

Regional Community Safety And Resilience Forum



South- East Asia Regional Forum for Community Safety and Resilience



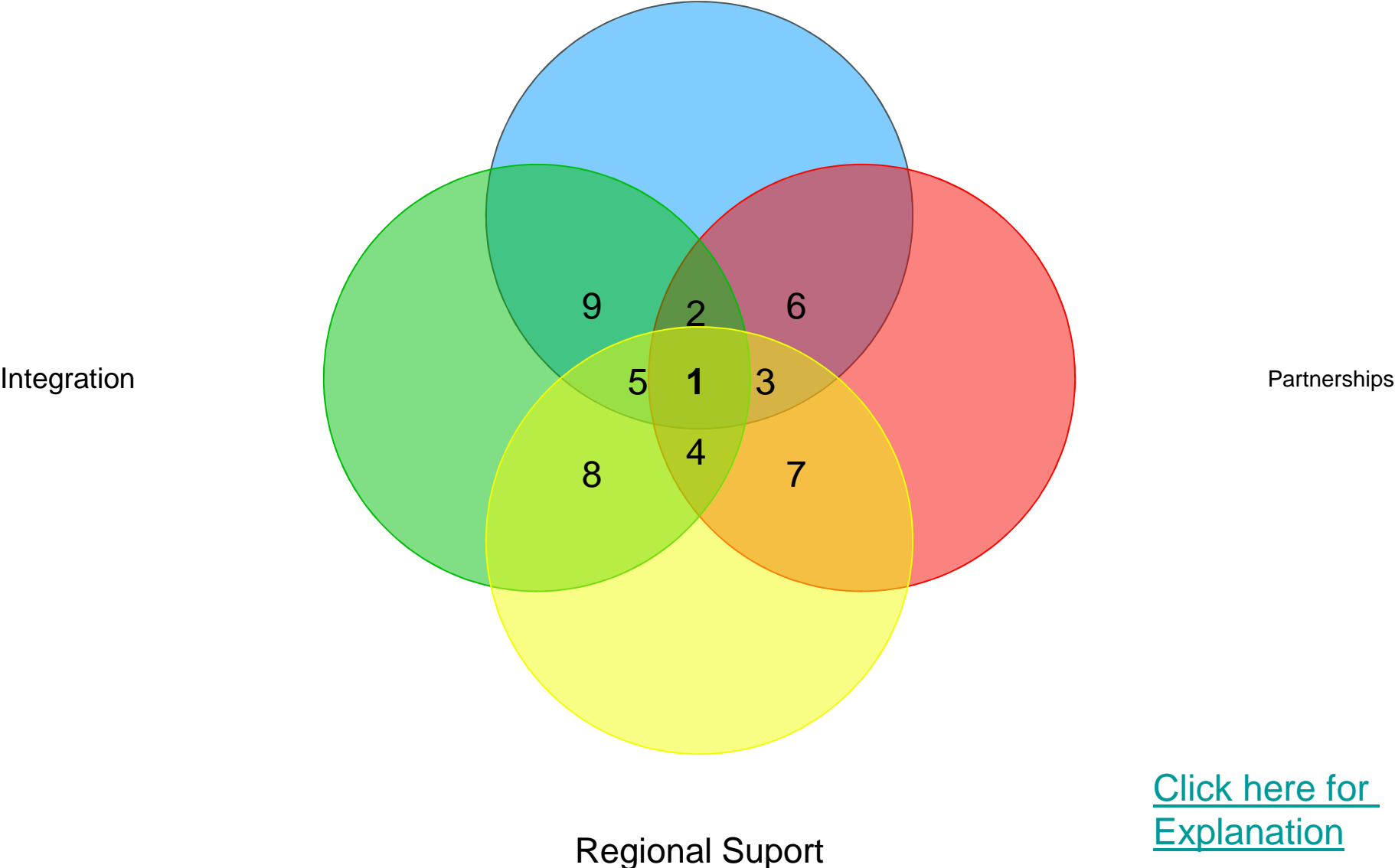
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Regional Forum for Community Safety and Resilience Technical Working Groups



Operational Confluence Areas

National Society Inputs



[Click here for Explanation](#)

Reduced illness and death resulting from
public health emergencies and disasters

**Safer and
More
Resilient
Communities**

Approach:

Integrated Community Based Programming

1. DP/Response and Recovery
2. CCA/EWEA
3. DMIS/ Knowledge Sharing
4. RFL/Migration

5. CBHFA and PSP
6. Emergency Health and WatSan
7. Blood Services and HIV/AIDS
8. Health Care Services

9. Advocacy, Partnerships, Networking
10. Volunteer and Youth
11. Resource Mobilization
12. Integrated Assessment and Planning

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- **1. Resilience thru Integration and Synergy** Unified Goal, Strategy, and Voice to the leaders
- 2. Synergized and optimized service delivery
 - a. Cost effectiveity and efficiency in resource mobilization
 - b. Auxiliary role of the Red Cross is maximally achieved as programs are well aligned with government and local partner priorities
 - c. More funding support opportunities as priorities to for integrated, cross cut programming that results to multiple outcomes
 - d. National Societies implement programs based on the localized priorities
 - e. National Societies earned local partners resulting to more opportunities for resource generation and capacity building
- 3. Leverage Outcomes
 - a. National Societies gain more partners working beyond country context
 - b. The regional delegation, with the inputs from NSs is enabled to determined support needs from NSs and is well guided on resource allocation
 - c. The regional delegation effectively reports to regional partners on the progress of support provided
- 4. Global and regional priorities are better aligned in the development of program approaches and tools
 - a. Global response tools can be assured of complementarity i.e. Basic Health Care ERU with Community Based Health Tools, relief distribution of hygiene kits with hygiene promotion sessions, food rations responsive to the prevention of acute malnutrition aggravated by during emergencies.
 - b. More funding support opportunities as priorities to for integrated, cross cut programming that results to multiple outcomes
- 5. Context sensitive program integration
 - a. Regional delegation develops tools and strategies common to the National Societies and those that can be adapted based on local context
 - b. National Societies learn from each other with the support of the regional delegation in gathering documented experiences in integration from different NSs
- 6. Local partnership coverage
 - a. Ministries of Health
 - b. Councils, National Units and Bureaus for Disaster Relief and Response
 - c. National Partner agencies, NGOs and civic organizations including those having multi-national offices
 - d. ASEAN, WHO, ADRRN, Asia Pacific Emergency and Disaster Nursing Network, et al (for those where in-country offices can be found)
 - e. National Corporations
- 7. Regional partnership facilitation
 - a. Regional Networks and Forums including ICAAP, ADPC, ADRRN, WHO, ASEAN, GRSP, Asia Pacific Emergency and Disaster Nursing Network, et al
 - b. International Donors such as ECHO, Global fund, AusAID, USAID, DFID, et al
- 8. Development of integrated tools and case documentation
- 9. a. Local adaptation of regionally developed tools
- b. Development of local integrated tools

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Next Step:

Defining the means for operationalization

Terms of Reference

- What functions are distinct to RDMC
- What functions are distinct to Health
- What Functions are Distinct to OD

- **Where do these functions merge and create synergistic outcome?**

Roadmap:

What milestones do we want to achieve in the next five years?