



10th Anniversary Conference

Conference Report

Penang, Malaysia: February 22-24, 2008

www.RoseCharities.org

Introduction

The *Rose Charities 10th Anniversary Conference*, held in Penang, Malaysia on February 22-24, 2008, was the first international meeting of all Rose Charities members and affiliates. This report is a summary of the discussions and presentations at the Conference.

Executive Summary

Participants

The Rose Charities 10 Year Anniversary Conference in Penang was attended by 50 participants. There were delegates from Rose Charities organizations and projects in Australia, Cambodia, Canada, Great Britain, Indonesia, Madagascar, Malaysia, Nepal, Sri Lanka, USA, and Vietnam.

Conference format

The Conference was held over 2 days: February 22 and 23, 2008. On the first day there was a working session for Rose Charities members on developing a Charter and a meeting on sector issues. Day two was an open session of presentations followed by a formal conference banquet.

Charter Project

Rose Charities has grown rapidly into a group of ten independent organizations. It was felt that the relationship between these organizations needed to be identified, defined and formalized to create a coherent association called Rose Charities International. The first

day of the Conference was a workshop on developing a mission statement and identifying key components of a formal charter. This session was an extension of the Charter email discussion throughout the fall of 2007. Linda Roberts, Volunteer Consultant, facilitated this working group.

Sector Discussions

Two discussion groups were held on the afternoon of Day One. These groups were “medical” and “social.” These sessions served as a forum to discuss the priorities and direction of Rose Charities in relation to these fields. The groups presented their conclusions at the end of Day One.

Presentations

Day two of the Conference was an open session of presentations of international development related topics with a special emphasis on Rose Charities projects.

Awards

During the banquet, two awards were presented:

The “*Charity Rose*” *Award for Excellence 2007* was awarded to Dr. Hang Vra for his work in the Rose Charities Eye Clinic in Cambodia.

The “*Charity Rose*” *Award for Excellence 2008* was presented to Dr. Nous Sarom for his work in the FIRST-Rose Clinic in Cambodia.

The awards were presented by Mr. Anthony Richard, the 2006 Award recipient for his work in Sri Lanka.

The special award of Honourary Fellow was presented to Mr. Harold Speldewinde P.J.K. for unwavering support of Rose Charities since its inception as well as assistance in establishment of the network.

Acknowledgements

All the work of the conference was carried out by hard working volunteers. We would particularly like to acknowledge the input of William Grut, and Kirsten Reems who organized the conference, Linda Roberts who developed and facilitated the Charter workshop, and all those who made presentations. We are especially grateful to all the participants who traveled many miles to attend the Conference and the warm hospitality we received from the Malaysians.

History of Rose Charities

Rose Charities was founded in Cambodia in 1998 by Dr. William Grut as a project to provide eye and rehabilitative surgery. The country was still recovering from the Khmer Rouge regime and there was a great need for free medical services, particularly for land-mine victims. Grut had previously cofounded Project IRIS, specifically dedicated to eye surgery. Rose initially started as a division of IRIS but was separated by desire of the other two IRIS directors in 1997. As the network of friends and supporters of this

project grew, new branches of Rose Charities were registered: Rose Charities Canada was formed in 1999, Rose Charities UK in 2000, Rose Charities New Zealand in 2001, and Rose Charities Cambodia in 2002. These branches worked together to raise money and support the work in Cambodia. They gradually grew from a handful of friends to fully self-sufficient organizations registered in their own countries. The work in Cambodia today is carried out by two separately registered organizations. Rose Charities Cambodia runs an Eye Clinic at Kien Khliang headed by Dr. Vra, and First-Rose runs a rehabilitative Surgery Clinic at Che-Chumneas is managed by Dr. Nous Sarom. . Rose Charities Cambodia introduced the concept of 'rehab surgery' to Cambodia, using relatively simple, sustainable, safe operations to greatly increase quality of life, as a specialist hugely needed entity. Specific areas of focus include cleft lip and palate, acid and other burns, land-mine and other explosive injuries, cataract operations and other intra-ocular surgical procedures to prevent blindness. The project suffered a major theft and looting by internationally organized thieves in 2002 but has since recovered, replaced most of the equipment previously donated by its major supporters. (Kadoorie Foundation Hong Kong, Australian, Canadian, UK, Belgium Embassies etc and private donors) and is more functional now than before the looting.

On 26th December 2005 a tsunami of catastrophic proportions devastated South East Asia, killing hundreds of thousands of people and destroying huge areas. In the wake of this disaster Rose Charities Canada sent volunteer medical teams to Sri Lanka and Banda Aceh Indonesia. The Sri Lankan team went to the town of Kalmunai on the east coast. Among the team members was a Sri Lankan-Canadian, Anthony Richard. Originally from Kalmunai, he had lost many members of his family in the tsunami so volunteered to act as guide and interpreter for the team. Anthony chose to stay on in Sri Lanka and help coordinate relief efforts. To-day he is the CEO of Rose Charities Sri Lanka and runs a successful community support program with a staff of 31 people. In April 2007 he began a micro-credit program. In 2005, Canadian model, Noot Seear held a fund-raising exhibition at the Milk Gallery in New York called Tsunami Imprints to raise money for the project in Kalmunai, Sri Lanka. From this event, Rose Charities USA, was born and incorporated in New York. Rose Charities Cambodia has had close ties with Nepal. Nepalese surgeons, Dr. Basant in particular, helped develop and run the eye clinic in Kien Khliang. Dr. Basant continues to act as a consultant advisor for the eye projects. In 2006 Rose Canada was approached by Mr. Binod for support of his drug and alcohol rehabilitation projects in Nepal. After a lengthy communication and reference process, Mr. Binod registered his organization as RIC-Rose Nepal in 2007 and became part of the Rose family.

Since the beginning of Rose Charities, Australian volunteers assisted the projects in Cambodia and Sri Lanka. Gradually a group of committed Australians was built up. With the help of Rosemary Jones from Canada, Rose Charities Australia was formed in 2007. The newest member of Rose Charities is Rose Charities Vietnam, which was registered in March 2008. The group came together under the guidance of Jan Johnson, wife of the Canadian Consul to Ho Chi Minh City. She introduced Louis Lap Nguyen to Dr. William Grut. Louis immediately set about putting together a board of directors and the difficult process of registering Rose Charities Vietnam. The first project they sponsored is a program for the blind in a rural area outside of Hue.

Rose Charter Project

Background

In the fall of 2007, Will Grut and Josephine de Freitas suggested exploring the idea of a Charter that more formally binds all the Rose Charities organizations. Rose Charities was now ten years old and had grown to nine member organizations. It was an opportune time to develop a structure in terms of governance, accountability, transparency and operations (low overhead so most funds go to projects). Volunteer consultant, Linda Roberts, was asked to initiate a discussion and organize a collaborative process so that Rose members could contribute their ideas about a new structure. The Tenth Anniversary Conference in Penang, Malaysia was a fitting time to discuss this proposal face to face. As a lead up to the Conference, Rose members were consulted via email and interviews on developing a mission statement, identifying the benefits and responsibilities of being a member of Rose Charities, types of services we offer and where we operate, and governance issues including membership. This discussion was the basis of a Rose Charter Workbook prepared for conference participants to help work through some of the issues.

Mission Statement

The second draft of a mission statement developed through the email conversations was used as a starting point to develop a short, sharp statement describing Rose Charities: who we are, what we do and why we do it. This took the longest and was the liveliest part of the workshop. The group debated these key words and concepts:

- Grassroots – some thought this was a buzz word that really didn't say anything
- small organization – we are now but growing rapidly.. it might limit us in the future
- 'poorest' communities in the world – didn't like 'poorest', tried 'challenged,' 'distressed,'
- 'disadvantaged,' 'developing' and 'overcoming adversity'
- 'peace' was suggested but has political connotations in some countries
- 'minimum administration overhead' is a key feature of Rose Charities. Tried – 'money goes a long way' is more colloquial but not a buzz word like 'effective,' 'efficient,'
- 'transparent,' or 'accountable'
- Mutual benefit was a key concept

In the end we decided that we could expand on any one of these aspects of Rose Charities in a preamble or description.

Revised mission:

Through innovative, self-sustaining projects and partnerships, Rose Charities supports communities to improve quality of life. We do this within a framework of volunteerism that places emphasis on results. By linking people and working together we all benefit. The Rose Charities international network of independent organizations are not-for-profit, secular and non-political.

This draft of the Mission Statement will be circulated to all other Rose members for approval.

Charter aspects

Participants identified the following issues and aspects of formalizing the relationship between the Rose Charities organizations:

- A mission statement was an important first step because it defines who we are.
- Bureaucracy: Concern was expressed that a formal structure would add another layer of bureaucracy: more work to set up and maintain structure, more meetings and potential administration costs. Ideas on how to keep costs to a minimum included using email and phone (Skype) meetings.
- Consistency and accountability: The advantage of the formal structure is that it protects everyone by identifying standards and policies.
- Reporting and promotion: Templates would make reporting easier and provide a consistent format for all Rose organizations. The reports can also be used for publicity, promotion, on the web. Members need to be trained on how to write the reports and promote their organization.
- Membership: Discussion centered on the need for flexibility and different degrees of membership. Representation of smaller groups – ensure they have a voice.

Governance

A formal structure was suggested based on a traditional incorporation model consisting of members who elect an International Council (Board) and an Executive of the Council to carry out day-to-day activities. This model was identified because most organizations use it and it is recognizable. Identifiable procedures for decision making and checks and balances were a key concern.

- International Council elected by members; role is to set policies and standards (e.g. who can be a Rose member, identify standards for Rose members such as yearly reports)
- Executive carries out policies/standards set by the international Council. □□ Executive might be all in one country to minimize costs, there was also a concern that reporting must be kept simple...maybe using a template.
- Executive would be responsible for coordinating and consistency between organizations....also we need to look consistent on the website.
- Our existing coordinating structure needs strengthening. sharing information and resources

Key aspects of international governance

- Low cost; Reporting ease

- communication among orgs – exchange of ideas;
- consistency among orgs coordination in supporting projects, info and resources
- promotion and publicity – website key tool
- fund raising – coordination (make it easy for people to donate)

Rose Charities Charter Working Group

To carry forward these ideas, a working group was formed. Sarah Miller, Simon Andrade, Linda Roberts, Will Grut and Josephine de Freitas volunteered to be on the group. Other members of Rose Charities will be asked if they would like to be on the Working Group.

Mandate of the Working Group:

- develop a governance model (charter & bylaws)
- communicate with all Rose members for input and approval; raise awareness and communicate about issues that come up
- establish committees such as Fundraising and Communication (website)

At the Workshop, it was also agreed that if Rose members don't reply to requests for feedback on charter issues within a specific timeframe, silence means consent (YES).

Vision for Rose Charities

In response to the question “Where do we want Rose to be in 5 years time?” Rose members identified:

look the same but bigger; retain strengths even if we get bigger

- projects responsive and locally driven
- preserve feeling of camaraderie and magic
- robust community to respond to changing circumstances
- projects moving towards being self-sustaining and self-funding
- increase communication between projects
- stronger fund raising capability
- guidelines for setting up projects
- higher profile; media recognition
- every project/country has infrastructure in place to get international funding

The Short Term Goals that were suggested:

Charter-1 year

communication links in place-start immediately

website – updated and consistent

updates every 3 to 6 months on activities using a standard format

Sector discussions

There were two sector group discussions during the conference: one focused on health projects while in the other, participants discussed community social projects such as micro-credit, education, and violence against women.

Health Projects Conclusions

1. Emergency relief. Emergency relief initiatives should be continued by Rose, but at a level consistent with its resources and, where possible in close collaboration with local group efforts and/or other international NGO's. While Rose Charities is a humanitarian assistance organization, it is recognized that there is often, inconsistent emphasis given to suddenly arising emergency situations. Equally, if not far more severe, there are ongoing 'emergencies' such as 2-5 million children dying each year from easily treatable diseases (diarrhea, malaria, respiratory tract infections).
2. In sustained health project planning, all efforts should be made to work with local counterparts and reliable authorities (not always the case). Support should be given to established institutions though they should also be monitored for efficiency of delivery. It is an unfortunate fact that such institutions may sometimes be corrupt and inefficient, nevertheless appropriate encouragement may change these practices for the benefit of all.
3. Teaching and training are probably the most effective way to address health issues combined, where possible, with sufficient support to be able to implement this training. This is consistent with the '2TS' principle: Training Support and Treatment Sustainability.

Social Projects Conclusions

1. Three different Rose Charities Projects were discussed: Drug and Alcohol Rehab in Nepal, Community Support in Madagascar and Micro-credit in Sri Lanka. From these discussions, it was concluded that Rose Charities projects, while diverse in focus, share core values and components that make them successful. These include:
2. Community Support: All projects are grounded in the communities which they serve. They draw volunteers from these communities and involve them in all aspects of decision making. The projects are directed by the needs of the communities, and change direction quickly as the needs of the communities change.
3. Dedicated Leadership: Each project has a strong and dedicated leader who is deeply committed to the project and the community. The leaders are team builders, able to inspire others, delegate and support their team.
4. Volunteers: All the projects use volunteers from the community, thus stretching their resources and maintaining community involvement

9

Presentations

The second day of the conference was focused on presenting ideas and examples of international response to poverty in the last century.

The Myths and Mysteries of International Aid

Keynote Lecture: Dr. Collin Yong, Rose Charities International

Rotaplast International., British Columbia Children's Hospital (Canada) Dr. Yong's keynote presentation highlighted the huge discrepancy present today between the funding input and the meeting of actual ground-level needs. How is it that only a few cents worth of medicine could cure many children of malaria, yet despite billions spent on aid in the last 50 years, such needs have not generally been met? Drawing both from his own extensive experience of medical work in many developing countries and on data from sources such as William Easterly (former head of World Bank), Dr. Yong discussed how much more effective efforts can be where a community assessed, needs driven approach is made as opposed to one where perceived solutions for externally identified problems are simply imposed.

A Cambodian eye care project

Presented by Dr. Grut and Dr. Vra

Dr Grut outlined the history of Rose Charities in Cambodia starting from its early origins in Project IRIS and AMDA where general health and eye initiatives were carried out in the countryside in the early 1990's in very debilitated and insecure conditions. Rose was founded initially to meet the great need for rehabilitation surgery, not least because of the huge prevalence of land-mine blast injury. Dr. Hang Vra gave the final presentation of the current situation of the Rose Charities Eye Clinic and its function for the poor in both its aspects of eye surgery / medicine and optometry.

Eye Camps in Nepal

Presented by Dr. Basant Raj Sharma

It is more than 25 years since eye care services were established in Nepal to address Preventable and treatable blindness, primarily cataract. Due to various reasons, the blindness rates have not been reduced significantly. In Nepal 25,000 newly blind are added to the already existing cataract backlog and worldwide blindness is increasing by 2 million each year. This scenario is not exclusive to Nepal but all the developing nations including Cambodia. Recent studies in Nepal show blindness prevalence rate of 0.7% of which 80% is avoidable blindness and 60% treatable cataract blind. Further studies show that the major barriers to uptake of cataract surgery are cost of surgery and gender (female). Keeping these factors in mind Lumbini Eye Care Program has launched extensive outreach programs including Surgical and Screening (DST), Eye Camps to tackle blindness due to cataracts, Trachomatous trichiasis, low vision and childhood blinding conditions. These programs are based on the principles of partnership and shared responsibility and taking the approach based on active community participation

Rehab surgery in Cambodia / Physiotherapy in Cambodia

Presented by Dr. Nous Sarom and Ms. Joanna Thomson

The rehab surgery unit, operated with Operation FIRST Cambodia specializes in operations for the poor which will be most effective for quality of life. Dr. Sarom outlined the current surgical work from its origins with Rose Charities 10 years ago. Initially the project specialized in cleft lip and palate and land-mine injuries, including stump remoulding, but these have been expanded into other areas such as congenital deformities and burns. The establishment of Operation FIRST has created a specialized unit which can link with any local or overseas resource foci to ensure optimum efficiencies and allow further expansion. One of these involvements has been the Canadian group, Operation Rainbow, directed by Dr. Kimit Rai. This group has now made three visits to Cambodia to provide operations and teaching. Ms. Joanna Thompson described the project from the perspective of a physiotherapist and her work at the Center with Dr. Sarom. Although conditions were rudimentary in the wards she was able to establish a very useful base for further expansion in this much needed area. Cultural difficulties remain. Cambodian patients are simply not used to the whole physiotherapy process and are unaware of the benefits that it can bring them.

Alcohol / Drug Rehabilitation in Nepal

Presented by Mr. Binod Aryal, CEO of RIC-Rose Nepal, and Ric Allen, Director of Rose Charities Australia. Mr. Binod Aryal, founder and director of RIC-Rose Nepal, outlined his work in Kathmandu and Bhairahawa (near Lumbini) with alcohol and drug dependent victims in the community and also those in prison. Starting in Bhairahawa the work has expanded due to involvement with other groups including Rose. Techniques used include both those of the western '12 Step techniques' as well as traditional Nepali / Buddhist / Hindu Vispasana meditation techniques. The work has been increasingly implemented among the prison population. Mr. Arayal also outlined the recent flood relief initiative in the southern Nepal 'Terai' region.

Community Support in Kalmunai Sri Lanka

Presented by Anthony Richard, CEO Rose Charities Sri Lanka

The community-based project in Kalmunai, Sri Lanka began in 2005 as a tsunami emergency response medical mission led by Rose Charities Canada. Today the project is run by Rose Charities Sri Lanka, funded by a \$160,000 2-year CIDA grant and contributions from Rose Canada. Rose Charities Sri Lanka has a staff of 31 people and works with a broad spectrum of the community. Their primary interest is children and families affected by the tsunami and the civil war.

The project began with pediatric support for the Kalmunai base hospital, directly after the tsunami. The focus quickly changed to psycho-social support in response to the urgent needs of the children. Using experts from Canada a system of school counselors was set up in 19 schools in the area, serving over 10,000 students. Eighteen months later the project again shifted focus to education support. This was in response to the desires of the community who felt that their senior school children had lost so much education. The education support program provides free tuition to all high school children sitting final exams. There is also a university entrance program and university scholarships.

Other initiatives include 3 pre-schools and teaching ESL to junior school children. The latest developments have had peace building components. Children have been brought together from the Muslim, Tamil and Christian communities in a basketball program and other peace building activities. Vocational training classes have begun for women in the camps. As a community-based program, the focus changes according to the needs and priorities of the community.

Micro Finance in Kalmunai Sri Lanka

Presented by Anthony Richard, CEO Rose Charities Sri Lanka

Rose Charities Sri Lanka began a micro-finance program in May 2007. The aim of the program is to provide small, short term loans to people to enable them to begin simple income generating projects to reduce their poverty. There are many people in Kalmunai, Sri Lanka who are still adversely affected by the tsunami and the civil war. Many are still living in camps and lack a means of making a living. The micro-finance project lends between \$50 - \$150 per person. To date, the program has approx \$20,000 and 200 loans have been made with a repayment rate of 100%. Those who successfully repay their loan may take out a second, larger one. The types of activities include, chicken farming, noodle making, grocery stores, sewing, bike repair, jewelry making. Every potential borrower must first register as a member of Rose and open a savings account. Borrowers are placed into self-help groups and supported by trained counselors. This support is considered of paramount importance to the success of the program. The program's aim is to expand until the interest payments generated from the loans are sufficient to cover the running costs of the program. It is believed this will be at approximately \$40,000 in the lending portfolio.

Rose Charities Vietnam

Presented by Jan Johnston, Director Rose Charities Vietnam and Josephine de Freitas Director, Rose Charities Canada Rose Charities Vietnam is a new organization with registration from the government expected in March. The plans are to fund raise and support a variety of small projects in Vietnam. A recent fund-raising event held by Jan Johnston raised \$5,000. Rose Vietnam currently supports a program for the blind in Hue, Central Vietnam. With funds raised by Rose they have been able to begin a Braille teaching program for 20 people. Funds have also been given to support cataract surgery in Hi Chi Minh City.

The most exciting project being planned is the support of a Corneal Eye Bank. This will allow the donation, storage and transplant of corneas to people who are blind through corneal damage. There is a potential financial sponsor for this program and technical support available through Rose Charities New Zealand and Rose Charities Canada.

UCCAN-Rose Madagascar Partnership

Presented by Cheryl-Anne Pine and Luke King. Directors UCCAN UCCAN Uniting Children, Communities and Nations UCCAN is a Rose Charities Partner organization dedicated to helping children and communities in Madagascar. Cheryl-Anne and Luke

work with a variety of Malagasy-run projects which reach out to abandoned, orphaned and underprivileged children.

UCCAN recently (in 2006) began working closely with a rural community development initiative, Mahastara, in the village of Tsarahonenana. UCCAN teamed up with Mahatsara to open a school in their small village. The school is unique in its mission to provide an education that goes beyond academics. The holistic approach includes a student and community health program, a daily nutrition program which will soon be accompanied by a community garden, an adult literacy program and a student/community sports program..

Emergency Response

Presented by Kirsten Reems

Kirsten described her experiences on three emergency response missions. The first was to Banda Aceh Indonesia in Jan 2005 after the 2004 Tsunami. She was part of a 3 person team who joined the AMDA mission there. They worked in a hospital and lived under difficult conditions. The high mortality rate was demoralizing and also the confusion of trying to coordinate with different aid groups. The second mission was to Jackson, Mississippi, after Hurricane Katrina. This was a very different experience in an affluent society. The third trip was to Solo, Indonesia after the Jogjakarta earthquake. Their greatest need was teaching in an orthopedic hospital with a capacity of 200 beds and 500 patients. The staff needed assistance in sterile dressing techniques. She concluded that the emergency response should be carefully assessed before a decision is made on providing assistance because in each situation the need is variable.

Family Practice In Canada

Presented by Dr. Hank Reems

Dr. Hank Rheems presented some of the parameters and challenges of running a busy family practice in British Columbia, Canada. Included in his presentation was a description of the range of patients and the types of care they need. Also was a description of the availability of other medical services and the methods for coordinating with them.

CONFERENCE 10 YEAR ANNIVERSARY DINNER

Held in the banquet room of the Cititel Penang, the anniversary dinner hosted all the conference delegates, wives, husbands and many associated Rose persons.