**ANNEX 2(a)**

**CSR Resilience House – revised during the 2014 CSR Forum**



Technical areas of three thematic working group:

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| **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) |  | * Standardization of OD, health and DM training curriculums
* Workshop integration (OD/DM/Health)
 | * Cross country training
* Internships and exchange
* Peer to peer learning
 | * Case studies and impact on integrated approaches
* Look back study and for sustainability
* Planning for next road map
 | * CSRU
* RCSRF
 |
| 2 | Health + DM + OD are not yet integrated in planning and implementation | Integration (planning + services) Health/DM/OD |  | * Standardization Planning/training tool

e.g. Multisectoral assessment tool | * Integrated country level plan
 | * 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
 | * CSRU
* RCSRF
 |
| 3 | Still few NSs have no CP + SOPs | Contingency planning + SOP for NSsHealth in emergency | * Mapping of NSs for CP and SOP
 | * Mapping of NSs for CP and SOP
* Developing CP and SOP
 | * Tsunami CPs and SOP development for Indian ocean
* Mekong river CPs + SOPS and EWS
* Epidemic CP (H7N9, corona, other)
* ACTUAL SIMULATION plus TTX
 | * Implementation/review + amendments and evaluation
* ACTUAL SIMULATION plus TTX (involving health)
* Joint SOPs
* Pandemic preparedness
 | * CSRU
* RCSRF
* Invite ministries (health)
 |
| 4 | No cooperation framework, mechanism between IFRC and ASEAN plus relevant INGOs | Regional networking and ASEAN + relevant INGOsMapping different technical networksWHO and ASEAN working with health |  | * 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
 | * Participation coordination + communications
 | * 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
 | * CSRU
* RCSRF
* AP zone
 |
| 5 | Communication gap between leadership forum and RCSRF | Advocacy support to the leaders -2012 in MyanmarIntegrated roadmap to be presented to leadership |  | * Participation of relevant professionals in leadership meeting (AHA, NCD…etc)
* CSRU visit to respective NSs
 | * information bulletin about RDMC for NS leaders.
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 | * information bulletin about RDMC for NS leader.
* Participation of relevant professionals in leadership meeting (AHA, NCD…)
* CSRU visit to respective NSs
* humanitarian diplomacy in country / NSs
 | * CSRU
* RCSRF
* AP region and zone
 |
| 6 |  Lack of information on overall situation of NS response capacity .Group did not have info on the yearly plans! | * 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 specialised RDRT training
 |  | * 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: chair person of RDMC)\*
* Finalize SOP on 19 RDMC (responsibility lies with: RDMC members)\*
 | * Dissemination and application of SOP by RDMC\*
* Simulation of SOP by RDMC/CSRU
* Review of RDRT roaster
* Revisit RDRT SOP and curriculum
 | * Review of SOP
* Review of emergency health training curriculum for RDRT
* Inclusion of health component in NDRT training
* TTX RDRT
 | * RCSRF
* CSRU
* AP Zone
 |
| 6 | Lack of information on overall situation of NS long term programming | * Priority areas in long term programming to be highlighted for cross-NS sharing and integration
* Balance between country needs and leadership wishes
 |  | * Updating SEA online library with health and DM information
* More real time information sharing (early warning)
 | * Databases of active resources e.g. RDRT NRDT trained volunteers, CBHFA facilitators

Maximize the use of social media, for example Facebook, Twitter | * Inform each other of important meetings with external stakeholders (AHA, Governments, etc.) and peer-to-peer visits
* Use RMS as database for RDRT
 | * RCSRF

SEARD to support as administrator |
| 7 | The current RDMC ToR needs to be revised to include other technical departments. | * Sub group meeting to review current framework
 | e-consultation and discussion  | * Sub-group to review and finalize.
* RDMC meeting to give final touch.
* Leadership meeting to endorse the revise RDMC-ToR.
 | * Joint meetings with cost sharing
 | * Endorsement of RCSRF regional forum in Cambodia in 2015
* Review and revise TOR
 | * RCSRF
* CSRU
* Sub-groups
 |
| 8 | Regional Integrated Cooperation Network | * Meeting, Trainings,
* Common name?
 | * Sharing within RDMC members from all members including CSRU
 | * Sharing within RDMC members from all members including CSRU
 | * Sharing within RDMC 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)
 | * Sharing within RCSRF members from all members including CSRU
* Contribution to SASOP revision
 | * RCSRF
* CSRU
 |
| 9 | Inadequate beneficiary communication document | * Collection of success story on technical fields and on integration
 | * Determine theme for case study
* Collection of information
 | * Drafting of case study
* Finalization of case study for sharing
 | * Determine theme for case study
* Collection of information
 | * Drafting of case study
* Finalization of case study for sharing
 | * RCSRF
 |
| 10To be doiscussed | Lack of funds and resource mobilisation | Joint technical proposals* Use appropriate technical area as an entry point
 |  | * Educate donors on integrated approaches, demand not donor driven
 |  |  | * RCSRF
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**Comments from the OD/Youth steering committee:**

* Inclusion of branch development, volunteer development, youth development and engagement, capacity building (gender & diversity, finance development, resource mobilisation), 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).
* CSR forum should have representatives of DM, Health, OD and Youth, from 11 NSs
	+ Recommend youth representative in the chair group.
	+ 3 days forum :
		- 1st day, plenary session (joint presentations from all NSs)
		- 2nd day, TWG meeting, 4 TWGs
		- 3rd day, plenary session