**Development Operational Plan 2013**

**Cambodia Country Office**

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| --- |
| **PROGRAMME INFORMATION** |
| **Implementing Secretariat body / host National Society:**  | **Geographical coverage:** |
| **Cambodian Red Cross** |  |
| **Number of people to be reached:** |
| The IFRC country office works together with Cambodian Red Cross to reach 1.5 million people throughout the country. |
| **Business Line:** | **Budget 2013: \*** |
| **3 – “To strengthen the specific Red Cross Red Crescent contribution to development”** | **119,315** |
| **4 – “To heighten Red Cross Red Crescent influence and support for our work”** | **32,242** |
| **5 – “To deepen our tradition of togetherness through joint working and accountability”** | **110,501** |
| **Total annual budget:** | **262,058** |
| **Partner National Societies:** |
| **Japanese RC** |
| **Other partner organisations:**  |
| **DFID** |

## *\* N.B. Budget figures must match submitted budgets in Section 5 below*

## 1. Executive Summary

Cambodia ranks at 139 of the 179 countries listed in the UNDP Human Development Index (2011), under the medium development category worldwide, and among the least developed countries in the Asia Pacific region[[1]](#footnote-1). The Cambodian population is about 14.3 million, with over 80 per cent living in rural areas. Approximately half of the population is under 20 years of age. Major sources of revenue are tourism, agriculture, fishing and forestry, mining, oil and gas, construction, and garment manufacture.

Cambodia has a tropical monsoon climate, characterized by two seasons; wet and dry. The country is essentially agrarian and is highly vulnerable to the impact of climate change, making it largely exposed to flood and drought. Under changing climatic conditions, vector-borne diseases, in particular malaria and dengue fever may become more widespread. Also, water-borne diseases such as diarrhea and typhoid are common in households during the rainy season.

According to UNHCR statistics, domestic violence is a widespread phenomenon in Cambodia. Estimation is that one in six women is a victim of violence inflicted by the husband. Traditional Cambodian ideas view domestic violence as a private matter.

**Cambodian Red Cross** (CRC) was founded in 1955. The society has constantly developed its capacity during the last ten years, and has aligned itself with most of the International Federation of Red Cross and Red Crescent Societies (IFRC) and Red Cross Red Crescent Movement strategies and policies. The society also developed its new 2011-2020 strategy and a national four-year development plan for 2011-2014 in 2010.

CRC has a wealth of experience and potential, and is, without doubt, a leading humanitarian actor in Cambodia. The decentralization process may be a challenge at present, but Central Committee members have taken good ownership of the process and regularly follow up the process with branches. In 2013 this will remain a key focus for CRC as they seek to build on the gains made through the decentralization process in 2012 as part of their larger goal of national society development.

Human resources are one of the challenges faced by the national society. The main challenge is to keep trained and skilled people at CRC; while CRC has many committed and skilled staff; many leave for other organizations which pay better salaries. With the assistance of competent motivated managers and staff, the national headquarters needs to coordinate with provincial branches that lead, guide, train and support local work.

CRC has raised domestic funds with extremely good results over recent years. These funds have been used to strengthen the capacity of branches to respond in emergencies at local level. However, continued support is needed from IFRC and partner national societies to implement programmes, and support upholding quality performance and accountability at all branch, provincial and national levels.

Following on from the organizational development impact study was carried out in January 2011 reviewing both successes and failures from the past ten years and identifying the best practices of the national society. CRC have reviewed several of the branches which were not covered by this IFRC study. The initial findings have shown that while some branches are considered strong, and in some cases sub-branches as well, there still remain outstanding OD issues at branch level that need support. Importantly too is the need for CRC to adapt fully to the resilience model of programming, as advocated by IFRC and many of the PNSs in Cambodia. Encouragingly initial steps have been taken, however more support is required in order to keep the momentum moving forward. At an operational level the resilience model translates into greater attention to creating a holistic programming environment, addressing emerging issues, such as urbanisation and non communicable diseases.

Additionally key lessons learned from 2012 demonstrate that IFRC CO needs to be more proactive in coordination both within the RCM and with external stakeholders. Gaps exist in movement coordination namely the need to establish technical working groups in collaboration with CRC, for health, DM, and OD, and externally through participation in Humanitarian Relief Forum, as part of the movement’s preparedness to potential flood response.

**2. The Operation**

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

The road safety programme will continue in an effort to promote further risk reduction (Output 3.2.2) as will community-based health and first aid which will support the reduction of HIV prevalence in the country (Output 3.2.3 and 3.2.4)

| **Objectives** | **Project Code** | **Targets for 2012** |
| --- | --- | --- |
| **Outcome 2** Health status of target communities has been improved over the next four years through strengthening of youth and volunteer network activities. |  |  |
| **Output 2.2** Cambodian Red Cross has expanded its Road Safety programme to cover three additional branches by 2015. | DMPKH160 | * *Road accidents are decreasing with five per cent in communities where CRC youth and volunteers are working with the Road Safety programme*
 |
| **Output 2.3** The community-based health and first aid is in action in all 24 branches, also during emergencies, by 2015. | H&CPKH020 | * *CRC has improved the capacity to promote health-seeking behaviour in community-based programmes*
* *CRC has developed a framework for psychosocial programme.*
 |
| **Output 2.4** With the community-based health and first aid approach, CRC supports the national HIV plan to decrease HIV prevalence to a minimum in order to meet the 2015 UN millennium development goal (MDG). | H&CPKH020 | * *Through the Harm Reduction programme, 550 drug users have been reached (450 in 2010).*
 |

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

IFRC and ICRC will support CRC to implement values of the Movement in these programmes. CRC has chosen especially to advocate for women’s and children’s health (Output 4.2.1). IFRC will also support CRC in heightening its influence in achieving the millennium development goals (MDGs); in strengthening its national and regional humanitarian diplomacy; and in disseminating the Red Cross Red Crescent principles and values to decision-makers (Output 4.3.1) and the general public.

| **Objectives** | **Project Code** | **Targets for 2012** |
| --- | --- | --- |
| **Outcome 2** Cambodian Red Cross highlights the needs and rights of vulnerable people and is respected and recognized for its humanitarian actions |  |  |
| **Output 2.1** CRC promotes women’s and children’s health by advocating for health care and assisting orphans with HIV/AIDS | ODPKH015 | * *CRC has developed key messages to advocate and disseminate relevant information on women’s and children’s health in all branches*
 |
| **Outcome 3** Cambodian Red Cross is active in humanitarian diplomacy both in Cambodia and in the Southeast Asia region. |  |  |
| **Output 3.1** Cambodian Red Cross is engaged with decision-makers to heighten their influence to act in the interest of vulnerable people and communities, | ODPKH015 | * *At national level, CRC is advocating for targeting vulnerability through forums, network exchanges and active participation on national committees and bodies.*
 |

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

The IFRC country office in Cambodia currently consists of a country representative and five national staff; and is part of the IFRC Southeast Asia regional office. Technical programme support is provided by the Southeast Asia regional office in Bangkok and the Asia Pacific zone office in Kuala Lumpur. Partner national societies also run programmes with Cambodian Red Cross. As such, cooperation and coordination is necessary to ensure appropriate support is provided to CRC to facilitate programmes smoothly and without overlap or duplication. (Output 5.1.1)

With a lack of a cohesive technical approach amongst RCM partner programmes, there is a need to improve existing coordination mechanisms and tools between all partners. The aim is to enhance service delivery in the communities; and maximize the use of available resources while preventing the overlap of activities, and augmenting the Movement’s accountability.

The IFRC country office also supports CRC efforts to find sustainable partners in the country to encourage efficient collaboration, as well as to enhance its planning and performance accountability and expand the utility and effectiveness of its country-wide volunteer and community networks (Output 5.4.3).

| **Objectives** | **Project Code** | **Targets for 2012** |
| --- | --- | --- |
| **Outcome 1** Stronger cooperation between IFRC, Cambodian Red Cross and its stakeholders, including Movement components. |  |  |
| **Output 1.1** Enhancing coordination and collaboration through regular partnership meetings within the Movement and with external partners, including humanitarian organizations through the country office with essential and capable staff in place. | C&M PKH000 | * *Cooperation mechanism is working well within the Red Cross Red Crescent Movement and with external partners through the cooperation agreement strategy (CAS) model.*
 |
| **Outcome 4** Improved planning and performance management are in place for CRC activities |  |  |
| **Output 4.3** More branches and sub-branches are able to carry out programmes through the Red Cross volunteer and community member network. | ODPKH015 | * *Regular technical support from HQ is given to help facilitate programmes with branches and sub-branches.*
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## 3. Programme support strategy

The Cambodia country office has a country representative and an Office Manager who also play role as a programme coordinator takes responsibility for planning, implementation, monitoring and evaluation of the support programme in line with Red Cross Red Crescent principles and values and global, regional and other policies and frameworks as appropriate. One national finance and administration staff support the office functions, including providing services to integrated, and other in-country partner national societies. The country office is located within the office compound of Cambodian Red Cross, with whom IFRC has a close and constructive relationship.

Partnerships with Japanese Red Cross and the UK’s Department for International Development (DFID) provide programme funds. The Southeast Asia regional office in Bangkok will provide technical and programme assistance where needed. The Asia Pacific zone office in Kuala Lumpur also provides technical support in organizational development and volunteer policy. Regular training opportunities are provided to CRC in disaster management, including emergency response, community-based health and first aid; and programme staff have been supported in attending international youth, HIV/AIDS, communications and organizational development forums. A number of CRC staff are trained members of IFRC regional disaster response teams (RDRTs). The IFRC secretariat in Geneva also supports CRC in developing information and communication technology.

## 4. Monitoring and Evaluation

The monitoring and reporting framework for this plan encompasses:

* Quarterly monitoring the implementation of activities according to plans and budgets.
* Monitoring the impact of the programmes (i.e. indicators relational to Outputs).
* Quarterly monitoring of programme targets.
* Monitoring key assumptions and assessed risks.
* Monitoring of achievements with regard to the donor parameters

The above information/data will be discussed during quarterly programme coordination meetings (PCMs) and any variations, discrepancies; concerns will be immediately followed-up by the IFRC Programme Coordinator.

The IFRC Programme Coordinator will be responsible for monitoring the programme implementation with assistance from the IFRC CO / RO-based programme management team. The CRC branches at province levels will be responsible for collecting relevant programme data and reporting on activities. Ultimately, it is envisaged that community-based RCVs will be trained to gather all relevant village data for programmes implemented in Cambodia.

CRC branches in target provinces will be responsible for preparing reports related to achievements according to plans and budgets, challenges faced deviations from plans and remedial action taken. This requirement will be overseen by the CRC Director of the Health Department to ensure reports etc. are submitted in a timely way. The programme Coordinator, with support from the IFRC HoD, will develop the required progress reports based on reports from the CRC provincial branches. Progress reports will be brief and will highlight achievements compared to plans and shall establish expenditures against budgets. The reports will also highlight challenges, deviation from plans and remedial actions taken when necessary.

## 5. Budget summary

* The budget should correspond to the overall LTPF budget, with the specific years summarised here. This summary should be at outcome level.
* 2013 figures should be accurately based on detailed budget planning. Those for 2014 and 2015 can be indicative
* Detailed budget should be annexed
* Click icon below to open the Excel sheet for the following table for calculation and pasting back.



|   |   | **Project code** | **2013** | **2014** | **2015** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| **BL 1. Humanitarian Standards** |   | **0** | **0** | **0** | **0** |
| Outcome 1: |   |   |   |   |   | **0** |
| Outcome 2: |   |   |   |   |   | **0** |
| **BL 2. Grow services for vulnerable people** |  | **0** | **224,000** | **190,000** | **414,000** |
| Outcome 1: | Disaster Management Service |   |   | 112,000 | 95,000 | **207,000** |
| Outcome 2: | Response preparedness |   |   | 62,000 | 45,000 | **107,000** |
| Outcome 3: | Project emergency operations |   |   | 50,000 | 50,000 | **100,000** |
| **BL 3. Contribution to development** |   | **119,315** | **181,500** | **135,000** | **435,815** |
| Outcome 1: | Sustainable Development |   |  | 181,500 | 135,000 | **316,500** |
| Outcome 2: | Health status of target communities has been improved over the next four years through strengthening of youth and volunteer network activities. |   | 119,315 |  |  | **119,315** |
| Outcome 3: |   |   |  |  |  | **0** |
| **BL 4. Heighten influence and support** |   | **32,242** | **28,000** | **21,000** | **81,242** |
| Outcome 1: |  Humanitarian Diplomacy |   |  | 28,000 | 21,000 | **49,000** |
| Outcome 2.1: | CRC promotes women’s and children’s health by advocating for health care and assisting orphans with HIV/AIDS |  | 16,121 |  |  | **16,121** |
| Outcome 3.1: |  Cambodian Red Cross is engaged with decision-makers to heighten their influence to act in the interest of vulnerable people and communities, |   |  16,121 |   |   | **16,121** |
| **BL 5. Joint working and accountability** |  | **110,501** | **248,000** | **272,000** | **630,501** |
| Outcome 1: | Stronger cooperation between IFRC, Cambodian Red Cross and its stakeholders, including Movement components. |  | 94,380 |  |  | **94,380** |
| Outcome 2: | Effective working and accountability |  |  | 248,000 | 272,000 | **520,000** |
| Outcome 4.3: | More branches and sub-branches are able to carry out programmes through the Red Cross volunteer and community member network. |  | 16,121 |  |  | **16,121** |
| **Total Budget** |  | **262,058** | **681,500** | **618,000** | **1,561,558** |

## 6. Annexes *(Use attached formats/templates)*

**1. Logframes**

**2. Funding plan**

**3. Workshops and trainings plan**

**4. Personnel plan**

**5. Vehicle plan**

**6. Detailed budget**

**7. Activity plans**

*Also annex any additional information you wish to include (optional). E.g. indicator tracking tables, M&E Plan etc.*

1. <http://hdrstats.undp.org/en/countries/profiles/KHM.html> [↑](#footnote-ref-1)