



International Federation
of Red Cross and Red Crescent Societies

Regional Community Safety and Resilience Forum Meeting

16-18 September, 2014 - Bangkok, Thailand



Brief REPORT

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<https://fednet.ifrc.org/en/communities/communities-of-practice/Home/?clubId=226&c=&q=>
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PART 1 - PREAMBLE

The joint meeting was held with participation of 44 representatives from 11 National Societies in the South East Asia Region – Brunei Darussalam, Cambodia, Timor-Leste, Indonesia, Laos PDR, Malaysia, Myanmar, Singapore, Thailand and Viet Nam from 11 -13, June 2013 in Yangon, Myanmar. The Yangon meeting was a unique in a way that the participants (Directors/Managers) from both Health and Disaster Management (DM) Departments of the National Societies in Southeast Asia Region came together to discuss about how to work better in an integrated manner, discussed about current situation, achievements and challenges. In addition, Yangon meeting identified the need to have one forum to maximize the opportunities of integrated planning and optimize NS resources in order to provide better service to the people in line with the leadership meeting recommendations.

The Yangon meeting discussed and agreed to meet in Bangkok during July in order to finalize the name of the new “forum”, related ToR and fine tuning of the Road Map¹ with Health components. Considering the nature and main purpose of the Road Map and long-term importance of such forum, it was jointly decided to invite the chair of SEA Organizational Development forum to join the proposed meeting. Meeting was planned in July 2013 involving key representatives of DM, Health and Organization Development from National Societies with members of SEARD.

Following the agreement of Yangon meeting, the above mentioned technical representatives of National Societies met in Bangkok on 24-25 July, 2013 and worked on name of the new forum and related ToR. The name of new forum has been proposed as Regional Community Safety Resilience Forum (RCSRF) by that meeting and validated by rest of the technical members of National Societies from SEA. The meeting agreed to propose the perspective of RCSRF with ToR in SEA RCRC Leadership meeting in March, 2014 for their endorsement. The representative of technical team meeting on July, 2013 in Bangkok also conceptualized the “Resilience House Model²” and agreed to proceed for approval from March, 2014 SEA RCRC Leadership meeting after validated by rest of technical colleagues of SEA RCRC National Societies.

Regional Community Safety and Resilience Forum(RCSRF) has been constituted by three technical group named DMTWG(Disaster Management Technical Working Group- then existing as Regional Disaster Management Committee), Health TWF(Health Technical Working Group- then existing as Regional Health Working Group) and OD Technical working Group(then existing as OD Forum).

This RCSRF meeting has been organized in Bangkok from 16-18, September, 2014 after presenting the perspective of RCSRF, ToR, Road Map and Resilience House Model by technical representatives of SEA RCRC National Societies to SEA RCRC leadership meeting in March, 2014, Singapore. This RCSRF meeting itself high profile meeting because- it managed to bring all key technical people of the national societies along with their IFRC technical counterpart where applicable. Total 52 representatives from ten NSs (DM and Health) participated in this annual event together with SEA OD steering committee, IFRC colleagues from country delegations of SEA Region, SEARD as well as the AP Zone office. Brunei Darussalam Red Crescent could not manage to attend the meeting. However representative from ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) also joined the technical discussion and shared the future areas of collaboration between AHA and IFRC/NSs, which has opened the further opportunities to strengthen technical collaboration with AHA Centre, National Societies and IFRC at different level. The main purpose of the RCSRF is to enhance integration approach for community resilience and strengthen the regional cooperation among and between SEA RCRC members-and this meeting also focused around. The forum facilitated and offered the opportunities to translate the results of the strategic policy and direction decisions

¹ Road Map was introduced by SEA RCRC Societies in 2012 only with DM components. Health components have been included from 2013. It has been agreed that National Society development components will be included as well.

² “Resilience House Model” covers the three thematic scopes of Health, Organizational Development (OD) and Disaster Management (DM). The model is proposed by technical managers of SEA RCRC Societies to SEA RCRC Leadership meeting in March, 2014, Singapore from the support of SEARD. This model is flexible and evolves as per the growing experiences of the National Societies of this region in line with global community safety and resilience framework.



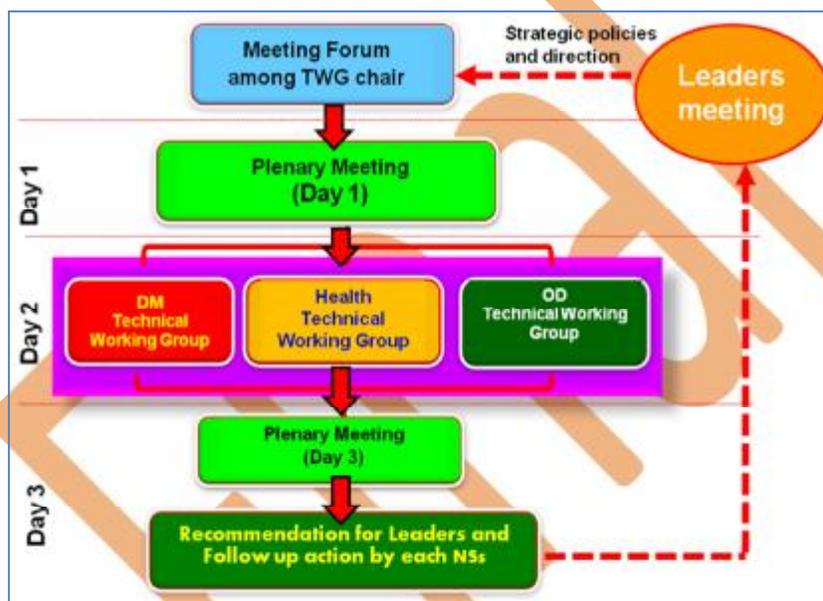
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of the Leaders into the operational action to promote the establishment of safer and more resilient communities. This Forum, in general, is responsible for escorting the global Community Safety and Resilience agenda as per IFRC strategy 2020, IFRC CSR framework and other agendas including Hyogo Framework for action and Millennium Development Goals.

PART 2 – MEETING STRUCTURE AND AGENDA

The Regional Community Safety and Resilience Forum is comprised of three Regional Technical Working Groups (RTWG), namely Disaster Management Technical Working Group, Health Technical Working Group, and Organizational Development and Youth Technical Working Group.

Each RTWG elects a chair and - together with the overall RCSRF Chair – they form the Steering Committee for the Forum. IFRC/SEARD provides technical and administrative support to the Chair in preparing as well as conducting the meeting, based on the agreed flow below:



Every year, the NS Leaders at their annual meeting provide strategic directions for the RCSRF. Likewise, the RCSRF prepares technical recommendations for NS Leaders.

Following the ToR of RCSRF, this forum meeting was also designed for three days. Health, OD and DM were the integral part of three days meeting. This meeting was a continuation of the last year joint health and DM meeting. However this year, the forum managed to include SEA OD steering committee as agreed earlier. This meeting mainly focused on:

- Last leadership meeting briefings/recommendations
- National Societies' updates on progress and future plan
- Update on disaster law activities in the region
- Global and Zonal updates on health, DM and OD
- Thematic discussions for future plan and regional cooperation
- School based risk reduction



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- Sharing innovative initiatives of NS
- Gender and Diversity
- Advocacy and Humanitarian Diplomacy
- Community Resilience Integrated Planning and Priorities: Technical Working Groups (RDMC and Health) – development of an integrated Road Map

The detail agenda of this meeting was finalized by the forum chair along with chair of technical working group. The details agenda and participants list are attached in [Annex-1](#).

PART 3 – MAJOR DISCUSSIONS AND RECOMMENDATIONS

3.1 Day 1 - Plenary sessions

Feedback from the Leaders Meeting / March 2014 in Singapore: The main topic of the meeting was Humanitarian Diplomacy, in particular around misuse of emblem, reputational risk, social media risks, etc. The resilience agenda was also high, including the endorsement of the Resilience Initiative funded by CRC / DFADT. The TOR for the CSRF was discussed, not formally endorsed, but this is an ongoing process. The main reservation was around not creating a new silo but rather see this as an umbrella for DM, Health and OD/Youth to come together once a year to share practices. There is no idea of merging the different teams within NSs... this is about working together (in an integrated way) for communities... that is how we can really build resilience and measure our joint impact.

Presentation from AHA Centre: AHA Centre provided a general introduction to this new emerging actor for Disaster Management in the region, starting from AADMER which is the legally-binding framework approved by ASEAN Member States. AHA Centre was launched 3 years ago and its current focus is on disaster risk management (not yet covering DRR as a whole), especially looking at disaster monitoring and preparedness for response. Finally, 5 areas for collaboration with RCRC were proposed: information sharing, coordination and response, learning from each other, partnership agreements with volunteers and simulations

Update from National Societies: NS focused their presentation on operationalization of the resilience approach. Presentations included topics such as the achievements against the CSR regional roadmap, new initiatives (innovations) and partners, challenges, opportunities, relations with national authorities as well as expectations from IFRC.

IFRC provided the global, zonal and regional updates like RDRT, outcomes of 6th AMCDRR, preparation of AP Conference and OD framework.

In addition, consultant- who was hired to conduct Strategic review of SEARD (Ex) Regional Disaster Management Unit (RDMU) and current Community Safety and Resilience Unit (CSRU) presented findings and recommendations. The presentation mainly focused on achievements and recommendations for the future interventions/support.



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Finally, a session on Disaster Law provided the participants with an overview of the main objectives and activities under the Disaster Law programme as well as an update of the initiatives taken by NSs across the region in this regards.

Final



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3.2 Day 2 - Thematic discussions (Technical working groups)

Thematic areas	Key discussions	Key Recommendations
National Society Development	<p>Progress since 2013 OD and Youth Forum.</p> <p>OCAC: Sharing of the OCAC exercise held in Myanmar.</p> <p>Resource Management Systems (RMS):</p> <p>Addressing Gender & Diversity issues:</p> <p>Governance and management:</p> <p>Youth empowerment and engagement:</p> <p>Coordination and cooperation:</p> <p>OD and Youth representation and involvement in the CSR Forum:</p>	<ul style="list-style-type: none"> • Regularly revisit the decisions of the OD and Youth Forum and make Sure that the OD and Youth actions are guided by the decisions of the Forum and are aligned with the recommendations of the Leaders' meeting 2014. • promoting it in the National Societies. Orientations first are equally necessary. Myanmar Red Cross to draft a Both OCAC and BOCA are important National Society Development tools and need further one page concept note on their experience to advocate for and create awareness on the process. • Put continued effort to promote RMS in the NSs. One way to create such promotion is to illustrate the benefit of RMS to Community Safety and Resilience, specifically through integrated planning and resources mapping. • Re-activate SEA Regional Gender and Diversity Forum with representatives of each SEA RCRC NS as this may serve as a good way forward to promote understanding and action on Gender and Diversity. • As it was recognized that one of the main challenges to this work is a lack of awareness from NS on the complexity of Gender and Diversity. Therefore, it was recommended that an "understanding Gender and Diversity" awareness brochure to be created and distributed to increase knowledge around this subject area. • OCAC may also serve as a valuable tool to assess and plan. • Further activate SEAYN and promote ownership of the NSs and the stakeholders involved.



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		<ul style="list-style-type: none"> Promote YABC and identify ways how this can be well linked with programmes and best utilized for resilience building purposes. OD and Youth Development needs to be promoted in all programmes /projects. and increased investment on youth is needed to further promote youth engagement.
Health and Care	<p>Overview of Regional CSR House and Roadmap</p> <p>Pandemic and Public health emergency preparedness</p> <p>Foreign Medical team(FMT)</p> <p>ART network and rationality to pay 1000 by members NS is very hard to justify as ART membership fee</p>	<p>Resilience house should be simplified with minimum pillars. Regional Road map should include more health component. Support Capacity strengthening of the NSs on CSR approach and its implementation</p> <p>A clear idea has to be finalized with focus on Pandemic and emerging infectious disease preparedness.</p> <p>Mechanism of information sharing for FMT within SEA NSs should be explored. FMT could be a tool of regional cooperation. Opportunities need to be explored to those NSs who have potentiality to send FMT.</p> <p>ART operational plan should also be verified by health directors. ART should expand the area of work beyond HIV/AIDS. ART future should be discussed with leaders after receiving report from annual ART meeting later in November, 2014.</p>
Disaster Management	<p>Group discussion on the "reactivate" of RDRT for regional cooperation.</p> <p>Group discussion on the technical cooperation with AHA Centre</p>	<p>A plan of action was agreed upon for the next 6 months, including the organization of a technical meeting to review RDRT before end 2014. A follow up meeting need to be planned to work out in details for NDRT training, RDRT Roster and optimization of RDRT for better regional cooperation.</p> <p>A list of actions was identified as initial action, to be further drafted as a joint action plan. Furthermore, the CSRF Steering Committee has agreed to pay a courtesy visit to AHA Centre</p>



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	<p>Resilience House and Road Map</p> <p>Presentation of initial finding of the consultancy on School Safety</p>	<p>Director in Jakarta in October 2014 in order to strengthen working collaboration at different level and the outcomes of the meeting will be presented as recommendations in next leadership meeting.</p> <p>Vulnerability and risks are changing in regular basis. Would be good to review the Resilience House and update Road Map in order to integrate the planning process for optimization of resources and capacity of NS in order to minimize impact and probability of risks.</p> <p>School based initiative and students are very common initiative and target groups of each NSs of the region. SEARD has hired a consultant to develop the common model of school based initiative in the region. This model will be in line with global to region level and hope to give a good platform to the members in order to profile them better in country context. A regional workshop has been recommended with participation of other stakeholders including government representative from selected countries.</p>
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Note: Details note of second day –technical meeting can be retrieved at <https://fednet.ifrc.org/en/communities/communities-of-practice/Home/?clubId=226&c=&q=>



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3.3 Day 3 – Plenary discussions

In the first morning session, reports from each of the thematic groups were provided to the plenary, including proposed recommendations to the NS Leaders and proposed revisions to the Road Map.

Following the reports, two National Societies (PMI and PRC) were given an opportunity to present innovative approaches and tools. PMI presented its Mobile Rapid Assessment (MRA) Android application which should be soon launched in the country and will allow any community member to directly report an incident to the National Society. The PRC presented its work on Non-Communicable Diseases, promoting healthy lifestyle in communities through youths and children.

The plenary session revised the Resilience House and Road Map as discussed in technical sessions in order to simplify the House as well as provide adequate space to all three different thematic working groups. The new Resilience House and technical areas of each thematic working group along with Road Map is attached in [Annex-2\(a\) and 2\(b\)](#).

A brief session on gender and diversity was also conducted in order to present the main strategies and programmes within IFRC and the region.

Similarly, a session on Advocacy and Humanitarian Diplomacy provided examples of the work done in the region, which sparked discussions among participants around ongoing efforts (in particular from Vietnam, Timor Leste and Lao PDR) and challenges faced.

PART 4 - CONCLUSIONS

The three days meeting discussed different agendas. Agendas were mainly focused to strengthen the regional cooperation among NSs, working collaboration with AHA Centre, Operationalization of Resilience Initiative along with innovation and cross cutting agenda like Gender, Youth, Humanitarian Diplomacy, IDRL etc. The three days meeting ended with recommendations and further actions as below conclusions:

- **Regional Cooperation:** The forum meeting has outlined the plan of action to strengthen response tools. They have also highlighted the need of peer-to-peer learning through exchange visit, staff-on-loan, lesson learnt workshop, conference and trainings/workshop. The forum meeting has agreed to organize one meeting within October, 2014 to discuss in order to standardize the agenda for NDRT training, RDRT roster and process to maximize the RDRT in emergency as well as non-emergency time. The outcomes of proposed technical meeting will be presented as recommendations to next leadership meeting in February, 2015. Participants and venue of meeting will be confirmed by chair of DMWG and SEARD will coordinate for logistics and technical issues.
- **Working Cooperation with AHA Centre:** IFRC and NSs of the region along with representative of AHA Centre have discussed in length and explore the possible areas of cooperation as information sharing, coordination during emergency and capacity building. Forum meeting has agreed to visit AHA Center to discuss and develop plan of action to strengthen working collaboration. This is also agreed that the proposed meeting with AHA Centre will be coordinated and extended technical support as needed by SEARD. The outcomes of meeting with AHA Centre will be shared to next leadership meeting with key recommendations.



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- Resilience house and Road Map: Resilience House has been reviewed in order to simplify and inclusive. Road map has been updated by DM and Health Technical meeting. Forum meeting has requested OD technical team to update the road map and have agreed to present the revised version of Resilience House and update Road Map to obtain their approval and support for implementation.
- Pandemic Preparedness: Entire region is vulnerable as well as high at risks of epidemic. A regular capacity mapping exercise as well as stakeholders mapping have been agreed and recommended for next leadership meeting. Interests on pandemic preparedness have been shown by leaders and technical managers. The agenda for upcoming regional Pandemic Preparedness workshop have been outlined and have agreed to share the recommendations of this workshop to next leadership meeting in order to enhance our pandemic preparedness measures.
- Youth involvement: OD and Youth Development needs to be promoted in all programmes /projects. Increased investment on youth is needed to further promote youth engagement
- ART Network: Members of ART is paying USD 1000 annually. Members are expecting to receive annual report in November, 2014. It is recommended by forum meeting to bring up this agenda in leadership meeting for their feedback and decisions.
- Capacity building: Resilience house and translation of road map into country plan requires different tools and training package to strengthen integrated planning practices. CSR Forum has recommended for trainings and tools that develop the understanding of NS on integrated planning and help to implement different resilience initiative in country level and request support from leaders.
- National Society Development is the foundational work and needs to be well addressed and incorporated into policies, plans and programmes and more holistic approaches are needed. Therefore, inclusion of Branch Development, Volunteer Management, Youth Development and engagement, Capacity Building (gender and diversity; finance development; resource mobilization) is must to be considered always and should be reflected in the Road map. NSD areas always need to be recognized and applied as foundation for effective delivery of our work.



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Annex 1:

Agenda and participants list

Regional Community Safety and Resilience Forum Meeting

16-18 September, 2014

Bangkok, Thailand

Day-1 (16 September, 2014)

Time	Agenda	Facilitators/Presenter	Chaired by
8.30 am-9.00am	Welcome	Speaker- HoRD/IFRC and Chair of Forum	
9.00 am-9.15 am	Self-introduction	All	Chair of CSR Forum
9.15 am-10.00 am	Briefing about leadership meeting	HoRD/IFRC and chair of forum and technical team	Chair of CSR Forum
Tea Break- 15 min			
10.15 am – 11.15 am	Presentation from AHA Center (30mn) followed by Q&A (30mn)	AHA Center Senior Emergency Preparedness and Response Officer	Chair of CSR Forum
11.15 am – 11.25 am	Update from the regional OD/Youth network	Chair of the network	Chair of CSR Forum
11.25 am-12.30 pm	Update (Health and DM) from NS. 15 min to each NS	Cambodia, Lao, Indonesia, Malaysia	Chair of CSR Forum
Lunch 12.30 pm-1.30 pm			
1.30 pm-3.30 pm	Update (Health and DM) from NS. 15 min to each NS	Myanmar, Philippines, Singapore, Thailand, Timor Leste, Viet Nam,	Chair of CSR Forum
Tea Break- 15 min			
3.45 pm-4.15 pm	Update from SEARD (Health, OD and DM)	SEARD team	Chair of CSR Forum
4.15 pm- 4.45 pm	Presentation on evaluation of CSRU/RDMU	Consultant	Chair of CSR Forum
4.45 pm-5.15 pm	Update on Disaster Law activities in the region	IFRC DL programme	Chair of CSR Forum
5.15 pm-5.30 pm	Day-1 wrap up		Chair of CSR Forum

18.30 Welcome Dinner



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Regional Community Safety and Resilience Forum Meeting

16-18 September, 2014

Bangkok, Thailand

Day-2 (17 September, 2014)

Technical sessions chaired by Chairperson of thematic working group

Time	Health	OD	DM
8.30 am -9.30 am	Global and Zonal update: DMU, Health, and GPC		
Tea Break and thematic group division - 15mn			
9: 45 am – 10: 30 am	Health Review - CBHD –CRC (25 mins) - Health Update (20 mins)	- Updates since OD and Youth Forum 2013 - Sharing NS efforts - Youth development - Governance and Management - Coordination and cooperation	RDRT and NDRT
10.30 am-11.30 am	Pandemic Preparedness		Disaster law
11.30 am-12.30 pm	ERU and Foreign Medical team/ PHiE		
Lunch 12.30 pm-1.30 pm			
1.30 pm-2.30 pm	Strengthening Regional Cooperation - Introduction - HR mapping(CBHFA, PHiE, Pandemic Preparedness, ECV, Emergency PSS, Emergency WatSan, FA) - Interest Mapping for peer learning	Coordination and cooperation (c-ed) TOR of Youth and OD Steering Committee	School safety – presentation of the mapping of experience and tools from NSs.
2.30 pm-3.30 pm	Develop country level plan after reviewing and updating road map and model of Resilience house	Develop plan after reviewing and updating road map and model of Resilience house	Develop country level plan after reviewing and updating road map and model of Resilience house
			<u>3.00pm-3.30pm</u> Strengthening regional cooperation (peer – to – peer learning)
Tea Break - 15 min			
3.45 pm- 4.30 pm	Recommendations for leadership meeting	Recommendations for leadership	Recommendations for leadership meeting



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	Day-2 wrap up	meeting	Day-2 wrap up
4.30 pm-4.45 pm	Day-2 wrap up	Day-2 wrap up	Day-2 wrap up
4.45 pm-5.30 pm	Preparations for plenary group <ul style="list-style-type: none"> - Drafting committee (chair, deputy chair and IFRC-Secretariat) 	Preparations for plenary group <ul style="list-style-type: none"> - Drafting committee (chair, deputy chair and IFRC-Secretariat)) 	Preparations for plenary group <ul style="list-style-type: none"> - Drafting committee (chair, deputy chair and IFRC-Secretariat)



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Regional

Community Safety and Resilience Forum Meeting

16-18 September, 2014

Bangkok, Thailand

Day-3 (18 September, 2014)

Time	Agenda	Facilitators/Presenter	Chaired by
8.30 am-9.45am	Report from technical working group to CSR forum (25 min each)	Chairperson of respective thematic working group: DM, Health and OD	Chair of CSR Forum
Tea Break (15 mins)			
10.00 pm-11.15 pm	Country specific major plan for 2015: <ul style="list-style-type: none"> • How you report back to leaders about the discussion and recommendations of this meeting? • What and how you want to operationalize the resilience in line with Road map and Model of Resilience house during 2015? • What kind of support you are looking from IFRC for operationalization of resilience? 	All national Societies	Chair of CSR Forum
11.15 pm- 12.30 pm	Summing up the recommendations for Leadership meeting	All	Chair of CSR Forum
Lunch 12.30 pm-1.30 pm			
1.30 pm-2.15 pm	Gender and Diversity	Gender focal person/SEARD	Chair of CSR Forum
2.15 am-3.15am	Innovative Initiative of NSs <ul style="list-style-type: none"> • Indonesia(MRA) • Philippines(YABC+NCD) 	Respective National Societies	Chair of CSR Forum
Tea Break- 15 min			
3.30 am-4.30 am	Advocacy and Humanitarian Diplomacy	Communication manager/ SEARD	Chair of CSR Forum
4.30 pm-5.00 pm	Next steps for CSR Forum	All	Chair of CSR Forum
5.00 pm-5.10 pm	Wrap up of the meeting		Chair of CSR Forum
5.10pm -5.30 pm	Closing		Chair of CSR and SEARD

Annex-1 (a)Participant list
Regional Community Safety and Resilience Forum (RCSRF) meeting
16 - 18 September 2014, Bangkok

No.	Name	Position	Organisation	Country(office)	Email
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Participants (DM & Health)

1	Mr. Uy Sam Ath	Director of DM Department	CRC	Cambodia	uysamath@redcross.org.kh
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Participants (OD)

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IFRC

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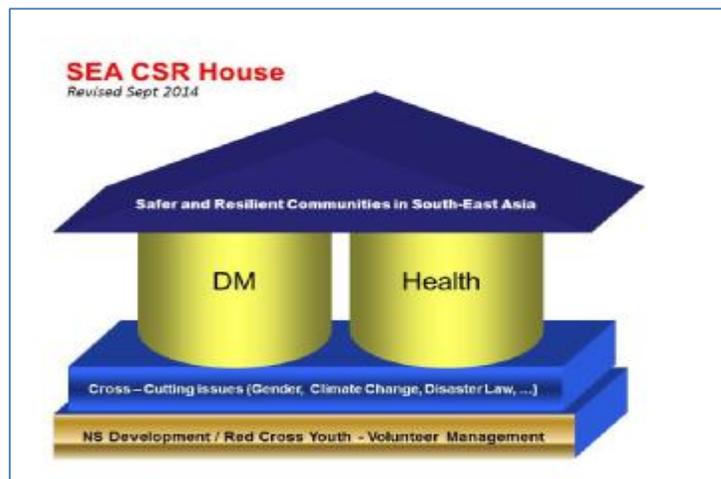
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ANNEX 2(a)

CSR Resilience House – revised during the 2014 CSR Forum



Technical areas of three thematic working groups:

DM	Health	OD
DP/Response and Recovery	CBHFA and WATSAN	Advocacy, Partnerships, Networking
CCA/EWEA	Emergency Health and PSP	Volunteer and Youth
DMIS/ Knowledge Sharing	Blood Services and HIV/AIDS	Resource Mobilization
RFL/Migration	Health Care Services	Integrated Assessment and Planning
Cross- cutting issues: Gender; Climate change; People with disability; Children , Disaster Law, etc.		



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Annex 2b:

Integrated Roadmap – revised during the 2014 CSR Forum (Bangkok)

	Why	What	2012	2013	2014	2015	Who is responsible
1	Lack of capacity and organization to support risk reduction operations	Building Capacity of Red Cross and Red Crescent volunteers + Trainers/facilitators + database + financial + Youth (OD)	•	<ul style="list-style-type: none"> • Standardization of OD, health and DM training curriculums • Workshop integration (OD/DM/Health) 	<ul style="list-style-type: none"> • Cross country training • Internships and exchange • Peer to peer learning 	<ul style="list-style-type: none"> • Case studies and impact on integrated approaches • Look back study and for sustainability • Planning for next road map 	<ul style="list-style-type: none"> • CSRU • RCSRf
2	Health + DM + OD are not yet integrated in planning and implementation	Integration (planning + services) Health/DM/OD		<ul style="list-style-type: none"> • Standardization Planning/training tool e.g. Multisectoral assessment tool 	<ul style="list-style-type: none"> • Integrated country level plan 	<ul style="list-style-type: none"> • Implementation and monitoring • NS promote FA in all departments – becomes a cross-cutting activity • NS have an integration policy and monitoring mechanism • Pilot school based DRR initiatives 	<ul style="list-style-type: none"> • CSRU • RCSRf



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3	Still few NSs have no CP + SOPs	Contingency planning + SOP for NSs Health in emergency	<ul style="list-style-type: none"> • Mapping of NSs for CP and SOP 	<ul style="list-style-type: none"> • Mapping of NSs for CP and SOP • Developing CP and SOP 	<ul style="list-style-type: none"> • Tsunami CPs and SOP development for Indian ocean • Mekong river CPs + SOPs and EWS • Epidemic CP (H7N9, corona, other) • ACTUAL SIMULATION plus TTX • 	<ul style="list-style-type: none"> • Implementation/review + amendments and evaluation • ACTUAL SIMULATION plus TTX (involving health) • Joint SOPs • Pandemic preparedness 	<ul style="list-style-type: none"> • CSRU • RCSRF • Invite ministries (health)
4	No cooperation framework, mechanism between IFRC and ASEAN plus relevant INGOs	Regional networking and ASEAN + relevant INGOs Mapping different technical networks WHO and ASEAN working with health		<ul style="list-style-type: none"> • Continuation meeting NDMO + ASEAN - RDMC • Participation of RDMC to ADDMER – Part Group APG • Chair RDMC participation at open session ASEAN and APG • WHO etc health networks 	<ul style="list-style-type: none"> • Participation coordination + communications 	<ul style="list-style-type: none"> • Participation coordination + communications and follow up • Address disaster law with support from SEARD, based on country-level developments and NS needs (including capacity building for the NS). • ASEAN Pandemic Preparedness TWG • WHO 	<ul style="list-style-type: none"> • CSRU • RCSRF • AP zone
5	Communication gap between leadership forum and RCSRF	Advocacy support to the leaders - 2012 in Myanmar Integrated roadmap to be presented to leadership	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Participation of relevant professionals in leadership meeting (AHA, NCD...etc) • CSRU visit to respective NSs • 	<ul style="list-style-type: none"> • Information bulletin about RDMC for NS leaders. • Participation of relevant professionals in leadership meeting (AHA, NCD...) • CSRU visit to respective NSs • humanitarian diplomacy in country / NSs 	<ul style="list-style-type: none"> • Information bulletin about RDMC for NS leader. • Participation of relevant professionals in leadership meeting (AHA, NCD...) 	<ul style="list-style-type: none"> • CSRU • RCSRF • AP region and zone



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					<ul style="list-style-type: none"> • humanitarian diplomacy in country / NSs 	<ul style="list-style-type: none"> • CSRU visit to respective NSs • humanitarian diplomacy in country / NSs 	
6	<p>Lack of information on overall situation of NS response capacity .</p> <p>Group did not have info on the yearly plans!</p>	<ul style="list-style-type: none"> • Standardize NDRT curriculum manuals with RDRT • Work group for development of SOPs for NDRT to maintain standard across region. • SOPS for cross border disaster response • Upgrade RDRT capability e.g. by specialized RDRT training 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Formation of task force for NDRT standardization and relevant SoP. • Secretariat to consolidate the resources for disaster response, recovery and disaster risk reduction. • Adaptation of RDRT to NDRT training curriculum (responsibility lies with: sub group 2 member)* • NDRT training (responsibility lies with: CSRU and sub group member)* • Identify trainer(s) for NDRT (responsibility lies with: CSRU and RDMC)* • Draft of SOP for cross border for 18th (responsibility lies with: RDMC – Sub Group 4)* • Submit draft SOP to leadership meeting (responsibility lies with: chairperson of RDMC)* 	<ul style="list-style-type: none"> • Dissemination and application of SOP by RDMC* • Simulation of SOP by RDMC/CSRU • Review of RDRT roster • Revisit RDRT SOP and curriculum 	<ul style="list-style-type: none"> • Review of SOP • Review of emergency health training curriculum for RDRT • Inclusion of health component in NDRT training • TTX RDRT 	<ul style="list-style-type: none"> • RCSRF • CSRU • AP Zone



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				<ul style="list-style-type: none"> Finalize SOP on 19 RDRC (responsibility lies with: RDRC members)* 			
6	Lack of information on overall situation of NS long term programming	<ul style="list-style-type: none"> Priority areas in long term programming to be highlighted for cross-NS sharing and integration Balance between country needs and leadership wishes 		<ul style="list-style-type: none"> Updating SEA online library with health and DM information More real time information sharing (early warning) 	<ul style="list-style-type: none"> Databases of active resources e.g. RDRT NRDT trained volunteers, CBHFA facilitators Maximize the use of social media, for example Facebook, Twitter 	<ul style="list-style-type: none"> Inform each other of important meetings with external stakeholders (AHA, Governments, etc.) and peer-to-peer visits Use RMS as database for RDRT 	<ul style="list-style-type: none"> RCSRFS SEARD to support as administrator
7	The current RDRC ToR needs to be revised to include other technical departments.	<ul style="list-style-type: none"> Sub group meeting to review current framework 	e-consultation and discussion	<ul style="list-style-type: none"> Sub-group to review and finalize. RDRC meeting to give final touch. Leadership meeting to endorse the revised RDRC-ToR. 	<ul style="list-style-type: none"> Joint meetings with cost sharing 	<ul style="list-style-type: none"> Endorsement of RCSRFS regional forum in Cambodia in 2015 Review and revise TOR 	<ul style="list-style-type: none"> RCSRFS CSRU Sub-groups
8	Regional Integrated Cooperation Network	<ul style="list-style-type: none"> Meeting, Trainings, Common name? 	<ul style="list-style-type: none"> Sharing within RDRC members from all members including CSRU 	<ul style="list-style-type: none"> Sharing within RDRC members from all members including CSRU 	<ul style="list-style-type: none"> Sharing within RDRC members from all members including CSRU Cooperation with AHA Centre enhanced (include participation to planning meetings for simulation exercises, TTX and other simulation exercises such as ARDEX) 	<ul style="list-style-type: none"> Sharing within RCSRFS members from all members including CSRU Contribution to SASOP revision 	<ul style="list-style-type: none"> RCSRFS CSRU
9	Inadequate beneficiary communication	<ul style="list-style-type: none"> Collection of success story on technical fields and on integration 	<ul style="list-style-type: none"> Determine theme for case study Collection of 	<ul style="list-style-type: none"> Drafting of case study Finalization of case study for sharing 	<ul style="list-style-type: none"> Determine theme for case study Collection of information 	<ul style="list-style-type: none"> Drafting of case study Finalization of case study for sharing 	<ul style="list-style-type: none"> RCSRFS



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	document		information				
10 To be disc uss ed	Lack of funds and resource mobilization	Joint technical proposals • Use appropriate technical area as an entry point	•	• Educate donors on integrated approaches, demand not donor driven	•	•	• RCSRF

Comments from the OD/Youth steering committee:

- à Inclusion of branch development, volunteer development, youth development and engagement, capacity building (gender & diversity, finance development, resource mobilization), should be reflected in the road map.
 - Gender & Diversity to be included in an integrated planning
 - Promote youth integration at all levels / Greater investment in youth / Promote OD & Youth engagement in all programs/projects
 - Develop strong online communications / sharing of information, learning experience, success stories.
 - Ensure allocation of funding in all programs for OD and Youth (existing model from Cambodia and Myanmar RC can be replicated).
- à CSR forum should have representatives of DM, Health, OD and Youth, from 11 NSs
 - Recommend youth representative in the chair group.
 - 3 days forum :
 - ü 1st day, plenary session (joint presentations from all NSs)
 - ü 2nd day, TWG meeting, 4 TWGs
 - ü 3rd day, plenary session