-OFDA-IO-11-00057 Philippines Philippine Red Cross organizational preparedness for disaster response, and accountability enhancement
European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO)	ECHO/PHL//BUD/2012/02001 (Bopha) Humanitarian assistance to population affected by Typhoon Bopha in the Philippines

Progress towards outcomes

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1 (Competence enhancement): Qualifications and competencies of leadership and staff improved to establish a sustainable organization.			
Output 1.1: Senior managers access management training opportunities.			

By 2015, 75 per cent of directors and senior managers have accessed management training opportunities available in and/or outside the country.	Progress discussed in details below
Output 1.2: Staff improves skills through coaching, training, knowledge sharing, and research based on accumulated Red Cross Red Crescent experience.	
By 2015, 50 per cent of staff have benefited from Red Cross Red Crescent training opportunities available in and/or outside the country.	Progress discussed in details below

Comments on progress towards outcomes

Outcome 1. Key staff in the National Society were supported to receive trainings in 2013 relevant to their position - from key leadership to technical staff and volunteers - which included (but not limited to) participation in the events listed in Table 1 (below).

In addition to these training events held abroad, local trainings were held for disaster management and health, mostly refresher trainings on disaster preparedness, emergency response, community health and hygiene and sanitation-related projects.

Table 1. List of IFRC-supported training event participated by PRC staff in 2013

Name of training/workshop	Place	Month
Humanitarian Principles and Diplomacy advisory body meeting	Geneva, Switzerland	February
Annual Southeast Asia Red Cross and Red Crescent Leaders Meeting	Luang Prabang, Laos	March
Annual Communication and Marketing Meeting	Luxembourg, Luxembourg	April
Cash Transfer Programming	Geneva, Switzerland	May
Finnish Red Cross' 10 th Emergency Shelter Camp Training	Helsinki, Finland	May
Participatory approach to safer shelter awareness training of trainers	Kathmandu, Nepal	May
First Joint Organizational Development and Youth Forum	Kuala Lumpur, Malaysia	May
Discussion forum on youth and volunteering development	Kuala Lumpur, Malaysia	May
Annual Meeting of Legal Advisers and other National Societies staff-in-charge of International Humanitarian Law (IHL) issues	Geneva, Switzerland	June
17 th Regional Disaster Management Committee (RDMC) Meeting	Yangon, Myanmar	June
Co-facilitate the participatory hygiene and sanitation transformation	Luganville, Santo, Vanuatu	June
Asia Pacific emergency health training	Hong Kong	June
Meeting of Chairs of disaster management, health and organizational development	Bangkok, Thailand	July
Cash transfer programming and preparedness: Global learning event	Kuala Lumpur, Malaysia	July
Climate Change Workshop	Kuala Lumpur, Malaysia	August
IFRC kick-off Mobile Applications	Jakarta, Indonesia	September
Asia Pacific emergency specialized WASH training	Bandung, Indonesia	September
IFRC CBHFA Asia Pacific Workshop	Colombo, Sri Lanka	October
Regional health technical working group	Bangkok, Thailand	October
IFRC statutory meetings	Sydney, Australia	November

Business Line 2 – “To grow Red Cross Red Crescent services for vulnerable people”

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1 (Business continuity planning): Capacity of PRC to predict and plan for exposure to internal and external threats developed.			
Output 1.1: PRC develops a contingency plan that identifies internal and external threats and highlights ways of ensuring effective prevention and recovery.			
By 2015, PRC has put in place a contingency plan and set out to establish an ‘alternative’ operational base.			Progress discussed in details below
Outcome 2 (Disaster management planning): Ability of PRC is improved in predicting and planning for disasters, to mitigate their impact on vulnerable communities			
Output 2.1: A comprehensive disaster management operations manual, incorporating the requirements of disaster risk reduction and related laws is finalized, and is in tune with its chapters, Movement and other partners			
Output 2.1: By 2015, PRC has finalized and operationalized its disaster management operations manual and disseminated it to all existing chapters.			Progress discussed in details below
Output 2.2: PRC prepares a contingency plan that incorporates action of its chapters and Movement partners, and is in tune with government and inter-agency plans.			
Output 2.2: By 2015, PRC has finalized and operationalized its national contingency plan and all existing chapters have prepared chapter-level contingency plans on its basis.			Progress discussed in details below
Output 2.3: Standard operating procedures of PRC updated in accordance with the comprehensive disaster management operations manual.			
Output 2.3: By 2015, PRC has finalized and operationalized its standard operating procedures and disseminated them to all existing chapters.			Progress discussed in details below
Outcome 3 (Organizational preparedness): Capacity in skilled human resources and relevant material resources for effective delivery of disaster, health and welfare services improved.			
Output 3.1: Adequate, diverse, gender-balanced staff and volunteers for emergency, disaster, health, and welfare action recruited, trained, retained and managed.			
Output 3.1: By 2015, the PRC headquarters and all existing chapters have an adequate number of staff and active volunteers who have received relevant orientation.			Progress discussed in details below
Output 3.2: Minimum-standard equipment, facilities and items for immediate delivery of disaster, health and welfare services provided and managed.			
Output 3.2: By 2015, the PRC headquarters and 24 chapters supported to obtain essential equipment (including search-and-rescue equipment) and well-maintained supplies (including pre-positioned stocks).			Progress discussed in details below

Outcome 4 (Integrated community disaster preparedness): Local communities and institutions are better prepared for, able to mitigate and respond to disasters.	
Output 4.1: Communities, teachers and students provided with knowledge on hazard awareness and assisted to translate hazard maps produced by early warning institutions.	
Output 4.1: By 2015, local communities, and teachers and students in learning institutions in 24 chapters are able to conduct vulnerability capacity assessments.	Progress discussed in details below
Output 4.2: Communities supported to develop action plans and to implement basic mitigation activities at local community level.	
Output 4.2: By 2015, local communities in 24 chapters develop disaster action plans, establish ordinances advocating families to have survival kits, conduct drills on the hazards identified in the plans and ensure that families are reached with information campaigns on what to do before, during, and after disaster.	Progress discussed in details below
Output 4.3: Teachers and students in selected schools assisted to develop action plans and to implement basic mitigation activities at school level.	
Output 4.3: By 2015, teachers and students in learning institutions in 24 chapters develop school-level disaster action plans, advocate for their families to have survival kits, conduct drills on the hazards identified in the plans and reach other teachers and students with information campaigns on what to do before, during, and after disaster.	Progress discussed in details below
Outcome 5 (Community health): Increased capacity of communities to respond to health and injury priorities during disasters, health emergencies and normal times.	
Output 5.1: Communities improve knowledge and practices related to five common causes of morbidity and mortality as identified during assessments.	
By end of 2013, local communities in four chapters are able to conduct baseline assessments, identify priority health problems, develop community health action plans, and undertake health education sessions and activities on what to do before, during, and after identified health problems.	Progress discussed in details below
Output 5.2: Targeted communities supported to develop epidemic preparedness plans and to implement basic mitigation activities.	
By end of 2013, local communities in four chapters are able to conduct baseline assessments, identify potential health epidemics, develop epidemic preparedness plans, present the plans to respective rural health units, and link the plans to their community disaster action plans.	Progress discussed in details below
Output 5.3: Awareness of health emergencies in targeted communities improved.	
By end of 2013, local communities in four chapters have undertaken health in disaster and emergency (HIDE) education sessions and organized activities – relating to their epidemic preparedness plans – on what to do before, during, and after HIDE problems.	Progress discussed in details below

Comments on progress towards outcomes

Outcome 1 and Outcome 2. In 2013, PRC focused on establishing the disaster management framework (with health component integrated – towards a 'resilience' approach which combines both disaster management and health services) . After going through the process of drafting and integration of two core services - disaster management and health services, a local consultant was recruited to ensure that the Philippine Red Cross's framework is complimentary and aligned to that of the national government, PRC having an auxiliary role to the government which is also outlined in the [Philippine Red Cross Act of 2009](#). The work of the consultant was outlined in a terms of reference developed with inputs from partner National Societies – such as Australian Red Cross, Finnish Red Cross, German Red Cross and Spanish Red Cross. Development of the standard operating procedures will soon follow as the framework is in place.

Outcome 3. Although it was planned that additional disaster response and search rescue training sessions will be held in 2013, only the Red Cross Action Team (RCAT) equipment was procured for trainings which are now scheduled to be conducted in 2014 involving seven teams from Bataan, Bulacan, Cavite, Laguna, Pampanga, Pangasinan and Rizal chapters (also the chapters covered by [Typhoons and Floods](#) operation). The trainings are expected to be held in early 2014 as the peak of response in major disasters in 2013 have subsided.

Amidst the massive emergency response carried out in the entire 2013, PRC was able to recruit at least 460,000 volunteers – with 300,000 Red Cross Youth included – in the whole country. In addition to being involved in regular programmes such as Red Cross 143 (refer to Outcome 4 under this same business line) and blood donation drives, many of these volunteers were involved in response during the height of Typhoon Haiyan, the strongest typhoon on record that made landfall in the eastern coast of central Philippines on 8 November.

Outcome 4. Activities under this outcome are expected to be implemented in 2014, as soon as the relevant documents (disaster management operations manual and contingency plans) are in place. By then, activities will be properly aligned towards achieving outputs under integrated community disaster preparedness. Meanwhile, Red Cross 143, PRC's network of volunteers in 42,000 barangays comprising 1 leader and 43 members, have since been primarily involved in preparing for and responding to disasters. They also serve as first-hand sources of information (with their presence in almost every community) when there is a disaster as they feed information directly to the chapters.

Outcome 5. This outcome relates to Outcome 1 in Business Line 3: The chapters covered by this activity – Agusan del Norte, Batangas, Bukidnon, Cagayan, Capiz, Catanduanes, Cebu, Ilocos Norte, Kalinga and Mindoro Oriental – conducted a sensitization meeting and facilitators' training through the PRC national headquarters to orient them on community based health and first aid (CBHFA) in 2013. The training provided an orientation for the facilitators with the overall CBHFA approach in their targeted communities. Flipcharts containing key messages on prevention and cure of communicable diseases, among others, were distributed during the training, where the content was reviewed and revised. The new set of flipcharts with revised content based on the review is pending for production. After the training, these chapters conducted vulnerability assessments and identified five barangays in their own areas. Each chapter then coordinated the targeted areas for recruitment and selection of volunteers. Some 100 volunteers were recruited and trained in the four chapters (25 each in Cagayan, Catanduanes, Ilocos Norte and Kalinga as these chapters are new additions in the target areas). Through the newly recruited health volunteers, they then conducted baseline assessments concerning the health issues in each barangay (village). Some 750 households were reached in the assessment. Monitoring visits were conducted by PRC national headquarters staff deployed in these areas. An evaluation meeting that was supposed to be held in December 2013 was postponed to February 2014 as the National Society was occupied with preparation for its Biennial Convention that was held from 27 to 29 January 2014.

Business Line 3 – “To strengthen the specific Red Cross Red Crescent contribution to development”

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1 (Community-based health and first aid): Increased capacity of communities to respond to health and injury priorities during disasters, health emergencies and normal times.			
Output 1.1: Communities improve knowledge and practices related to five common causes of morbidity and mortality as identified during assessments.			
Output 1.1: By 2015, local communities in 24 chapters are able to conduct baseline assessments, identify priority health problems, develop CBHFA action plans, and undertake health education sessions and activities on what to do before, during, and after identified health problems.			Progress discussed in details below
Outcome 2 (First aid in the home): Increased capacity of households to respond to health and injury priorities at home and in communities.			
Output 2.1: Targeted households have at least one member each, with knowledge, skills and ability to provide basic first aid as needed			
Output 2.1: By 2015, 30,000 households in 24 chapters have a member each, with knowledge, skills and ability to provide basic first aid, and have access to community first aid kits.			Progress discussed in details below
Outcome 3: (Participatory hygiene and sanitation transformation): Waterborne disease prevention and management capacity in communities with poor access to water improved.			
Output 3.1: Knowledge and practice of improved hygienic behaviour in targeted communities increased.			
Output 3.1: By 2015, 24 chapters have a pool of PHAST-trained volunteers who, in turn, guide local communities to conduct baseline assessments, identify priority waterborne disease issues, develop participatory hygiene and sanitation transformation (PHAST) action plans, and undertake PHAST sessions.			Progress discussed in details below
Output 3.2: Targeted communities mobilize resources to prevent and manage waterborne diseases.			
Output 3.2: By 2015, 75 per cent of local communities in six chapters have formed water and sanitation committees, installed or rehabilitated water and sanitation facilities, and are able to prepare oral rehydration solutions.			Progress discussed in details below
Outcome 4 (Emergency health): Local communities are better prepared for, mitigate, and respond to health emergencies.			
Output 4.1: Targeted communities are supported to develop epidemic preparedness plans and to implement basic mitigation activities.			
Output 4.1: By 2015, local communities in 24 chapters are able to conduct baseline assessments, identify potential health epidemics, develop epidemic preparedness plans, present the plans to respective rural health units, and link the plans to their community disaster action plans.			Progress discussed in details below

Output 4.2: Awareness of health emergencies in targeted communities is improved.	
Output 4.2: By 2015, local communities in 24 chapters have undertaken health in disaster and emergency (HIDE) education sessions and organized activities – relating to their epidemic preparedness plans – on what to do before, during, and after health in emergencies.	Progress discussed in details below
Outcome 5 (HIV and AIDS): Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination.	
Output 5.1: Further HIV infection among youth prevented.	
Output 5.1 By 2015, PRC peer educators reach 96,000 persons with HIV awareness and prevention education sessions and information, education and communications (IEC) materials.	Progress discussed in details below
Output 5.2: People living with HIV (PLWHIV) reached and supported to access treatment.	
Output 5.2: By 2015, 100 per cent of HIV-positive cases identified during pre-screening for blood donation are provided with referral services and supported to access to treatment.	Progress discussed in details below
Output 5.3: Stigma and discrimination of people living with HIV (PLWHIV) reduced.	
Output 5.3: By 2015, 100 per cent of HIV awareness and prevention education sessions undertaken by PRC peer educators include elements discouraging stigmatization and discrimination of PLWHIV.	Progress discussed in details below
Outcome 6 (Volunteering development): Capacity of PRC to recruit, mobilize, and manage volunteers improved.	
Output 6.1: PRC equipped with the tools and resources to recruit, mobilize, and maintain its network of volunteers.	
Output 6.1: By 2015, PRC is supported to update its volunteer policy, volunteer management manual and volunteer code of conduct, recruit 462,000 volunteers, train 10,500 volunteer team leaders and organize volunteer management course sessions for relevant staff from 24 chapters.	Progress discussed in details below
Outcome 7 (Youth development): Involvement of youth in PRC programmes and services promoted and supported.	
Output 7.1: Capacity of youth increased through leadership development and youth-led programmes.	
Output 7.1: By 2015, PRC is supported to provide basic leadership training (BLT) for 24,000 youths, organize leadership formation course (LFC) for 24,000 youths and engage youth peer educators in undertaking substance abuse prevention education (SAPE) and HIV and AIDS prevention education (HAPE).	Progress discussed in details below
Outcome 8 (Support service development): Structures, systems, processes and mechanisms necessary for delivery of services and accountability improved.	
Output 8.1: Capacity of PRC's communications unit to project a positive image, messaging and brand of PRC is enhanced.	
Output 8.1: By 2015, PRC supported to update its communications plan/strategy, obtain one professional video camera and one	Progress discussed in details below

professional still camera at the national headquarters, one digital camera each for 24 chapters, and organize six photography/news-writing training sessions for targeted staff and volunteers from 24 chapters and national headquarters.	
Output 8.2: Financial management systems, procedures and guidelines of PRC improved.	
Output 8.2: By 2015, PRC updates/produces its financial management procedures, guidelines and manual, and rolls out the use of Microsoft Dynamics NAV to major departments and pilot chapters.	Progress discussed in details below
Output 8.3: PRC reviews and develops job descriptions for critical positions in accordance with its staffing needs.	
Output 8.3: By 2015, PRC has reviewed/developed job descriptions for 100 per cent of its positions.	Progress discussed in details below
Output 8.4: Capacity of PRC in logistics core areas of procurement, warehousing, transport and fleet management improved.	
Output 8.4: By 2015, PRC has updated/produced logistics (procurement, warehousing, transport and fleet management) procedures, policies and manuals, computerized logistics processes, refurbished main warehouses and improved on warehouse management.	Progress discussed in details below
Outcome 9 (Chapter development): Base units of PRC strengthened to deliver services during disasters, health emergencies and normal times.	
Output 9.1: Selected PRC chapters are equipped, upgraded and modernized.	
Output 9.1: By 2015, PRC is supported to scale up capacities, refurbish, upgrade and equip 24 chapters through affordable technologies and solutions, thereby enhancing service delivery and outreach.	Progress discussed in details below

Comments on progress towards outcomes

Outcome 1. Accomplishments of this outcome is discussed in detail in Outcome 5, under Business Line 2.

Outcome 2. Also as part of the CBHFA, the four new targeted chapters – Cagayan, Catanduanes, Ilocos Norte and Kalinga – distributed first aid kits to 24 households (six each) and conducted basic first aid sessions to the recipients. Through this, additional households are being equipped with knowledge and skills when it comes to first aid and also given access to essential items.

Outcome 3. Participatory hygiene and sanitation transformation (PHAST), a community-based approach that helps the community to improve on their hygiene behaviour, is being achieved by PRC through increasing people's self-esteem and empowering them in planning to eliminate water and sanitation related diseases. This is also achieved by building the capacity of the chapter and organizing the community. PHAST covers 12 chapters in the Philippines where ten of them are also covered by the CBHFA programme: Agusan del Norte, Batangas, Cagayan, Catanduanes, Cebu, Eastern Samar, Ifugao, Ilocos Norte, Kalinga, Mindoro Oriental, Quezon-Lucena and Romblon. Activities in PHAST start with baseline assessments (*see baseline report attached as Annex 1*) followed by community health volunteers (CHVs) who are equipped with knowledge, skills and attitude implementing hygiene promotion activities in the community. The hygiene promotion activities were done following the seven steps of the PHAST process: (1) problem identification,

(2) problem analysis, (3) planning for solutions, (4) selecting options, (5) planning for new facilities and behaviour change, (6) planning for monitoring and evaluation and (7) participatory evaluation; where PRC reached up to the fifth step of the whole PHAST process in the previous year. In 2013, a total of 900 active CHVs (75 from each province) took part in conducting hygiene promotion sessions, reaching 23,400 households in the 12 provinces. The CHVs were provided with umbrellas (as a form of visibility) containing the message “Building healthier and safer communities” with PRC logo. Gathering of participants to join the hygiene promotion session is still a great challenge for the chapter and the CHVs to reach their target but each chapter had their own strategy to reach the targeted participants. Support from the local government unit especially the health sector, made it possible for the teams on the ground to overcome this challenge. In addition to hygiene promotion sessions, clean up drives were also done in the community as they identify the problems related to sanitation. Community members participated in the activity as they realized that it is one of the best approaches to minimize the problems in sanitation. It has since been conducted every weekend.

A project review meeting was also held in May 2013 to discuss the accomplishments, challenges and areas of improvement on how PHAST was conducted in 2012. Also, a refresher orientation and training of facilitators from the targeted chapters were also held for the staff and volunteers involved in the implementation to make them to understand the objectives and activities of PHAST, to understand the relevance of the project to the PRC’s overall health goals and to provide further understanding of the roles in project management and sustainability. Some 115 CHVs from Batangas, Cebu, Eastern Samar, Ifugao, Mindoro Oriental and Quezon-Lucena were also given refresher training for their knowledge and skills increase about the objective and goals of hygiene promotion and also to familiarize them on the different tools used in PHAST implementation.

Outcome 4. Activities under this outcome relate to Outcome 1 (CBHFA).

Outcome 5. Due to the overwhelming volume of disasters that struck the country in the previous year, implementation of regular programmes were mainly affected. However, within the context of recruitment of Red Cross Youth (Outcome 3, Business Line 2), youth peer education on HIV and AIDS is included in their orientation.

Outcome 6 and 7. Discussed in detail in Outcomes 3 and 4 under Business Line 2.

Outcome 8. The chapters covered by ongoing IFRC emergency operations – such as Aurora, Bataan, Bohol, Cagayan Valley, Davao Oriental and Nueva Ecija – are being provided with necessary office equipment which includes a digital still camera. The photographs have been helpful in operational reports and updates that IFRC produces on behalf of PRC. A communications manager has been in place before Typhoon Haiyan and has been leading the facilitation of promoting what the Red Cross is doing in the ground to the local and international media as well as stakeholders. The PRC communications department had also been provided with a professional still and video camera to document the activities at the national headquarters down to the chapter level.

As regards the finance manual which PRC is working on with IFRC’s support, it is still pending finalization as at the time of writing this report. It is expected that in 2014, the manual be finally signed off for production and usage.

Regarding logistics, the capacity of PRC’s logistics team has been strengthened within the context of Typhoon Haiyan response for which a logistics emergency response unit (ERU) was deployed. A logistics coordinator has been recruited to provide overall support to the IFRC and PRC in-country team.

Outcome 9. Activities related to this outcome are discussed in Outcome 3, under Business Line 2 (formation of Red Cross Action Teams) and Outcome 8, Business Line 3 (for office equipment).

Business Line 4 – “To heighten Red Cross Red Crescent influence and support for our work”

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1 (Communications): A strong positive image and brand of PRC and the Red Cross Red Crescent Movement overall, is projected, enabling external partners to know PRC and the Movement better and spur their support.			
Output 1.1: Humanitarian work of PRC highlighted through effective messaging and engagement with the media, partners and potential supporters.			
Output 1.1: By 2015, PRC has facilitated field visits for main news organizations during times of disaster, connected spokespersons with news organizations that establish links via IFRC, provided timely audio-visual materials and effectively utilized social media such as Twitter, etc.		Progress discussed in details below	
Outcome 2 (International disaster response laws, rules and principles): Legal preparedness for international disaster relief and initial recovery assistance is enhanced.			
Output 2.1: Continued engagement with the authorities strengthens domestic laws and policies relating to regulation of international disaster relief and initial recovery assistance.			
Output 2.1: By 2015, the authorities have strengthened domestic policies and regulations relating to international disaster relief and initial recovery assistance, thus enhancing assistance to vulnerable people.		Progress discussed in details below	
Output 2.2: Relationship between IFRC, PRC and the Philippine government strengthened through a status agreement.			
Output 2.2: By 2015, IFRC and the Philippine authorities sign a legal status agreement to enhance collaboration.		Progress discussed in details below	
Outcome 3 (Advocacy): Access to safer land by communities living in disaster-prone areas is promoted and increased.			
Output 3.1: Continued engagement with authorities and stakeholders leads to availability of land to resettle communities living in disaster-prone areas.			
Output 3.1: By 2015, continued engagement with national and local authorities enable allocation of land sites for disaster-displaced communities that lived in disaster-prone areas, thus better outcomes for vulnerable people.		Progress discussed in details below	
Outcome 4 (Principles and values): Awareness of the Fundamental Principles and values of PRC contributes to building inclusion and tolerance.			
Output 4.1: Dissemination of the Fundamental Principles and values of PRC promotes positive behaviour change among young people and inspires them to play a positive role in society.			
Output 4.1: By 2015, sessions conducted by youth peer educators contribute toward reducing intolerance, discrimination and social exclusion of marginalized groups, such as indigenous communities, substance abusers and PLHIV.		Progress discussed in details below	

Comments on progress towards outcomes

Outcome 1. Communications support has been continuously provided by IFRC to PRC, especially in times of disaster. In 2013, in the context of PRC's role in responding to all the major disasters that struck the country particularly Typhoon Haiyan, support has been consistently provided by IFRC at country, region and zone level. The IFRC communications team now composed of a delegate and an officer have maintained coordination with PRC counterparts in drafting key messages, press releases and web stories, highlighting the needs of the affected communities and Red Cross Red Crescent response; ensuring a steady flow of timely and accurate information targeted at key stakeholders including the media, national societies, and prospective donors. Photos, videos and stories can be found at the [IFRC Philippines' page](#) and also at [PRC website](#). Several media visits – including Al Jazeera, BBC, CNN and Reuters – have been facilitated by the PRC and IFRC teams due to the overwhelming response by the National Society to Typhoon Haiyan. An IFRC communications officer has also been recruited within the context of [Bohol earthquake response](#) where PRC is the leading agency in providing recovery assistance.

Outcome 2. Through the joint initiative of PRC and IFRC, together with the Department of Foreign Affairs, the International disaster response laws, rules and principles (IDRL) project officially commenced in October 2013 and a legal researcher was recruited. During the Typhoon Haiyan operation, additional IDRL support was provided to meet requests from the United Nations and government, and more in-depth research was undertaken on the procedures and orders being adopted to facilitate international assistance for the Haiyan operation. The legal researcher submitted a draft report in early February 2014 on IDRL in the Philippines, and since then the House of Representatives has called a hearing to review the Bill for International Disaster Assistance with PRC being part of the process. The second hearing was scheduled on the second week of February 2014, and it is expected that PRC will become a member of the technical review committee for that Bill, and use the findings and recommendations of the research to propose amendments to the Bill.

Outcome 3. IFRC continues to support the humanitarian diplomacy efforts of PRC, especially with regard to obtaining safer land to resettle displaced families within the context of Bohol earthquake and Typhoon Haiyan recovery operation. Targeting families whose houses were totally destroyed as a result of the typhoons, priority is given to the most vulnerable families that lacked the capacity to rebuild. The assistance delivered not only aimed at providing structures (homes to live in) but also a durable solution linked to disaster risk reduction, i.e. by enabling beneficiaries to rebuild in safer areas, less prone to natural hazards. This approach considered that while it was the poor who were hardest-hit by the typhoons, the main cause of destruction to shelter was the location of the dwellings rather than the building materials. Most of those severely affected were the poor who often live on marginal land close to riverbanks or coastlines. Relocation of such families to safer ground as well as equipping them with better building techniques was necessary.

In view of the Typhoon Haiyan response with 1.1 million houses severely damaged or destroyed, the government requested support to assist 500,000 households with the rebuilding process. However, given the difficulties with funding, with building materials and issues around no-build zones, the Shelter Cluster estimates that humanitarian organizations will be able to reach no more than 205,000 households with support for durable shelter solutions. The Shelter Cluster partners, led by the IFRC, had provided 480,000 households with emergency shelter assistance such as tents and tarpaulins. The Red Cross Red Crescent Movement provided a total of 22 per cent of all emergency shelter materials that have been distributed in the response so far. Also, some 86,000 households had received “support for self-recovery”, i.e. tools, building and roofing materials that enable families to repair their own homes. The Shelter Cluster is finalizing a common tool that will help Shelter Cluster partners target affected households better according to overall needs. This tool takes pre-existing and current vulnerabilities, the social-economic situation, and the damage to the house into account.

Outcome 4. The Fundamental Principles are integral in all the programmes implemented by PRC, especially those conducted by the Red Cross Youth (RCY). RCY has since been the main player in reaching out to the youth when it comes to peer-to-peer education on HIV and AIDS and substance abuse.

Business Line 5 – “To deepen our tradition of togetherness through joint working and accountability

Measurement			
Indicators	BL	Annual Target	Year to Date Actual
Outcome 1 (Coordination): Cooperation mechanisms that take into account the contributions, complementary capacities and resources of partners is enhanced.			
Output 1.1: PRC is supported to fulfil its commitment to the Federation-wide planning and reporting system.			
Output 1.1: By 2015, 75 per cent of reports submitted by PRC for IFRC-supported plans and appeals are received within deadline, have no data inconsistencies, and require reduced editing.			Progress discussed in details below
Output 1.2: Plans and actions are coordinated with Movement partners and external actors to achieve higher value from Red Cross work.			
Output 1.2: By 2015, through better coordination with Movement partners and external actors, PRC has accessed and used best practices and latest tools to strengthen programmes, services and capacities.			Progress discussed in details below
Outcome 2 (Governance support): Governance of PRC supported to uphold integrity.			
Output 2.1: Members of PRC governance receive ongoing support related to performing their role.			
Output 2.1: By 2015, the PRC governance commissions and completes a mid-term review to determine progress relating to implementation of the PRC’s Strategy 2020.			Progress discussed in details below

Comments on progress towards outcomes

Outcome 1. PRC’s planning, monitoring, evaluation and reporting (PMER) department has been fully operational since 2012. With a manager and relevant staff in place, the PMER department coordinates the collection of reports from the chapters, including setting deadlines and providing templates. As mentioned under Business Line 3, PRC has been supported by IFRC and Movement partners in gaining access to latest technology and tools in augmenting its various operations, programmes, services and capacities.

As mentioned in Outcome 3 of Business Line 4, the Red Cross Red Crescent Movement is in close coordination with different clusters – water sanitation and hygiene, early recovery and shelter. The Shelter Cluster, led by the IFRC, following Typhoon Haiyan, is so far the biggest deployment, in addition to the team in place in response to the Central Visayas earthquake. For instance, the Shelter Cluster in Region VI

(Western Visayas) is working on an initiative with the Early Recovery Cluster through which Shelter Cluster partners can obtain free coco lumber. The Shelter Cluster held a regional workshop in Iloilo; representatives from government agencies, humanitarian organizations, civil society and academia had the opportunity to discuss shelter related issues and share plans.

Outcome 2. IFRC supports the National Society in monitoring the progress towards achieving the goals outlined in the strategic plan, in addition to providing support to priority activities based on the Long Term Planning Framework (LTPF). Discussions with PRC will be held to schedule the review of achieving the targets outlined in the PRC Strategy.

Stakeholder participation and feedback

In all the activities carried out by PRC, stakeholders and the vulnerable communities play a key role as they are being consulted – from the beginning, even before implementation up to the last phase – including during evaluation. This is being done especially in health interventions, where baseline assessments are conducted to find out the needs of the community, residents' concerns about hygiene and sanitation and what their current practices are. In disaster response, detailed assessments are being carried out to find out who needs what and where.

Feedback mechanisms are in place in all these interventions. PRC conducts mid-term reviews in all the programmes, hence, comments and suggestions are addressed halfway through the implementation to allow for changes where there is need for improvement. PRC ensures that the targeted areas are well-represented in the review in order to find out what actually happened and what needs to be done. In addition, evaluation meetings and lessons learnt workshops are being conducted, with points for improvement being recorded and shared, so that the next implementation will be more efficient and effective.

To deliver on the programmes, however, PRC and IFRC work closely with other actors whose roles are complementary to the successful fulfilment of outcomes. Partner National Societies, the national and local authorities are some of these key actors. These include the National Disaster Risk Reduction and Management Council (NDRRMC), local disaster risk reduction and management councils, local government units (LGUs), Department of Health (DoH), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Overseas Workers Welfare Administration (OWWA) and Philippine Overseas Employment Administration (POEA). The Red Cross also collaborates with hospitals and medical centres, foundations, non-governmental organizations (NGOs) and other humanitarian organizations working in the Philippines.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority	Recommended Action
	High Medium Low	
PRC management and board commitment	H	The decision-making process in PRC is multi-stepped. Changes in procedures, systems and structures need to be approved first by respective committees, and then endorsed by the board. This framework has been discussed with PRC and their input sought. It is expected that the board will approve all products as the outcomes of this framework are in line with PRC's strategic direction.

There is no major disaster	H	Considering that Philippines is hit by an average of 20 typhoons every year, and the threat of earthquakes, volcanic eruptions, landslides and health epidemics is always looming, such occurrences would prompt PRC's national headquarters and chapters to re-focus more efforts towards response. Nevertheless, strong collaboration and integration across programmes as well as between the national headquarters and chapters will have to be maintained to ensure that development work progresses alongside possible relief and recovery efforts.
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Lessons learned and looking ahead

All the disasters in 2013 – natural and conflict-driven, have undoubtedly stretched the capacity of the Philippine Red Cross, as well as the IFRC Philippine country office, in responding simultaneously and effectively. Such scenarios have slowed down the implementation of activities outlined in the long term planning framework. However, PRC was able to continue implementation in several crucial areas. The National Society focused on establishing the disaster management framework that will also serve as guide in developing other documents such as standard operating procedures and contingency plan. In addition, formation of Red Cross Action Teams (RCAT) has advanced, with equipment purchased for seven teams during reporting period. Training sessions are scheduled to be held within first half of 2014. In general, the biggest accomplishment for the National Society during 2013 is the establishment of cash-based programming within PRC, as such initiative facilitated the quick response in terms of cash intervention when Typhoon Haiyan struck the Visayas.

With the kind of support that the National Society has been receiving within the context of Typhoon Haiyan operation and with personnel in place focusing on the operation, it is expected that regular programmes outlined in the LTPF will resume smoothly in 2014.

Financial situation

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

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The 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.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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 nonviolence and peace.

Find out more on www.ifrc.org

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ANNEX 1. BASELINE ASSESSMENT

From the respondents from the different implementing chapters the result of the baseline assessment is reflected below. There were 6 groups of questions categorized to questions pertaining to Handwashing, Waterborne Diseases, Drinking Water, Environmental Sanitation, Toilet and Hygiene Promotion.

For the first category of questions, which is Handwashing, the result is reflected below.

Handwashing		
Tanong	Baseline	
	Frequency	Percentage
<i>Kadalasan kailan kayo naghuhugas ng kamay?</i>		
Bago humawak ng pagkain	299	28%
Pagkatapos humawak ng basura	191	18%
Pagkatapos gumamit ng pailkuran	236	22%
Bago Kumain	325	30%
Iba pa:	16	1%
The data shown above that most of the respondents do handwashing before eating. Other choices show only small percentage that includes handwashing before handling food, after disposing garbage and after using the toilet.		
<i>Bakit naghuhugas ng kamay?</i>		
Upang mawala ang mikrobyo	292	40%
Para hindi makakuha ng sakit	415	57%
Iba pa	16	2%
The data shows above that majority of the respondents do handwashing to prevent acquiring disease and only 40% do it to remove germs.		
<i>Ano ang ginagamit niyo sa paghuhugas ng kamay?</i>		
Tubig	91	15%
Tubig at Sabon	501	82%
buhangin	20	3%
Iba pa	0	
The data shown above that most of the respondents uses water and soap in washing their hands. And few of them uses only water.		
<i>Mayroon bang hugasan ng kamay?</i>		
Mayroon	573	90%
Wala	65	10%
The data shown above reveals that most of the respondents have handwashing facilities.		

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Mayroon bang sabon at tubig sa hugasan ng kamay?		
Mayroon	563	93%
Wala	41	7%
Among those available handwashing facilities, most households were observed to have water and soap .		

From these results, a high percentage can be seen among a specific option as reflected on the answers. For the question on when they are washing their hands, “before eating” has the highest percentage, and they uses “water and soap” in doing handwashing. Those answers reflect good percentage results. However, the answers with small percentage should be put to emphasis during the hygiene promotion activities even when the community members have the knowledge in terms of handwashing. Also, it is a good indicator that the households have handwashing facilities and at the same time, having available water and soap in such facilities.

Water-borne		
Tanong	Baseline	
	Frequency	Percentage
Ano ang sanhi ng pagtatae?		
Nagmumula sa mikrobyo o germs	356	35%
Pag-inom ng kontaminadong tubig	372	37%
Pagkain ng kontaminadong pagkain	283	28%
Hindi Alam	3	0%
Iba pa:	0	
The result shows that the respondents have different perception in terms of the cause of diarrhea. One of the most known causes of diarrhea in the community is drinking of contaminated water which is 37%. Other says that acquiring of germs, and ingestion of contaminated food.		
Paano maiiwasan ang Pagtatae?		
Wastong paghuhugas ng kamay	475	45%
Pagiging malinis	286	27%
Pag-inom ng ligtas na tubig	153	14%
Wastong paghain ng pagkain	152	14%
Hindi alam	0	
Iba pa	0	
The awareness of the community in preventing diarrhea is reflected from the results above. With 45% which is the highest, says that doing proper handwashing is one way to prevents diarrhea. The other respondents answered being clean, drinking of safe potable water and proper food handling.		

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<i>Ano ang ginagawa niyo kapag ang anak niyo ay nagtatae?</i>		
Nagbibigay ng Oresol	297	30%
Pinapainom ng maraming tubig	188	19%
Dinadala sa health center	470	48%
Dinadala sa albolaryo	8	1%
Iba pa	17	2%
Walang ginagawa.	0	
<p>In terms of managing diarrhea, most of them that corresponds to 48% is they refer right away to health facility. It followed by providing Oral Rehydration Solution and other answers pertaining to giving of medicines, herbal medicines. The knowledge of the community on this matter should be corrected by educating those regarding giving appropriate medicines or herbal medicines to be given including the preparation.</p>		

The result from the above questions is pertaining to water – borne diseases which reflect that the community member has a widespread of knowledge regarding this matter. The result is a good indicator that they identify the causes of diarrhea which are deinking contaminated water, acquired from germs and ingestion of contaminated food. Proper handwashing is one way of preventing diarrhea. This may indicate that sessions for these topics should be given emphasis to increase and widen their knowledge regarding this matter.

<i>Drinking Water</i>		
<i>Tanong</i>	Baseline	
	Frequency	Percentage
<i>Saan po kayo kumukuha ng tubig na iniinom?</i>		
Poso	3	0%
Protektado:	476	60%
Hindi protektado:	8	1%
Bukal/Sibol	22	3%
Nagpapadeliver	272	34%
Sumasahod sa Ulan	0	0%
Iba pa	12	2%
<p>The results show that there are different sources of drinking water in the community. The most common source is the tube – well which is protected. Others have their water being delivered.</p>		
<i>Ginagamot ba ninyo ang tubig na iniinom</i>		
Oo	69	12%
Hindi	494	88%

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Results show that there is a big difference between those who treat their drinking water and those who do not treat the water, which is something to be attended to.		
<i>Paano niyo ginagamot ang tubig na iniinom</i>		
Pinapakuluan	60	51%
Pinapaarawan	8	7%
Pinapatining	1	1%
Sinasala	48	41%
Ginagamot ng Chemical	0	
Iba pa	0	
The data shown above indicates that most of the common way of treating the water in the community is by boiling which corresponds to 51%. They also use the method of filtering.		
<i>Ano ang rason kung bakit hindi ginagamot ang tubig na iniinom</i>		
mahal	0	
Alam kong malininis	33	6%
Sa tingin ko malinis	289	49%
Hindi alam	257	43%
Iba pa	15	3%
The results show that one of the reasons why the community members did not treat their drinking water because they think it's clean.		
<i>Saan niyo nilalagay nag tubig na iniinom?</i>		
Jerry Can	10	2%
Timba	16	3%
Water jug	511	88%
Galon	35	6%
Bote	6	1%
The data shows that more than half of the respondents store their drinking water in a water jug. They also store their drinking water in a jerry can, bucket, gallon and bottle but the percentage is small.		
<i>Nililinis ba ang lalagyan tubig na iniinom?</i>		
Oo	594	100.00%
Hindi	0	
All the respondents in the community clean there water storage in which is a good indicator.		

From the data above it shows that the community's knowledge towards safe drinking water. It is noticeable that most of the household get their drinking water in a protected tube – well. More than half of the respondents do not clean their drinking water anymore; their reason is that they think that the water is clean. Cleaning the water storage is one of the good behaviour being practiced in the community.

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Environmental Sanitation		
Tanong	Baseline	
	Frequency	Percentage
<i>Paano niyo tinatapon ang basura?</i>		
Ibinabaon sa lupa	157	20%
Sinusunog	445	58%
Sinusunog at ibinabaon sa lupa	100	13%
Tinatapon sa ilog	12	2%
At iba pa	55	7%
As shown above, burning garbage has the highest percentage which is 58% of the total respondents. The lowest percentage is throwing garbage in the river which is 2%.		
<i>Nagkaroon ba ng problema sa pagtatapon ng basura sa nakalipas na 3 buwan?</i>		
Nagkaroon	65	13%
Hindi	442	87%
The data shown above that more than half of the respondents did not have any problem with garbage disposal for the last 3 months. However, there is still percentage in which some of the community members encounter problem related to garbage disposal.		
<i>Anu-anong problema ang kinakaharap sa pagtatapon ng basura?</i>		
Mabaho	4	24%
Kinakalat ng aso	5	29%
Walang nagkokolekta	8	47%
Among those who answered that they encounter garbage disposal – related problems in their community, most of the respondents answer that there is no proper garbage collection in their area. Other problem was the garbage stinks and garbage scattered by dogs.		
<i>Anong paraan ang ginawa upang maisayos ang problemang ito?</i>		
Pinapatuyo at sinusunog	8	100.00%
Data shown above is the identified solution for the garbage disposal – related problem.		
<i>Mayroon bang tapunan ng basura (waste can)</i>		
Mayroon	383	65%
Wala	204	35%
From the data above, it shows that more than half of the respondents have a waste can in their houses. But it is noticeable that 35% of the respondents do not have waste can.		

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The results from above questions that pertain to garbage disposal mean that there is a need to improve and educate them regarding this matter. This shows that their knowledge pertaining to this is minimal that in the long term may affect their community. On the good side, most households have their own waste can.

Toilet Use		
Tanong	Baseline	
	Frequency	Percentage
Palikuran	472	88%
Kalawakan	51	9%
Ilog	14	3%
Iba pa:	0	
Results show that most of the respondents defecate on latrines and toilets. Few are defecating in an open field and rivers.		
Mayroon ba palikuran?		
Mayroon	30	5%
Pagmamay-ari	395	67%
Komunal	116	20%
Wala	46	8%
From the data above almost all the respondents have toilets/latrines. 67% of them owned it and the rest where communal toilets. It is noticeable that 8% of them don't have toilets.		
Naghuhugas ba kayo ng kamay pagkadumi?		
Oo	611	100.00%
Hindi	0	
All the respondents do handwashing after they defecate.		

This area may be one of the sensitive topics to be asked in the community. They may have hesitance in answering the questions but, it is clear that the more than half of the respondents have their own latrines. Additional to this, all the respondents practice handwashing after defecation.

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Hygiene Promotion		
Tanong	Baseline	
	Frequency	Percentage
<i>Nakatanggap naba kayo ng mga kaalaman tungkol sa wastong kalinisan</i>		
Oo	541	93%
Hindi	43	7%
Almost all of the respondents have received information about hygiene promotion.		
<i>Kung Oo sino ang nagbigay ng inpormasyon tungkol sa wastong kalinisan</i>		
Philippine Red Cross	357	40%
Department of Health	80	9%
Barangay Health Worker	447	50%
Iba pa:	10	1%
Barangay Health Workers where the one who has the highest percentage in giving information regarding hygiene promotion. This is followed by Philippine Red Cross and Department of Health.		

This shows that the 93% of the respondents had already received hygiene promotions from various organisations. There is still a need for hygiene promotion session in the community so that all of the members of the community will be aware of their hygiene.