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Philippines

Annual Report 2012

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of Red Cross and Red Crescent Societies

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**This report covers the
period from 1 January 2012
to 31 December 2012**

In the eight chapters covered by PHAST in 2012, community health volunteers conducted baseline assessments, reaching 2,252 households. House-to-house surveys were conducted on the topics of hand washing, waterborne diseases, drinking water, environmental sanitation, toilet and hygiene promotion.

Photo: Philippine Red Cross



Overview

Being in a country which is frequented by an average of 20 typhoons annually, Philippine Red Cross (PRC), in its auxiliary role to the government, has been in the front line of responding to disasters every year. The International Federation of Red Cross and Red Crescent Societies (IFRC), enhances this capability of PRC by providing support to the four strategic goals which PRC aims to achieve, as outlined in its Strategy 2012 - 2016: (1) significantly reducing the impact of disasters, climate change, public health emergencies and illnesses on the most affected families and communities; (2) improving health and well-being at the individual, family and community levels; (3) reducing unnecessary suffering from armed conflict and from other forms of violence; and (4) ensuring that the Philippine Red Cross is a well-functioning national society.

In 2012 alone, the Philippines was visited by 17 various weather systems. Through IFRC, PRC launched one Disaster Relief Emergency Fund (DREF) operation and two relief and recovery operations in response to three major disasters in 2012 – an earthquake that struck Visayas in February, massive flooding that swamped Luzon in August and Typhoon Bopha that lashed Mindanao in December. The simultaneous relief and recovery operations have stretched PRC's resources significantly especially at the headquarters level and while additional staff have been allocated in support of these operations, the longer term programmes have been affected. Under disaster management, the disaster management operations manual (standard operating procedures) is yet to be updated, where the draft has since been forwarded to the disaster management committee for consideration prior to incorporation of adjustments, and submission to the board. It is expected that the updated version of the manual will be finalized within the course of 2013. In addition, the process of preparing contingency plans for various disaster scenarios has advanced in 2012. Draft contingency plans for three main disasters – typhoons, floods and landslides, and earthquakes – have been produced and are currently being reviewed by departments concerned before they can be finalized and forwarded to the disaster management committee for consideration.

Under health, PRC continues to empower communities through health interventions by applying community-based health and first aid (CBHFA) and participatory hygiene and sanitation transformation (PHAST) approaches. For CBHFA, six areas have been supported where activities are on-going to build and develop the capacity of the volunteers and communities through health promotion, injury prevention, disaster preparedness, disaster response and disaster risk reduction. Some 150 community health volunteers (CHVs) who have been trained and mobilized under this component, have reached a total of 743 households with CBHFA sessions. The CHVs have also facilitated the drafting of health action plans in the identified communities. As for PHAST, with its aim to reduce the number of deaths, illnesses and impact of diseases and public health in emergencies through increasing capacity of communities to deliver health services whenever needed, it was conducted in two phases where four chapters were supported in each phase. Some 85 CHVs have been trained and mobilized and have reached out to 1,722 households in all the eight targeted chapters, conducting PHAST sessions. For HIV and AIDS, the national society intensified activities during the last quarter of 2012 and has carried out interventions through awareness sessions in various communities targeting the population at risk. According to the [Philippine HIV and AIDS Registry](#), during 2012, the country has recorded an alarming rate of 3,338 new cases – 70 per cent higher compared to the number of cases recorded in 2011.

In addition to health and disaster management, IFRC has also been supporting PRC with its internal processes such as improving structures, systems and procedures. These include enhancing systems within the finance, human resources and logistics departments. PRC was also supported in the area of staff development through several training sessions conducted inside and outside the country. Over the same period, PRC's organogram has been approved by the board to facilitate delegation of authority to enable faster response in emergencies. In all its activities, PRC continued to promote the fundamental principles and humanitarian values of the Red Cross Red Crescent in all its programmes.

Working in partnership

Partner National Societies:

Australian Red Cross
 Finnish Red Cross
 German Red Cross
 Japanese Red Cross Society
 The Netherlands Red Cross
 Spanish Red Cross

Other partner organizations:

International Committee of the Red Cross (ICRC)

Operational Partners	Agreement
UK Department for International Development (DFID)	M11AA096 Philippine Red Cross chapter development and CBHFA
US Office of Foreign Disaster Assistance (OFDA)	AID-OFDA-IO-11-00057 Philippines Philippine Red Cross organizational preparedness for disaster response, and accountability enhancement
European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO)	ECHO/AS//BUD/2011/01010 (Nesat) Relief assistance to people affected by hydro-meteorological disasters in the Philippines ECHO/PHL//BUD/2011/01002 (Washi) Humanitarian aid to people affected by Tropical Storm Washi in Philippines ECHO/PHL//BUD/2012/01002 (Floods) Humanitarian assistance to people affected by floods in the Philippines ECHO/PHL//BUD/2012/02001 (Bopha) Humanitarian assistance to population affected by Tropical Bopha in the Philippines

Progress towards outcomes

Business Line 1 - "To raise humanitarian standards"

Indicators	Baseline	2015 Target	2012 achievement
Outcome 1 (Competence enhancement): Qualifications and competencies of leadership and staff improved to establish a sustainable organization.			
Output 1.1: Senior managers access management training opportunities.			
By 2015, 75 per cent of directors and senior managers have accessed management training opportunities available in and/or outside the country.	18	14	8
Output 1.2: Staff improves skills through coaching, training, knowledge sharing, and research based on accumulated Red Cross Red Crescent experience.			
By 2015, 50 per cent of staff have benefited from Red Cross Red Crescent training opportunities available in and/or outside the country.	1,000	500	30

Progress towards outcomes

Outcome 1. One major factor in enhancing PRC's capability in responding more swiftly and efficiently to disasters is for the staff – from management at the national headquarters to staff at chapter level – to receive adequate training and mentoring in order for them to acquire essential knowledge and skills in carrying out their tasks more effectively. Throughout the years, PRC staff have been supported with appropriate training and listed below are some training events that they have participated in through 2012:

Table 1. List of IFRC-supported training event participated by PRC staff

Training/Workshop	Date	Venue
Asia Pacific Fundraisers Network (APFN) steering group meeting	January	Singapore
The Coca-Cola Company (TCCC) / IFRC Association of Southeast Asian Nations regional workshop	February	Bangkok, Thailand
Strategy Implementation Group of the Federation Wide Resource Mobilization Strategy (SIG-FWRMS)	February	Geneva, Switzerland
Hygiene promotion in emergency	February	Guangxi Province, China
Asia Pacific zone sanitation workshop	February	Guangxi Province, China
9th Regional Disaster Management Committee (RDMC) subgroup meeting	March	Bangkok, Thailand
Humanitarian Principles and Diplomacy Advisory Body meeting	March	Geneva, Switzerland
Annual Southeast Asia Red Cross Red Crescent Leaders meeting	April	Bangkok, Thailand
Asian Regional Taskforce (ART) website development programme	April	Siem Reap, Cambodia
Behaviour change communication (BCC) focusing on non-communicable diseases (NCD)	May	Bangkok, Thailand
Masters' Training in Psychosocial Support	May	Copenhagen, Denmark
Community-based health and first aid (CBHFA) delegates training	June	Stockholm, Sweden

16th Regional Disaster Management Committee meeting	June	Singapore, Singapore
Annual Southeast Asia Red Cross Red Crescent Meeting	July	Nay Pyi Taw, Myanmar
2 nd Asia Pacific Fundraisers' Network	July	Bangkok, Thailand
Regulatory barriers to meeting emergency and transitional shelter needs in post-disaster contexts	July	Kuala Lumpur, Malaysia
Annual Meeting of Legal Advisers	September	Geneva, Switzerland
Asia-Pacific CBHFA workshop	October	Kratie, Cambodia
Basic health care emergency response unit (BHC-ERU) training course	October	Kumamoto, Japan
Disaster risk reduction group practitioner's workshop	November	London, United Kingdom
CBHFA delegates' training	November	Melbourne, Australia
International Youth Exchange Programme	November	Tokyo, Japan
First East Asia Regional Psychosocial Support meeting (EARPSS)	November	Beijing, China
Nepal Red Cross Society volunteer investment value audit	November	Kathmandu, Nepal
Shelter Toolkit training of trainers (ToT)	November	Kuala Lumpur, Malaysia
Asia Pacific Migration workshop and regional launch of 2012 World Disasters Report on forced migration	November	Bangkok, Thailand
10th regional workshop on voluntary blood donor recruitment	December	Kathmandu, Nepal

In addition, several training sessions were organized locally for PRC staff which include CBHFA, PHAST, contingency planning, assessment, logistics processes, and familiarization on Microsoft Dynamics NAV and resource mapping system (RMS).

The training sessions that were attended by staff – both internationally and locally – are being rolled out to the chapter/field level through coaching, mentoring and on-the-job training so that staff and volunteers can also acquire necessary knowledge and skills in performing their duties, especially in disaster response. Only 30 out of the estimated 125 targeted have been recorded for 2012 as these trainings (CBHFA and PHAST specifically) were conducted formally in a seminar setting, while the rest were done informally (and not recorded), such as mentoring and knowledge sharing at the field level.

Business Line 2 – “To grow Red Cross Red Crescent services for vulnerable people”

Indicators	Baseline	2015 Target	2012 Achievement
Outcome 1 (Business continuity planning): Capacity of PRC to predict and plan for exposure to internal and external threats developed.			
Output 1.1: PRC develops a contingency plan that identifies internal and external threats and highlights ways of ensuring effective prevention and recovery.			
By 2015, PRC has put in place a contingency plan and set out to establish an 'alternative' operational base.	0	100 %	25 %
Outcome 2 (Disaster management planning): Ability of PRC is improved in predicting and planning for disasters, to mitigate their impact on vulnerable communities			
Output 2.1: A comprehensive disaster management operations manual, incorporating the requirements of disaster risk reduction and related laws is finalized, and is in tune with its chapters, Movement and other partners			
Output 2.1: By 2015, PRC has finalized and operationalized its disaster management operations manual and disseminated it to all existing chapters.	0	100 %	25 %

Output 2.2: PRC prepares a contingency plan that incorporates action of its chapters and Movement partners, and is in tune with government and inter-agency plans.			
Output 2.2: By 2015, PRC has finalized and operationalized its national contingency plan and all existing chapters have prepared chapter-level contingency plans on its basis.	0	100 %	25 %
Output 2.3: Standard operating procedures of PRC updated in accordance with the comprehensive disaster management operations manual.			
Output 2.3: By 2015, PRC has finalized and operationalized its standard operating procedures and disseminated them to all existing chapters.	0	100 %	25 %
Outcome 3 (Organizational preparedness): Capacity in skilled human resources and relevant material resources for effective delivery of disaster, health and welfare services improved.			
Output 3.1: Adequate, diverse, gender-balanced staff and volunteers for emergency, disaster, health, and welfare action recruited, trained, retained and managed.			
Output 3.1: By 2015, the PRC headquarters and all existing chapters have an adequate number of staff and active volunteers who have received relevant orientation.	Progress discussed in details below		
Output 3.2: Minimum-standard equipment, facilities and items for immediate delivery of disaster, health and welfare services provided and managed.			
Output 3.2: By 2015, the PRC headquarters and 24 chapters supported to obtain essential equipment (including search-and-rescue equipment) and well-maintained supplies (including pre-positioned stocks).	-	24	3
Outcome 4 (Integrated community disaster preparedness): Local communities and institutions are better prepared for, able to mitigate and respond to disasters.			
Output 4.1: Communities, teachers and students provided with knowledge on hazard awareness and assisted to translate hazard maps produced by early warning institutions.			
Output 4.1: By 2015, local communities, and teachers and students in learning institutions in 24 chapters are able to conduct vulnerability capacity assessments.	-	24	0
Output 4.2: Communities supported to develop action plans and to implement basic mitigation activities at local community level.			
Output 4.2: By 2015, local communities in 24 chapters develop disaster action plans, establish ordinances advocating families to have survival kits, conduct drills on the hazards identified in the plans and ensure that families are reached with information campaigns on what to do before, during, and after disaster.	-	24	0
Output 4.3: Teachers and students in selected schools assisted to develop action plans and to implement basic mitigation activities at school level.			
Output 4.3: By 2015, teachers and students in learning institutions in 24 chapters develop school-level disaster action plans, advocate for their families to have survival kits, conduct drills on the hazards identified in the plans and reach other teachers and students with information campaigns on what to do before, during, and after disaster.	-	24	0

Progress towards outcomes

Outcome 1 and Outcome 2. The main activities under these outcomes relate to updating PRC's disaster management operations manual (as they call their standard operating procedures), preparing contingency plans for the most common disaster scenarios – earthquakes, floods and landslides, and typhoons – and pre-testing the contingency plans. Prior to updating the disaster management operations manual in 2012, PRC held a meeting bringing together key staff held in Tagaytay in the course of 2011 to discuss the draft. The draft was then forwarded to the disaster management committee for consideration. The committee is currently incorporating its adjustments before submitting the draft to the board for approval. The delay was caused primarily by three major disasters¹ that shifted PRC's attention to providing relief and recovery operations. It is foreseen however that the manual will be finalized in 2013. The disaster management department of PRC was provided with two desktop computers and a printer to facilitate the work during the preparation of the drafts.

Taking the programme forward, the process of preparing contingency plans for various disaster scenarios advanced in early 2012, with facilitation provided by a consultant seconded by the Danish Red Cross. The consultant arrived in the Philippines during the third week of April in 2012 and spent more than 30 days supporting PRC in drafting contingency plans, starting from a desk review and later leading a participatory approach that involved consultations with relevant focal persons within and without the Red Cross. He also participated in a Metro Manila earthquake preparedness orientation and planning workshop that was organized by PRC and which was participated by the Metro Manila Development Authority, Office of Civil Defence (OCD), and the Philippine Institute of Volcanology and Seismology (PHIVOLCS). Subsequently, the consultant supported the preparation of draft contingency plans for earthquake, typhoon, flood and landslide scenarios. The first drafts were circulated in May 2012 for review/additional inputs by relevant PRC departments. PRC departments provided their comments, which were incorporated before second drafts were circulated in July. The process of reviewing the drafts was disrupted by change of key personnel within PRC but will be re-started during 2013 since a new manager for the disaster management department has been recruited. Once the review process is completed, the final drafts will be forwarded to the disaster management committee for consideration prior to submission for management approval. Pre-testing of the contingency plans has not been undertaken. It will be done once the plans are approved and adopted.

Outcome 3. Investing in human resources – staff and volunteers – who act as the primary responders (especially in times of disasters) and the building blocks of a strong national society, PRC headquarters and its 100 chapters [sub-chapters included] have since recruited staff for relevant positions. Some 63,100 volunteers, through the Red Cross Youth department, have received relevant orientation. In 2012 where PRC handled three operations (two are ongoing), some departments (particularly disaster management services, community health and nursing services and social services) had to expand their teams by recruiting staff at the national and field level. In this regard, IFRC is supporting the salaries of some of the staff directly involved in the long-term programme as well as in emergency operations. With the organogram re-structured however, some posts are yet to be filled.

The IFRC in-country logistics team worked closely with their PRC counterparts in overseeing proper arrangement of all items that comprise pre-positioned stocks provided by IFRC. PRC's logistics team was then provided with orientation on maintaining warehouse records, including producing stock reports.

Outcome 4. Activities under this outcome are expected to be fully carried out in the course of 2013, as soon as the relevant documents (disaster management operations manual and contingency plans) are in place. By then, activities will be properly aligned towards achieving outputs under integrated community disaster preparedness. Meanwhile, Red Cross 143, PRC's network of volunteers in 42,000 barangays comprising one leader and 43 members, have since been primarily involved in preparing and responding to disasters. They also serve as first-hand sources of information (with their presence in almost every community) when there is a disaster as they feed information directly to the chapters.

¹ [Earthquake](#), [Floods](#) and [Typhoon Bopha](#)

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

Indicators	Baseline	2015 Target	2012 Achievement
Outcome 1 (Community-based health and first aid): Increased capacity of communities to respond to health and injury priorities during disasters, health emergencies and normal times.			
Output 1.1: Communities improve knowledge and practices related to five common causes of morbidity and mortality as identified during assessments.			
Output 1.1: By 2015, local communities in 24 chapters are able to conduct baseline assessments, identify priority health problems, develop CBHFA action plans, and undertake health education sessions and activities on what to do before, during, and after identified health problems.	-	24	6
Outcome 2 (First aid in the home): Increased capacity of households to respond to health and injury priorities at home and in communities.			
Output 2.1: Targeted households have at least one member each, with knowledge, skills and ability to provide basic first aid as needed			
Output 2.1: By 2015, 30,000 households in 24 chapters have a member each, with knowledge, skills and ability to provide basic first aid, and have access to community first aid kits.	N/A	30,000	15,835
Outcome 3: (Participatory hygiene and sanitation transformation): Waterborne disease prevention and management capacity in communities with poor access to water improved.			
Output 3.1: Knowledge and practice of improved hygienic behaviour in targeted communities increased.			
Output 3.1: By 2015, 24 chapters have a pool of PHAST-trained volunteers who, in turn, guide local communities to conduct baseline assessments, identify priority waterborne disease issues, develop participatory hygiene and sanitation transformation (PHAST) action plans, and undertake PHAST sessions.	N/A	24	8
Output 3.2: Targeted communities mobilize resources to prevent and manage waterborne diseases.			
Output 3.2: By 2015, 75 per cent of local communities in six chapters have formed water and sanitation committees, installed or rehabilitated water and sanitation facilities, and are able to prepare oral rehydration solutions.	Progress discussed in details below		
Outcome 4 (Emergency health): Local communities are better prepared for, mitigate, and respond to health emergencies.			
Output 4.1: Targeted communities are supported to develop epidemic preparedness plans and to implement basic mitigation activities.			
Output 4.1: By 2015, local communities in 24 chapters are able to conduct baseline assessments, identify potential health epidemics, develop epidemic preparedness plans, present the plans to respective rural health units, and link the plans to their community disaster action plans.	N/A	24	6

Output 4.2: Awareness of health emergencies in targeted communities is improved.			
Output 4.2: By 2015, local communities in 24 chapters have undertaken health in disaster and emergency (HIDE) education sessions and organized activities – relating to their epidemic preparedness plans – on what to do before, during, and after health in emergencies.	N/A	24	6
Outcome 5 (HIV and AIDS): Vulnerability to HIV and its impact reduced through preventing further infection, expanding care, treatment and support, and reducing stigma and discrimination.			
Output 5.1: Further HIV infection among youth prevented.			
Output 5.1 By 2015, PRC peer educators reach 96,000 persons with HIV awareness and prevention education sessions and information, education and communications (IEC) materials.	Progress discussed in details below		
Output 5.2: People living with HIV (PLWHIV) reached and supported to access treatment.			
Output 5.2: By 2015, 100 per cent of HIV-positive cases identified during pre-screening for blood donation are provided with referral services and supported to access to treatment.	N/A	100	0
Output 5.3: Stigma and discrimination of people living with HIV (PLWHIV) reduced.			
Output 5.3: By 2015, 100 per cent of HIV awareness and prevention education sessions undertaken by PRC peer educators include elements discouraging stigmatization and discrimination of PLWHIV.	N/A	100	25
Outcome 6 (Volunteering development): Capacity of PRC to recruit, mobilize, and manage volunteers improved.			
Output 6.1: PRC equipped with the tools and resources to recruit, mobilize, and maintain its network of volunteers.			
Output 6.1: By 2015, PRC is supported to update its volunteer policy, volunteer management manual and volunteer code of conduct, recruit 462,000 volunteers, train 10,500 volunteer team leaders and organize volunteer management course sessions for relevant staff from 24 chapters.	Progress discussed in details below		
Outcome 7 (Youth development): Involvement of youth in PRC programmes and services promoted and supported.			
Output 7.1: Capacity of youth increased through leadership development and youth-led programmes.			
Output 7.1: By 2015, PRC is supported to provide basic leadership training (BLT) for 24,000 youths, organize leadership formation course (LFC) for 24,000 youths and engage youth peer educators in undertaking substance abuse prevention education (SAPE) and HIV and AIDS prevention education (HAPE).	N/A	24,000 24,000 11,473 12,000	38,352 (BLT) 45,271 (LFC) 9,824 (SAPE) 10,807 (HAPE)
Outcome 8 (Support service development): Structures, systems, processes and mechanisms necessary for delivery of services and accountability improved.			
Output 8.1: Capacity of PRC's communications unit to project a positive image, messaging and brand of PRC is enhanced.			

Output 8.1: By 2015, PRC supported to update its communications plan/strategy, obtain one professional video camera and one professional still camera at the national headquarters, one digital camera each for 24 chapters, and organize six photography/news-writing training sessions for targeted staff and volunteers from 24 chapters and national headquarters.	Procurement of video camera and still camera in process for PRC communications department. One (informal) photography session conducted for eight chapters.		
Output 8.2: Financial management systems, procedures and guidelines of PRC improved.			
Output 8.2: By 2015, PRC updates/produces its financial management procedures, guidelines and manual, and rolls out the use of Microsoft Dynamics NAV to major departments and pilot chapters.	Finance manual currently circulated for comments prior to finalization. Roll out of training for familiarization of Microsoft Dynamic NAV still awaiting final schedule.		
Output 8.3: PRC reviews and develops job descriptions for critical positions in accordance with its staffing needs.			
Output 8.3: By 2015, PRC has reviewed/developed job descriptions for 100 per cent of its positions.	One seminar held in 2012 for review of job descriptions.		
Output 8.4: Capacity of PRC in logistics core areas of procurement, warehousing, transport and fleet management improved.			
Output 8.4: By 2015, PRC has updated/produced logistics (procurement, warehousing, transport and fleet management) procedures, policies and manuals, computerized logistics processes, refurbished main warehouses and improved on warehouse management.	N/A	100 %	25 %
Outcome 9 (Chapter development): Base units of PRC strengthened to deliver services during disasters, health emergencies and normal times.			
Output 9.1: Selected PRC chapters are equipped, upgraded and modernized.			
Output 9.1: By 2015, PRC is supported to scale up capacities, refurbish, upgrade and equip 24 chapters through affordable technologies and solutions, thereby enhancing service delivery and outreach.	N/A	24	8

Progress towards outcome

Outcome 1. In 2012, six chapters have been supported to implement community-based health and first aid (CBHFA): Batangas and Mindoro Oriental in Luzon, Capiz and Cebu in Visayas and Agusan del Norte and Bukidnon in Mindanao. Two representatives from each chapter (a chapter administrator and a chapter service representative from health services department) were gathered in a sensitization meeting in January 2012 to discuss the overall project process and implementation. In order to start the rolling out of CBHFA activities in the targeted chapter, a facilitators' training was held a month after. In total, 14 facilitators from the six chapters (two each, plus two staff from PRC national headquarters) have been trained who also act as focal persons for CBHFA. Immediately following, they conducted pre-assessment in which areas in their respective chapters they are going to operate – guided by the [Geographically Isolated and Disadvantaged Areas \(GIDA\)](#), one municipality was identified in each area. In each municipality, five communities were targeted (except for Cebu where six communities were identified). Taking the step forward, recruitment, selection and training of 150 community health volunteers (CHVs – 25 in each chapter) was done using the CBHFA approach. The CHVs have since facilitated baseline assessments among 743 households in all the identified municipalities. Assessment tools that were used include community mapping, direct observation, transect walk, interviews and obtaining secondary information. As a result of the baseline assessment, they have identified that the priority health problems include acute respiratory infection, dengue, diarrhoea, measles and non-communicable diseases (stroke, heart diseases and high blood pressure). Conducting health sessions

focusing on what to do, during and before the identified health problems using the CBHFA approach, the CHVs reached some 3,167 households in these areas. The health sessions were complemented by flipcharts. Out of the targeted 31 communities in six areas, the CHVs have helped 29 of them in developing CBHFA health action plans.

Outcome 2. Also as part of the CBHFA, CHVs in six chapters carried out a campaign on first aid to the 3,167 household heads (representing 15,835 persons) to ensure that every individual in the community are prepared in times of disasters and calamities. An initial set of 30 first aid kits were distributed to the six areas (five each) to complement their knowledge and skills on first aid. Additional sets of first aid kit will also be delivered in the early part of 2013 as soon as the identified supplier completes the specifications.

Outcome 3. Participatory hygiene and sanitation transformation (PHAST) covered eight chapters (surpassing the target of six chapters) in 2012 namely: Cagayan, Catanduanes, Eastern Samar, Ifugao, Ilocos Norte, Kalinga, Quezon-Lucena and Romblon. The PHAST intervention was initiated by identifying facilitators from these chapters, where 16 were trained (two from each chapter) for them to enhance and align their skills within the PHAST process. These facilitators have since recruited and mobilized 85 community health volunteers (CHVs) who also act as 'hygiene promoters' using the PHAST approach in their respective areas. In the eight chapters, CHVs conducted baseline assessments, reaching 2,252 households. They conducted house-to-house surveys where questions evolved around the topics of handwashing, waterborne diseases, drinking water, environmental sanitation, toilet and hygiene promotion. The CHVs were then mobilized to conduct PHAST sessions in the communities, immediately after the baseline assessment, reaching some 1,722 households. The hygiene promotion activities were done following the seven steps of the PHAST process: (1) problem identification, (2) problem analysis, (3) planning for solutions, (4) selecting options, (5) planning for new facilities and behaviour change, (6) planning for monitoring and evaluation and (7) participatory evaluation. The sessions were also complemented with various information, education and communication (IEC) materials which include brochures, flash cards and flip charts distributed in the communities. Visibility materials were also provided to CHVs where they received ID lanyards, shirts and umbrellas. As of December 2012, the eight chapters have finished up to the fifth step of the PHAST process, and completion of activities is expected within the first quarter of 2013. Other activities, such as formation of water and sanitation committees, installation of rehabilitated water and sanitation facilities, as well as preparation of oral rehydration solutions in at least 25 per cent of local communities in the eight chapters are expected to be carried out in the early part of 2013 as well.

PHAST beneficiaries in four out of the eight chapters (Catanduanes, Ifugao, Ilocos Norte and Quezon-Lucena) participated in Global Handwashing Day, held last 15 October 2012, which became a good venue for hygiene promotion. Some 15 CHVs were mobilized in this activity where a total of 1,029 children participated. The beneficiaries also extended to apply their knowledge on sanitation by participating in clean-up drives within their own communities, which is held once a month on a Saturday, where some 618 beneficiaries participated.

Outcome 4. Activities under this outcome relate to Outcome 1 (CBHFA). The CHVs developed the community preparedness and response plans in their respective communities to lessen morbidity and mortality caused by health problems in times of emergency.

Outcome 5. Through the Red Cross Youth (RCY), 10,807 youth have been reached with HIV and AIDS prevention education (HAPE) while 9,824 others were reached on substance abuse prevention education (SAPE) in 2012. The sessions were conducted in communities through peer-to-peer education and information campaigns. The sessions were complemented with IEC materials where 75,000 brochures (printed in English and Filipino) have been distributed in 84 chapters.

Outcome 6. In 2012, PRC continued to recruit volunteers in line with 'Project 143' – an initiative that aims to reinforce PRC's presence in 42,000 barangays (villages) across the country. Under the project, PRC aims to recruit and train 44 volunteers, comprising a team leader and 43 members in each barangay. In addition to this, PRC will be organizing the annual event 'Million Volunteer Run' to be held on 10 February 2013. At least a million people in the whole country are expected to participate in the event including staff from government

agencies and private companies, celebrities and politicians. The run will be held simultaneously in key cities and municipalities in the Philippines. Registered runners will automatically be listed as volunteers in their respective cities/municipalities and are entitled to receive training on disaster preparedness and response, to be conducted by PRC staff and volunteers.

Outcome 7. Red Cross Youth (RCY), one of the main services of PRC, continues to empower youth by involving them in PRC programmes and services. In this regard, the RCY department organized several training sessions for the benefit of youth, including the youth volunteer orientation course, reaching 63,113 persons, leadership formation course for 45,271 youths and basic leadership training for 38,352 others. RCY has also reached 9,824 youths on substance abuse prevention education (SAPE) and 10,807 youths on HIV and AIDS prevention education (HAPE).

Outcome 8. The main activities under this output related to developing financial management procedures and guidelines, putting in place updated logistics procedures and guidelines, and computerization of essential business processes.

In early 2012, PRC reviewed and updated job descriptions for key positions, including several under the disaster management department. Contributing to this process, the IFRC country office provided recommendations on realigning the structure of PRC's disaster management department, and supported the development of job descriptions for key positions in the department. It is expected that the recommendations will be fully considered when the key positions – most of which remain vacant – are filled in the course of 2013. The costs relating to this process have been fully borne by PRC using its own resources.

The process of developing a financial management manual for PRC, clearly detailing policies, regulations and procedures, is being facilitated by a finance development delegate from IFRC's Southeast Asia regional office (SEARO) in Bangkok. Although considerable groundwork has been covered, development of PRC's financial management manual remains work in progress. After conducting a review of the existing finance policies, regulations and practices, a second draft was circulated in March 2012. The finance development delegate incorporated additional inputs and shared an improved draft with the technical working group. During his last visit on 4-7 September 2012, the delegate worked with the technical working group to finalize the draft. A final version has since been forwarded to the PRC management for final review and forwarding to the board for approval.

IFRC continued to support PRC in implementing a financial management module of Microsoft Dynamics NAV. This process started in mid-2010 and is ongoing with the view of improving PRC's capacity to record and report financial transactions. With the initial licenses procured, installation was done on several machines in April 2011 and the financial management module has been online at the national headquarters level since then.

Under this appeal, the finance department of PRC was equipped with one server, ten desktop computers, one printer and two laptop computers. The process of obtaining additional licenses for activation of the system on the additional computers provided was done in 2012. This preparatory work is necessary as it is a pre-requisite to the rolling out of the system to the chapters. The rollout was expected during the course of 2012, but has been delayed because full stabilization of the system at the national headquarters has not been achieved. The hiccups are being fixed before rollout is done in a phased manner, initially focusing on chapters in Metro Manila as a pilot, and thereafter to other chapters. Once the system has stabilized and is fully in place, it is expected that there will be real time access to financial information across the entire PRC, which will in turn lead to accurate, prompt recording and reporting of financial transactions.

Linked to logistics processes, the IFRC in-country logistics team supported PRC in developing relevant logistics documentation formats, including bin cards, goods-received notes, and stock cards, which are essential for proper documentation of logistics transactions. The team worked closely with their PRC counterparts in overseeing proper arrangement of all items that comprise pre-positioned stocks that have been provided by IFRC. PRC's logistics team was then provided with orientation on maintaining warehouse records, including producing stock reports.

It was expected that work relating to computerization of logistics processes would be completed in 2012.

However, the intention to support PRC in installing and rolling out the logistics and inventory control (LogIC) software was overtaken by events. IFRC Geneva advised that the system that existed at that time was being phased out and would be replaced by a new system starting late 2012. The new system is ready and is currently being tested within IFRC offices around the globe for bugs to be fixed prior to its rollout to national societies. Nevertheless, in the meantime, PRC made a decision to implement an inventory management module of Microsoft Dynamics NAV, building on the existing financial management module.

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

Indicators	Baseline	2015 Target	2012 Achievement
Outcome 1 (Communications): A strong positive image and brand of PRC and the Red Cross Red Crescent Movement overall, is projected, enabling external partners to know PRC and the Movement better and spur their support.			
Output 1.1: Humanitarian work of PRC highlighted through effective messaging and engagement with the media, partners and potential supporters.			
Output 1.1: By 2015, PRC has facilitated field visits for main news organizations during times of disaster, connected spokespersons with news organizations that establish links via IFRC, provided timely audio-visual materials and effectively utilized social media such as Twitter, etc.	Progress discussed in details below		
Outcome 2 (International disaster response laws, rules and principles): Legal preparedness for international disaster relief and initial recovery assistance is enhanced.			
Output 2.1: Continued engagement with the authorities strengthens domestic laws and policies relating to regulation of international disaster relief and initial recovery assistance.			
Output 2.1: By 2015, the authorities have strengthened domestic policies and regulations relating to international disaster relief and initial recovery assistance, thus enhancing assistance to vulnerable people.	Progress discussed in details below		
Output 2.2: Relationship between IFRC, PRC and the Philippine government strengthened through a status agreement.			
Output 2.2: By 2015, IFRC and the Philippine authorities sign a legal status agreement to enhance collaboration.	Progress discussed in details below		
Outcome 3 (Advocacy): Access to safer land by communities living in disaster-prone areas is promoted and increased.			
Output 3.1: Continued engagement with authorities and stakeholders leads to availability of land to resettle communities living in disaster-prone areas.			
Output 3.1: By 2015, continued engagement with national and local authorities enable allocation of land sites for disaster-displaced communities that lived in disaster-prone areas, thus better outcomes for vulnerable people.	Progress discussed in details below		
Outcome 4 (Principles and values): Awareness of the Fundamental Principles and values of PRC contributes to building inclusion and tolerance.			
Output 4.1: Dissemination of the Fundamental Principles and values of PRC promotes positive behaviour change among young people and inspires them to play a positive role in society.			

Output 4.1: By 2015, sessions conducted by youth peer educators contribute toward reducing intolerance, discrimination and social exclusion of marginalized groups, such as indigenous communities, substance abusers and PLWHIV.	Progress discussed in details below
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Progress towards outcome

Outcome 1. Communications support has since been provided by IFRC to PRC especially in times of disaster. In 2012 alone, owing to the role played by the national society in three major disasters that struck the country, support has been consistently provided by IFRC at country, region and zone level. The IFRC communications officer has maintained coordination with PRC counterparts in drafting key messages, press releases and web stories, highlighting the needs of the affected communities and Red Cross Red Crescent response, ensuring a steady flow of timely and accurate information targeted at key stakeholders including the media, national societies, and prospective donors. Photos, videos and stories can be found at the [IFRC Philippines' page](#) and also at [PRC website](#). The officer also took part in one of the lessons learnt meeting for PHAST, where she facilitated a photography session for staff and volunteers from eight chapters.

Outcome 2. Projection of the strong image of PRC and the Movement to the government, private and public sector in general, to gather support, was initiated during the international disaster response laws, rules and principles (IDRL) workshop held on 26 June 2012 organized by the Department of Foreign Affairs (DFA). The IDRL coordinator based in the IFRC Asia zone office participated in the workshop.

Outcome 3. IFRC continues to support the humanitarian diplomacy efforts of PRC, especially with regard to obtaining safer land to resettle displaced families. Related to Outcome 2, PRC's early recovery operations assists families displaced by disasters. Targeting families whose houses were totally destroyed as a result of the typhoons, priority is given to the most vulnerable families that lacked the capacity to rebuild. The assistance delivered not only aimed at providing structures (homes to live in) but also a durable solution linked to disaster risk reduction, i.e. by enabling beneficiaries to rebuild in safer areas, less prone to natural hazards. This approach considered that while it was the poor who were hardest-hit by the typhoons, the main cause of destruction to shelter was the location of the dwellings rather than the building materials. Most of those severely affected were the poor who often live on marginal land close to riverbanks or coastlines. Relocation of such families to safer ground as well as equipping them with better building techniques was necessary.

Outcome 4. The Fundamental Principles are integral in all the programmes implemented by PRC, especially those conducted by the Red Cross Youth (RCY). RCY has since been the main player in reaching out to the youth when it comes to peer-to-peer education on HIV and AIDS and substance abuse.

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

Indicators	Baseline	2015 Target	2012 Achievement
Outcome 1 (Coordination): Cooperation mechanisms that take into account the contributions, complementary capacities and resources of partners is enhanced.			
Output 1.1: PRC is supported to fulfil its commitment to the Federation-wide planning and reporting system.			
Output 1.1: By 2015, 75 per cent of reports submitted by PRC for IFRC-supported plans and appeals are received within deadline, have no data inconsistencies, and require reduced editing.			Progress discussed in details below

Output 1.2: Plans and actions are coordinated with Movement partners and external actors to achieve higher value from Red Cross work.	
Output 1.2: By 2015, through better coordination with Movement partners and external actors, PRC has accessed and used best practices and latest tools to strengthen programmes, services and capacities.	Progress discussed in details below
Outcome 2 (Governance support): Governance of PRC supported to uphold integrity.	
Output 2.1: Members of PRC governance receive ongoing support related to performing their role.	
Output 2.1: By 2015, the PRC governance commissions and completes a mid-term review to determine progress relating to implementation of the PRC's Strategy 2020.	Progress discussed in details below

Achievements

Outcome 1. PRC's planning, monitoring, evaluation and reporting (PMER) department has been fully operational in 2012. With manager and relevant staff in place, the PMER department coordinates the collection of reports from the chapters, including setting deadlines and providing templates. As mentioned under Business Line 3, PRC has been supported by IFRC and Movement partners in gaining access to latest technology and tools in augmenting its various operations, programmes, services and capacities.

Outcome 2. The national society holds monthly meetings, apart from the monthly board meeting, to track the progress made by the organization as outlined in the PRC Strategy 2012-2016. With the PMER department in place, it spearheads tracking of progress through analysis of monthly reports provided by the chapters. The analysis basically covers the compliance rate of the chapters, vis-à-vis the target set in each goal. They also make sure that there are reporting officers per chapter to facilitate the drafting. There is also a plan to produce quarterly newsletters composed of accomplishments by chapters and the national headquarters in achieving the goals outlined in the Strategy 2012-2016.

Stakeholder participation and feedback

In all the activities being carried out by PRC, stakeholders, the vulnerable communities, play a key role as they are being consulted – from the beginning, even before implementation – up to the last stage – including during evaluation phase. This is being done especially in health interventions, where baseline assessments are being conducted to find out the needs of the community, residents' concerns about hygiene and sanitation and what their practices are. In disaster response, detailed assessments are being carried out to find out who needs what and where.

Feedback mechanisms are in place in all these interventions. PRC conducts mid-term reviews in all the programmes, hence comments and suggestions are being addressed halfway through the implementation to allow for changes where there is need for improvement. PRC ensures that the targeted areas are well-represented in the review in order to find out what actually happened and what needs to be done. In addition, evaluation meetings / lessons learnt workshops are being conducted, with points for improvement being taken seriously, so that the next implementation would be better.

To deliver on the programmes, however, PRC and IFRC work closely with other actors whose roles are complementary to the successful fulfilment of outcomes. As well as partner national societies, the national and local authorities are some of these key actors. These include the National Disaster Risk Reduction and Management Council (NDRRMC), local disaster risk reduction and management councils, local government units (LGUs), Department of Health (DoH), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Overseas Workers Welfare Administration (OWWA) and Philippine Overseas Employment Administration (POEA). Non-governmental actors with whom we collaborate are

hospitals and medical centres, foundations, non-governmental organizations (NGOs) and other humanitarian organizations working in the Philippines.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority	Recommended Action
	High Medium Low	
PRC management and board commitment	H	The decision-making process in PRC is multi-stepped. Changes in procedures, systems and structures need to be approved first by respective committees, and then endorsed by the board. This framework has been discussed with PRC and their input sought. It is expected that the board will approve all products as the outcomes of this framework are in line with PRC's strategic direction.
There is no major disaster	H	Considering that Philippines is hit by an average of 20 typhoons every year, and the threat of earthquakes, volcanic eruptions, landslides and health epidemics is always looming, such occurrences could prompt PRC's national headquarters and chapters to re-focus more efforts towards response. Nevertheless, strong collaboration and integration across programmes as well as between the national headquarters and chapters will have to be maintained to ensure that development work progresses alongside possible relief and recovery efforts.

Lessons learned and looking ahead

While significant progress has been made across the five business lines, a variety of factors contributed to delays in achieving some of the expected results within the programme timeframe. The main two were delays relating to the decision-making process in PRC and three significant disasters that struck during the course of 2012, diverting the attention of concerned departments. These factors had a severe impact on the expected deliverables, particularly those which were process-oriented.

As noted in the respective sections on achievement across the business lines, initial drafts of contingency plans as well as those of disaster management, financial and logistics manuals were readily available in 2012. However, they are yet to be approved as the process of reviewing them is taking longer than expected. Disasters that struck the country in February, August and December were a key factor in the delays as they diverted the focus from this programme since emergency, relief and recovery operations were launched. These disasters demanded substantial amounts of resources, time and effort from PRC and IFRC in responding.

Aside from disruptions by disasters, another contributing factor was the considerable turnover of key PRC personnel. Several managers and technical staff – including in finance and disaster management departments – whose inputs would be crucial in achieving the outputs under this programme, left the organization in 2012. It took time for the organization to find suitable candidates to fill the vacant positions, although some existing staff members were assigned additional roles in an acting capacity. Those assigned additional roles in acting capacity had their respective dockets to look after and thus, could not dedicate full focus on some of the processes. There will be more rapid progress in 2013 as the vacant positions are filled. For instance, the position of manager for the disaster management department has recently been filled and the new person has put finalization of the disaster management operations manual and contingency plans among his top priorities.

Financial situation

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

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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