

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## Pacific

Appeal No. MAA55001

30/06/2010

This report covers the period 01/01/10 to 30/06/10.



Hygiene promotion during the water and sanitation (also known as watsan) training session organized by the International Federation in Samoa. Photo credit: the International Federation).

## In brief

### Programme summary:

#### Cross sectoral initiatives during this period include:

- A dialogue with the Pacific Island Forum on potential cooperation initiatives.
- Delivery of the regional Community Resilience Forum, aimed at improving understanding of members in integrated approaches to working with communities.
- A monthly regional newsletter contributed to sharing best practice and improved coordination between Pacific members and Red Cross Red Crescent Movement partners.
- A monthly roster of travel by all Movement actors shared with all member and regional partners.
- An upgrade of administrative systems within the Pacific Regional Office.

#### Disaster Management (DM) support and initiatives include:

- Support to response operations in the Cook Islands, Tonga, Fiji, Solomon Islands, Vanuatu, and Papua New Guinea.
- Regional lessons learned exercises based on learning from the Tsunami operation in Samoa.
- Piloting of upgraded standardized disaster response training modules in Tonga.
- Initiation of the establishment of the Pacific Regional Disaster Response Team (RDRT).
- Further development of the DM Cooperation Framework.
- Establishment of a logistics taskforce.
- Contributed to the national contingency planning process in the Cook Islands and Vanuatu.
- Training on Climate Change Adaptation and the use of participatory approaches for working with communities on risk reduction in the Solomon Islands and the Federated States of Micronesia (Micronesia).
- Risk reduction programme design in the Cook Islands.
- Development of publication and case studies on community based approaches in the Pacific.

**Health and Care (HC) support and initiatives included:**

- Supporting the Cook Islands Red Cross Society, Kiribati Red Cross Society, Micronesia Red Cross Society and the Samoa Red Cross Society in the implementation of ongoing HIV and AIDS programming, Club 25 (blood safety), youth peer education (YPE) and condom distribution.
- Assisting in the annual review of HIV programming and planning for 2010/2011 in consultation with the Cook Islands Red Cross Society, Kiribati Red Cross Society, Micronesia Red Cross Society and the Samoa Red Cross Society.
- Giving community based health and first aid technical advice to: the Cook Islands Red Cross Society, Micronesia Red Cross Society, the Samoa Red Cross Society and the Tuvalu Red Cross Society (in formation).
- Contributing to the development of the regional advocacy document on HIV with Australian Red Cross and Pacific Island AIDS Foundation.
- Contributing to the development of the YPE curriculum on voluntary non-remunerated blood donation.
- Training in monitoring and evaluation for 12 regional national societies.
- Providing health strategy consultation meetings in Suva.
- Following through with the recruitment of community based health delegate.
- Coordinating with New Zealand Red Cross on commercial first aid support to the regional national societies

**Organizational Development (OD) support and initiatives included:**

- Preparing for a General Assembly: Solomon Islands Red Cross Society, Tuvalu Red Cross Society (in formation)
- Following up with the recognition process: Tuvalu
- Finance development: Kiribati
- Harmonized Movement planning: Samoa Red Cross Society, Papua New Guinea Red Cross Society, Micronesia Red Cross Society, and Vanuatu Red Cross Society
- Governance training and advisory services: Vanuatu Red Cross Society, Micronesia Red Cross Society, Palau Red Cross Society, and the Samoa Red Cross Society
- Management coaching: Kiribati Red Cross Society, Samoa Red Cross Society
- Management planning: New Zealand Red Cross
- Communications: Micronesia Red Cross Society, Palau Red Cross, Papua New Guinea Red Cross Society

**International Disaster Response Laws (IDRL):**

Promotion of legal preparedness for disasters and the effective application of existing international legal tools in disaster management were undertaken in the first half of the year at both national and regional levels.

**Financial situation:**

The total 2010 budget is CHF 2,290,687 (USD 2.11 million or EUR1.73 million), revised from the original budget of CHF 1,771,839 (USD 1.71 million or EUR1.16 million), of which 83 per cent is covered. Overall expenditure was CHF 917,558 or 40 per cent of the budget.

[Click here to go directly to the attached financial report.](#)

See also: [Pacific Regional Plan 2010 – 2011](#); [Cook Islands: Tropical Cyclones, DREF Operation Update 2](#); [Samoa: Earthquake and Tsunami, Operation Update 7](#); [Solomon Islands: Tropical Cyclone Ului, DREF Operation Update 2](#); [Papua New Guinea: Cholera, dysentery and influenza outbreaks, DREF Operation Update 4.](#)

**No. of people we help:**

The Pacific Regional Office covers 14 countries and provides support to 13 national societies: Australian Red Cross (ARC), Cook Islands Red Cross Society (CIRCS), Fiji Red Cross Society (FRCS), Kiribati Red Cross Society (KRCS), Marshall Islands Red Cross Society (in creation), Micronesia Red Cross Society (MRCS), New Zealand Red Cross (NZRC), Palau Red Cross Society (PRCS), Papua New Guinea Red Cross Society (PNGRCS), Samoa Red Cross Society (SRCS), Solomon Islands Red Cross Society (SIRCS), Tonga Red Cross Society (TRCS), Tuvalu Red Cross Society (in formation), and the Vanuatu Red Cross Society (VRCS).

The DM programme reached 150 staff and volunteers through capacity building and training initiatives, with 305,221 beneficiaries assisted from support to disaster response operations.

The International Federation provided direct financial and technical assistance to CIRCS, SRCS, KRCS and MRCS for the HIV programme through a Global Fund grant and reached out to approximately 32,200 people, predominantly youth and high risk groups, through community based first aid (CBHFA); YPE and social mobilization for voluntary non-remunerated blood donations. The accelerated Human Influenza preparedness programme by Tuvalu Red Cross Society (in-formation) benefited 8,000 people (80 per cent of the total population), and Fiji Red Cross reached about 2,507 people. Thirty participants from 12 national societies and three partner organizations attended the regional planning, monitoring, evaluation and reporting (PMER) training. Twenty participants from Micronesia and one from PRCS attended the voluntary non-remunerated blood donation workshop. FRCS health teams assisted 6,800 people affected by the typhoid outbreak and tropical cyclone Tomas during the reported period.

#### **Our partners:**

The Japanese Red Cross Society (JRCS) is a loyal multilateral supporter of the International Federation's work in the Pacific. JRCS's contribution benefited a range of health, DM and organizational development activities. ARC, NZRC, the French Red Cross and the International Committee of the Red Cross (ICRC) continue to work closely with the International Federation to ensure coherent support to national societies. ARC, the Netherlands Red Cross and the Norwegian Red Cross supported the International Federation's DM programme. The International Federation collaborates closely with the ICRC's Pacific Delegation, particularly in OD activities. The Spanish Red Cross contributed to capacity building initiatives in eight national societies. The Red Cross Society of China is a valued supporter to the Pacific region. ARC, Icelandic Red Cross, NZRC and the Finnish Red Cross Society have supported delegates for IDRL and DM; and in administration and finance activities.

The International Federation's main external partners and donors in the first six months of 2010 were the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the International Strategy for Disaster Reduction (ISDR), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Secretariat for Pacific Communities (SPC), the Pacific Islands Applied Geoscience Commission (SOPAC), the European Commission's Humanitarian Aid department, the New Zealand International Aid and Development Agency (NZAID), the Pacific Island AIDS Foundation (PIAF) and the Pacific Immigration Director' Conference.

IFRC, on behalf of the national societies of the Pacific region, would like to thank partners and donors for their generous support.

## Context

This programme period was marked by the occurrence of a number of hazards and disasters across the region. In January, flooding in the Solomon Islands resulted in one death and affected four provinces. Also in January, Gaua, a volcano in the Torba Province, Vanuatu erupted and saw heavy ash fall resulting in the relocation of a community from one side of the island to the other. In February, category 3, tropical cyclone Pat destroyed infrastructure and housing on the island of Aitutaki in the Cook Islands, and was closely followed by a category 4 tropical cyclone, cyclone Rene, which caused damage to housing and crops concentrated on three islands in Tonga. In March, cyclone Tomas caused two deaths with the Government of Fiji declaring a state of emergency in two divisions. Approximately 500 houses were destroyed and a further 1,150 damaged. Also in March, category 4 tropical cyclone Ului caused flooding and damage to gardens and housing in a number of provinces in the Solomon Islands. Strong El Nino-like conditions caused low rainfall and reduced availability of fresh water to communities across Micronesia during the months of April and May.

Nearly all of these events resulted in the activation of disaster assessment teams within national societies and several were supported through the mobilization of financial and human resources. Many of these events contributed to the diversion of human resources away from ongoing programming; thereby, causing delays in the implementation of programmes in many national societies.

## Progress towards outcomes

### Disaster management (DM)\*\*

1. **Disaster management planning:** National societies have an improved capacity to plan for disasters and mitigate their impact on vulnerable communities.
2. **Organizational preparedness:** National societies have increased ability to react rapidly to small to medium size disasters requiring minimal external assistance.
3. **Community preparedness:** Increase the scale of community based disaster programming by national societies within the region.
4. **Disaster response:** Improved disaster response assistance to meet the needs of people affected by disasters.
5. **Communications and advocacy:** Enhance the visibility of Red Cross Red Crescent contributions in the implementation of Pacific regional frameworks for disaster risk management and the adaptation to climate change by participating in and contributing regularly to regional networks and initiatives

### Achievements:

- The DM Training Advisor was able to provide essential support to KRCS in developing their DM Plan.
- The budget for the DM programme was adjusted to align with the five components\*\*. The allocation for disaster preparedness was increased to reflect a scaling up on training targeted at the national society level following lessons learned from responses in the region over the previous six to eight months.
- The DM team initiated a review of standardized Emergency Response Team Training sessions in partnership with NZRC. This resulted in the development of a new package that includes additional modules covering coordination with external partners; working with media and working with the inter-agency standing committee (IASC) cluster system. The approach to delivering the new Pacific Disaster Response Training sessions includes a period of preparation with the national society to develop their capacity to implement the training and selecting modules that target their specific needs. The first pilot of the Pacific Disaster Response Training session took place in partnership with TRCS in May 2010.
- The DM team provided coordination support to a number of disaster response operations during the programme period, including: liaising with partners to mobilize further financial resources and support to an assessment to assist PNGRCS to position itself to respond to new cholera outbreaks; mobilizing the International Federation's disaster relief emergency funds (DREF) to support the CIRCS's response operation to cyclone Pat (reaching 1,671 beneficiaries); and SIRCS's response operation to cyclone Ului (reaching 2,250 beneficiaries). Further support was provided to these operations and cyclone Rene in Tonga (reaching 1,300 beneficiaries) through coordination with partners on the mobilization of technical personnel support. Access to prepositioned stocks in Vanuatu enabled VRCS to provide assistance to the population displaced by the Gaua volcano.
- Support was provided to CIRCS on developing integrated approaches to community based work across health, organizational development (OD) and DM, as well as mobilizing support for additional financial resources to support risk reduction work at the community level through the German Red Cross and the Norwegian Red Cross. These funds will help CIRCS expand its current disaster preparedness activities to include water and sanitation.
- Training sessions on community based approaches and climate change modules were produced with Tuvalu Red Cross Society (in-formation) and MRCS. In Micronesia the training session was conducted to position the national society to work with communities on preparing for El Nino-like conditions that occurred across all states in Micronesia in the months of April and May.
- The DM Team played a pivotal role in facilitating the Pacific Regional Office's first annual Community Resilience Forum which was a joint Health and Care (HC), Disaster Management (DM) and Organizational Development (OD) team initiative. The forum focused on inspiring discussion and ideas on how national societies can better work across programmes at the community level, including sessions on working together during disasters and utilizing participatory community based assessments to take a holistic view of risks facing communities

- The first Disaster Management Advisory Group (DMAG) meeting was held in Nadi bringing together DM representatives from all national societies in the region. The meeting looked at the purpose of the new group, progress made toward establishing a DM Cooperation Framework following the outcomes from the Asia Pacific DM Meeting.
- Foundations were laid for the development of a DM Cooperation Framework for the Pacific to maximize available resources in the region. Under the framework several national societies will be identified and recognized as lead advising national societies in specific areas of disaster management such as: logistics; water and sanitation; shelter; and psycho-social programmes. In recognition of their expertise, lead advising national societies will play a greater role in supporting the capacity development of other members in the region. The DM Cooperation Framework will be made operational by a series of memorandums of understanding between the Pacific Regional Office and lead advising national societies.
- The Pacific Regional Office hosted two meetings on logistics in the region during this programme period. The first meeting resulted in an agreement of that established a Logistics Taskforce in the region. The second meeting included the French Red Cross and FRCS being identified as the lead advising national societies on logistics in the region within the DM Cooperation Framework. This meeting was focused upon identifying concrete steps for moving forward with the development of capacity on logistics in the region.
- During this programme period the DM team participated in several meetings hosted by the regional Pacific humanitarian team. The DM team took part in Regional Contingency Planning Meetings in Vanuatu and the Cook Islands and in a meeting drafting preparedness plans for the Pacific cluster system.

### **Constraints or Challenges:**

- At the beginning of the programme period the implementation of the Secretariat's DM Programme was delayed due to demand from the national societies for support to disaster response operations and limited human resources. This resulted in under spending in the first half of the programme period.
- The Pacific Regional Office was able to mobilize additional human resources for an interim period through a staff on loan partnership with NZRC. Recruitment of an additional national staff member to support community based risk reduction measures also started. It is hoped that the recruitment of local staff will, over time, decrease the impact of delegate turnover by supporting the retention of institutional knowledge and increasing regional DM capacity.

## **Health and care (HC)**

### **Outcomes/Expected results**

#### **1. HIV**

- National societies have contributed to preventing further HIV infection in the region.
- National societies have contributed to reducing stigma and discrimination against people living with HIV (PLHIV).
- National societies have contributed to blood safety in the region through the recruitment of voluntary non-remunerated blood donors.

#### **2. Community based health and first aid (CBHFA)**

- Enhanced capacity of the target communities to manage common ailments, and injuries through improved quality of national society commercial and community based health and first aid (CBHFA) training and interventions.
- Improved preparedness and response mechanisms in societies and communities to better respond to public health emergencies and epidemics (or pandemics) of infectious diseases, especially Avian and Pandemic Influenza.
- Enhance national society profiles and scale up health promotion and prevention interventions in target communities.

#### **3. Capacity building**

- Enhanced capacity to plan, deliver and monitor effective health interventions, raise resources and form partnerships with the Ministry of Health and other stakeholders.

#### **4. Communications and advocacy**

- Regional communications and advocacy campaigns on one critical health issue developed and disseminated

### **Achievements:**

#### **HIV**

- CIRCS, MRCS, KRCS and SRCS implemented HIV prevention, voluntary non-remunerated blood donor programmes, and HIV related anti-stigma and discrimination activities with technical and financial assistance from the International Federation's regional office. The four national societies reached out to 32,200 youth and high risk population groups with awareness messages; information material; condom distribution and youth peer education activities. They distributed 28,160 condoms to men and 2,602 condoms to women. The four national societies worked with their respective national blood programmes and donated 574 blood bags during the first six months of the year.
- Phase One funding for the HIV programme which was supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 7 (Global Fund) five year grant has ended. The Phase Two proposal covering the next three years (July 2010 – June 2013) has been submitted to the Global Fund through the Secretariat of the Pacific Community, the principal recipient of the Global Fund grant. The International Federation worked with regional partners: WHO, the Secretariat for Pacific Communities (SPC), the United Nations Population Fund (UNFPA), UNAIDS and the Fiji School of Medicine to develop the proposal for Phase Two.
- FRCS, Tuvalu Red Cross Society (in formation) and PRCS celebrated World Blood Donor's Day on 14 June, with week long activities and television commercials to promote voluntary non-remunerated blood donations. Club 25 activities are a regular feature for CIRCS and SRCS to promote voluntary blood donations among youth. There are 175 volunteers working with the national societies in HIV programme implementation.
- The Regional Office hosted the annual Global Alliance on the HIV review and planning meeting from 21-22 June in Nadi, Fiji. The meeting reviewed the last two years of HIV programme implementation; and work plan and budgets for the next three years were discussed and finalized.
- The International Federation was represented at the 10<sup>th</sup> Annual Pacific Islands Regional Multi Country Coordination Mechanism (PIRMCCM) for HIV and AIDS meeting from May 30 till June 2 in Nadi, Fiji. The meeting endorsed Phase Two funding application for the next three years (2010 – 2013) of HIV programme implementation, no cost extension in the programme implementation for July-Sept period.

#### **Community based health and first aid (CBHFA)**

- National societies have incorporated CBHFA health and hygiene promotion activities with Global Fund HIV activities, making the most of these opportunities to reach out to communities. This programme benefited over 30,000 in Micronesia, Kiribati, Samoa and Cook Islands through peer-to-peer education, condom distribution, voluntary non-remunerated blood donation campaigns, hygiene and health promotions and hand washing promotions in schools.
- During the typhoid fever epidemic in the Fiji Islands early this year, the regional health unit provided national societies with an International Federation, "Epidemic Control for Volunteers" manual for volunteer trainings for improved outbreak response and future preparedness. FRCS was able to mobilize six community health teams for door-to-door health, hygiene promotion and disease prevention activities. FRCS reached more than 400 people with 192 hygiene packs and 27 community water containers in three divisions.
- Tuvalu Red Cross Society (in formation) and FRCS have successfully completed their short-term projects for Human Influenza pandemic preparedness projects for 2,507 and 8,000 people respectively. These projects focused on the development and distribution of information, education and communication (IEC) materials among the target population.

- The Tuvalu Red Cross Society (in formation), successfully submitted its first year CBHFA programme proposal to the Empress Shöken fund and has been granted CHF 48,089 for its implementation over a year.
- The Pacific Regional Office has revised its health plan and budget for 2010 - 2011 to meet increased demands for CBHFA programming support from members.
- A community health delegate will join the regional team in the middle July to support national societies in developing their capacity to design and implement longer term development programmes in vulnerable communities.
- Non-communicable diseases are a major health priority in the region and can be addressed through CBHFA. A fourth programme component “communication and advocacy” has been incorporated into the CBHFA programme component. This focuses on conducting a regional communication and advocacy campaign on one critical health issue in six national societies: CIRCS, SRCS, MRCS, KRCS, TRCS and Tuvalu Red Cross (in formation).
- In response to the national societies expressed need for the development of commercial first aid programmes at the 2009 partnership meeting in Auckland and 2010 regional health consultative meeting in Suva: the Pacific Regional Office has been supporting the NZRC bilateral first aid delegate in the developing a road map for commercial first aid support to the regional national society, and coordinating his visits to five Pacific national societies till the end of the year. These visits by the NZRC will include feasibility assessment of commercial first aid programmes.
- The regional health delegate is working with ARC and PIAF to produce an advocacy paper on “AIDS associated Stigma and Discrimination”. The paper will be launched on early November 2010 across a two-month period. This will coincide with the World AIDS day 2010 on 1 December 2010. The target audiences are lawmakers, parliamentarians, Pacific national societies and partner national societies (PNSs) and other partners in the region.
- The regional health delegate contributed as member to the advisory committee in developing the Youth Peer Education Curriculum for the voluntary non-remunerated blood donor recruitment and promotion for the Pacific region. This curriculum is near completion.

### **Capacity building**

- The International Federation supported MRCS in organizing voluntary non-remunerated blood donors’ training from 25-28 January. Twenty four MRCS staff and volunteers, and Ministry of Health representatives participated. The regional office facilitated this modular workshop based on the International Federation’s “making a difference” manual, with a focus on Club 25, a programme for young people who make a commitment to donate blood regularly and to maintain positive, healthy lifestyles.
- The regional office hosted a planning, monitoring, evaluation, and reporting (PMER) training workshop for twelve regional national societies from 26-29 April to build national society capacity in programme planning, implementation, monitoring and evaluation, and reporting for health and DM programme officers. In this training, 24 participants from 12 national societies. Participants also came from WHO, SOPAC and PIAF.
- The regional office invited a small number of members and regional partners to a strategic discussion on health programming in the region. The participants in the meeting were ARC, CIRCS, NZRC, SRCS and KRCS, ICRC and the International Federation. WHO presented an analysis of vulnerabilities in the region. The group proposed a number of next steps and actions in relation to first aid, CBHFA, blood programming and Humanitarian Diplomacy.

### **Constraints or Challenges:**

- Increased demand from national societies for technical assistance to support health programmes, in particular CBHFA. A community based health delegate will be starting in July to respond to this demand.
- Timely and quality monitoring and reporting is a long standing challenge, the regional health team is actively engaged with the national societies to identify the reasons and needs to overcome this constraint. The regional office has provided PMER training, and continues to follow up with the national societies to identify their needs and to find best ways to support them. However due to human resource constraints at the national society level, it seems the problem will take longer than anticipated to be resolved.

## Organizational development (OD)

### Outcomes/Expected results:

- 1. Tailor-made organizational development and capacity building initiatives**
  - Organizational issues have been addressed in individual national societies through tailor-made organizational development (OD) and capacity building initiatives.
- 2. Integration with health and disaster management**
  - Increased integration of OD and capacity building aspects within health and care and DM programmes.
- 3. Information sharing and knowledge management**
  - Sharing of lessons learned, best practices, and skilled national society practitioners providing national society peer support in OD and capacity building across the Movement components in Asia Pacific.

### Achievements:

- Initiation of the *Knowing Leadership Knowing Governance Project* which aims to develop culturally cognisant processes for building good governance practice across national societies in the Pacific Region. During this period, 24 national society leaders were interviewed to establish a baseline about governance strengths and challenges in the region. Preparations for a project design workshop are underway.
- Mobilization of one week of pro bono time by a governance expert who provided training to the SRCS's Governing Board.
- Facilitation of the NZRC Management Planning meeting which resulted in the Management team identifying five strategic priorities for the next two years.
- Facilitation of a peer exchange between NZRC and VRCS focused on governance training for governing board members and the Secretary General.
- Facilitation of a peer exchange between NZRC and FRCS focused on governance training for governing board members, management and branch leaders.
- Finance development support to KRCS which has resulted in the production of financial statements, annual budgets and the completion of audits for 2007 and 2008. Two additional support missions are planned for 2010/2011. Regular advisory support on office management and administration, statutes revision, membership development, planning and management/governance roles and responsibilities has been provided to the KRCS over the same period. Increased number of members, more regular board meetings and a clear plan for the next 12 months are some of the results of this support. Preparation for a peer exchange between ARC and KRCS in July has commenced. The exchange will focus on management skills building.
- Technical support to Tuvalu Red Cross Society (in formation) in its preparation for a General Assembly with its statutes revision and development of two funding applications for the health programme. One proposal so far, to the Empress Shôken Fund for CHF 45,601, has been successful.
- The Spanish Red Cross' flexible terms for the funds that support Organizational Development was channelled to eight Pacific national societies through the Pacific Organizational Development Working Group at the end of 2009. The support has so far contributed to the following:
  - Completion of FRCS's [Strategic Plan for 2010-2014](#). The plan was launched by His Excellency Ratu Epeli Nailatikau, the President of Fiji and Patron of the Red Cross in March.
  - Induction of the new Secretary General of KRCS through a peer exchange with the Secretary General of the CIRCS.
  - Completion of internal audit at the CIRCS and the installation of computer equipment and software to support improved financial management.
  - Finalization of the SIRCS strategic planning process including a consultative meeting with external stakeholders.

- One-day governance workshop for the SIRCS's new board members and personnel.
- Purchase of 13 radio sets and training of branch volunteers in use of radios in PNGRCS.
- Support for coordination and development of harmonized Movement approaches to organizational development and capacity building has been provided to the following national societies:
  - PNGRCS: two day partnership meeting in January and following discussions in May.
  - MRCS: a joint International Federation, ICRC, ARC and American Red Cross visit, including a partnership meeting, branch visits and agreements on which partners are best placed to provide specific support.
  - PRCS: A joint International Federation, ICRC, ARC visit with agreements on cooperation priorities and partner responsibilities in relation to cooperation support.
  - VRCS: A three day partnership meeting with an action plan around the legal base; and strategic and operational planning; and training in community based approaches and communication activities. Partners are clearer on support required over the next 12 months. A follow up partnership meeting is planned for January 2011.
  - SRCS: A partnership meeting to discuss a four year plan, a proposition on the utilization of tsunami funds.
- Preparation for Movement visits and partnership meetings underway with TRCS and SIRCS.
- The OD programme is also in a position to provide additional support to national societies with continued financial support from the JRCS together with support from ARC, NZRC and ICRC. The total 2010 budget for OD of CHF 472,434 was revised up from the original budget of CHF 221,547.

### Constraints or Challenges:

- Supporting OD processes without in country based staff can be a challenge. An important strategy for overcoming this challenge is to encourage all Movement actors cooperating with Pacific national societies to consider OD as an integral part of health and DM cooperation. In the future, where the International Federation does not have in-country based staff, partner national societies's staff could play a greater role in supporting specific OD needs of Pacific national societies. Another important initiative is the ongoing development of peer exchanges to use the expertise and knowledge within the region for the benefit of all members.
- Promoting the centralization of OD to donors and sourcing funding for this area of work is an ongoing challenge. Donors are interested in funding health and care, or DM related programming but are not always keen to provide resources for legal base work, finance and HR development, resource mobilization or governance strengthening initiatives. The Pacific Regional Office will continue to work with its Asia Pacific Zone Office in Kuala Lumpur, Malaysia, in documenting the clear link between organizational development and the impact on the lives of vulnerable people: The Pacific, Australia and Fiji are currently involved in documenting their lessons on the link between OD and its impact on the lives of vulnerable people.

## International disaster response laws, rules and principles (IDRL)

### Outcomes/Expected results:

- 1. Technical assistance to governments**
  - Policy makers understand and make use of the IDRL guidelines to strengthen legal and policy frameworks for disaster response
- 2. Training and capacity building**
  - Interested national societies and humanitarian partners are empowered to advocate for strengthened legal frameworks for disaster response.
- 3. Dissemination, advocacy and research**
  - IDRL guidelines are well known, partnerships are developed and the knowledge base of the Movement on legal issues in disaster response is deepened.

## **Achievements:**

IDRL activities in the Pacific are carried out according to the global IDRL plan and budget (available [here](#)). The [2010 annual report](#) is also available online.

### **Technical assistance to governments**

The IDRL programme has provided technical input to SOPAC's ongoing support to government Disaster Risk Management (DRM) review processes in Papua New Guinea, Tuvalu and Kiribati. In connection with this, the national disaster authorities in Kiribati have requested formal discussions on further technical support on IDRL.

In Vanuatu, initial approval for a modified Technical Assistance project was received by the National Disaster Management Office (NDMO), and the VRCS in late 2009. A formal endorsement has been delayed, but the project is expected to commence in August with VRCS and the NDMO.

### **Training and capacity building**

In addition to ongoing bilateral briefings for development partners, and national societies, the IDRL programme ran an IDRL training session for health and disaster officers from the Pacific national societies in June.

In the Solomon Islands, a dialogue with the SIRCS on IDRL issues resulted in a Forum on Domestic Facilitation and Regulation of International Disaster Response in June. The forum was held in collaboration with national disaster authorities. Participants included representatives from government ministries, civil society, international development agencies, and the Pacific national societies.

### **Dissemination, advocacy and research**

The IDRL programme continues to seek further cooperation with regional organizations. Collaboration has continued with United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), including through contribution to the national level contingency planning workshop in Cook Islands in June. A memorandum of understanding with SOPAC is under discussion and future collaboration is being explored with the Pacific Islands Forum Secretariat (PIFS). A policy document has been successfully developed with the Pacific Immigration Directors' Conference (PIDC) on 'Disaster Response and the Role of Immigration'. The IDRL programme is also exploring potential academic collaboration with the University of South Pacific's Law School in areas of research concerning legislation in disasters, as well as public lectures.

## **Constraints or Challenges:**

The introduction of a new concept and programme continues to be a challenge in a region where small NS, and government agencies, are already stretched by multiple priorities. A particular challenge has been addressing barriers to the initiation of the "country-level technical review projects" model. In an effort to address this challenge, the IDRL programme has developed a modified approach to the technical assistance model, involving prior preliminary research and less time on involvement of government counterparts, and is focusing more on enhanced collaboration with regional and international organizations, in particular through including awareness raising and technical input into their programming activities

## **Working in partnership:**

- The Pacific Regional Office continued working with Movement and non-Movement partners to strengthen the work of Red Cross in the region.
- Within the Movement, the Pacific Regional Office continued to support country based partnership discussions with the aim of promoting more sustainable programming approaches from Movement partners.
- Foundations were laid for a DM Cooperation Framework for the Pacific. The framework will be made operational through a series of memorandums of understanding with national societies in the region. The Pacific national societies will identify resources and expertise they have in specific areas of disaster

management to support capacity building in the region. Discussions have taken place with: ARC on shelter; CIRCS on psycho-social support; and the French Red Cross on logistics.

- Member networks in the Pacific region contribute to the sharing of accumulated expertise and knowledge; the creation of a peer-led environment in which members can support each others' development; develop structures and relationships that are invaluable during major disasters. The Regional Office currently supports two networks: 1) the Disaster Management Advisory Group which is made up of representatives from all Pacific national societies and was established to provide strategic direction on DM policy in the region 2) the Pacific Organizational Development Working Group which was established in 2008 to promote peer exchange and monitoring.
- A follow-up meeting with the Pacific Island Forum took place to discuss the process that the International Federation must follow to seek observer status.
- The Pacific Regional Office also contributed to regular meetings of the Pacific Humanitarian Team (PHT) to support the implementation of the IASC cluster system for disaster response. The PHT, with members from UN agencies and other humanitarian agencies in the region, is also working toward cluster preparedness. In this context, the Pacific Regional Office participated in discussions on the Shelter Cluster and was able to mobilize resources to support the regional contingency planning processes.
- The Pacific Regional Office continued our membership on the Pacific Disaster Risk Management Partnership, led by SOPAC. In this capacity, the DM Coordinator contributed to the development of the agenda for the next annual meeting of this network which will take place in August.
- The Pacific Regional Office worked with the Health, and Water, Sanitation and Hygiene (WASH) clusters during cyclone Tomas in Fiji.
- The Pacific Regional Office maintains a partnership with PIAF at regional level and facilitates the expansion of this partnership at country level for the benefit of national societies.
- The Pacific Regional Office is a member of the newly established Working Group on Disaster Risk Management (DRM); Mainstreaming as part of the Pacific DRM Partnership network. We also collaborate with PIDC on legal advocacy.

## Contributing to longer-term impact

The DM Programme made progress in the implementation of several initiatives aimed at addressing the outcomes of a lessons learned workshop held in January on the Samoa Tsunami response. These initiatives included the revision of standardized disaster response modules in the region and establishing RDRT. The DM Team played a pivotal role in the Pacific Regional Office's first Community Resilience Forum as a first step toward supporting national societies to explore ways they can better integrate Health and Care (HC), OD and DM programmes at the community level. The forum builds upon existing work being undertaken within the Pacific Regional Office supporting national societies in implementing community level programmes, using existing approaches such as CBHFA and vulnerability capacity assessment (VCA) to address risks in a holistic way.

The HC programme, particularly the CBHFA component, has contributed to the integration of national societies in DM and OD. The HIV programme has contributed to the overall capacity of national societies in programme development, management, reporting and monitoring. Information sharing with national societies has a positive influence on all national societies: There appears to be shared motivation to improve programmes, particularly in monitoring and evaluation. The national societies's HIV activities have built a stronger partnership with national blood services, civil society organizations and HIV-positive people organizations in the respective countries. Another positive impact of the HC programme is that national societies are addressing issues such as gender based violence, community and women's empowerment, and respect for diversity through anti-stigma and discrimination activities.

OD in the Pacific is supporting and facilitating the establishment of a strong governance and management culture with transparent systems and practices in the Pacific. The Pacific Regional Office is committed to engaging with national societies to enhance capacity in programme management and implementation, monitoring and evaluation, maintaining transparent financial systems, branch development and volunteering. The Pacific Regional Office initiatives for in-country harmonized planning process, integrated approaches, regional governance and other tailor-made OD support are a long-term investment to support sustainable impact at community levels.

The Pacific DRM Partnership network has created a technical working group on national level mainstreaming of DRM. The group will provide a platform for closer coordination and collaboration between development partners. As a member of the group, the International Federation primarily focuses on legislative preparedness for international response. The Pacific IDRL programme will continue to work to promote implementation of the IDRL Guidelines, raise awareness of legal issues in disaster management and support nation states and regional organizations in their work on increasing international cooperation on legal preparedness for disaster risk reduction and response

## Looking ahead

In defining its work with national societies the team at the Pacific Regional Office is primarily guided by the needs of vulnerable people, the value of voluntary service, the critical role of branches in reaching out to communities, and the role of ensuring support to the national network. We are also mindful that through good governance and management, members, volunteers and staff are able to participate meaningfully in decision making processes. We believe that good leadership with clarity the roles of governance and management critical to the sustainable growth of Pacific national societies.

Over the next six months the Pacific Regional Office will continue to develop more integrated and holistic approaches to its work. This will involve: planning and managing programmes based on a national society's overall organizational priorities; developing the understanding of organizational development for programme staff members; meeting on a regular basis as a whole programme team to discuss progress and share lessons learned about our work at country level, and working towards a structure that better supports integrated work.

The DM Team will also focus its work on implementing training at the regional and national levels in a number of areas, including disaster response and logistics. These trainings will continue to help address gaps identified in DM in the region. The second Pacific RDRT induction course will be hosted in September and preparations for the deployment of the first RDRT will be completed in time for the cyclone season in November.

The second phase of the GFATM grant will commence in July 2010 for a period of three years for HIV programmes in SRCS, KRCS, MRCS and the CIRCS. The newly appointed regional CBHFA delegate will contribute to scaling up community based health programming, as well as integration with DM and OD.

OD will continue to provide technical support to national societies in governance and leadership development, finance development, strategic planning, human resource development and volunteering, as well as support for legal base revisions.

An important milestone is approaching with the 31st International Conference of the Red Cross and Red Crescent Societies, scheduled for November 2011. At that time, states and national societies will be invited to report on their progress in implementing the resolution from the 30th International Conference and the adoption of the IDRL Guidelines. The IDRL programme will over the next six months continue to do its best to help both states and its members ensure that they have positive progress to report at that Conference.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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# International Federation of Red Cross and Red Crescent Societies

MAA55001 - Pacific region

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAA55001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	761,687	831,035	472,434	0	225,531	2,290,687
<b>B. Opening Balance</b>	409,457	104,242	189,218	0	236,554	939,471
<b>Income</b>						
<u>Cash contributions</u>						
Australian Red Cross					0	0
Australian Red Cross (from Australian Government)	100,680					100,680
Canadian Red Cross (from Canadian Government)	0					0
DFID - British Government		5,292				5,292
Finnish Red Cross					330	330
Finnish Red Cross (from Finnish Government)					1,873	1,873
Germany Red Cross	27,196					27,196
Japanese Red Cross	0		0		-0	-0
Netherlands Red Cross (from Netherlands Government)	27,809					27,809
New Zealand Government			49,972		0	49,972
New Zealand Red Cross			10,000			10,000
The Global Fund (to fight AIDS, TB & Malaria) (from Secretariat of the Pacific Community (SPC))		101,147				101,147
<b>C1. Cash contributions</b>	<b>155,685</b>	<b>106,439</b>	<b>59,972</b>		<b>2,203</b>	<b>324,300</b>
<u>Outstanding pledges (Revalued)</u>						
Australian Red Cross			31,585			31,585
Japanese Red Cross	195,786	115,679	73,060		24,353	408,879
Netherlands Red Cross (from Netherlands Government)	-29,757					-29,757
The Global Fund (to fight AIDS, TB & Malaria) (from Secretariat of the Pacific Community (SPC))		-106,515				-106,515
<b>C2. Outstanding pledges (Revalued)</b>	<b>166,028</b>	<b>9,164</b>	<b>104,645</b>		<b>24,353</b>	<b>304,191</b>
<u>Income reserved for future periods</u>						
DFID - British Government		-4,240				-4,240
The Global Fund (to fight AIDS, TB & Malaria) (from Secretariat of the Pacific Community (SPC))		268,496				268,496
<b>C3. Income reserved for future periods</b>		<b>264,256</b>				<b>264,256</b>
<u>Inkind Personnel</u>						
Australian Red Cross	37,200					37,200
Finnish Red Cross					4,107	4,107
Japanese Red Cross	19,947					19,947
<b>C5. Inkind Personnel</b>	<b>57,147</b>				<b>4,107</b>	<b>61,254</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>378,861</b>	<b>379,859</b>	<b>164,617</b>	<b>0</b>	<b>30,663</b>	<b>954,001</b>
<b>D. Total Funding = B + C</b>	<b>788,317</b>	<b>484,102</b>	<b>353,836</b>	<b>0</b>	<b>267,217</b>	<b>1,893,472</b>
<b>Appeal Coverage</b>	<b>103%</b>	<b>58%</b>	<b>75%</b>	<b>#DIV/0</b>	<b>118%</b>	<b>83%</b>

# International Federation of Red Cross and Red Crescent Societies

MAA55001 - Pacific region

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
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Budget	APPEAL

All figures are in Swiss Francs (CHF)

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	409,457	104,242	189,218	0	236,554	<b>939,471</b>
<b>C. Income</b>	378,861	379,859	164,617	0	30,663	<b>954,001</b>
<b>E. Expenditure</b>	-356,337	-343,033	-106,743		-111,445	<b>-917,558</b>
<b>F. Closing Balance = (B + C + E)</b>	431,980	141,068	247,093	0	155,773	<b>975,914</b>

# International Federation of Red Cross and Red Crescent Societies

MAA55001 - Pacific region

Interim Financial Report

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Budget	APPEAL

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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>761,687</b>	<b>831,035</b>	<b>472,434</b>	<b>0</b>	<b>225,531</b>	<b>2,290,687</b>	
<b>Supplies</b>								
Shelter - Relief	20,000							20,000
Construction Materials	15,000							15,000
Medical & First Aid			1,710				1,710	-1,710
Utensils & Tools	15,000							15,000
Other Supplies & Services	25,000		151				151	24,849
<b>Total Supplies</b>	<b>75,000</b>		<b>1,861</b>				<b>1,861</b>	<b>73,139</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	26,600		1,561				1,561	25,039
Office/Household Furniture & Equipm.			148				148	-148
<b>Total Land, vehicles &amp; equipment</b>	<b>26,600</b>		<b>1,709</b>				<b>1,709</b>	<b>24,891</b>
<b>Transport &amp; Storage</b>								
Distribution & Monitoring			1,667				1,667	-1,667
Transport & Vehicle Costs	530	312	876	555		284	2,028	-1,498
<b>Total Transport &amp; Storage</b>	<b>530</b>	<b>312</b>	<b>2,543</b>	<b>555</b>		<b>284</b>	<b>3,694</b>	<b>-3,164</b>
<b>Personnel</b>								
International Staff	530,230	90,929	61,493	35,419		33,597	221,438	308,792
Regionally Deployed Staff	42,000							42,000
National Staff	3,182	6,837	7,942				14,779	-11,597
National Society Staff	153,400		8,330	319			8,649	144,751
Consultants	31,310	12,703	-1,846			1,390	12,247	19,063
<b>Total Personnel</b>	<b>760,122</b>	<b>110,469</b>	<b>75,919</b>	<b>35,738</b>		<b>34,987</b>	<b>257,113</b>	<b>503,009</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	965,847	99,491	161,679	37,392		12,287	310,848	654,999
<b>Total Workshops &amp; Training</b>	<b>965,847</b>	<b>99,491</b>	<b>161,679</b>	<b>37,392</b>		<b>12,287</b>	<b>310,848</b>	<b>654,999</b>
<b>General Expenditure</b>								
Travel	220,799	64,935	63,497	16,898		38,974	184,302	36,497
Information & Public Relation	43,280	18				98	116	43,163
Office Costs	23,200	3,159	3,340	1,665		3,100	11,264	11,936
Communications	13,628	4,774	8,359	346		12,221	25,699	-12,071
Professional Fees		231				15,516	15,747	-15,747
Financial Charges		22	-1,666	-243		1,176	-711	711
Other General Expenses	21,515							21,515
<b>Total General Expenditure</b>	<b>322,422</b>	<b>73,138</b>	<b>73,529</b>	<b>18,666</b>		<b>71,084</b>	<b>236,417</b>	<b>86,004</b>
<b>Programme Support</b>								
Program Support	140,166	20,085	23,530	6,597		7,133	57,345	82,821
<b>Total Programme Support</b>	<b>140,166</b>	<b>20,085</b>	<b>23,530</b>	<b>6,597</b>		<b>7,133</b>	<b>57,345</b>	<b>82,821</b>
<b>Services</b>								
Services & Recoveries			96				96	-96
<b>Total Services</b>			<b>96</b>				<b>96</b>	<b>-96</b>
<b>Operational Provisions</b>								
Operational Provisions		52,843	2,167	7,795		-14,331	48,474	-48,474
<b>Total Operational Provisions</b>		<b>52,843</b>	<b>2,167</b>	<b>7,795</b>		<b>-14,331</b>	<b>48,474</b>	<b>-48,474</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>2,290,687</b>	<b>356,337</b>	<b>343,033</b>	<b>106,743</b>		<b>111,445</b>	<b>917,558</b>	<b>1,373,128</b>
<b>VARIANCE (C - D)</b>		<b>405,349</b>	<b>488,001</b>	<b>365,691</b>		<b>114,087</b>	<b>1,373,128</b>	