

Strategy

2021-2025



VOLUNTEERS+LOGISTICS+INFORMATION TECHNOLOGY = A RED CROSS THAT IS
ALWAYS FIRST ALWAYS READY ALWAYS THERE



IN PHOTO: PRC staff and volunteers work alongside provincial and local government units to clear fallen debris caused by Typhoon Tisoy (Kammuri) on December 2019.

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This work has been developed by the Philippine Red Cross through the Planning, Monitoring, Reporting, and Evaluation (PMER) Office. It was further assisted by the Strategic Plan Development Technical Working Group, with support from the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), and the German Red Cross (GRC).

FRONT COVER- (clockwise from left):

- 1) PRC Chairman and CEO Senator Richard J. Gordon inside the PRC Molecular Laboratory.
- 2) M/V Amazing Grace carrying food and non-food relief items lands on the shores of Catanauan following the impact of Typhoon Rolly (Goni).
- 3) Red Cross Village in Barangay Paypay, Daanbantayan Cebu.
- 4) Chairman Gordon heading the back to back relief operations in Cagayan, where PRC was able to give hope to 393 household that received shelter repair toolkit from Brgy. Bitag Grande and Brgy. Mocag in Baggao and 355 families who received basic household items.
- 5) A volunteer healthcare worker assisting clients in the PRC Bakuna Bus.
- 6) PRC Operations Center Team conducting monitoring during Typhoon Operations

Table of Contents

STRATEGIC PLAN 2021 - 2025

Message from the Chairman	1
Message from the Secretary General	2
Overview	3
Development of the Strategy 2025	4
Key findings of the Mid Term Review of PRC Strategy 2017-2020	4
Challenges for the Next 5 years	4
Targets	5
Strategic Framework	6
Unpacking the Strategy	7
Goal 1	7
Goal 2	7
Goal 3	8
Implementing, Communicating, and Resourcing the Strategic Plan	9
Planning, Evaluating and Reporting	9
Risk Analysis	10
Annexes	11
Annex I: PRC Strategic Plan Process	11
Annex II: Referencing the Strategy	12
Annex III: Who We Are	13
Annex IV: The Seven Fundamental Principles	13
Annex V: Key Performance Indicators	14
Glossary	20

Message from the Chairman

We enter the new decade with numerous challenges unprecedented in our time. As the premier humanitarian organization, the Philippine Red Cross (PRC) is stepping forward with strength, innovation and collective action to meet these challenges for the benefit of the most vulnerable peoples and communities of the Philippines.

The emergence of the COVID-19 pandemic in 2020 stretched national and global health systems capacity to their limits. Recognizing that the global spread of the virus has dramatically increased the number of suspected cases in all geographic areas, PRC has realized early on that countries should increase their levels of preparedness, alertness, and response. We knew that the key to protecting our people lies in being able to identify and isolate those with the disease to prevent further transmission and give appropriate treatment. We rapidly established molecular laboratories in strategic areas of the country at a time when the government's testing capacity is severely limited. We quickly mobilised our volunteers and operational assets across the country. We also continue to find new ways to respond to the pandemic by developing the saliva test for COVID-19 as well as building partnerships across sectors for access to the needed vaccines for our countrymen. We remain committed at the forefront.

At the same time, PRC continues to respond to various typhoons, earthquakes and other emergencies. We continue to serve our community through disaster operations and other health, welfare and development services as we strive to deliver our mandate.

In these most challenging times, we maintain the clarity of our vision – PRC is an independent, autonomous,

non government organization that mobilizes the power of humanity to improve the lives and uplift human dignity especially the most vulnerable by being always first, always ready and always there. We do this with wiful acts of *Kusang Loob* (Volunteerism), *Malasakit* (Compassion) and *Kapwa Tao* (One with Humanity).

As the leader in the humanitarian sector, PRC's mission is to act with dispatch to ensure that we reach the most vulnerable people and communities so that they will be enabled and ennobled. As leaders, PRC will continue to engage and nurture partnerships and relationships to enable our mandate. We will also continue to use our voice to advocate humanitarian ideals and actions that enhance our community, especially the most vulnerable.

The PRC Strategy 2021-2025 is our roadmap for fulfilling our mandate with excellence, building on our reputation as an effective and trusted humanitarian, people-centred organization that conducts itself with integrity and transparency. With the 7 Fundamental Principles of the Red Cross and Red Crescent Movement at heart and as the foundation for all our plans and actions.

The achievement of our goals and objectives in Strategy 2021-2025 relies on the power of humanity. The PRC Chapters are the most powerful resource and the collaboration and teamwork of all PRC officers, staff and volunteers are the keys in realizing our collective vision. We have much work to do but I am confident that the PRC team will realize our vision, mission and goals and continue to be at the forefront of humanitarian service in the country.

Thank you.



Richard J. Gordon
PRC Chairman and CEO



IN PHOTOS (L-R):

- 1) PRC Chairman and CEO Gordon leads the way of the Typhoon Rolly Emergency Response aboard M/V Amazing Grace enroute to Catanduanes.
- 2) The Chairman inspects the customized UBE Bus set-up to be used as PRC Mobile Vaccine Clinic during measles and polio vaccinations.
- 3) Officials and residents from Barangay Bon-ot in San Andres, Catanduanes thank the PRC and Chairman/CEO Richard Gordon for their swift and active response during and after Typhoon Rolly.



IN PHOTOS (L-R):

- 1) PRC Secretary General leads the meeting with Emirates Red Crescent (ERC) to provide urgent humanitarian aid to people affected by Typhoon Rolly.
- 2) PRC SG demonstrates the importance of handwashing during cash assistance distribution for COVID-19-affected families in Tondo, Manila.
- 3) Differently-abled Beneficiaries were provided with wheelchairs by PRC in cooperation with The Creative Life (TCL).

Since its establishment more than seventy years ago, the Philippine Red Cross has been the leader of humanitarian services in the country. The PRC Strategy 2021-2025 draws upon this long experience of service which also guides us in our quest for continued operational and organization excellence. The Strategy 2021-2025 is PRC's third strategy manual and has been achieved through a process of reflection and iterative feedback from various stakeholders to inform PRC's strategic focus. The PRC Strategy 2021-2025 is anchored in Strategy 2030 of the International Federation of the Red Cross and Red Crescent Societies (IFRC). It is in alignment with the Sustainable Development Goals (SDGs) and the PRC Community Resiliency Framework.

The main goals for this five-year period are: 1) Empower the most vulnerable and marginalized community members through sustainable, innovative, needs-based services that sustain resilience and promote human dignity and well-being; 2) Strengthen the National Society's financial sustainability through an intensified resource mobilization, strategic partnership and well-placed systems that enhance trust, accountability, efficiency, and standards compliance; and 3) Enhance our organizational capacity for the welfare of our staff and volunteers through a human-centered approach, supported by strengthened administrative systems and procedures.

To achieve these goals, we will be working to realize greater integration between services and systems as well as strengthened collaboration between our Headquarters and Chapter teams. A spearhead initiative is PRC's regional hubs project that, in its first phase, will establish six self-sustaining multi-service hubs at the provincial level, increasing our capacity to service local communities and improving accessibility and communications between the teams.

Partnerships and collaborations continue to be a priority in this Strategy. The operational demands of the numerous challenges that year 2020 brought has served to emphasize the value of partnerships and inter-

organizational collaboration to achieve collective goals and objectives. We will build on these gains to enhance partnerships and actively seek to expand our partnership networks to ensure wider service reach and greater organisational stability.

The COVID-19 pandemic has brought unique challenges to our resource mobilization and our approach must adapt to the 'new normal'. The challenges of the pandemic likewise affected our systems for interaction with volunteers and the wider community and we needed to adapt to new ways of communications online.

Moving forward, we will continue to utilize information technology to transition, where appropriate, our trainings and fundraising initiatives to relevant online platforms and tools. We will continue to be flexible in our approaches and in seeking solutions when delivering our humanitarian services.

As we work on the PRC Strategy 2021-2025, I call on all PRC officers, staff, and volunteers to continue to exert all efforts in working towards our goals. The success of the PRC rests upon our commitment to service and collective efforts.

Thank you.


Elizabeth S. Zavalla
 PRC Secretary General

Message from the Secretary General

2017-2020 Overview

ACCOMPLISHMENTS



1.8 MILLION BLOOD COLLECTED

- 1,815,748 units of blood collected from 2017 to 2020
- With a yearly average of 453,937 units of blood collected.
- This is 91% of our 4-year NHQ target which is 1,989,680.
- This is 53% of our 4-year prescribed national target which is 3,436,183.



AROUND 300,000 PERSONS TRAINED ON DIFFERENT FIRST AID COURSES

- With a yearly average of 81,548 first aiders trained.
- This is 37.25% of our 4-year target which is 875,594.



AROUND 300,000 RC143 VOLUNTEERS RECRUITED

- Seven RC143 volunteers per barangay**
*42,046 barangays in the Philippines (Source: Dept. of Interior and Local Government, June 2020)
- With a yearly average of 68,538 RC143 volunteers recruited
 - This is 17% of our 4-year target which is 1,614,619.



1.3 MILLION BLOOD DISPENSED

- With a yearly average of 345,552 units of blood dispensed.
- This is 73% of our 4-year NHQ target which is 1,900,564.
- This is 40% of our 4-year prescribed national target which is 3,436,183.



AROUND 970,000 FAMILIES PROVIDED IMMEDIATE ASSISTANCE

(Food and Non-Food Items) during disaster response



MORE THAN 900,000 RED CROSS YOUTH MEMBERS RECRUITED*

- *Out of 24M student enrollees in elementary and secondary level
(Source: Philippine Statistics Authority National Quinquennial, June 2020)
- 923,181 RCY members from 2017 to 2020
 - With a yearly average of 230,795 RCY members
 - This is 68.56% of our 4-year target which is 1,346,363

INNOVATIONS



COMMISSIONING OF THE PRC M/V AMAZING GRACE

across the country the first humanitarian vessel in the Philippines and in the Asia Pacific thus enabling the PRC to effectively perform its humanitarian work.



CONVALESCENT PLASMA

More than 500 patients Confirmed Positive for COVID 19 provided with this lifesaving fluid.



LAUNCH OF THE STATE-OF-THE-ART DIALYSIS CENTER

at Port Area, Manila to support indigent patients who are affected by renal diseases.



NEGATIVE PRESSURE AMBULANCES

transported COVID-19 patients

FEATS



1,528,350 COVID-19 TESTS DONE

from 13 molecular laboratories around the Philippines



1,044,219 CHILDREN VACCINATED

for Polio and Rubella-Measles across the country



ESTABLISHED 17 REGIONAL WASH HUBS

across the country

DEVELOPMENT OF THE STRATEGY 2025

The Philippine Red Cross Strategy 2021-2025 has been developed against the backdrop of the coronavirus (COVID-19) pandemic, which had a profound impact on the health sector and socio-economic outlook in the Philippines. For the past year, PRC has been at the centre of the Philippine response to COVID-19, supporting and augmenting health system capacity and venturing into unchartered territory for the PRC by establishing molecular laboratories to fill the gap in the country's testing capacity, and mainstreaming COVID-19 competency across all its programs and operations.

In developing Strategy 2021-2025, it was vital to consider the key national concerns that the PRC will continue to work on alongside the reality that COVID-19 considerations will remain a feature in the years ahead. Similarly, the findings and recommendations arising through the Mid Term Review of PRC Strategy 2017-2020 were greatly considered to capture the voice of the chapters, partners and the people we serve.

KEY FINDINGS OF THE MIDTERM REVIEW OF PRC STRATEGY 2017-2020

Generally, the result of the stakeholder's analysis revolved around the following perceived current needs of the stakeholders: 1) limited access to health infrastructure, 2) Insufficient funds for COVID-19 response, 3) Multiple disasters, 4) Education sector learning management system access and 5) inadequate logistics (e.g. vehicles, PPEs, etc).

The recommended strategic priorities for the future included enhancements to organisational policies, procedures and management processes that empowers Chapters; ensures administrative and financial systems are robust and agile and facilitate critical activities and procurement; strengthens planning, monitoring, evaluation and reporting (PMER) capacity with a learning focus across the organisation; and formulate protection, gender and inclusion (PGI) guidelines, including gender-based violence considerations, climate change, and health-related

issues for incorporation into PRC operational guidelines.

Other recommendations that have also been captured in this strategy related to volunteer management, resource mobilization, program and project operations, staff management and welfare, and coordination, communication and feedback.

STAKEHOLDERS SURVEY

Recommendations from PRC stakeholders were organised around three themes:

- **action-focused:** continuity and sustainability of projects; localization of projects; logistics and personnel capacity in emergencies; community engagement.
- **organizational:** volunteer management (RC143 and RC Youth); core values; innovation; resourcing; digitalization; organizational structure.
- **external collaboration and partnerships:** coordination; partnerships; IEC/advocacy; and communication.

THE CHALLENGES FOR THE NEXT 5 YEARS

Strategy 2021-2025 is centred on three major and intersecting concerns: climate and environmental crisis, health and well-being including COVID-19, and conflict and migration.



Climate and Environmental Crisis

The Philippines' location on the Pacific Ring of Fire and typhoon belt makes it highly prone to storms, floods and earthquakes which displace millions of people each year. In 2018 the Philippines ranked second for countries most affected by extreme weather events and is among the most vulnerable countries to climate-related weather events¹.



Health and Well-being

The Philippines has been severely impacted by the COVID-19 pandemic and over 500,000 COVID-19 cases

have been recorded in the country by January 2021 with over 10,000 deaths². The pandemic has disrupted the socio-economic gains the Philippines had been making through the 2020s and has strained the country's health and welfare systems.

Alongside the pandemic, the incidence of noncommunicable diseases (NCDs) is rising and many Filipinos continue to suffer from diseases for which effective interventions are available, including HIV, tuberculosis, and vaccine-preventable diseases such as measles, polio and diphtheria³.

The percentage of food insecure households has increased, and UNICEF observes that nearly half of deaths in children under 5 years old are attributable to undernutrition, putting children at greater risk of dying from common infections and delaying recovery.

Other health and well-being concerns include undernutrition in children under 5 years old, inadequate community mental health services, and high incidence of road traffic injuries and fatalities.



Conflict and Migration

Forced displacement due to various forms of conflict continue to confront many marginalized and vulnerable communities, especially in Mindanao. In 2019 some 4.1 million new displacements were recorded in the Philippines driven by conflict (183,000) or triggered by disasters⁴. Major development projects linked to urban development, energy production or natural resources extractions also cause displacement and often affects marginalized, poor and indigenous populations.

¹ Global Climate Risk Index 2020

² Department of Health, Philippines

³ Prevention and control of noncommunicable diseases in the Philippines: The case for investment – Philippines Ministry of Health, WHO, UNDP, 2019

⁴ Internal Displacement Monitoring Centre



IN PHOTOS:

- 1) PRC staff and volunteers distribute relief goods and N95 masks following the January 2020 Taal Earthquake.
- 2) Around 4,000 returnees from Sabah, Malaysia arrived at Zamboanga City Port on February 2017. PRC set up a welfare desk and provided psychosocial support to the affected individuals.
- 3) After consecutive strong typhoons Folly (Goni) and Ulysses (Vamco) in November 2020, PRC swiftly responded to the impacted communities. Staff and volunteers board a bangka carrying relief items.

Targets

BY THE END OF 2025:

2 Million volunteers inculcated with the RCRC Movement fundamental principles, PRC core values and spirit of volunteerism.

1,000,000 Red Cross Youth reached through the RCY program. RCY program expanded and reached 20% of primary and secondary schools, 50% of colleges/universities and 5% of cities, municipalities, and barangays.

1,000,000 RC143 Volunteers recruited.

1,051,150 first aiders trained in every home, workplace and community for a secured and safe environment.

96,000 volunteer medical, nurse corps and Community Health Volunteers recruited and oriented nationwide to ensure health services is accessible to high risk communities.

11,105 competent, committed, and motivated staff.

5,250 competent, committed, and motivated governance (Board of Directors and Board of Governors)

2.4 Million people reached with needed healthcare services.

At least 30% of the most affected population reached through WASH emergency response related to outbreaks and epidemics.

3,740,000 blood units collected (85% of 1% of total Philippine Population) and **3,553,000** blood units dispensed.

70,200 hemodialysis sessions provided to save the lives of people with renal failure (15 machines).

46,800 hemodialysis sessions provided to save the lives of people with renal failure (10 machines).

28,000 most vulnerable individuals affected by crisis reached with welfare services.

PRC increased the number of branches in **high risk areas** by 20% annually all over the country to widen coverage and reach

We are the **partner of choice** in providing humanitarian services that respect and promote human dignity.

20% increase in funds generated annually through diversified and expanded donor base and multiple channels of donation.

10 million COVID-19 tests conducted.

Clinical Diagnostic Center made operational to provide safe and accessible diagnostic tests for various diseases.

12 regional hubs established nationwide which enable better access and efficient delivery of life saving PRC services.

Technology innovation designed for faster response.

At least 30% of the most affected population provided with Disaster Response and Early Recovery Services.

ACCORDING TO THE CHAIRMAN

THE STRATEGY FOR OUR SUCCESS IS SUSTAINED DEVELOPMENT.

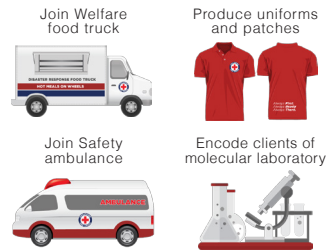
Example:



1 ORGANIZE AND RECRUIT VOLUNTEERS



2 EDUCATE THEM THROUGH TRAINING



3 RESULT: LIVELIHOOD OPPORTUNITIES AND VOLUNTEER RETENTION

Strategic Framework 2021-2025

VISION

Philippine Red Cross is an independent, autonomous, non-governmental organization that mobilizes the power of humanity to improve the lives and uplift human dignity especially the most vulnerable by being

Always First, Always Ready, and Always There.

MISSION We act with dispatch to ensure we reach the most vulnerable people and communities so that they will be enabled and ennobled. ©Richard Gordon

GOAL 1

Empower the most vulnerable and marginalized community members

through sustainable, innovative, needs-based services that sustain resilience and promote human dignity and well-being

GOAL 2

Strengthen the National Society's financial sustainability

through an intensified resource mobilization, strategic partnership and well-placed systems that enhance trust, accountability, transparency, efficiency, and standards compliance

GOAL 3

Enhance our organizational capacity for the welfare of our staff and volunteers

through a human-centred approach, supported by strengthened administrative systems and procedures

STRATEGIC OBJECTIVES

- | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|---|--|--|
| 1.1. Mitigate the impact of disasters through timely delivery of services | 1.2 Strengthen capacities through localised preparedness, risk reduction and development programs | 1.3 Influence leaders/decision makers on policy development through evidence-based practices and transformative tools | 2.1 Diversify resources, effectively manage assets, strong donor relationships and Movement cooperation | 2.2 Robust financial management system with high level of accountability and transparency | 2.3 Increase integrity and public confidence in our use of resources and commitment to legal and regulatory compliance | 2.4 Program accountability through planning, monitoring, evaluation and evidence-based decision making | 2.5 Strengthen capacity and outreach of chapters | 3.1 Sustain and attract human resources governed by a transparent and efficient administration system | 3.2 Excellence in delivery of programs and services through logistics and IT systems and well maintained assets/facilities | 3.3 Enhance the image and visibility of the organization with respect to our emblem and core humanitarian principles |
|---|---|---|---|---|--|--|--|---|--|--|

12 PRIORITY PROGRAMS AND PERFORMANCE INDICATORS

TRAININGS To have an adequate pool of competent, committed, and motivated staff by providing the necessary knowledge and skills through appropriate training courses.	RC143 To make communities, schools and workplaces safe, secure, and resilient through the formation of Red Cross 143	FORMATION OF TRAINED FIRST AIDERS To have one first aider in every home, workplace and every community	VOLUNTEER MEDICAL/NURSE CORPS To make health services accessible in high risk communities through the presence of health volunteers	PUBLIC HEALTH IN EMERGENCIES To make health services at the forefront of our packages	100% BLOOD COLLECTED ACHIEVED - MORE ACCESSIBLE To collect at least 85% of the 1% of the total blood needs in the Philippines	DIALYSIS CENTER To have the Dialysis Center on full capacity which will help generate resources	EXPANDED RCY To establish more capable Red Cross Youth as future of the country and humanitarian citizenry	PSYCHOSOCIAL SUPPORT AND MENTAL HEALTH To provide support on mental health and support to vulnerable poor	CHAPTER EXPANSION - STRONG CHAPTERS To cultivate strong and responsive Chapters capable of delivering effective and efficient services to the most vulnerable	INTENSIFICATION OF BRANDING AND VISIBILITY To make PRC the preferred partner of choice and lifeline of the people (e.g. V+H+IT)	RESOURCE MOBILIZATION To expand and diversify donor-base and support, sustain partnerships, and develop programs to increase funds
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OUR CORE VALUES - 5Fs Focused • Fast • Friendly • Flexible • Forward-looking

with wilful acts of *Kusang Loob (volunteerism)* • *Malasakit (compassion)* • *Kapwa Tao (one with humanity)* - ©Richard Gordon

FUNDAMENTAL PRINCIPLES OF THE RED CROSS AND RED CRESCENT MOVEMENT

Humanity • Impartiality • Neutrality • Independence • Voluntary Service • Unity • Universality

Unpacking the Strategy

GOAL 1

Empower the most vulnerable and marginalized community members through sustainable, innovative, needs-based services that sustain resilience and promote human dignity and well-being.

1. To mitigate the impact of natural and human-induced disasters through timely delivery of accessible and essential humanitarian services and equal protection of the most affected population.

- a. Better programme decisions through effective data quality management, critical information sharing and enhanced communications. *Offices: OpCen, DMS, Chapters, Related offices*
- b. Strengthened policies, procedures and tools that enabled faster response and recovery efforts. *Offices: All Services*
- c. Contributed to an integrated and more collaborative humanitarian service that is responsive and resilient to the needs of people, governed by our values, principles and social inclusion. *Offices: Molecular Lab, Health Service, WASH, Welfare, DMS, Blood Service, ERU, Safety Service, OpCen, Diagnostic Center, Hemodialysis*
- d. Improved youth and adult volunteers engagement and cohesiveness through participation and social mobilization during emergencies and crisis. *Offices: RCY, Volunteer Service, Chapters, SS/WS/BS/OPCEN/WASH/DMS*

2. To change people's lives by strengthening their capacities through localised preparedness, risk reduction and impactful development programs that exhibit the core principles, values and spirit of volunteerism.

- a. Support capacity development and improved coordination for an effective and efficient emergency, safety and health care delivery *Offices: All Services/Offices/Chapters, RCY*
- b. Contributed to an increased economic security and employability of the most vulnerable population. *Offices: Welfare*
- c. Support a well-informed community through public awareness on disaster risk and established/formulated mitigation activities against natural and human-induced disaster. *Offices: All Services/Chapters, RCY*

3. To influence key leaders and decision makers on policy development through evidence-based practices and transformative tools and processes for more effective and efficient humanitarian actions.

- a. Better resourced National Society through improved cooperation and coordination with suitable stakeholders. *Offices: All Offices/Chapters, Blood Service, Hemodialysis, Diagnostic Center, COVID-19 Mol Labs, RCY*
- b. Increased evidence-based practices and transformative tools to be utilized in lobbying with law/policymakers. *Offices: All Offices, PMER, IHL*

GOAL 2

Strengthen the National Society's financial sustainability through an intensified resource mobilization, strategic partnership and well-placed systems that enhance trust, accountability, transparency, efficiency, and standards compliance

1. To intensify diversification of financial and non-financial resources, effective assets management, better donor relationships and stronger Movement cooperation.

- a. Improved donor retention and engagement through increasing accessibility of PRC to stakeholders. *Offices: Fund Gen/Business DeV/ All Chapters, IRSPO, PAMO*
- b. Strengthened capacity of chapters in resource mobilization for increased collaboration and cooperation in fund generation. *Offices: Fund Gen/Business DeV, IRSPO, PAMO*

2. To have a sound financial management system with high-level accountability and transparency across the organization.

- a. Strengthened capacity of chapters regarding financial management and record keeping. *Offices: Finance, Treasury, Budget Office, Accounting office, and counterpart at Chapter Level*
- b. Check and balance on the accountability and transparency of PRC's management of funds. *Offices: Finance, Treasury, Budget Office, Accounting office, and counterpart at Chapter level*
- c. Enhanced the efficient and productive use of the organization's resources and to implement the needed controls to protect it. *Offices: Finance, Treasury, Budget Office, Accounting office, and counterpart at Chapter Level*

3. To increase integrity and public confidence to the National Society's efficient utilization of resources and compliance with legal and regulatory requirements.

Office: Internal Audit Office

- a. Increased accountability and transparency of our own human resources on management of funds
- b. Strengthened and improved existing internal controls and systems to protect and manage resources effectively and efficiently
- c. Improved transparency and collaboration in managing issues or concerns with audit findings

4. To ensure higher accountability of program implementers through effective planning, monitoring, evaluation and evidence-based decision making for greater impact.

Office: PMER

- a. Evidence-based decision making with maximization of data collected and managed
- b. Increased efficiency of information dissemination and accessibility of information within the organization
- c. Scaled up transparency and donor confidence leading to reduced reputational risk
- d. Enhanced PRC capacity to effectively and efficiently implement quality programs

5. To strengthen capacity and outreach of chapters to become a partner of choice for the government and non-government actors

Office: Chapter Development Office, IHL

- e. Aligned disaster response between PRC and the National Government
- f. Intensified capacity of PRC to influence decision makers and advocate for the benefit of the most vulnerable
- g. Sensitized PRC Staff and volunteers in

disaster law for proper implementation and advocacy promotion

- h. Intensified visibility and branding of PRC and its mandate and humanitarian values that encourages better public relations.
- i. Strengthened and improved existing internal controls and systems to protect and manage resources effectively and efficiently.
- j. Effective feedback channels are established and PRC staff and volunteers are trained on gathering feedback
- k. Increased accountability and transparency of our own human resources on management of funds.

GOAL 3

Enhance our organizational capacity for the welfare of our staff and volunteers through a human-centred approach, supported by strengthened administrative systems and procedures.

1. To sustain and attract a network of well-trained, motivated and competent human resource ingrained with the values and principles of the organization and governed by a transparent and efficient administration system

- a. Well-trained and motivated employees who will contribute to the attainment of PRC's goals. *Offices: HRD, Administration*
- b. Well-informed management able to make timely HR decisions. *Office: HRD*
- c. Improved and more efficient management of staff and volunteer. *Offices: HRD, Administration*
- d. PRC staff assimilate the organization's systems, procedures, and work culture. *Offices: HRD, Administration*

2. To provide an excellent delivery of programs and services through extensive logistics and information technology systems with well-maintained facilities and assets.

- a. Ensured more efficient and effective fleet and logistics management system. *Offices: Fleet, Logistics*
- b. Improved adherence and implementation of PRC's procurement process and warehouse operations. *Offices: Procurement, Warehouse*
- c. Centralized system utilized by all PRC offices for collaboration. *Office: IT*
- d. Improved data management and protection within the organization. *Office: IT*
- e. Well managed and maintained PRC facilities. *Office: GSO*
- f. Increased efficiency and productivity of General Services. *Office: GSO*

3. To enhance the image and visibility of the organization with respect to our emblem and core humanitarian principles in support to PRC priority programs and influence for the most vulnerable.

- a. Intensified brand awareness campaigns to the general public, and key stakeholders. *Offices: Communications, IHL*
- b. Enhanced familiarity of stakeholders and the general public to the services delivered by the Philippine Red Cross. *Office: Communications*

Implementing, Communicating, and Resourcing the Strategic Plan

Strategy 2021-2025 summarizes and synthesizes what Philippine Red Cross seeks to achieve in this five-year period and in its ongoing quest to improve performance as a humanitarian organization. It involves high-level objectives within broad goals and with high level key performance indicators.

With a five-year perspective, PRC is translating its strategic plan into yearly operational plans.

The operational plans address the following for each objective: a) the actions to be taken; b) the outputs and outcomes expected or desired; c) the criteria for judging success, such as targets for an indicator; d) the strategy and method for monitoring and evaluation; e) the actors and entities responsible and accountable; f) the timeframe; and g) the resources required to accomplish each task.

Operational plans, developed and reviewed annually, must include specific targets to guide implementation and measure progress. Targets are defined as the implementation of the plan, the creation of a department or program, or the completion of an action. While it is critically important to have a comprehensive understanding of the implementation of the organizational strategic plan, each department may find it easier to implement a plan specifically tailored to the department, which would dovetail with the actions of all other departments. Similarly, Chapter operational plans must ensure alignment of all its activities to the NHQ National Headquarters and its respective departments.

PRC Strategy 2021-2025 will be disseminated to all internal and external stakeholders in the first year of implementation through a series of verbal, visual, and written strategy communication. Dissemination within the organization will include orientation meetings for all staff and volunteers at all levels citing their roles in contributing to the realization of the plan. Another dissemination method will be to maximize the use of appropriate electronic and print media, taking into consideration the responsible and accountable use of social media.

In order to ensure that the Philippine Red Cross is a well-functioning National Society, PRC will focus on positioning the organization as the “Preferred Partner of Choice,” drawing an expanded and diversified pool of donors and supporters. The use of relevant volunteers, logistics and information technology will also help the Philippine Red Cross in generating optimum support, sustain partnerships and enhance programs.

Planning, Evaluating, and Reporting

The objectives of PRC’s monitoring and evaluation framework are: a) to develop a mechanism that allows for an understanding and monitoring of the progress in the implementation of Strategy 2021-2025; b) to promote evidence-based results for informed decision-making; c) to measure success and celebrate our work; d) to support learning and improving performance; and d) to promote greater accountability in reporting within and outside the organization. PRC continues to strengthen its Planning, Monitoring, Evaluation and Reporting (PMER) Unit through an organization-wide PMER system that routinely assesses the organization’s performance, quality and accountability capability. A mid-term participatory review will be undertaken to track progress against the Strategy and to allow for adaption as deemed necessary.



Risk Analysis

PRC has undertaken an analysis of the risks that may interfere with the achievement of the results has intended under Strategy 2021-2025:

RISK	IMPACT ON STRATEGY	PROBABILITY OF EVENT	POSSIBLE STEPS TO MINIMIZE/AVOID
Continuation of COVID-19 pandemic absorbs human and financial resources	High	Almost certain	<ul style="list-style-type: none"> Business continuity plan is in place. PRC is cooperating with government and non-government actors as part of national response. Programs and services have been adapted to be COVID-19 safe.
COVID-19 pandemic has led to many adjustments to government regulations including restrictions to our mobility that may hinder delivery of PRC services, less effective systems/tools, and more costly operations.	High	Possible	<ul style="list-style-type: none"> Ongoing analysis and assessment of operating environment including tracking changes to government regulations. Regular engagement with government departments and local government units re PRC plans and movements and to advocate for ongoing community access.
Occurrence of natural disasters and in multiple locations	Medium to High	Almost certain	<ul style="list-style-type: none"> Standard operating procedures are in place. Business continuity plan to be revised as necessary. Increasing localized and multisector response capacity through regional hubs program. Continue to build flexibility into administrative processes to enable rapid response in emergencies
Access and security issues in reaching remote areas	Medium	Possible	<ul style="list-style-type: none"> Sustain RC 143 program; strengthen partnership with Local Government Units and other partners
High turnover of volunteers and staff	Medium	Possible	<ul style="list-style-type: none"> Continue to work towards a human-centred workplace culture as articulated in Goal 3 of this Strategy. Ensure volunteers and staff are equipped with knowledge and PPE items as COVID-19 protection. Psychosocial support for operational staff and volunteers is made available. Ensure appropriate insurances are in place/available to staff and active volunteers. Human resource-related policies and procedures are up-to-date and understood by workforce.
Shift in political structure, especially in localities	Medium	Unlikely	<ul style="list-style-type: none"> Increase dissemination of PRC mandate as an auxiliary to the government and maintain and enhance positive public image Promote RCRC Fundamental Principles and PRC Values.
Donor fatigue	High	Unlikely	<ul style="list-style-type: none"> Diversify funding and explore virtual fundraising platforms that do not require face-to-face gatherings (COVID-19) Chapters are supported in their fundraising endeavours by NHQ. Ensure high quality program implementation, and accountability and transparency in all partnership arrangements including and financial and narrative reporting.
Diminished PRC brand/visibility and competitive edge	High	Possible	<ul style="list-style-type: none"> Ensure visibility of PRC brand at national, regional, and local levels. Encourage innovation in programming to ensure services are relevant, timely, and high quality.



Strategic Planning Process

With the COVID-19 pandemic underway, the consultation process for the Strategy was adjusted to enable virtual participation, with the intent remaining to ensure a participatory process that engaged meaningfully with PRC services and Chapters as well as government and non-government partners and stakeholders. Through this approach we aimed to achieve a shared responsibility in ensuring the PRC Strategy 2021-2025 has ownership among our key stakeholders.

Timeline of 2021-2025 Strategic Formulation



IN PHOTOS: PRC Executives during the Strategy 2021-2025 SWOT Analysis

Referencing the Strategy

In devising its plan for the next five years, Philippine Red Cross has sought to align its strategic direction with that of the IFRC's Strategy 2030, the Sustainable Development Goals and PRC's Resiliency Framework.

STRATEGY 2030 – A PLATFORM FOR CHANGE (Fig.1)

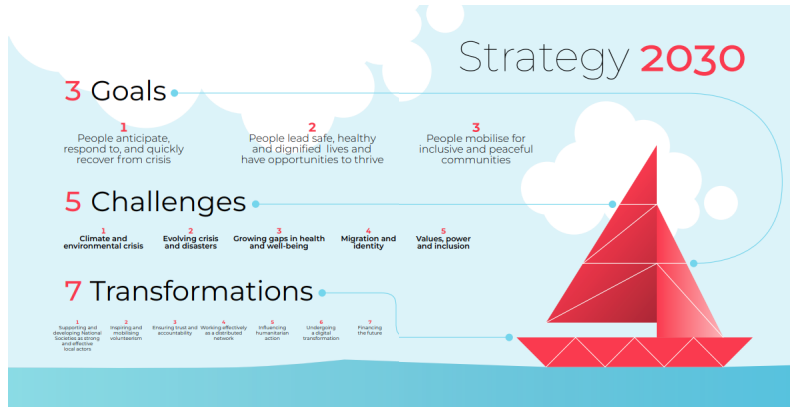


Fig. 1 © International Federation of Red Cross and Red Crescent Societies, 2018. STRATEGY 2030 Platform for change - Global reach, local action

ICRC Strategy 2019-2022

Strategic Orientation 1: Influencing behavior to prevent violations of IHL and alleviate human suffering

The ICRC will strengthen and adapt its strategies to influence the behavior of those who threaten the safety, dignity, rights and well-being of people affected.

Strategic Orientation 2: Building relevant and sustainable humanitarian impact and people affected

The ICRC will pay attention to a broader range of needs and work with others, seeking concrete ways to facilitate impartial and safe access to education, connectivity, information and other entitlements that enable affected to gain greater control over their lives and future.

Strategic Orientation 3: Working with others to enhance impact

Cooperation, complementarity and work between different stakeholders and actors have therefore become more essential than ever. The ICRC will focus on the special relationship it has with other components of the Movement.

Strategic Orientation 4: Creating an inclusive and diverse working environment

The ICRC is committed to ensuring a safe and inclusive working environment in which the diversity of its global workforce is valued, and that enables ICRC staff members to listen and connect with each other and with the people we strive to serve.

Strategic Orientation 5: Embracing the digital transformation

The ICRC will transform and optimize its information environment; it will focus on digital accessibility and engagement with populations affected and other key stakeholders as critical elements to support its protection, assistance and prevention activities.

THE PHILIPPINE DEVELOPMENT PLAN 2017-2040 (Fig.2)

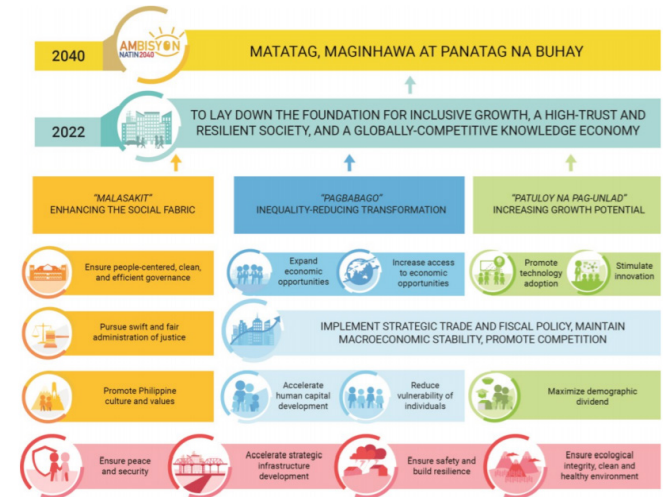


Fig. 2 © National Economic and Development Authority, 2017. Philippine Development Plan 2017-2022

SUSTAINABLE DEVELOPMENT GOALS (Fig.3)



Fig. 3 © United Nations - Department of Economic and Social Affairs, 2015. 17 Sustainable Development Goals (SDGs)



Who We Are

Established officially on April 15, 1947 but with roots that trace back to the revolutionary days, the Philippine Red Cross (PRC) has truly become the premier humanitarian organization in the country, committed to providing quality life-saving services that protect the life and dignity of Filipinos in situations of crisis and vulnerability.

Legal excerpts governing PRC's Operations:

- "An independent, autonomous, non-governmental organization auxiliary to the authorities of the Republic of the Philippines in the humanitarian field." (RA 10072: "Philippine Red Cross Act of 2009")
- "A member agency of the National Disaster Risk Reduction and Management Council (NDRRMC), and is represented in the regional, provincial, and municipal/city Disaster Risk Reduction Management Council (DRRMC), and barangay DRRM Committee" (RA 10121: "Philippine Disaster Risk Reduction and Management Act of 2010")
- Conducts activities to advocate, disseminate and promote the International Humanitarian Law (RA 9851: "Philippine Act on Crimes Against International Humanitarian Law, Genocide and Other Crimes Against Humanity")
- A certified first aid training provider (DOLE Department Order No 198-18 IRR of RA 11058: "An Act Strengthening Compliance With Occupational Safety and Health Standards And Providing Penalties For Violations Thereof")

The Fundamental Principles

Humanity. The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality. It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality. In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence. The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service. It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity. There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality. The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Disaster Management Service

KPI	DEFINITION
No. of assessments conducted in the most vulnerable and affected communities	The number of assessment conducted: VCA, RDANA, ENA, ERLA, Market Assessment/ RAM Most vulnerable - high risk communities involved in development projects; Most vulnerable and affected - communities engaged in disaster response and recovery
No. of policies/procedures/ tools enhanced and completed	The number of policies/ procedures/ tools completed. Assessment Tools - VCA, baseline/endpoint surveys, household profiling, RDANA and Detailed assessment; Planning Tools - BDRRMP, SDRRMP, Contingency Plan, Business Continuity Plan, Cash In Envelop Guidelines, Disaster SOP, DMS Manual, Cash SOP
No. of communities supported with DRRMP	The number of communities supported/ assist/ facilitates development of DRRMP Community - barangay, schools and workplaces
No. of families served with relief assistance	
a. No. of families provided with CASH for Relief (families) assistance	Counting the standard relief food items, modified/assorted food items, Ramadan package, Medianoche/Nochebuena package
b. No. of households provided with food items (FI)	Counting the standard relief food items, modified/assorted food items, Ramadan package, Medianoche/Nochebuena package
c. No. of households provided with non-food items (NFI)	NFI- sleeping kits (blanket, mats, mosquito net), jerry can, hygiene kit (shampoo, bath soap, toothpaste, toothbrush), kitchen sets (sets of items)
d. No. of cadaver/body bags provided	Body/cadaver bags distributed
Total no. of households with improved living conditions	
a. No. of households provided with emergency shelter	Emergency shelter - tarpaulins, tools, tents, coverage kit, etc.
b. No. of households provided with emergency shelter through cash	Number of households who received the said assistance through cash modality
c. No. of households provided with shelter recovery assistance	Shelter recovery assistance - Core shelter - Transitional Shelter, Shelter Repair Assistance - Retrofitting - New settlement - Legal Support and Technical Assistance
d. No. of households provided with shelter recovery assistance through cash	Number of households who received the said assistance through cash modality
Total no. of households provided with access to financial services	
a. No. of households provided with recovery livelihood assistance	Number of recovery livelihood assistance - assistance provided to restore livelihood activity
b. No. of households provided with recovery livelihood assistance through cash	Number of households who received the said assistance through cash modality
c. No. of communities provided with community managed livelihood	Number of association / group organized supported with livelihood projects per community
d. No. of families provided with community managed livelihood	Number of families who are part of the formal and informal groups supported with livelihood community projects
Competent and proficient DMS staff and volunteers	

Staff mobilized - DM-trained and oriented personnel participated or deployed in DRRM activities or any actions contributing to DM service delivery
Disaster Risk Reduction (DRR) in communities, schools and workplaces - VCA, training/orientation/echo sessions, awareness campaigns, planning, DRR contests or competitions, support to completion of mitigation measures, etc.
Disaster Preparedness (DP) in PRC NHQ or chapter - training/orientation/echo sessions, planning, etc.
Disaster Response (DR) - OpCen/CommCen reporting/duty, rescue operations, camp management, relief distribution, beneficiary selection, etc.
Disaster Recovery (DR) - support to implementation of beneficiary selection and monitoring, completion of shelter or livelihood assistance, etc. Each personnel must be counted max twice a year despite the frequency of activities he/she is mobilized.

a. No. of staff mobilized for DM activities (SDD)	Volunteers mobilized - DM-trained and oriented personnel participated or deployed in DRRM activities or any actions contributing to DM service delivery Disaster Risk Reduction (DRR) in communities, schools and workplaces - VCA, training/orientation/echo sessions, awareness campaigns, planning, DRR contests or competitions, support to completion of mitigation measures, etc. Disaster Preparedness (DP) in PRC NHQ or chapter - training/orientation/echo sessions, planning, etc. Disaster Response (DR) - OpCen/CommCen reporting/duty, rescue operations, camp management, relief distribution, beneficiary selection, etc. Disaster Recovery (DR) - support to implementation of beneficiary selection and monitoring, completion of shelter or livelihood assistance, etc. Each personnel must be counted max twice a year despite the frequency of activities he/she is mobilized.
b. No. of volunteers mobilized for DM activities(SDD)	
c. No. of personnel trained on DM (SDD)	DM trainings - Basic DRR Training (CBDRRMT, SDRRMT, WDRRMT), Basic Response Training, Standard DRRM Training of Facilitators, RCAT 143 Training, VCA ToF, Participatory Approach on Safe Shelter Awareness ToF, and Early Warning Early Action ToF Other additional training not mentioned here may be counted as agreed first with DMS. List of participants must be submitted to DMS. Note: Count of staff/volunteer trained is if it was organized by the Chapter or co-facilitated by a Chapter staff. Per training, person may be counted max 3 times in 1 year
d. No. of personnel trained on DMS ITC/ TOF/TOT (SDD)	PASSA Facilitators Training, SDRRMT-ITC, Facilitators and Instructors training course
No. of people reached on preparedness and risk reduction, response and recovery dissemination activities	Counting the number of individuals participated in DM dissemination activities Disaster Preparedness Activities - training, orientation, echo sessions, planning, etc.; Risk Reduction Activities - VCA, training, orientation, echo sessions, awareness campaigns, DRR competitions, support to completion of mitigation measures, etc.
a. No. of individuals provided with safe shelter awareness orientation	Counting the number of individuals who attended the orientation on safe shelter awareness organized by PRC
b. No. of communities provided or rehabilitated community infrastructures	Counting the number of Construction of New Community Infrastructures and Rehabilitation of damaged Community Infrastructures
c. No. of individuals provided with livelihood technical training (SDD)	Counting the number of individuals who attended livelihood (Agriculture and non agricultural) trainings organized by PRC
Structural and non structural mitigation projects established/formulated	
a. No. of communities provided with small-scale structural/non-structural mitigation measures	Counting the number of implemented small-scale structural/non-structural mitigation measures
No. of partners identified and mapped	
No. of MoA/MoU / MoPA signed	Counting the number of MoA/MoU - signed by SG/ Chairman and partner for both NHQ and chapter-level partnership
Conduct evidence-based monitoring and evaluation	
a. No. of evaluation conducted/ facilitated	Counting the number of midterm, final/ terminal, lesson learnt workshop conducted
b. No. of survey/assessment facilitated	Counting the number of baseline, endpoint, PDM

Operations Center

KPI	DEFINITION
No. of disasters/incidents monitored	Number of disasters/incidents that are monitored and reported to the NHQ in the quadmedia that may trigger the need for your chapter or NHQ to respond and/or activate our resources.
No. of disaster related reports submitted	Number of reports on disasters in your locality which were officially submitted to NHQ
Percent (%) of ERP project implemented	
Percent (%) or no. of policies/procedures/ tools enhanced and completed	
ISO certified Opcen	
% completion of Opcen Process Manual	
No. of Opcen calls responded daily	<p>Calls that are received by the Chapters' communication center or hotline which were responded to by the chapter.</p> <p>*Responded* means NHQ/chapter has served the need and/or managed the call. e.g. ambulance conduction, response to accidents for first aid, inquiries on PRC services, etc.</p>
Total number of people served with non-instructors training courses	
No. of unique specialized volunteers mobilized during crisis and emergencies	<p>Number of volunteers mobilized by the Opcen/Communication center to handle calls or respond to calls.</p> <p>These are individuals which are mobilized on disaster/crisis related activities of the OpCen/Communication Center only - e.g. duty to manage hotline during disasters, manage dispatch of ambulance, etc.</p>

Molecular Laboratories

Number of COVID -19 test performed daily	Referred test request with released result
Percent (%) of population reached with COVID-19 test	% of the population provided with/referred for testing services
No. of people reached with COVID-19 test	
Amount generated from COVID-19 test	
Amount generated from COVID-19 Samaritan Funds	
No. of unique partners signed up with formalized agreement	

Diagnostic Center

Percent (%) completion of the Diagnostic Center	
No. of people served by the Diagnostic Center	

Hemodialysis

No. of unique patients provided with dialysis services	
Amount generated from Hemodialysis Samaritan Fund	

Health Services

KPI	DEFINITION
No. of people reached with healthcare services (SDD)	Refers to the people reached by the chapter with regard the health services both emergency and non-emergency situation. Please refer to the list of health activities which the chapter may conduct to achieve this KPI
a. No. of people vaccinated	Refers to number of individuals who were immunized by PRC volunteers/ vaccination teams
b. No. of people served with deployed medical tents/ emergency medical units	Refers to number of individuals that has been catered by emergency medical units, medical tents (triage, extension ward, isolation ward, emergency room, etc.)
c. No. of people reached on health promotion and disease prevention activities (non-emergency)	<p>Non-Emergency</p> <ul style="list-style-type: none"> - Health information/education activities during assembly, home visits, health campaigns on health topics (Communicable Diseases, Non-Communicable Diseases, Maternal and Child Health and Nutrition and Climate Change/DRR Health) depending on community priorities. - Conducting individual physical assessment and health monitoring activities such as vital signs taking, BMI measurement, blood glucose level monitoring (Random Blood Sugar screening), prenatal status monitoring and referral of people especially of pregnant mothers, children and elderly. - This may also include direct beneficiaries/users of health facilities provided and improved through long-term and developmental health programs; - Medical Missions - Distribution of IEC materials
d. No. of people reached on health promotion and disease prevention activities (emergency)	<p>Emergency*</p> <ul style="list-style-type: none"> - Assessment and Surveillance - Provision of basic health care services through the mobilization of the organized Medical Corps/ Emergency Medical Teams (OPD, Maternal and Surgical Care and Referrals) - Distribution of mother & newborn kits - Distribution of masks & PPEs; medicines, other kits - Mobile health team/medical missions - Health information/education sessions
Total number of communities reached/served on health services	Refers to the communities reached by the chapter with regard the health services both emergency and non-emergency situation. Communities include barangays, schools, evacuation centers, groups on social events;
a. No. of communities reached (non-emergency)	<p>Non-Emergency*</p> <ul style="list-style-type: none"> - Health information/education activities during assembly, home visits, health campaigns on health topics (Communicable Diseases, Non-Communicable Diseases, Maternal and Child Health and Nutrition and Climate Change/DRR Health) depending on community priorities. - Conduct of individual physical assessment and health monitoring activities such as vital signs taking, BMI measurement, blood glucose level monitoring (Random Blood Sugar screening), prenatal status monitoring and referral of people especially of pregnant mothers, children and elderly. - Provision of health kits, medicines, mother and newborn kits and other health supplies - Equipping and rehabilitation/construction of health facilities - Medical missions/medical bus deployment <p>*This refers to health advisories being released by the Health Services pertaining to the monthly health events/celebrations or disease prevention and control that suddenly arise. This initiative shall guide and assist chapters in conducting community health activities by mobilizing their respective RC143 Community Health Volunteers in health education/teaching and delivery of basic health care services such as health screening, surveillance, and first aid.</p>





IN PHOTO: Rescue operation at Marikina due to flooding caused by Typhoon Ulysses.

Emergency

- Assessment and Surveillance
- Provision of basic healthcare services through the mobilization of the organized
- Medical Corps/Emergency Medical Teams (OPD, Maternal or Surgical Care, Referrals)
- Provision of health promotion and disease prevention sessions/health campaigns, vaccination campaigns, mobile health teams, etc
- Provision of health kits, medicines, mother and newborn kits and other health supplies
- Equipping and rehabilitation/construction of health facilities
- Medical missions/medical bus deployment

<i>b. No. of communities reached (emergency)</i>	
Total number of unique adult volunteers recruited and oriented (SDD)	Each chapter is required to organize at least 5 medical teams/medical corps. One medical team is composed of 1 doctor and 4 nurses. Doctors and Nurses must undergo basic orientation on Health Service and Response to be considered as a member of the medical corps;
<i>a. No. of medical corps recruited</i>	Refers to number of RC143 Community Health Volunteers recruited by the chapter that has undergone Basic Volunteer Orientation, Health Services orientation and any basic HS trainings (CBHFA, ECV)
<i>b. No. of CHVs recruited</i>	
Total number of people served with basic health training courses	This refers RCAT-Health Volunteers and RC143-Community Health Volunteers recruited, organized, trained and certified to have completed a standard training program facilitated only by certified Master Trainers / Trainers
<i>a. No. of people trained for Community Based Health & First Aid</i>	Refers to the RC 143 - CHVs trained and certified to have completed a standard training program facilitated only by certified trainers by NHQ at the chapter level on Scaled-up CBHFA
<i>b. No. of people trained for Epidemic Control for Volunteers</i>	Refers to the RC 143 - CHVs trained and certified to have completed a standard training program facilitated only by certified trainers by NHQ at the chapter level on ECV
<i>c. No. of people oriented as PRC medical corps and Health Services Response/ emergency medical units operations</i>	Each chapter is required to organize at least 5 medical teams/medical corps. One medical team is composed of 1 doctor and 4 nurses. Doctors and Nurses must undergo basic orientation on Health Service and Response to be considered as a member of the medical corps;
<i>d. No. of people trained on RCAT-Health</i>	Refers to the chapter-based volunteers trained on RCAT-Health. Minimum of 8 RCAT-Health members must be maintained and mobilized by chapters. Potential RCAT-Health members must have undergone any health-related training
Total number of people served with Instructors/Facilitators' training courses	Volunteer instructors who graduated and received certificates on First Aid with or without AP
<i>a. No. of people trained on Community Based Health and First Aid Training for Facilitators</i>	This refers to number of individuals (staff & volunteers) trained in CBHFA Training of Trainers
<i>b. No. of people trained on Training of Trainers on Epidemic Control for Volunteers</i>	This refers to number of individuals (staff & volunteers) trained in ECV Training of Trainers
<i>c. No. of people trained on Emergency Medical Unit Operations</i>	This refers to number of individuals (staff & volunteers) trained in EMU Ops Training of Trainers
<i>d. No. of people trained on RCAT-Health Training of Trainers</i>	This refers to number of individuals (staff & volunteers) trained in RCAT-Health Training of Trainers
No. of unique partners signed up with formalized agreement	This refers to the partnerships established, maintained, and renewed through formal agreements. Partnership must include joint agreements and objectives focusing on health service delivery. Partnerships established here does not include the agreement covering the mobilization protocol for Mass Casualty Incident including service delivery through health, welfare, safety, and blood. Partnership established and formalized through signed Memorandum of Agreement or Understanding with barangays, LGU, government agencies, (DepEd for school-based health programs, DoH), associations (Phil Medical Association, Phil Nursing Association, Phil College of Surgeons), civic social organization (CSO), academic institution (schools, colleges, universities), health facilities, private and government hospitals, where PRC Chapter are partners with to provide health care services. Partnerships reported under this indicator must be supported through signed agreements, policies, procedures or guidelines.
No. of unique specialized volunteers mobilized during crisis and emergencies	Refers to number of RC143 CHVs, RCAT Health, Medical Corp mobilized and deployed to conduct health services activities

WASH

KPI	DEFINITION
No. of individuals reached through emergency response operations	Total number of individuals served through WASH services during a disaster/ emergency operations. Services include but will not be limited to:
<i>a) No. of people provided with potable water</i>	Distribution of safe drinking water through water rationing/tankering and/or established water stations
<i>b) No. of people served with hygiene kits</i>	Distribution of either family or individual hygiene kits containing minimum contents as contextualized per disaster and area.
<i>c) No. of people served with sanitation/cleaning kits</i>	Distribution of sanitation or cleaning kits containing minimum contents as contextualized per disaster and/or area.
<i>d) No. of individuals reached with hygiene promotion</i>	Individuals taught with hygiene promotion.
Number of unique specialized volunteers mobilized during preparedness programs (developmental/non-emergency) and emergencies	Unique WASH volunteers mobilized to support local WASH activities both during sustainable development/preparedness programs and response/emergency operations.
<i>a. No. of specialized volunteers mobilized during sustainable development and preparedness programs</i>	Activities may include but will not be limited to information dissemination during WASH global events, implementation of PHAST/CHAST, and distribution of essential WASH items (hygiene and sanitation kits).
<i>b. No. of specialized volunteers mobilized during emergency operations</i>	Activities may include but will not be limited to production and distribution of safe drinking water, WASH assessment and monitoring, distribution of essential WASH items, hygiene promotion, construction and/or installation of WASH facilities (toilets, handwashing station, water stations, bathing facilities, etc).
Total number of individuals trained on non-instructor training courses	Total/cumulative number of unique individuals who completed non-facilitators courses on WASH: Basic Emergency WASH, HPIE, IPC
<i>a. No. of individuals (RCAT) trained on Basic Emergency WASH</i>	Number of unique individuals (RCAT WASH/chapter-based volunteers) who completed the Basic Emergency WASH Training
<i>b. No. of individuals (RCAT) trained on Hygiene promotion in Emergencies</i>	Number of unique individuals (RCAT WASH/chapter-based volunteers) who completed the Hygiene in Promotion in Emergencies Training
<i>c. No. of individuals trained on Infection Prevention Control</i>	Number of unique individuals who completed the Infection Prevention and Control webinar/course.
<i>d. No. of individuals (RC143 and/or RCY) trained on HPIE, CHAST and Operations and Maintenance/ BWASA</i>	Number of unique individuals (RC 143 volunteers) trained on Hygiene Promotion in Emergencies, IPC webinar/courses, CHAST/WINS, Operations and Maintenance/ BWASA
Total no. of people served with Instructors/Facilitators' training courses	Total/cumulative number of unique individuals who completed advanced / facilitator's level courses on WASH: Advanced Emergency WASH, PHAST, CHAST/WINS, Operations and Maintenance/BWASA, Hygiene Promotion in Emergencies
<i>a. No. of individuals trained on Advanced Emergency WASH</i>	Number of unique individuals who completed the Advanced Emergency WASH course <i>Trainings may be done through online platforms, face-to-face sessions, practicum, and/or mixed approaches</i>
<i>b. No. of individuals trained (trainer-level) on PHAST</i>	Number of unique individuals who completed the PHAST TOT course
<i>c. No. of individuals trained (trainer-level) on WINS/CHAST</i>	Number of unique individuals who completed the WINS TOT course
<i>d. No. of individuals trained (trainer-level) on Operations and Maintenance</i>	Number of unique individuals who completed the O&M/BWASA TOT course
<i>e. No. of individuals trained on Master Trainer on WASH Software</i>	Number of unique individuals who completed the WASH software Master Trainer course
<i>f. No. of individuals trained on Hygiene Promotion in Emergencies</i>	Number of unique individuals who completed the HPIE TOT course
Total number of individuals reached through developmental and preparedness programs	Total/cumulative number of individuals served through WASH services during non-emergency/developmental implementation. Services include but will not be limited to:
<i>a. No. of individuals reached through dissemination campaigns during observance of WASH Events</i>	Number of unique individuals reached through conduct of information dissemination campaigns in observance of annual WASH events (World Water Day, Menstrual Hygiene Day, Global Handwashing Day, World Toilet Day)

<i>b. No. of people served with hygiene kits</i>	Number of individuals reached through distribution of either family or individual hygiene kits containing minimum contents as contextualized per area.
<i>c. No. of people served with sanitation/cleaning kits</i>	Number of individuals reached through distribution of sanitation or cleaning kits containing minimum contents as contextualized per area.
<i>d. No. of people reached through PHAST and/or CHAST implementation (community- and school-based implementation)</i>	Number of individuals reached and completed intended and/or planned PHAST and/or CHAST sessions/activities
Number of unique partners signed up with formalized agreement	Number of partnership agreement signed-off with specific clauses and/or intention to collaborate and implement WASH activities (developmental, preparedness, and response-related interventions)
Number of WASH facilities installed/built/rehabilitated	Cumulative number of WASH facilities established (water sources, latrines, handwashing stations) during disaster/emergency operations and developmental implementations in schools and communities.
<i>a. No. of individuals served through water- and sanitation-related facilities (community-based/non-ER implementation)</i>	Total number of direct users of established WASH facilities such as water sources, latrines, and/or handwashing points. These are infrastructure/s rehabilitated and/or constructed in communities as part of the PHAST implementation.
<i>b. No. of families served through water- and sanitation-related facilities (community-based/non-ER implementation)</i>	Total number of families who use established WASH facilities such as water sources, latrines, and/or handwashing points. These are infrastructure/s rehabilitated and/or constructed in communities as part of the PHAST implementation.
<i>c. No. of learners served through water- and sanitation-related facilities (school-based/non-ER implementation)</i>	Total number of learners/students who use established WASH facilities such as water sources, latrines, and/or handwashing points. These are infrastructure/s rehabilitated and/or constructed in schools as part of the CHAST implementation.
<i>d. No. of individuals served through water- and sanitation-related facilities (emergency response/ disaster operations)</i>	Total number of direct users of established WASH facilities such as water sources, latrines, and/or handwashing points. These are infrastructure/s rehabilitated and/or constructed during emergency or disaster operations.
<i>e. No. of families served through water- and sanitation-related facilities (emergency response/ disaster operations)</i>	Total number of families who use established WASH facilities such as water sources, latrines, and/or handwashing points. These are infrastructure/s rehabilitated and/or constructed during emergency or disaster operations.
No. of WASH Hubs monitored and maintained	Total number of WASH Hubs monitored and maintained through conduct of inventory and updating of hub database/monitoring tools. Repair of WASH assets and equipment also apply as necessary.
Total no. of communities reached through WASH programs	Total/cumulative number of sitios, barangays, workplaces, and/or schools reached with sustainable development, emergency response and/or recovery programs.
<i>a. No. of communities (evacuation sites, resettlement sites, institutions) reached through WASH interventions during emergency/disaster response</i>	Sites where residents/people are catered to through WASH interventions stated in indicator #1. Sites may be evacuation sites, resettlement sites, institutions and will be counted according to the context and reporting requirements
<i>b. No. of communities and schools reached through WASH interventions during developmental/non-emergency programs</i>	Sites where residents/people are catered through interventions stated in indicator #5. Sites may be schools, workplace, barangays, relocation sites and will be counted according to the context and reporting requirements

International Humanitarian Law Office

No. of people reached through advocacy campaigns	
No. of people graduated/completed IHL related courses/ dissemination session	No. of people graduated/completed IHL related courses/dissemination session
<i>a. No. of participants in dissemination for RC Personnel (Volunteers, Staff and Board)</i>	
<i>b. No. of participants in dissemination for Community/ Barangay</i>	
<i>c. No. of participants in dissemination for General Public (Public, Private, Academe and related.)</i>	
<i>d. No. of participants in dissemination for AFP and PNP Personnel</i>	
No. of activities with partners engaged in PRC activities	
No. of chapters implementing IHL activities	Monitoring of monthly SDR from Chapters re: IHL Activities
No. of reports monitored and submitted (CRI/IRI)	
No. of Emblem related documents processed	Checking, Approval, Recommendation and etc. of Emblem related documents

Welfare Services

KPI	DEFINITION
Total number of people reached with Welfare Services	
<i>a. No. of affected population provided with Psychological First Aid</i>	Number of individuals provided with basic psychosocial support interventions during crisis situation
<i>b. No. of individuals provided with Restoring Family Links</i>	
<i>Tracing</i>	<i>Tracing</i> - Number of persons provide with local or international tracing service
<i>Family Visit Program</i>	<i>Family Visit Program</i> - Number of persons assisted or benefitted from FVP Program
<i>Emergency Leave Assistance</i>	<i>Emergency Leave Assistance</i> - Number of persons (Fil-US Military Serviceman and their families, civilians under US Military contract and families) provided with Emergency Leave Assistance during crisis situation
<i>c. No. of people reached with Military Welfare Service</i>	For injured/wounded servicemen confined at AFP Medical Center and Army Hospital and their dependents. Welfare service includes therapeutic recreational activities like bingo, social fellowship, etc., and livelihood skills training like cellphone repair, repair of appliances, food processing, computer literacy, etc.
<i>d. No. of individuals provided with Referral Services</i>	Number of persons referred to other social welfare agencies whose needs are not within PRC programs and services
<i>e. No. of people provided with Hot meals</i>	People provided with hotmeals/ready to eat meals and food packs/items from Food Donation Program
<i>Hotmeals/Ready-to-eat meals (Disaster)</i>	
<i>Food Donation (Both Disaster and Non-Disaster)</i>	
Total number of RC143 welfare volunteers recruited and trained/oriented (SDD)	No. of Welfare Services RC143 volunteers given training/orientation on MHPSS, RFL, PGI, CP, DI, G&D, and Health in Migration
Total number of people trained on welfare	Staff and volunteers trained on Mental Health PSS, RFL, PGI, CP, DI, GAD, and health in migration
No. of households reached and supported by livelihood and economic development activities.	Households that can qualify are those population at risk of disasters (developmental). Livelihood trainings include agricultural farming - ginger, taro, sweet potato, etc.
No. of people reach with migration programming	Migrants, refugees, asylum seekers, overseas Filipino workers provided safe, credible information through awareness raising activities, referrals and access to services.

ERU

Total number of people reached with ERU services	No. of people provided or received emergency response units services through the ERU volunteers. e.g. rescued during fire, flooding, etc. <i>This will only be filled out if you have specialized ERU volunteers in your chapters.</i>
Total number of unique adult volunteers recruited and oriented (SDD)	No. of people who were recruited as ERU volunteer. They must have undergone specialized training courses to qualify and be counted under this indicator.
No. of ERU volunteers mobilized	



National Blood Services

KPI	DEFINITION
No. of RC143 donor recruiters	Number of RC143 volunteers trained in Donor Recruitment
<i>a) No. of trained RC143 blood donor recruiters trained</i>	
Total no. of blood donors on database	Total number of individuals listed in the donor database
No. of RC143 blood donors	RC143 volunteers who donated blood (donors of barangay-based blood donation)
Total no. of units of blood collected from different sources	
<i>a. No. of units collected from walk-in</i>	Total number of blood units from walk-ins
<i>b. No. of units collected from mobile blood donations</i>	Total number of blood units from mobile blood donations
<i>c. No. of units collected from RC143 blood donations</i>	Total number of blood units collected from RC143 or barangay-based MBDs donations
<i>d. No. of units collected from Pledge 25 donations</i>	Total number of blood units collected from Pledge 25 blood donations
No. of units of blood dispensed	Total number of blood units dispensed
Total no. of patients served with blood and blood components (Whole Blood, Convalescent Plasma, Platelet etc)	Total number of patients served with blood
<i>a. No. of patients served with Whole Blood</i>	
<i>b. No. of patients served with Convalescent Plasma</i>	
<i>c. No. of patients served with Packed Red Cells</i>	
<i>d. No. of patients served with Platelet Concentrate</i>	
<i>e. No. of patients served with FFP</i>	
<i>f. No. of patients served with PRP/FP</i>	
Percent (%) of total population served with Blood by PRC	
Percent (%) of blood served by chapters	
<i>a. % of blood supply coming from PRC</i>	% share of PRC from provinces/areas' blood collection
Percent (%) of blood from nonremunerated blood donors	Rate of VNREB from collected blood
Total number of BSF with MOA/MOU	MOU/MOA with stakeholders/partners/Hospitals/MBD partners
Amount generated from Blood Samaritan Funds	Funds collected from Blood Samaritans (individuals or institutions who donated blood for indigent blood clients)
No. of Blood Samaritan donors	Total number of Blood Samaritan donors
No. of staff trained in Blood Bank Management	Total number of staff who attended Blood Bank Management Training. If this is initiated by NHO accomplishment will be for NHO. If initiated by Chapter or Chapter sent the staff to other organizations for training like DOH, accomplishment is counted as Chapter.
<i>a. No. of staff trained in HIV proficiency training</i>	
<i>b. No. of staff trained in Malaria proficiency training</i>	
<i>c. No. of staff trained in QAO</i>	
<i>d. No. of staff trained in Phlebotomy</i>	
<i>e. No. of staff trained in Blood Bank Technical Operations</i>	Total number of staff who attended Blood Bank Technical Operations

No. of staff attended Blood Bank Conventions and Seminars	Total number of staff who attended PBCC and PAMET convention or other related BB seminars
No. of Quality Assurance Audit/monitoring conducted	Visit and revisit of NBS QA unit for Audit
Total no. of BSF nationwide	Upgrade of Blood Centers and Set-up of new BCU/BS
Total no. of BSFs with LTO or ATO	Number of BSF with License or Authority to Operate
Total no. of Blood Centers nationwide	Upgrade of facility to Blood Center
No. of unique specialized volunteers mobilized during crisis and emergencies	
Total no. of unique adult and youth volunteers recruited and oriented (SDD)	

Safety Services

KPI	DEFINITION
No. of people served with safety service related activities (with age and sex disaggregated data)	Individuals assisted related Safety Services events, activities and operations.
<i>a. No. of people directly served by ambulance services: (with age and sex disaggregated data)</i>	Individuals assisted and given medical management in ambulance response and services.
<i>Emergency</i>	e.g. Road Crash, Medical Response
<i>Non-Emergency</i>	e.g. Patient Conduction, Standby Ambulance
<i>b. No. of people directly served by first aid stations (with age and sex disaggregated data)</i>	Individuals assisted and given management in first aid stations.
<i>c. No. of people directly served by lifeguard (with age and sex disaggregated data)</i>	Individuals assisted by PRC trained lifeguards.
No. of unique specialized volunteers mobilized during crisis and emergencies	Mobilization of EMS Personnel, Instructors, Technical Volunteers (Rope/Water), etc.
Total no. of people served with Non-Instructors training courses	Total Number of individuals who graduated in non-instructors training course (total of training program).
<i>a. No. of first aiders trained (with age and sex disaggregated data)</i>	
<i>SFAT (with age and sex disaggregated data)</i>	Individuals who graduated from Standard First Aid Training and BLS-CPR with AED (4 Days), Occupational First Aid Training and BLS-CPR with AED (2 Days), Emergency First Aid Training (1 Day).
<i>OFAT (with age and sex disaggregated data)</i>	
<i>EFAT (with age and sex disaggregated data)</i>	
<i>b. No. of BLS providers (with age and sex disaggregated data)</i>	Individuals who graduated in Basic Life Support Courses; e.g. BLS-CPR for Healthcare Providers, BLS-CPR for Adult Lay Rescuers, and BLS-CPR for Child and Infant CPR.
<i>c. No. of Lecture Demonstration Session</i>	No. of Session Conducted
<i>d. No. of participants from Lecture Demonstration</i>	No. of participants attended the Lecture Demonstration
<i>e. No. of people trained on ambulance operations training (with age and sex disaggregated data)</i>	Individuals who graduated Ambulance Operations Training.
<i>f. No. of people provided with Water Safety Courses (with age and sex disaggregated data)</i>	Individuals who graduated from Learn to Swim Courses regardless of category, Life Saving Water Courses e.g. personal water safety and basic water safety, Lifeguarding Training Course e.g. Pool, Water Park, Ocean and Junior Lifeguarding, and Basic Swift Water Rescue Training Course.
<i>g. No. of people trained on Emergency Medical Technician Course (with age and sex disaggregated data)</i>	Individuals who graduated from Emergency Medical Technician Training.
<i>h. No. of people trained on Rope Rescue Technician Course (with age and sex disaggregated data)</i>	Individuals who graduated on Rope Rescue Technician Course.

Total no. of people served with Instructors/facilitators' training courses	Total no. of individuals who graduated from Instructor's Training Course or Training of Trainers.
a. No. of FA/BLS/AP (with age and sex disaggregated data)	Individuals who graduated from ITC for First Aid, Basic Life Support, and Accident Prevention.
b. No. of people trained on ambulance operations training	Individuals who graduated from ITC for Ambulance Operations.
c. No. of ITC Water Safety (with age and sex disaggregated data)	Individuals who graduated from ITC for Water Safety Course.
d. No. of Emergency Medical Technician/Mass Casualty Incident Training of Trainers (with age and sex disaggregated data)	Individuals graduated Training of Trainers for Emergency Medical Technician and Mass Casualty Incident Training.
e. No. of Rope Rescue Technician ITC (with age and sex disaggregated data)	Individuals graduated ITC for Rope Rescue Technician.
Amount generated from commercial safety services	Total amount generated from commercial safety services.
Training	Income from Training.
Ambulance	Income from Ambulance Services.

Volunteer Services

KPI	DEFINITION
No. of unique RC143 volunteers mobilized for response activities	Volunteers that mobilize and deployed during emergency and disaster operations. Volunteers at least with minimum of 4-hours engagement that rendered service to PRC.
Total no. of unique RC143 volunteers recruited and oriented (SDD)	Over-all total of RC143 required to recruit and trained by the Chapter (Top 5 Mun/City + 44 members RC143 Barangay). Top 5 RC143 Barangay is included in the 44 members, while Top 5 Mun/City is a separate person to recruit (not included in the Barangay).
a. No. of RC143 members	The total number of RC143 volunteers recruited are based on the numbers of Barangays in their Area of Responsibility (AOR) with 44 members.
b. No. of RC143 TOP 5 Barangays	The total number of RC143 Volunteers recruited are based on the numbers of Barangays in their Area of Responsibility (AOR) with 5 members (this are the 5 leaders of the Barangay i.e. 1 volunteer as Team Leader and 4 volunteers are the Squad Leaders).
c. No. of RC143 TOP 5 Municipality/City	The total number of RC143 Volunteers are based on the numbers of Municipalities and/or City in their Area of Responsibility (AOR) with 5 volunteers recruited each.
No. of Chapters with an assigned RC143 focal person	Each chapter will assign 1 staff/volunteer as RC143 focal person
Total no. of people served with Non Instructors training courses	The total numbers of volunteers completed the BVOC and VLMT.
No. of webinar seminars on Volunteer Leadership Management Training (VLMT)	No. of VLMT on webinar seminars conducted by the VS - NHQ
No. of online training program for orientation of volunteers (Basic Volunteer Orientation Course)	No. of BVOC conducted by the VS - NHQ in support to Chapter.
No. of Kamustahan sessions with all chapters	No. of Kamustahan session conducted
Total no of people served with instructors/facilitators' training courses	No. of volunteers trained as VLMT ToT
a. No. of individuals trained as RC143 recruiters/instructors	Organize and train Chapter RC143 Volunteers recruiters/instructors (Top 5)
No. of staff attended at least two trainings/seminars/workshops	Staff enhancement and professional development
Percent (%) completion of the development of RC143 Volunteers training curriculum and materials	One RC143 training curriculum used at the Chapter for training of RC143 volunteers

No. of training materials disseminated to chapters	One RC143 training curriculum used at the Chapter for training of RC143 volunteers
Percent (%) completion of RC143 Volunteers Guidelines for Recruitment	One (1) RC143 Volunteers Guidelines for Recruitment developed and disseminated to all Chapters.
Percent (%) completion of Volunteer Policy Manual	Comprehensive policies on volunteering
Percent (%) completion of the RC143 Volunteers Information Profile (VIP) Database System	One RC143 VIP Database System is operational at the NHQ and used by all Chapters
No. of active volunteers engaged in all Chapter activities including planning, monitoring, & evaluation, and service delivery	No. of volunteers that been involve in the monitoring, planning, & evaluation implemented by the Chapter i.e. special events, special projects, etc.
No. of volunteers retained by Chapters each year	Each year the Chapter is able to maintain 100% of volunteers (from the start up to the end of the year)

Red Cross Youth

KPI	DEFINITION
No. of Youth Board of Director and established CYC	A youth representative who sits in the BOD and was elected by established CYC
Total no. of RCY members (JRC, SRCY, SPRCY, CRCY, ComRCY)	Youth members of the council with MAAB and finished the Basic Youth Formation Course with 3 modules (adjusted in the interim guidelines due to pandemic)
<i>Junior Red Cross (Elementary)</i> <i>Senior Red Cross Youth (Junior High School)</i> <i>Senior Plus Red Cross Youth (Senior High School)</i>	<i>College Red Cross Youth</i> <i>Community Red Cross Youth</i>
No. of RCY advisers (SDD)	Teachers/adult supervisors of each council assigned by the Principal or Brgy. Capt/Mun. Mayor/Chapter
Male	Female
No. of RCY accredited councils (JRC, SRCY, SPRCY, CRCY, ComRCY)	Councils that have accreditation certificate from the NHQ
Total no. of volunteers and staff attended the Instructors/Facilitators training courses	Graduates of NTT, YITC, Facilitators Trainings and Peer Educators Training (Choose trainings that are needed in your AOR; if all are necessary you can put targets in all items)
<i>National Trainers Training Course (NTT)</i> <i>Youth Instructors Training Course (YITC)</i> <i>Peer Educators on YITC</i> <i>HASAP Facilitators Training</i> <i>Y-Adapt Facilitators Training</i>	<i>PASSA Youth Facilitators Training</i> <i>YABC Peer Educators Training</i> <i>WASH Instructors Training</i> <i>Hygiene Promotion Facilitators</i> <i>CPPCFSP-FSP Facilitators</i>
<i>Instructors Training Course (Safety Services)</i> <i>IHL Disseminators</i> <i>Youth Engagement Self - Assessment (YES) Facilitator</i> <i>Council Management Facilitator (Adviser)</i> <i>Others: Please Specify</i>	
Total number of volunteers attended the Non-instructors training courses	
<i>Basic Youth Formation Course (YVOM, Values Formation and Team Development)</i> <i>RCY First Aid Training/ Junior First Aid Training/Standard First Aid Training</i> <i>First Aid Lecture/BLS Demonstration</i> <i>HASAP Sessions</i> <i>Mental Health Awareness and Suicide Prevention Sessions</i>	<i>Blood Recruitment Session/Pop Talk</i> <i>Saller Access/IHL Sessions</i> <i>School-based ORP Management Sessions</i> <i>WASH Sessions</i> <i>CHAST Sessions</i> <i>PASSA Youth Sessions</i>
<i>Y-Adapt Sessions</i> <i>YABC Sessions</i> <i>Leadership Training (For Council Officers - Chapter and School/Community Level)</i> <i>Council Management Training (Adviser)</i> <i>Others: Please Specify</i>	
Number of youth mobilized for RCY related events/activities	Youth members who participated in the activities of the Chapter/NHQ/IFRC (Choose activities that are relevant to the chapter)
<i>Disaster Relief Operations</i> <i>Advocacy Sessions</i> <i>Health and WASH Services Related Activities</i> <i>First Aid Stations</i>	<i>Fund Generation</i> <i>Mobile Blood Donation (recruiting, organizing, pop talks)</i> <i>Youth Camps (Chapter Level)</i> <i>Chapter Youth Assembly</i>
<i>National Youth Congress</i> <i>International Webinars/Interactions</i> <i>Reporting Regularly to Open/ComCom (during disasters and emergencies)</i> <i>Others: Please specify</i>	
No. of people served from RCY-initiated activities	Beneficiaries or people reached of activities organized/initiated by the councils and funded thru their efforts (chapter and school/community levels)
No. of Pledge 25 blood donors	Donors should be donating blood regularly (2 to 4 times a year) for at least 2 consecutive years
No. of persons participating in Resource Mobilization activities led by RCY	People who supported the Fund Gen activities organized and implemented by the councils in coordination with the CSR/FPs and approved by the CAs and Fund Gen

Glossary

BAC	Bids and Awards Committee
BC	Blood Center
BCU	Blood Collecting Unit
BS	Blood Station
BSF	Blood Service Facility
CBA	Comparative Bid Analysis
DM	Disaster Management
DOH	Department of Health
DRM-H	Disaster Risk Management – Health
DRR	Disaster Risk Reduction
EQAS	External Quality Assurance Scheme
ERU	Emergency Response Unit
FA	First Aid
HAPE	HIV/AIDS Prevention Education
HR	Human Resource
ICRC	International Committee of Red Cross
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
ISO	International Standards Organization
IT	Information Technology
JFAP	Junior First Aid Program
NDRT	National Disaster Response Team
NHQ	National Headquarters
NRL	National Reference Laboratory
OpCen	Operations Center
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
PRC	Philippine Red Cross
RC 143	Red Cross 143
RCAT	Red Cross Action Team
RCRC	Red Cross and Red Crescent Movement
RCY	Red Cross Youth
RDRT	Regional Disaster Response Team
RIV	Requisition Issue Voucher
SAPE	Substance Abuse Prevention Education
SDG	Sustainable Development Goals
SOP	Standard Operating Procedures
WASH	Water, Sanitation and Hygiene



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