




# 16th Regional Disaster Management Committee (RDMC) Meeting



 International Federation  
of Red Cross and Red Crescent Societies

6th - 8th June 2012, Singapore

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## 1. The Preamble

The 16th Regional Disaster Management Committee (RDMC) meeting was organized by the Southeast Asia Regional Delegation Community Safety and Resilience Unit (CSRU) and hosted by the Singapore Red Cross from June 6-8, 2012. All eleven National Societies from the South East Asia region were represented by their senior disaster management representatives. In addition to the CSRU team IFRC was represented by the Asia Pacific Zone: Operations Coordinator for Southeast Asia and International Disaster Law Officer as well as the representatives from Indonesia, Myanmar and Viet Nam country delegations'. In addition, and for the first time ever, as an external participant the Executive Director of Association of South East Asian Nations – ASEAN Agency for Humanitarian Assistance-AHA Centre joined in – reaching a total of 37 participants.

The meeting was conducted in a very open and participatory manner bringing upon very fruitful and concrete discussions resulting in clear recommendations about the way forward. It catered for interaction that promoted constructive feedback about the current status of play of the RDMC, identifying weaknesses as well as underutilized strengths and most of all, how to transform the RDMC into much stronger and proactive forum led by the National Societies and supported by the Federation.

Discussions and final outcomes of this RDMC meeting were translated into the RDMC Road Map for the period 2012- 2015.

The agenda for this meeting was finalized by the RDMC Sub-group members during the meeting that took place on March 14, 2012 in Bangkok and attended by Thai Red Cross, Palang Merah Indonesia, Philippine Red Cross and Cambodian Red Cross along with representatives from the International Federation of Red Cross and Red Crescent Societies' Southeast Asia Regional Delegation. (*Agenda -annex 1*)

## Participants:

National Society	Participants/Represented by:
<b>Brunei Darussalam Red Crescent Society (BRCS)</b>	1. Mr. Pengiran Hassan Pengiran Johari, <i>National Director for DMD and</i> 2. Mr. Ahmad Akbal Adi Yusa Haji Md.Yusuf – <i>Assistant Deputy Director, DM Department</i>
<b>Cambodia Red Cross (CRC)</b>	3. Dr. Uy Sam Ath, <i>Director of DM Department and</i> 4. Mrs. Yin Bunsopheaktra, <i>Acting Deputy Director DM Department</i>
<b>Cruz Vermelha de Timor-Leste (CVTL)</b>	5. Mr. Hermenegildo Cardoso Rente, <i>Acting Coordinator of DM Department and</i> 6. Ms. Emidia Licina C.Bello, <i>DRR Manager</i>
<b>Lao Red Cross (LRC)</b>	7. Dr. Bountheng Menevilay, <i>Director of DM Division and</i> 8. Mr. Somhak Inthirath, <i>Deputy Director of DM Division</i>
<b>Myanmar Red Cross Society (MRCS)</b>	9. Mr. U Maung Maung Khin, <i>Head of DM Division and</i> 10. Ms. San San Maw, <i>Deputy Head of DM Division</i>
<b>Malaysian Red Crescent Society (MRC)</b>	11. Dr. Hj Bahari bin Datuk Hj. Abu Mansor, <i>Chairman DM &amp; Emergency Services</i>
<b>Palang Merah Indonesia (PMI)</b>	12. Mr. Arifin Muh. Hadi, <i>Head of DM Division and</i> 13. Mr. Tia Kurniawan, <i>Deputy Head of DM Division</i>
<b>Philippines Red Cross (PRC)</b>	14. Mr. Leonardo P. Ebajo, <i>OiC DM Services &amp; Head of Emergency Response and</i> 15. Mr. Rommel Sotto, <i>National Field Representative</i>
<b>Singapore Red Cross (SRC)</b>	16. Ms. Cecilia Tan, <i>Head of Operations and</i> 17. Ms. Serene Chia, <i>Head of Community Services</i>
<b>Vietnam Red Cross (VNRC)</b>	18. Mr. Le The Thin, <i>Director DM Department</i>
<b>Thai Red Cross (TRC)</b>	19. Dr. Amnat Barlee, <i>Director of Relief and Community Health Bureau (RCHB) and</i> 20. Dr. Pichit Siriwan, <i>Deputy Director of RCHB</i>
<b>NS Observers: Singapore Red Cross</b>	21. Col. Lim Theam Poh, <i>Deputy Secretary General,</i> 22. Wong Chun Yew, <i>Head International Services,</i> 23. Imran Abdul Kareem <i>Project Coordination-Community Services,</i> 24. Charis CHAN <i>Executive International Services,</i> 25. Jenks Tan Jianqi <i>Executive Community Services,</i> 26. Yau Weng Wai <i>Volunteer, Margaret Wee Community Services</i>
<b>ASEAN – AHA Centre</b>	27. Mr. Said Faisal, <i>Executive Director</i>
<b>IFRC</b>	28. Indira Kulenovic ( <i>Head CSRU SEARD</i> ), 29. Sanjeev Kafley ( <i>DRR Advisor CSRU SEARD</i> ), 30. HungHa Nguyen ( <i>DM/DR, CSRU SEARD</i> ), 31. Ley Eng Tan ( <i>KIM, CSRU SEARD</i> ), 32. Rommanee Klaoetanong ( <i>CSR Assist., CSRU, SEARD</i> ) 33. Heikki Vaatamoinen ( <i>Ops.Coord. for SEA – AP Zone</i> ) 34. Ms. Aishah Amin, ( <i>IDL Officer, AP Zone</i> ) 35. Wayne Ulrich ( <i>Country Delegation Indonesia</i> ), 36. John Halder ( <i>Country Delegation Myanmar</i> ), 37. Tao Vandang ( <i>Country Delegation Viet Nam</i> )

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## 2. Key Outcomes

1. The RDMC has been restructured by the RDMC members. ***Thai Red Cross, Dr. Amnat Barlee has been nominated as the first Chairperson of the RDMC***; whereas, Philippine Red Cross, Cambodia Red Cross, Myanmar Red Cross and Palang Merah Indonesia have been nominated as chairs for four different Sub-Groups. Dr. Amnat Barlee as the Chair of the RDMC will present the outcomes of this RDMC meeting at the Leadership Meeting in Myanmar in July 2012.
2. It was jointly identified by all RDMC members that ***there is a need to review the Terms of Reference (ToR) for the RDMC***. Current ToR is *more than ten years old*. The process of this review is yet to be determined by the RDMC members.
3. ***The meeting discussed and finalized the Road Map for the RDMC for the period from 2012 to 2015***. The Road Map has defined the ways forward with clear roles and responsibilities for each RDMC member, including IFRC and SEARD.
4. ***Need and commitment for more integrated cross-sectoral planning came out very strongly***. Commitment was demonstrated by all RDMC members to work much closer with Health and OD Departments in order to improve the quality of service delivered to communities. In order to have a ***Successful integrated planning approach the RDMC members realised that it would require strong leadership support to implement***. (See more details in the attached Road Map)
5. Participants also discussed ***participation of key health department representatives from each National Society (NS) in the future RDMC meetings*** in order to strengthen above mentioned integrated planning process for more effective contribution and deliveries in the process of building safer and more resilient communities.
6. The participants also decided to ***hold one additional RDMC meeting to follow up on the upcoming Leadership Meeting***. The current Leadership Meeting is scheduled for July 10-12, 2012 in Myanmar. The additional RDMC meeting will discuss and follow up on recommendations and actions that come out of the Leadership Meeting and work on the implementation of the same.
7. Following on successful participation of the ***Executive Director of ASEAN AHA Centre*** who provided update on current status of play of AHA centre and opportunities for cooperation with RCRC in the region, ***the RDMC expressed their interest to get more involved with ASEAN disaster management bodies including the AADMER Partnership Group (APG)***. CSRU is requested to support such development of cooperation in order to facilitate and secure better positioning and more involvement for NSs in the region with regards to the implementation of AADMER program – ***which would further contribute toward signing of the Cooperation Framework***.
8. ***Next RDMC meeting is proposed to be held in November from 20<sup>th</sup> to 22<sup>nd</sup> November 2012 in Phnom Penh, Cambodia*** – subject to confirmation by the Cambodian Red Cross

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## **Day One: June 6, 2012**

### **Agenda Item 1: Opening Ceremony, Welcome words, Ground Rules, Expectations of the meeting**

The meeting was inaugurated with welcome notes from the Deputy Secretary General of Singapore Red Cross, Colonel Lim Theam Poh. He greeted RDMC members as leading RCRC disaster managers of the region.

Following, the inaugural introduction floor was passed to Ms. Indira Kulenovic, the International Federation of Red Cross and Red Crescent Societies' Head of the Community Safety and Resilience Unit for the Southeast Asia Regional Delegation for further proceedings of the meeting that included information about ground rules, expectations of meetings and other potential bilateral and multilateral meetings. Indira also led introductory sessions confirming agendas of the meeting yet indicating that if there is a need for any change - the agenda was flexible and could be adjusted to better fit the needs and priorities of the RDMC members. She further encouraged RDMC members to take full ownership of the RDMC.

Singapore Red Cross Society representatives shared the information about logistics arrangement for the three days.

After the initial logistic/ admin part the floor was passed to Dr. Barlee (TRC) to chair the majority of proceedings of the first day of meeting whereas Mr. Arifin (PMI) chaired the second day. Once the inaugural part was over, Indira handed over the floor to Dr. Barlee for the rest of the day's proceedings.

### **Agenda Item 2: Follow up on the 15th RDMC Meeting**

*Chaired by Dr. Barlee (TRC):*

He reflected briefly on the history of the RDMC identifying Dr. Uy Sam Ath (CRC), Dr. Bountheng (LRC), Colonel Lim (SRC), Mr. Arifin, Ms. Serene Chia (SRC), Dr. Pichit (TRC), and Mr. Maung Maung Khin (MRCS) as the most senior members. He also mentioned the last RDMC meeting where PMI talked about strengthening Satuan Siaga Penanggulangan Bencana, better known as SATGANA, and building capacity of community based disaster management. Malaysian Red Crescent (MRC) discussed response to localized disasters. Thai Red Cross shared their experiences with the flood operations in the South and the border dispute. Cruz Vermelha de Timor-Leste (CVTL) noted the need for climate change adaptation; and lastly the Viet Nam Red Cross (VNRC) shared information on implementation of mangrove tree management.

He noted that the Action Plan from the 15<sup>th</sup> RDMC meeting has been implemented with special emphasis on achievements made regarding improvements in engagement with ASEAN; disaster risk reduction (DRR) comic books and climate change adaptation and integration into DRR. (*Refer to Annex: Slides for "15th RDMC Meeting, 24- 27 May 2011, Bangkok, Thailand"*).

### **Agenda Item 3: Report back on the 9th RDMC Sub-Committee Meeting**

*Co-chaired by: Arifin (PMI):*

Confirmed that ASEAN is a strong region and mentioned that there should be a consolidation of capacity through keeping the ASEAN relationship as one of familiar ties. Arifin summarized the 9<sup>th</sup>



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Sub-Committee Meeting which took place in Bangkok on March 14<sup>th</sup>, 2012. Arifin, together with Leonardo P. Ebajo (Leo) (PRC), Dr. Pichit (TRC), and Dr. Uy Sam Ath (CRC), *tried to consolidate capacities and ownership of the RDMC*. Roundtable updates from the Sub-Committee meeting were brought to the table. These items included: the ASEAN Cooperation Framework; funding from the private sector for the Thai Floods (example of Public Private Partnerships – PPP); PRC’s “143 programme” being a great community activity with financial constraints in reality; CRC touched upon the need for on the ground capacity – CRC has core areas but insufficient core staff, such as national disaster response teams (NDRTs); PMI has been pushing for a contingency plan at every chapter and IFRC introduced the Community Safety and Resilience (CSR) Unit’s structure and concept.

Arifin presented all issues and ways forward that were discussed. Those include:

- A road-map with mandates for the future;
- Adopting the resilience approach for the long term so to enhance better knowledge and capacities of the regional NSs with focus on communities;
- Documentation of case studies to showcase how the resilience approach works;
- Resource mapping for the well prepared National Society (NS);
- IFRC’s focus at the country level;
- National Societies (NSs) to consider development of the Community Safety and Resilience Framework;
- Need for more child/teachers focused DRR;
- Need for further discussions on how to integrate better Organizational Development (OD), Health and Disaster Management (DM);
- There is need to improve the dialogue between the Regional Disaster Management Committee (RDMC) and the ASEAN Committee on Disaster Management (ACDM);
- Recommendation for the RDMC to meet pre and post Leadership Meeting.

Common understanding was that all RDMC members would like to see the SEA region with clear focus on increased community safety and resilience through integrated cross sectoral DRR.

### **Discussion points**

*Mr. Leo (PRC) and Dr. Barlee (TRC)* both acknowledged a need for more disaster risk reduction initiatives. Leo commented that it is a responsibility of the governments to align DRR activities which can suit better the education sector; and Dr. Barlee referred to the need for consolidation/documentation of Information, Education and Communication (IEC) materials from all NSs in the region to avoid “reinventing the wheel”, utilize existing tools adapted to each country context.

*Ms. Indira (CSRU)* mentioned that traditional community based disaster risk reduction (CBDRR) and community based disaster preparedness (CBDP) programmes currently implemented in the region do not address sufficiently children related DRR activities or education in general. She mentioned an example of Philippines where DRR has already been integrated into the school curriculum. CVTL in Timor-Leste added that they too are now practicing DRR within school

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curriculum. Opportunities should be explored for more involvement of children considering they belong to the most vulnerable group when it comes to natural disasters thus would need to be better prepared/educated to act on their own before during and after disasters. Also children are agents of change, so they can also educate their family members and peers.

Updates were given on the implementation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), and the Cooperation Framework between ASEAN member countries and the Movement by Arifin on behalf of PMI and Dr. Barlee (TRC) who went along with the CSRU to participate in the Open Session of ACDM held in Jakarta in March 2012. Ms. Indira (CSRU) added that the Open Session was an official handover of the Chair from Singapore to Thailand. The Department of Disaster Prevention and Mitigation (DDPM) of Thai Royal Government took over the Chair. Considering that DDPM works very closely with the TRC in country this could be a very good opportunity to further develop partnership with ACDM building on existing relationships of the current Chair of ACDM and the host NSs.

#### **Agenda Item 4: Update on the implementation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER)**

*Co-Chaired by: Arifin (PMI):*

He reminded all present that the bilateral discussions between the ASEAN and the Movement; the Memorandum of Understanding (MoU) between IFRC and the ASEAN Secretariat started three years ago. The name of the document changed numerous times and is now known as the Cooperation Agreement between the ASEAN Secretariat and IFRC. He also added that TRC may now be in a better position to approach ASEAN because of the fact that Thailand is the chair of the ASEAN Committee on Disaster Management (ACDM). The Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR) scheduled to take place in October 2012 in Jogjakarta, in opinion of the PMI Secretary General, could be an opportunity for the actual signing of the Cooperation Framework between ASEAN secretariat and IFRC.

*Co-Chaired by: Dr. Amnat Barlee (TRC):*

Dr. Barlee's reflections included the NSs' desire to support the Cooperation Framework between ASEAN countries and IFRC. He indicated that NSs in the region could provide the ASEAN community with the RDCM support such as the Regional Disaster Response Team (RDRT) members and other programmes for humanitarian work that can add value to the Cooperation Framework. The intent to make certain that the ASEAN Disaster Management Committee (ADMC) sees RDMC as an existing body in the region and how the Movement can work together with the ASEAN governments was made clear.

*Ms. Indira Kulenovic (CSRU):*

Indira touched on four issues: (i) that NSs are auxiliary to ASEAN member state governments; (ii) that, to her understanding, the ASEAN member states were reluctant to the "word" Memorandum of Understanding (MoU) where its title brought about connotations of legalities thus the "Cooperation Framework" appeared to be more appropriate ("harmless") title to ASEAN. Indira commented that delays in the process of signing of such framework should not be the reason for National Societies to continue working and building cooperation and partnerships with their



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respective National Disaster Management Authorities which would inevitably contribute towards the implementation of AADMER. She encouraged every National Society (NS) to lobby with their respective governments to support formalization of the Cooperation Framework. She suggested that such action would only formalize support already provided by the RCRC to the implementation of AADMER and open opportunities for more cooperation

(iii) The existing structure in the ASEAN Partnership Group (APG) also changed its name to the AADMER Partnership Group (APG) (on the request of the ASEAN member states). She also mentioned that in the future, she would encourage APG to extend invitations to NSs to participate at various APG organized meetings/trainings - in particular focusing at country levels. In order to do that, she would work with ECHO (main donor of the APG) to ensure such invitations are extended to NSs and such collaboration is already defined in the new ECHO-DIPECHO proposal (pending final approval).

Additionally, the National Committee for Disaster Management (NCDM) provides a unique platform to strengthen ties with RDMC. Also it is important to remember that Cambodia is the current chair of the ASEAN and this could be another opportunity to support the signing of the Cooperation Framework using existing partnerships between NSs and respective government. Links and networks in respective countries to ASEAN should be seen as opportunities to build on a greater relationship. (<http://www.aseansec.org/8713.htm>)

### **Discussion points**

*Dr. Bahari (MRCs)* said that ASEAN is doubtful of Red Cross and Red Crescent Societies (RCRCS) and their capacity. He hoped that the leaders of all NSs will advocate to ASEAN for stronger partnership in future.

*Indira* reminded the group that synchronized and simultaneous efforts are sending stronger message and support and that she agreed with Dr. Bahari's suggestion for stronger advocacy by the NSs towards ASEAN. She adds that a collective lobby effort for the ASEAN Cooperation Framework may be presented as the RDMC recommendation at the Leadership Meeting in July.

*Dr. Barlee* notes that each NS has to work with their respective governments to support such efforts. There is no custom made way.

### **Agenda Item 5: ASEAN- AHA centre**

*Mr. Said Faisal (Executive Director, AHA Centre):*

The AHA Centre thanked the RDMC for the invitation. Mr. Said noted that this kind of practical exercise will help to strengthen disaster response and disaster risk reduction initiatives in the future. Over the last few years it has been noted that preparedness is working. The tsunami of 2004 and Nargis in 2008 has propelled ASEAN to implementation stage. Within this context, the AHA Centre focuses on facilitation, coordination and collaboration. The AHA Centre always works on the assumption that the country can handle the disaster and responds to the request of the ASEAN member states. He noted that often for ASEAN member states it is more difficult to receive aid than it is to offer. The recipient country will be around for a while and will have to handle the

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repercussions whereas the donor country simply delivers and departs. Mr. Said explained that accepting assistance is a cultural, technical and political decision.

The AHA Centre recognizes the strength of the RCRC which allows volunteers to work on the ground directly with respective ASEAN governments. The Movement is seen as more effective than other organizations attempting to help an affected country. He also mentioned that NSs are auxiliary to their government thus natural partner for implementation of various initiatives.

Lastly, Mr. Said acknowledged that different countries have different resources and affected countries can choose what they want/need. The AHA centre is a design bed and must constantly add value. Its focus is only for preparedness, response and monitoring. There are 13 staff now. (AHA Centre: <http://www.ahacentre.org/>)

### **Discussion points**

*Ms. Indira Kulenovic (CSRU)* asked about the AHA Centre's biggest challenges.

*Mr. Said* reported that the budget is an issue. It is currently donor driven and is not sustainable. Contributions are mostly from the ASEAN secretariat and the AHA Centre. Each ASEAN country contributes equally and annually and it took more than 2 years to reach the sum needed for the AHA Centre, whose annual operation cost stands at USD 300,000/per year. Mr. Said adds that each country has its mechanism to fulfil contributions. However, the AHA Centre is still in the process of setting up procedures for the ASEAN Countries. There is a need for speed, flexibility and accountability in finance. He noted a need to learn from the Movement and would like to set a new standard in a collaborative manner while achieving targets faster.

*Ms. Indira* suggested that an idea came across at some stage about RCRC secondment to the AHA Centre and this could be a subject for further discussions in the future. Initial thoughts were positive but the decision lies with senior leadership at both ends.

*Dr. Barlee* suggested that the way forward lies with NSs, IFRC and the AHA Centre building a stronger relationship. He suggested inviting the AHA Centre to join the leadership meeting in Myanmar this July. He also proposed that the AHA Centre invites RCRC to work more in partnership and further improve collaboration.

*Mr. Sanjeev Kafley (CSRU)* inquired about the current communication mechanism between the AHA centre and the National Disaster Management Organizations (NDMO). He also advised RDMC members to strengthen their relation with NDMOs which ultimately would support the Cooperation Framework signing between ASEAN and IFRC.

### **Agenda Item 6: Update on International Disaster Laws**

*Ms. Aishah Amin (APZ-IDL):*

Aishah reported that IFRC is able to provide services that the NSs want or require. She indicated that regional International Disaster Law workshops are evidence that NSs want to look at other concerns in humanitarian work. She elaborated on the 31<sup>st</sup> International Conference into three

points: a) Legal preparedness for international disaster response is now known as “international disaster response laws, rules and principles” and “IDRL”; b) the need to legislate enhanced disaster risk reduction particularly at the community level and c) addressing regulatory barriers related to meeting emergency and transitional shelter needs of people affected by natural disasters.

She also added that Southeast Asia countries made a joint-pledge for “Strengthening Disaster Law” resolution at the 31st International Conference. She added that Resolution 7 at the 31<sup>st</sup> International Conference, encouraged states to review their legal frameworks to determine if they address common regulatory problems. This is all important to RCRC because the Movement brings an important perspective from the disaster response and preparedness activities and a regional community volunteer base.

She stated that some Southeast Asian countries have been identified for best practices in the revision of laws, in particular, Cambodia, Indonesia, and Philippines. Additionally, Viet Nam, Myanmar and Laos are about to adopt new laws on disaster management.

Regional updates from Aishah included support from the Disaster Law Programme in support of the institutionalization of AADMER; secretariat for the implementation of AADMER in multiple national contexts; and providing support for inputs into the Sub-theme 3 on Local Risk Governance and Partnership for the Asian Ministerial Conference on DRR, Jogjakarta (October). (Refer to Annex: Slides titled: “Disaster laws\_update for RDMC 6 June12”).

### Discussion points

*Ms. Indira (CSRU)* opened the floor to NS’s questions wanting to hear from the NS’s what they thought about need to increase the knowledge of volunteers and staff in their respective NS about the International Disaster Law. For example, such support is being discussed for the Thai Red Cross for the IDL team to come and run information sharing/update and/or training on the IDL for TRC staff and volunteers. She encouraged other NSs to consider if there is such need in their respective NS’s and to use the support of the IDL team.

*Ms. Aishah (APZ-IDL)* indicated that they are looking into the best ways to coordinate inputs of the NSs in support of the chair of Sub-theme 3 at the Asian Ministerial conference on Disaster Risk Reduction (AMCDRR) The Disaster Law Programme is looking for a partner to run a side presentation event at the AMCDRR.

### Agenda Item 7: National Society Progress and Future Plans

#### 1. Brunei Darussalam Red Crescent Society

Mr. Hassan Johari, National Director of Disaster Management Division (BDRCS):

Mr. Hassan Johari made presentation on behalf of the Brunei Darussalam Red



Crescent Society (BDRCS). He mentioned that BDRCS is relatively new in RDMC but he stresses that the National Society is willing to learn and confident that BDRCS will be able to enhance preparedness and response at the national level. He then presented the structure of the BDRCS including the DM Davison.

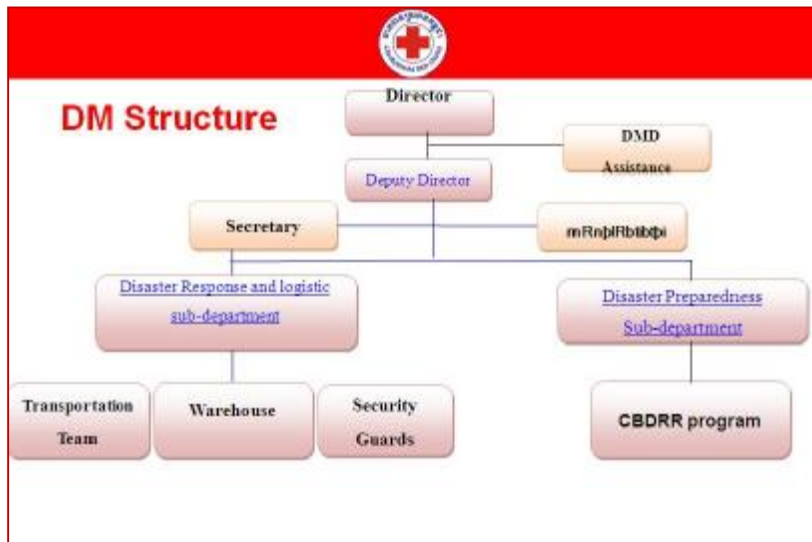
Mr. Hassanani Johari also stresses that there are four main districts in Brunei that require attention particularly when it concerns fires and floods, (where the last floods took place in 1962). BDRCS does not have any standard operational procedures (SOPs) yet but will work on developing them soon. BDRCS hopes to get more involved into community based disaster risk management (CBDRM). He also mentioned that CBDRM is ongoing and it is in care of the National Disaster Management Centre who is the lead agency when it comes to Brunei. He reiterated that BDRCS' main concern is the support structure in terms of disaster management and strengthening capacities.

## 2. Cambodian Red Cross Society

Dr. Uy Sam Ath – Director of Disaster Management Department:

Dr. Uy Sam Ath presented on behalf of Cambodia Red Cross (CRC). He started the presentation by indicating Cambodia Red Cross' latest structure.

He added that the opportunity to cooperate with the local government was very likely and it was leaning toward



mainstreaming climate change adaptation and disaster risk reduction as a collaborative effort. He noted that on an official level, working with the government included climate dynamics, a set of SOPs for meteorology forecast and information sharing on a regional level. He noted that CRC hopes to put together a national operational forecasting system.

Dr. Uy Sam Ath, indicated that the NS hoped that there will be feedback loops for response options, user feedback, a consensus on national SOPs and a country road map which include development and demonstration on collaboration for climate change adaptation systems.

## 3. Lao Red Cross

Dr. Bountheng, Director of Disaster Management Division,

Dr. Bountheng presented on behalf of Lao Red Cross. He introduced the structure of the LRC. He mentioned that Lao Red Cross (LRC) has had their capacity further developed through ongoing Community Based Disaster Risk Reduction program and the Disaster Risk Reduction Field Sessions in 2010 and 2012 whereby the session in 2010 was organized in Laos and in 2012 LRC

was invited to join in the session organized in Thailand for TRC – enabling 5 LRC staff to join in the Chiang Mai session. Field sessions were facilitated by the CSRU and LRC appreciated the continuous support extended to the DM division.

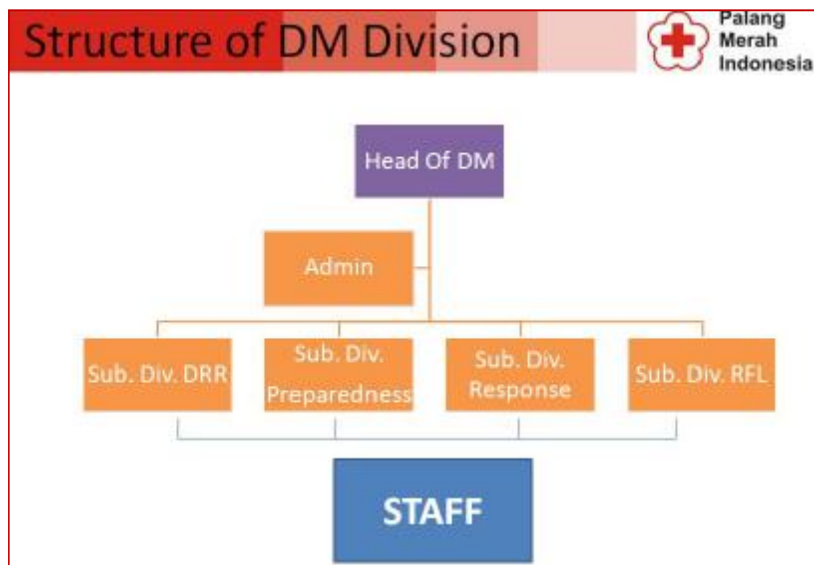
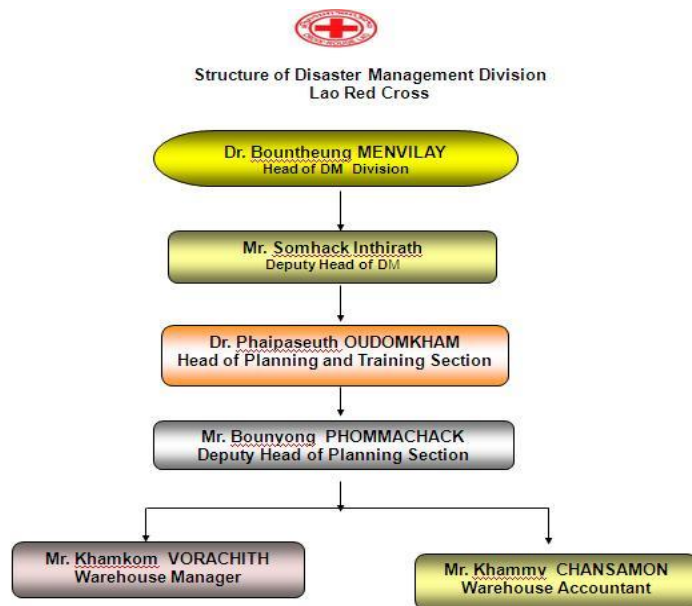
He also verified that Village Disaster Prevention Units (VDPU) and District Disaster Management Committees also participated in community based disaster risk reduction training. He added that the training received will work well when combined with LRC’s early warning systems and how issues are reported into the national disaster management organization and the media.

In terms of future plans, the LRC DM Division will continue to: work closely with NDMO in terms of implementation of PM Decree 373 dated 21 October 2011, strengthen partnership with CSRU and NGOs to conduct CBDRR in disaster prone areas, ensure pre-seasonal flooding meeting are organized, work on finalization of DM policy, Strategy and Annual plans, development of Information Management System, Creation of M&E system, follow up of GoL approval of IDL for advocacy and look into SOPs for coordination. LRC is also interested to know more about exchanges of best practices across regions on Knowledge Management.

**4. Indonesian Red Cross – Palang Merah Indonesia - PMI**

*Mr. Tia Kurniawan – Deputy Director of DM Division*

Mr. Tia presented on the behalf of PMI. He began his presentation by stating that the goal for disaster response was to ensure faster and effective response. He indicated that PMI was going to achieve this by proper strategic planning; a thorough implementation of Disaster Resource Partnerships (DRP) and its proper delivery of assistance. He then identified





PMI's structure for the disaster management division.

Tia also mentioned that the year 2014 is the national assembly year for the PMI so the road map, with its "political will" is drawn out till then. (Political will is akin to high level advocacy). The year 2013 would see PMI scaling up for capacity building and implementation.

He reiterated that Disaster Resource Partnerships working with a benign "political will" will look into having agreements in place with retailers who would know when to come forward with support needed in times of disasters. (Support in terms of delivery/logistics and relief goods required). And amidst this capacity will be built using technical guidelines for planning, monitoring and evaluation tools; and integration.

For implementation, PMI will use SATGANA (Community Based Disaster Management) to set proper beneficiary communication and effective mobilization and demobilization. PMI will continue to utilize DMIS. Lastly, PMI will follow through with the decentralization of six regional warehouses in order to ensure beneficiaries are reached much faster with emergency assistance in the aftermath of disasters.

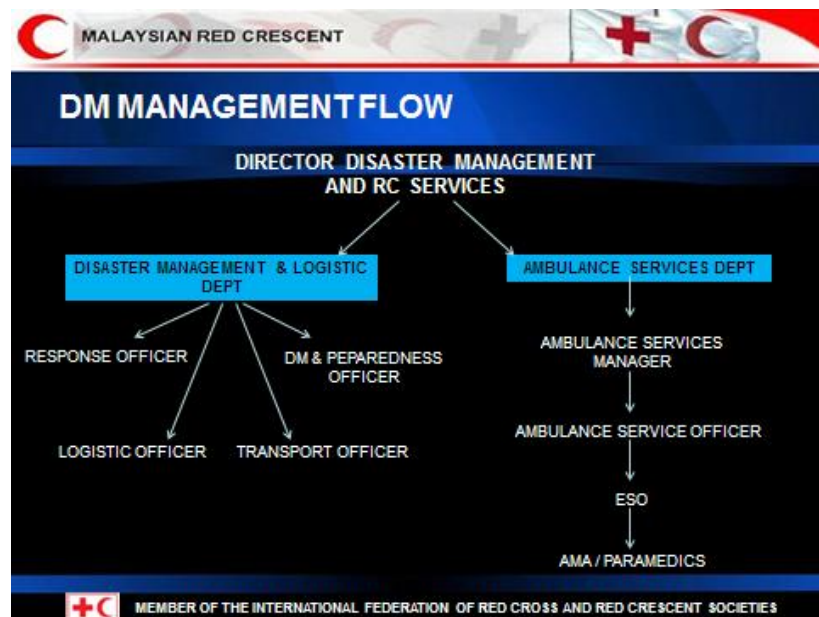
## 5. Malaysian Red Crescent

*Dr. Bahari, Chairman – Disaster Management and Emergency Services, (MyRCS)*

Dr. Bahari started by saying that the MyRCS has an all encompassing structure. As an auxiliary body to Malaysian government, the Malaysian Red Crescent is also involved and reports to the government national Security Council (MKN) based on directive 18, 20 and 21.

He also adds that Malaysia's early warning systems are very much supported by the Malaysian government and the National Security Council. MyRC also works very closely with the Ministry of Health, Ministry of Social Welfare and Fire and Rescue Department.

In terms of Early warning System in Malaysia, the MyRCS feeds into the government EWS which tackles Landslides and erosion hazards, Earthquake and Tsunami and Floods. He continued by saying, once the information is received from the government, it is further



directed towards MyRCS preparedness and planning and response and mobilization of resources.

Under the leadership of the Ministry of Welfare, the MyRCS provides support in coordination of relief distribution, beneficiary registration, flood preparations, shelter, psychosocial support and



transportation. With Ministry of Health, MyRCS provides support in First Aid and Ambulance services. Working with the Fire and Rescue Department MyRCS supports search, rescue and evacuation. As the key response tool, MyRCS has Rapid Deployment Squads (RDS) consisted of well trained people in: disaster management and response and coordination with various main government agencies. MRC has strategy to establish at least 20 trained RDS members in every branch.

In times of mega-disasters when there is a need for an international assistance, MyRCS would work /report through the IFRC Regional delegation and AP Zone Office.

## 6. Myanmar Red Cross Society

Mr. U Maung Maung Khin, Director of Disaster Management Division, MRCS

Mr. U Maung Maung Khin led the group through the Myanmar Red Cross Society's structure and mapping.

He started by saying that the MRCS would need technical support in International Disaster law and International Humanitarian Law. He also highlighted that MRCS was going to make community based disaster risk management, community based health and first aid and the water and sanitation (WatSan) programmes work on an integrated approach.

Response and preparedness was also touched upon; Mr. U Maung Maung Khin stated that emergency health for Myanmar follows the government's health policy. So in this context MRCS sometimes has to wait for instructions before initiating any response. He also added that support and services are in the process of being structured. Early warning systems are being developed and will soon be incorporated into the risk reduction programmes. Regarding recovery programs, he mentioned that MRCS is not as experienced in recovery but follows UNHABITAT standards.



Knowledge management is also a key interest point for MRCS and the NS is gradually following up with development. MRCS is also developing its own network partners and works closely with the Myanmar government. MRCS also works through Resource Mobilization for better funding reach. U Maung Maung Khin also declared that in the future MRCS would like to develop an urban disaster risk management pilot program. There is also a desire to run a Contingency Plan review. Finally, that MRCS would like all programs to be integrated, community based, sustainable and have the ownership returned to the community.

## 7. Philippines Red Cross

Mr. Leonardo P. Ebajo, Officer in Charge for Disaster management Services and Emergency Response Unit,

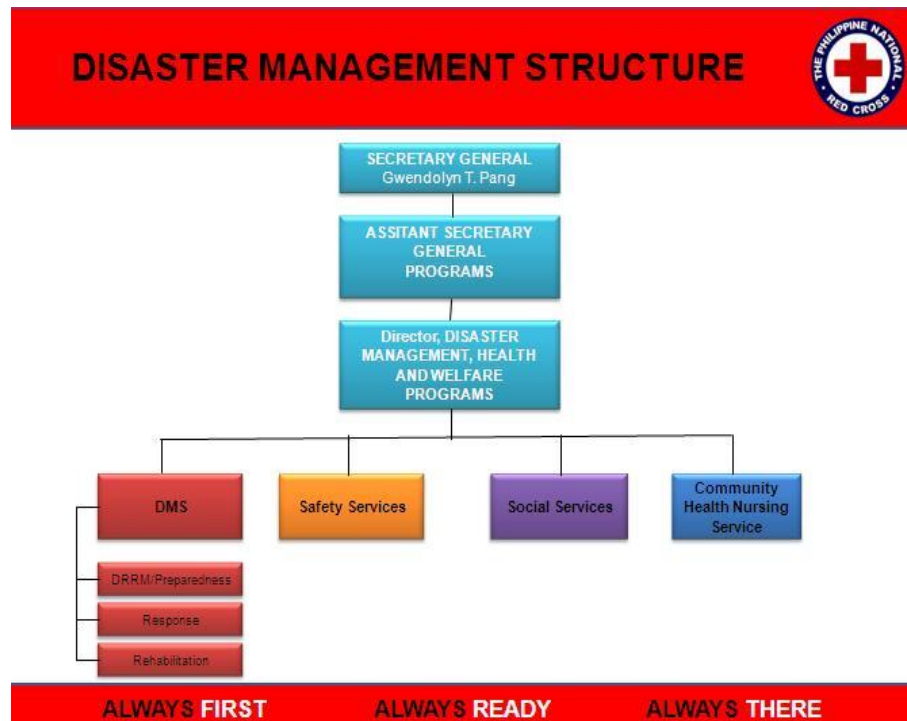
Mr. Leonardo presented on the behalf of Philippine Red Cross. PRC has a Chairman, Secretary Generals and three Assistant Secretary Generals:

When it comes to Disaster Management in the Philippines, there is a national Contingency Plan and the Disaster Operation Manual. This is related to the change of strategy to address the disaster period at

national level. In the Philippines there is a Disaster Risk Reduction Management Law (Article 5G), and PRC has to abide by that law. The law brings about a paradigm shift in the way the Philippines faces disasters, from a focus on just responding to emergencies to disaster impact mitigation and preparedness.

In the event of a disaster, all chapters are tasked to report to respective operation centres using any form of information communications available. This is attainable because all chapters have already managed hazard mapping, evacuation management, practiced risk reduction, followed up with vulnerability capacity assessment and climate change adaptation for early warning. In addition, first aid and rescue; relief distribution and rehabilitation are looked into very carefully for beneficiaries.

With regards to Early Warning Early Action, he presented key components of PRC EWEA mechanisms: Reporting to Operations Centre (OpCen), Hazard Mapping, Risk Reduction, VCA and CCA, Early Warning, Evacuation Management, First Aid and Rescue, Relief Distribution and Rehabilitation.



## 8. Thailand

*Dr. Pichit Siriwan, Deputy Director of Relief and Community Health Bureau of Thai Red Cross,*

Dr. Pichit presented on the behalf of TRC by starting with the TRC as a very unique one. It is supported by Governors and their wives by royal mandate. Bureaus and health station divisions run their own mapping exercises. Disaster relief and risk reduction is under the Relief and Community Health Bureau.

He briefly reflected on the last years' floods which were unexpected and overwhelming.

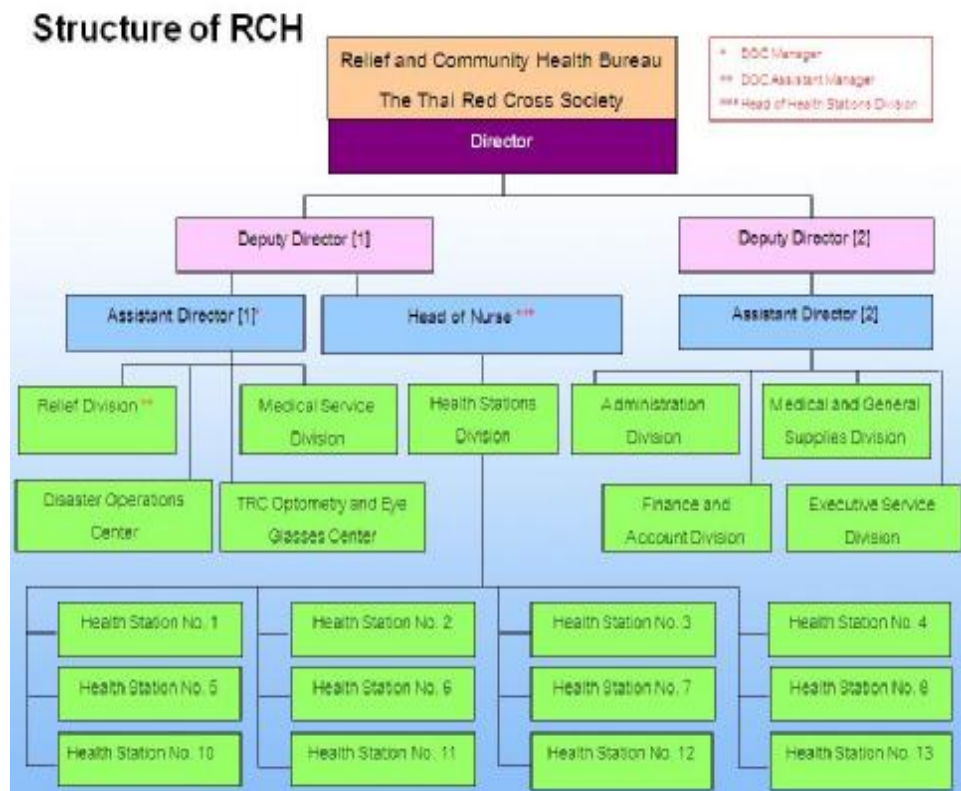
Under the normal circumstances the TRC has contingency plans in place for: avian influenza, social unrest, earthquakes, fires, floods, storms and landslides. In addition, TRC follows a performance indicator that would bring shelter, food and water to affected people

preferably within four hours and a relief kit within six hours after the disaster.

TRC's early warning, early action systems include radio communications, e-radio and SMS alerts. Relief teams include medical teams and multi-sectoral regional disaster response team members.

The TRC Standard Operating Procedures (SoPs) have been developed for all Health Stations, Relief Division and Provincial Chapters and they have clearly spelled out in details what actions and by whom are to be taken in terms of: Monitoring and Evaluation, Data Analysis and Reporting 24 hour, immediate Deployment of staff, mobilization, external coordination, provision and distribution of relief supplies and services 1-4 hours after the onset of disaster.

He also mentioned the most recent experience that put at test tested the level of preparedness of the TRC when on April 11, 2012; there was a tsunami warning, Thai Red Cross proved to be ready. Thai Red Cross uses a small information system for monitoring: [www.arcgis.com](http://www.arcgis.com) and [www.rtrc.in.th](http://www.rtrc.in.th). Dr. Pichit commented that TRC may not have as many early warning "tools" in place as they would like to have indicating that there is room for improvement.

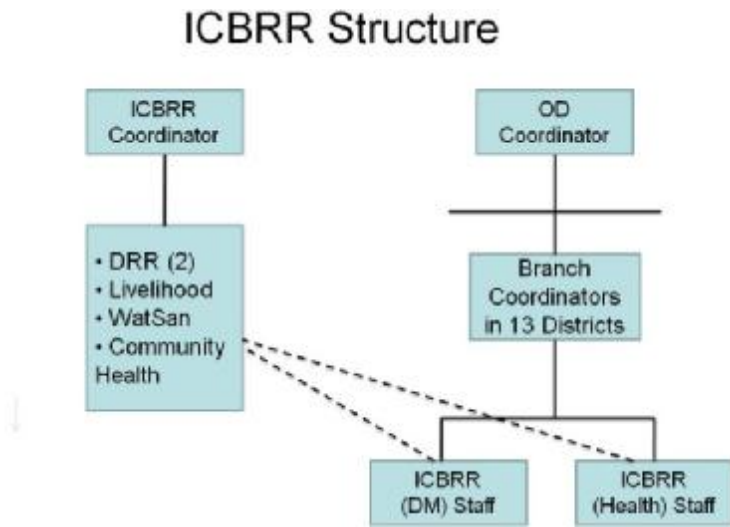


**9. Cruz Vermelha de Timor-Leste (CVTL) - Timor-Leste Red Cross**

*Mr. Hermenegildo Cardodo Rente (Gil) Coordinator in Disaster management Department,*

Mr. Mermenegildo made presentation on behalf of the CVTL.

He informed the participants that CVTL is a relatively young National Society so its structure is quite straight forward. Emergency preparedness and response program is responsible for Integrated Community Based Risk Reduction (ICBRR).



Currently, CVTL has not yet developed its own Contingency Plans but does have an identified role in the Inter Agency Contingency Plan (IACP) for Humanitarian Assistance

for Timor-Leste with assistance from United Nations Integrated Mission in Timor-Leste (UNMIT). This plans consideres following hazards: floods, drought and earthquakes.

**10. Viet Nam Red Cross (VNRC)**

*Mr. Le The Thin, Director of the Disaster Management Department of Vietnam Red Cross*

Mr. Thin presented on behalf of VNRC.

He introduced the Viet Nam Red Cross (VNRC), its divisions and four levels: National Head Quarters, Provincial, District and Communal levels.

Mr. Thin informed the participants about the set up in Viet Nam indicating that The Central Committee for Flood and Storm Control takes charge of informing the country and is part of the national early warning schematics.





These messages are then further disseminated addressed through the communes who are using loudspeakers to reach as many people as possible and pass on the information about imminent danger.

Viet Nam has good disaster management coordination and already has annual disaster management (DM) plans in place. VNRC is also considered ready to respond with emergency funds readily available; contingency plans are drafted; and the capacity to conduct immediate emergency assessments is already in place.

In terms of future plans Mr. Thin provided information about Future Orientation for Disaster Management with specific emphasis on: Establishment of 500 safety

communes (VCA, CDBP and response awareness, structural and non-structural mitigation), Strengthening the capacity for VNRC in Disaster Prevention and Response at all levels, Establishing disaster response teams at all levels, Operation Room in Headquarters and 33 most disaster-prone provinces, Strengthening the capacity of WATSAN team in emergency situation and Strengthening the capacity in logistic activities.



## 11. Singapore Red Cross

Colonel Lim Theam Poh, Deputy Secretary General, Singapore Red Cross.

Col Lim presented on behalf of the Singapore Red Cross. He apologizes for not having prepared any slides. He commented that Singapore Red Cross is still reinventing the future role for local services and disaster response and it's in the process of internal restructuring.

He provided the group with a background of Singapore and SRC which described Singapore as a very small country without natural disasters recorded to date. He also mentioned that the Singaporean government is rich and has a good global reach. Singapore also has a good network of roads for response teams to travel from one end to another. Col. Lim also added that the Singapore Civil Defence Force handles all emergencies for Singapore where emergencies include anything from natural disasters, to urban rescue missions and global terrorism situations.

So in his words, the Singapore Red Cross's main domestic focus is on first aid and emergency transport aid. The latter transports refer to the poor and needy for hospital treatments in addition to providing food for the elderly and poor on special occasions.

Singapore Red Cross (SRC) still continues to fund raise and follows with Resource Mobilization to help neighbouring countries.

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Lastly, Col. Lim thanked Indonesia and Philippines for inviting SRC to serve during emergencies. He reiterated that should anything happen SRC stands ready to offer assistance; and that Singapore will continue to strive for the best fit into ASEAN and AADMER for risk reduction and management.

### **Agenda Item 8: Community Safety and Resilience Approach and way forward**

Ms. Indira Kulenovic, Community Safety and Resilience Unit (CSRU), SEARD:

Ms. Indira started by asking the participants a question: “How can we increase resilience at community level and why”?

She reiterated that the “community resilience” is not a new thing and it has been the main theme of the Hyogo Framework for Action – an agreement that every government in the SEA has signed alongside other 157 nations in the world, several years ago. RCRC is also committed to it. National Societies as an auxiliary to their respective government/s have been providing supplementary support in times of emergencies to alleviate the suffering of the most affected. Considering recent experiences in particular in Asia where the scales/magnitude of disasters have transformed into mega disasters for which the recovery period is far too expensive and too long, yet funding support is also reduced, the only way forward to face any future disasters is to increase the resilience at community level in order to reduce the impact and enable faster recovery in the aftermath of disasters. In order to do this there is a need to recognize existing knowledge, practices and experiences and build on with stronger focus on communities. RCRC has done lots of good work until now; we need to build on those good practices, identify and document not so good practices but make sure we learn from them by integrating lessons learned into planning.

It is worth mentioning that even in the ASEAN AADMER program one of the flagship projects for implementation is focusing on building a culture of disaster resilience in ASEAN.

There is also a need for more holistic approach in particular related to cross sectoral planning integration. The fact of life is that at the community level - beneficiary level all risks, hazards, vulnerabilities, sectors (Health, DM, OD etc) are integrated while we are still working in compartments, still divided by sectors, with insufficient collaboration, cooperation and integration in planning. Perhaps we should look at the communities to learn from them.

Indira encouraged all participants to think out of the box; and promoted working together with other departments for greater and better synergies, holistic approach towards communities. She pointed out that the ownership of any projects should be given to communities if it is to be sustainable in the future. What we could do at our respective levels is to look into possibilities of having multi-sectoral assessments and community planning. Some of those tools are the Community Assessment Field School, use of participatory techniques/tools.

In terms of better cross sectoral planning integration it is an imperative that all understand and recognize mutual interests and priorities; identify possible joint areas for integration (*not all*



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*programs can be integrated*), agree on conceptual / operational models, share models/tools whenever applicable/possible, joint action: planning, implementation, review and evaluation of activities/initiatives, assembling indicators from both DM and Health that will translate the needs of communities and be easily measurable. These are just few suggestions for consideration.

In this context, Indira suggests that the National Societies in the region should also document methods, mechanisms, practices and tools at community levels as there are many examples of integrated planning that have not been documented or shared (encouraged participants to send relevant information to the regional Knowledge and Information Management Officer for compilation and further dissemination). She suggested that the DRR is the best mechanism to promote integrated planning giving an example that a very successful disaster risk reduction initiative should increase the overall safety and resilience at community level. The DRR initiative should have all key “ingredients” in its programming – cross sectoral planning - (DM, Health and OD) as without one or the other the impact would always be partial, in a long run not sustainable, questionable ownership and certainly would have very limited contribution in building safety and resilience at community level. This can certainly be improved through holistic planning.

As a step forward she suggested that at the next RDMC meeting we extend participants list to NS’s Health Department Heads in order to facilitate much better cooperation, regional knowledge and experience exchange and most of all to initiate discussions in terms of integration. CSRU would certainly ensure Health Advisor participates (as Health and DM units have already been integrated into one Unit - CSRU at SEARD) and would invite the NS Development Advisor (OD) to participate too.

She also pointed out that integration does not mean that there will be no longer need for specific technical expertises such as DM or Health, on contrary, she emphasized that such need will always be there but the deliveries that we could achieve by working much closer together and developing integrated cross sectoral plans could be much more efficient and effective and would certainly provide more holistic support to communities while trying to increase their safety and resilience.

### **Discussion points**

*Mr. Arifin (PMI)* raised a concern about integration of health. He raised the possibility of problems with the question: “Do we have the ability to build resilient National Societies or communities?” He stresses that Indonesia is prone to disasters and that PMI should be a resilient National Society, to start with. Arifin reminded the group that a strong National Society provides the strong foundation on which to build in addition to having a special strategic plan.

*Dr. Bahari (MyRC)* indicated that MyRC will move toward integration; *Dr. Bountheng (LRC)* mentioned that Lao Red Cross is discussing integration but thinks implementation may be aimed at 2013 and *Leo (PRC)* indicated that Philippines already has an Integrated Community Disaster Planning Programme (ICDPP) which is integrated. He also made a passing remark that suggested that PRC may be able to share some lessons with the regional NSs.

As we were at the end of the day, and many participants wanted to continue the discussions about the community safety and resilience approach it was agreed that we continue the next day during the working groups’ discussions or at any other time after the official proceedings.

## DAY TWO: June 7, 2012

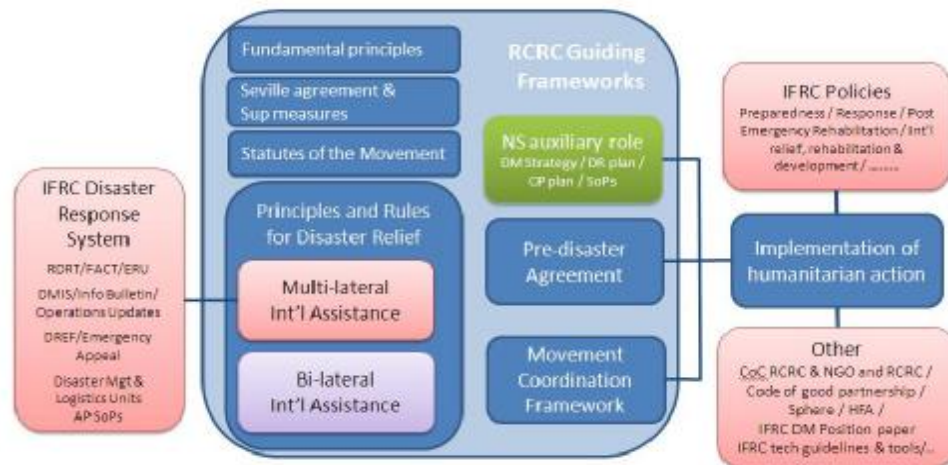
### Agenda Item 9: Pre-disaster Agreements and Standard Operational Procedures

*Heikki Väättäminen, Operations Coordinator for Southeast Asia – AP Zone:*

Heikki established that Pre-disaster meetings help IFRC respond faster. It was based on the Seville Agreement, Section: 5.6.2 which stipulates that mutual emergency relief assistance agreements and principles and rules for disaster relief promote a coordinated and dynamic approach to disaster response and early recovery.

This agreement focuses on four key areas:

operational responsibilities, coordination, acceptance of international assistance, procedures on goods specification procedures.



Heikki stated that, to date, Pre-disaster meetings have been held in Philippines and Viet Nam. He added that Pre-disaster meetings are planned for Myanmar, Indonesia and Viet Nam in 2012. In effect a Pre-disaster agreement is being planned for Viet Nam. (Heikki acknowledged that there is a list of priority countries).

Standard operational procedures (SOPs) are in place to avoid the confusion of roles and responsibilities between different IFRC functions and localities. Such as, regional offices, IFRC Secretariat, the Disaster Management Unit in the Asia Pacific Zone office, Asia Pacific Zone offices technical units and IFRC in Geneva. With SOPs emphasis is placed on streamlining decision making for timely response and clarity of direction in response.

Lastly, SOPs clarify and regulate predictable responses from IFRC within the stipulated policies, rules and procedures.

#### Discussion points:

*Dr. Barlee (TRC)* firmly indicated that all NSs should know what is going on. He disagreed with the Zone working exclusively for a few countries only.

*Ms. Indira Kulenovic (CSRU)* suggested that a quarterly update is started through the RDMC network. Information can be collected from the NSs, the Zone and the region. This can take the form of seasonal updates or an internal newsletter. Indira has offered herself as the focal person

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who will be asking for and compiling information into a quarterly update for all regional NSs with respect to DM.

*Mr. Arifin (PMI)* stressed that NSs must know and understand preagreements. The preagreement helps Indonesia with response even though PMI already has the platforms. Arifin asks for a zone or a regional lead for preagreements for the regional NSs.

*Mr. Wayne Ulrich (IFRC Indonesia)* proposed that Thailand should participate in Pre-disaster training for Cambodia. A comparative will reveal if Thailand is able to run the training. Mr. Ulrich said that a missing component in the contingency programme is how neighbouring countries connect with each other. He would like RDMC to take cross country participation for Pre-disaster training into consideration.

*Dr. Uy Sam Ath (CRC)* stated that there is an agreement for cross boarder sharing but the last sharing was via IFRC. This means all NSs want to learn and share.

*Mr Leonardo P. Ebajo (PRC)* stated strongly that IFRC should settle the agreements for Partner National Societies (PNSs) and the Host NSs. Leo adds that there is support for the region from five countries: For example, Philippines can see Singapore as a partner to support partners because of common culture and similar traditions. This allows for easy approach. IFRC should prioritize similarities as a need for regional NSs.

*Dr. Barlee (TRC)* suggests that it would be good to involve NSs of this region for Pre-disaster agreement meeting that are held in the SEA region. He emphasized the need for peer learning as well.

*Mr. Arifin (PMI)* stressed that each country has a different partner. These are internal factors but he mentions that there may be external collaboration issues. PMI's platform is with the government. Using the preagreement as an internal mechanism it is IFRC's obligation to assist in placing NSs with the right collaborators.

*Ms. Indira Kulenovic* noted that the Pre-disaster communication channel is important. She stated that in terms of communication/work the NS's first point of contact is the Country Delegation. In case there is no country delegation Regional Delegation is the first point of contact then Country delegation if need be will contact the regional delegation for technical support and if that support is not available in the regional delegation then it will be requested from the AP Zone. Needless to say that there is need for better information sharing at levels.

*Mr. Arifin* then introduced Thailand and Cambodia to the open forum for case studies. He invited Dr. Pichit (TRC) to share the Thai RC experiences with last year's unprecedented flooding in Thailand.

## Agenda Item 10: Case study of recent flood relief operations in Thailand and Cambodia

### Thailand

Dr. Pichit (Thai RC) stated that between 25 July – 31 December 2011, **65 out of 77 provinces were hit by floods affecting over 13.5 million people and killing 813 people** (3 people are still missing).

At that time, the Relief and Community Health Bureau at TRC sent Rapid Assessment Teams (RATs), Relief Teams and Red Cross Provincial Chapters to assess the damage. Relief supplies and services for the floods totaled THB 363 million (US\$ 11,343,750) to help 43 provinces.

TRC provided mobile field kitchens and emergency ambulances, water purification units, flat bottom boats for transport, shelter, floating toilets, food, water and PSP. The distributions addressed daily needs for general population, migrant workers and specifically focusing on mothers and children. TRC was given free of charge trucks for transportation from the private sector. However, Dr. Pichit said there were other challenges including management issues with: stocks, suppliers (factories were flooded), warehouses and volunteers. He also said that there were donor issues (too many donors overwhelmed the National Society).



TRC also recognized and appreciated IFRC-SEARD support that brought an added value to TRC efforts during the flood relief operation.

*Ms. Indira Kulenovic* discussed the challenges of donor management. She confirmed that donors had conditions and individual agendas. IFRC, she said, became the buffer between TRC and the donors. Since last year the IFRC/SEARD assisted TRC in donor negotiations, coordination and reporting. And finally, IFRC received over CHF 8.5 million for the Thai Floods without launching an international appeal. In-country multi-agency coordination and some private partnerships were also managed by IFRC for TRC. Indira explained that these services and the opportunities that come with it for NSs are available but few NSs are aware of it and it was a clear example of successfully working together where we/IFRC added value to the effort of the NSs and provided necessary buffer in dealing with issues that NSs was not able to deal with during the peak of flooding and relief intervention.

### Cambodia

Following Dr. Pichit's presentation, *Dr. Uy Sam Ath, Director of DM department of CRC*, was invited to present the case study for floods in Cambodia.

Dr. Sam Ath declared that the floods happened in July 21, 2011 in the middle of the dry season in Cambodia. CRC managed this by way of



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advocacy led by the Prime Minister. 2011 was not expected to be a dangerous year as Cambodia was preparing for the 2012 to be the year of disaster. However, he noted that CRC's early warning system, resources mobilization and mapping was done well. He added that the media and beneficiaries were managed well. Disaster response was fast and on time. Most of all, CRC appreciated the volunteers – there were more than 30,000 volunteers and 10,000 youth volunteers. The assistance provided was worth approximately EURO 860,584 (ECHO supported).

In terms of working with private sector Dr. Uy Sam Ath mentioned about How CRC involved private sector during the operation. In normal circumstance the CRC has it Fundraising Sub- committee and in this case a Receiving donation desks was establish at NHQ and at Branches as well as at local level. TV stations also organized directed donation Receiving desks and direct thanks/acknowledgment and appreciation of donation was published by the receiving station. In addition all Newspapers recorded all Donors names, Companies with amount of cash or kinds and published.



In addition to successful fundraising he also commented that the CRC was appreciative of good practices like vulnerability mapping. To date there are five branches that were mapped and singled out to address localities and target areas. Dr. Sam Ath noted that beneficiary selection was well done. He was proud that CRC was in the lead role and that branches were responsible for smooth coordination.

Summarizing the intervention looking at things that went very well he singled out:

- Early warning System and sharing was an efficiency work.
- Emergency Operation was timely operated
- Resources and Human Resources Mobilization were mobilized timely.
- Red Cross Volunteers, Red Cross Youth were excellent services providers.
- Geographical mapping was determined in advance.

However, he added that CRC's challenges included operational roles and sometimes inaccurate figures.

### **Discussions points**

*Ms. Indira*, looking back at both presentations suggested that issues such as mobile networking, media communications, donor fund management, volunteer management and social networking would be further discussed and explored. She stressed that youth in this region are all on smart phones and mobile applications could be considered for use in mobilizations of volunteers, for example or perhaps in terms of donor accountability, referring to private sector/donations, such acknowledgments could be published on social networking sites or through mobile apps. An example of innovative mobile application she suggested recently launched SRC's application – Rapid Rescue application. First Aid Response - <http://www.jwt.com/content/476825/jwts-red-cross-rapid-rescue-app-locates-first-aiders-nearest-to-you>.



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Mr. Tia advised that taking care of the RCRC information network should be of primary importance. And this should be made known to the leadership. He explained that the Leadership assumes that IFRC will provide assistance but he stressed that the assistance needed is international assistance from RCRC or how to deal with the same in case it is overwhelming.

### **Agenda Item 11: Disaster Relief Emergency Fund (DREF) - Update**

AP Zone operations coordinator *Mr Heikki Väättämoinen* briefed the meeting on DREF procedures, timelines and basic principles in use of the fund - main focus being on the scope and feasibility of the funding tool use for small scale response operations.

*Mr Wayne Ulrich* raised a question if DREF could be used in plane accidents, in consideration of the recent event in Indonesia when an aircraft crashed and the PMI assisted in retrieval of bodies at the crash site.

Heikki responded by saying that the National societies may have a role in such operations, but DREF can only support operations that fulfil following guideline description:

“The Disaster Relief Emergency Fund (DREF) provides emergency financial support to National Red Cross and Red Crescent Societies to support them in meeting the immediate humanitarian needs caused by the effects of natural, man-made and technological disasters on vulnerable people through emergency relief operations.

Relief is defined as:

The provision of assistance during or immediately after a disaster to meet the life preservation and basic subsistence needs of those people affected.”

*Mr. Väättämoinen* recommended to participants of the meeting to review the guideline available in DMIS and offered assistance of APDMU in further briefing where needed.

### **Agenda Item 12: The RDMC Road Map**

In the last working session of the RDMC meeting, the participants were divided into two groups with specific focus to identify the direction that RDMC should be going toward, appropriate time-frame to get there and clear roles and responsibilities.

The questions considered in these groups for discussions are below:

- What is the time frame?
- What are the most challenges faced by NSs?
- What are capacities that are most needed?
- What can RDMC help you with?
- How will it bring changes in each NS for better services delivery?
- How to perform well together to help each other?
- What are the challenges of RDMC?



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- How to define RDMC better?
  - How can RDMC assist your NS to become stronger?

The consolidated road map is attached as an annex to this document.

### **Agenda Item 13: Evaluation, Planning and Closing**

- RDMC decided to organize the next RDMC meeting at the end of this year (Tentatively November-2012) to follow up the decisions that come out of July's Leadership meeting.
- Dr. Barlee from Thai Red Cross has been nominated as Chair for the RDMC. He will present RDMC's recommendations in the upcoming Leadership Meeting in July, 2012.
- Meeting nominated the following NSs as subgroup chairs.
  - **Sub Group 1:** *Disaster Preparedness, Risk Reduction and Climate Change Adaptation*, **Dr. Uy Sam Ath** ( Cambodia Red Cross)
  - **Sub Group 2:** *Disaster Response and Response Preparedness*, **Mr. Arifin Muh. Hadi** (PMI)
  - **Sub Group 3:** *Disaster Management Information Systems and knowledge sharing*, **Mr. Leonardo P. Ebajo** ( Philippine Red Cross)
  - **Sub Group 4:** *Regional DM cooperation framework and coordination*, **Mr. U Maung Maung Khin**( Myanmar Red Cross)
- *Ms. Indira (CSRU)* added that key messages will be formulated (Executive Summary) and will be presented by Dr. Barlee as the RDMC Chair to the Leadership Meeting. She pointed out that RDMC needs to be specific and realistic in what can be expected from the Leadership; and she noted that there is a need for continuous communications between leaders and RDMC members. Indira continued to recommend that the group should consolidate activities and actions that it can commit to undertake. She believes that the Leadership will extend their support for integrated planning.
- *Mr. Arifin (PMI)* highlighted that there is a lot to learn from the Leadership Meeting and RDMC. Often, the Leadership Meeting is held after RDMC, and RDMC proposed issues for consideration by the Leadership. He stated that there is a missing link, a gap, between decision from leaders and decisions from RDMC. Arifin believes in the value of healthy and uninterrupted information flow and follow ups. Often, there is no follow up after the Leadership Meeting.
- *Dr. Bahari (MyRC)*, in his opinion, expressed his concerns about the RDMC group taking for granted that the leaders will accept the RDMC's recommendations. He advised the RDMC members to discuss with their own leadership prior to Myanmar meeting, inform them about the RDMC outcomes and lobby with them to support RDMC recommendations. He was concerned that the leadership may not have demonstrated much interest in RDMC. However, he stipulated that combined efforts of each RDMC member lobbying about RDMC

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recommendations with their respective leadership could support the group recommendations once presented in Myanmar.

## **CLOSING**

*Ms. Indira (CSRU)* said that CSRU would produce the report of the meeting within two weeks and share with all RDMC members for comments and inputs before finalization. Also CSRU would assist Dr. Barlee in preparation of the Executive Summary and few slides for the upcoming Leadership meeting in Myanmar.

**Dr. Amnat Barlee:** Dr. Barlee closed the 16<sup>th</sup> RDMC as the Chair of RDMC. He conveyed the groups' sincere thanks to Singapore Red Cross for successful organization of the 16<sup>th</sup> RDMC. Once again, he welcomed all newcomers and echoes the group's desire to see them in attendance once again; and wishes everyone a safe journey home.

Annex 1: Minutes of the 16<sup>th</sup> Regional Disaster Management Committee Adopted By:

Brunei

Pengiran Hassanani Pengiran Johari

National Director for the  
Disaster Management Division

Signature

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Cambodia

Mr. Uy Sam Ath  
Department

Director of the Disaster Management

Signature



Indonesia

Mr. Arifin Muh. Hadi

Head of the Disaster Management Division

Signature

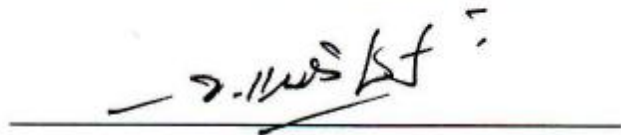


Lao PDR

Dr. Bountheng Menevilay

Director of the Disaster Management Division

Signature



Malaysia

Datuk Wira Dr. Haji Bahari bin  
Datuk Haji Abu Mansor

Chairman: Disaster Management and  
Emergency Services

Signature

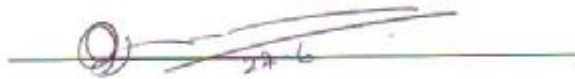


Myanmar

Mr. Maung Maung Khin

Head of the Disaster Management Division

Signature

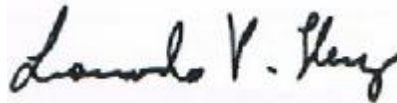


Philippines

Mr. Leonardo P. Ebajo

Officer In Charge (OIC), Disaster Management Services &  
Head of Emergency Response Unit

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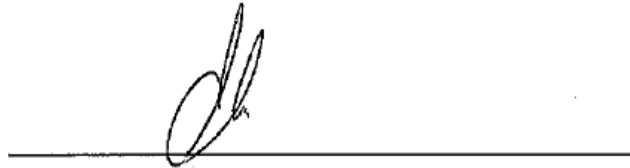


Singapore

Ms. Serene Chia

Head of Community Services

Signature



Thailand

Dr. Amnat Barlee

Director Relief and Community Health Bureau

Signature

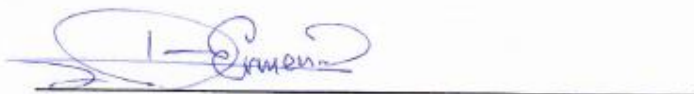


Timor Leste

Mr. Hermenegildo Cardodo Rente

Coordinator: Disaster Management Department

Signature



Viet Nam

Mr. Le The Thin

Director of the Disaster Management Department

Signature

