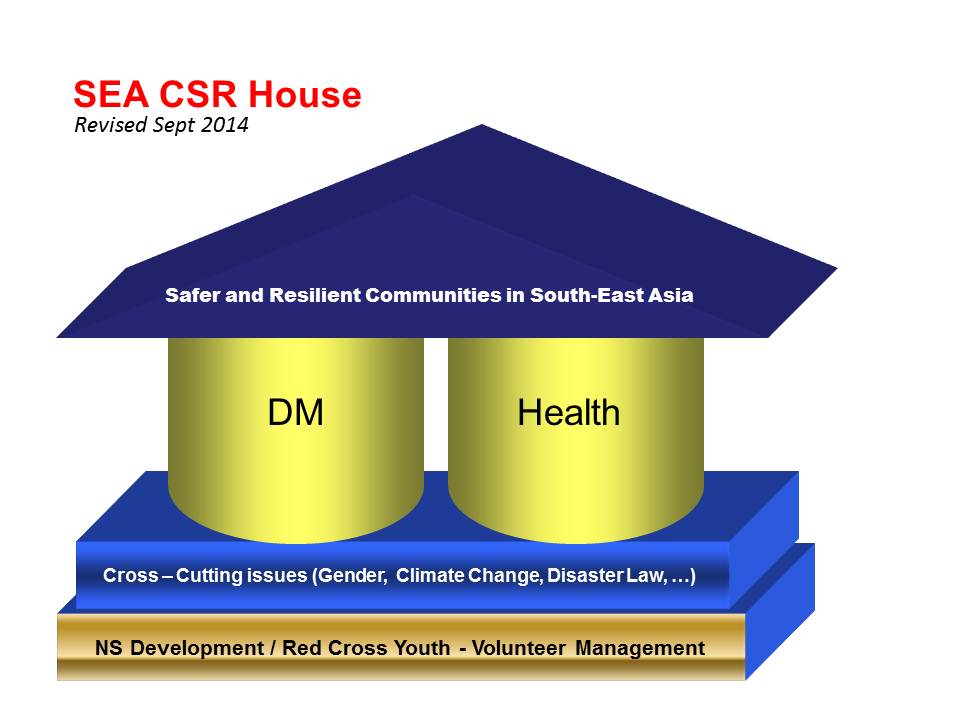
**ANNEX 2(a)**

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



Technical areas of three thematic working group:

|  |  |  |
| --- | --- | --- |
| **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 NSs  Health 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 INGOs  Mapping different technical networks  WHO 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 Myanmar  Integrated 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. * Participation of relevant professionals in leadership meeting (AHA, NCD…) * CSRU visit to respective NSs * humanitarian diplomacy in country / NSs * humanitarian diplomacy in country / NSs | * 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 |
| 10  To 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