

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002  
GLIDE n° TC-2008-00057-MMR  
Operations update n° 21  
9 September 2008

### Three-Month Consolidated Report

**Period covered by this update:** First three months, 2 May - 2 August 2008

**Appeal target (current):** CHF 73,987,907 million (USD 72.5 million or EUR 45.9 million)

[<click here for the revised emergency appeal budget and here for the interim financial report>](#)

**Appeal coverage:** With contributions received to date, in cash and kind, and those in the pipeline, the appeal is currently approximately 75% covered

[<click to go directly to the donor response report, map of the affected areas or to contact details>](#)

#### Appeal history:

- 8 July 2008: A revised emergency appeal was launched for CHF 73.9 million (USD 72.5 million or EUR 45.9 million) to assist 100,000 households for 36 months.
- 16 May 2008: An emergency appeal was launched for CHF 52,857,809 (USD 50.8 million or EUR 32.7 million) to assist 100,000 households for 36 months.
- 6 May 2008: A preliminary emergency appeal was launched for CHF 6,290,909 (USD 5.9 million or EUR 3.86 million) to assist 30,000 households for six months.
- 5 May 2008: CHF 200,000 (USD 190,000 or EUR 123,000) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF).

#### Summary:

This is a three-month consolidated report on the progress and challenges of the emergency operation launched in early May by the Myanmar Red Cross Society and strongly supported by the Red Cross Red Crescent Movement.

#### Contributions to the appeal to date

Partners which have made contributions to the appeal to date include: American Red Cross/American government, Australian Red Cross/Australian government, Austrian Red Cross, Belarusian Red Cross, Belgian Red Cross/Belgian government, British Red Cross/British government, Canadian Red Cross/Canadian government, Red Cross Society of China – Hong Kong branch and Macau branch, Cook Islands Red Cross, Cyprus Red Cross/Cyprus government, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, French Red Cross, German Red Cross, Hellenic Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross,



Red Cross volunteers and villagers transport pond-cleaning equipment in the pouring rain, in Bogale.

German Red Cross, Hellenic Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross,

Republic of Korea Red Cross, Kuwait Red Crescent, Luxembourg Red Cross/Luxembourg government, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross/Norwegian government, Portuguese Red Cross, Qatar Red Crescent, Singapore Red Cross, Slovak Red Cross/Slovak government, Spanish Red Cross/Spanish government, Sri Lanka Red Cross, Swedish Red Cross/Swedish government, Swiss Red Cross, Taiwan Red Cross Organization, United Arab Emirates Red Crescent and Vietnam Red Cross Society. Contributions have also been received from the European Commission Humanitarian Aid Directorate General (ECHO), the Italian, Estonian and Slovenian governments, Total Oil Company, Stavros Niarchos Foundation and Tides Foundation.

The International Federation, on behalf of the Myanmar Red Cross Society, would like to thank all partners for their very quick and generous response to this appeal.

## The situation

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, devastating the Ayeyarwady and Yangon divisions. Collective assessment data from the authorities and international communities indicates that 115 townships were significantly affected by the cyclone. According to official figures, 84,500 people were killed and 53,800 are missing. The UN estimates that 2.4 million people are affected.

## Coordination and partnerships

### Movement relations

The overall picture of the first three months of the operation is one of strong, positive and forward-looking partnership among Movement members, in support of the Myanmar Red Cross Society (MRCS), as it scales up to respond to great need. The following are notable achievements:

- In providing auxiliary support to the Myanmar government, the MRCS is recognized as one of the leading humanitarian organizations in the country. Its extensive volunteer network of MRCS staff and volunteers, have worked tirelessly with the support of the Red Cross Red Crescent Movement, to provide assistance to those affected by the disaster. This included the rapid re-deployment of nearly 200 volunteers from other parts of the country within the first month of the operation, to work alongside volunteers directly and personally affected by the disaster. The process of the deployment was concluded in July.
- The International Federation of Red Cross and Red Crescent Societies has taken a clear in-country coordinating role in respect to Movement resources and personnel mobilized, to support the MRCS. This is based on the good relationship established between the International Federation's country office and the MRCS, as well as with relevant ministries and authorities. A true 'Movement approach' has been achieved in supporting the MRCS in its emergency operation, with the International Federation supporting partners to work towards common goals. One area of concern, is that of unsolicited goods, which were still being received in August 2008. The unplanned expenditure related to these goods (warehousing, customs clearance, etc), and the time spent on this issue continues to divert precious time, energy and human resources.
- More than 35 partner national societies (*see page one*) have contributed to the emergency appeal and revised emergency appeal so far, providing cash and in-kind contributions, and thereby enabling the MRCS to provide immediate assistance to those affected by the disaster. The *Danish Red Cross* and *French Red Cross*, which have been in Myanmar to support the MRCS in long-term programmes launched prior to Nargis, have worked in close coordination with the International Federation and the MRCS in the relief operations. This support included contributing all in-country resources available to the International Federation and the MRCS, for the first two months of the operation. This made a great deal of difference during the first critical weeks after the disaster. In addition, the Southeast Asian national societies have provided valuable support including the provision of regional disaster response team (RDRT) members.
- The *Australian Red Cross*, *French Red Cross* and *German/Austrian Red Cross* have provided vital support in water and sanitation activities (*see water and sanitation sector for details*).

- The *Japanese Red Cross* deployed two delegates who provided important support in relief, communications and other aspects of the operation, in the first few weeks of Nargis.
- The *American Red Cross* provided a monitoring delegate to the operation on 25 July for a four-week mission to assist in the establishment of a comprehensive monitoring system (*see monitoring sector below for details*).
- The *International Committee of the Red Cross (ICRC)* has worked in close cooperation with the MRCS and the International Federation from the start of the Nargis operation, and has made significant contributions within the framework of the revised emergency appeal. This is the first time ICRC support has been coordinated and funded through an International Federation appeal. Its contributions have been focused on restoring family links; the management of dead bodies; geographical information system development; economic security; water and sanitation activities; and sub-rural health centre design. (*see section on Red Cross and Red Crescent action below for details*).

### Meetings and visits

A series of significant meetings and visits have taken place during the first three months, and have helped expedite the humanitarian response so far:

- Pledging Conference, 25 May

The International Federation's secretary-general and the director of programmes and coordination attended the pledging conference, accompanied by the International Federation's head of country office and the ICRC head of delegation. This meeting was co-chaired by the Association of South East Asian Nations (ASEAN) and the UN. The secretary-general presented a joint statement from the Movement which highlighted the key role and outstanding efforts of the MRCS volunteers, as well as the progress and challenges of the emergency operation.

- Southeast Asian National Societies meeting, 29 May

The International Federation hosted a meeting in Kuala Lumpur, attended by national societies from Thailand, Malaysia, Singapore, the Philippines and Indonesia; the British Red Cross and Japanese Red Cross in their capacity as key partner national societies in Asia Pacific, the ICRC, the MRCS executive director and the International Federation's head of country office in Myanmar.

The meeting explored the potential of working and engaging with ASEAN coordinating mechanisms, to support the MRCS operations, as well as for future work.

- Myanmar Partnership meeting, 21 and 22 July

The MRCS and the International Federation jointly hosted a partnership meeting in Kuala Lumpur on 21 and 22 July. A total of 24 representatives from 15 national societies attended the meeting, together with 12 representatives from the International Federation and a representative from the ICRC. One of the objectives of the meeting was to discuss the coordination of support for the Nargis operation available through the Movement, as well as plans for recovery and longer-term support.

The MRCS and the International Federation provided first-hand information on the progress and challenges of the operation, while the participants raised specific issues pertaining to the operation. Given the context and constraints related to the Nargis relief and recovery efforts, the engagement and discussions with the MRCS and International Federation leadership was invaluable. The meeting certainly mapped interest and firmed up support for the Nargis operation, but just as importantly, recognized the necessity to commit Movement resources for the communities living outside the Nargis-affected area.

The vulnerability in the rest of the country has been clearly documented in terms of the humanitarian imperative for the Movement's support. As we move into 2009, national societies from Sweden, Japan, Finland, Denmark and France, have already made firm commitments to support the MRCS beyond the Nargis operation.

- In July, the International Federation's Director of programmes and coordination, returned to Myanmar, following his first visit in May. He met with the MRCS executive committee as well as the minister and deputy minister of social welfare, relief and resettlement, and the deputy minister of foreign affairs. He also held discussions with the UN humanitarian coordinator and OCHA representative. Briefings with various ambassadors and donors were held on the International Federation's commitment to support the operation and the MRCS over the long-term, including the challenges that have been faced. One of the clear and welcome messages which resonated in these meetings, was that the humanitarian community

and the authorities all recognized and congratulated the volunteers of MRCS for their work and dedication throughout the response, and the role that the International Federation had played in supporting the coordination of support for the MRCS.

- The under-secretary general for humanitarian affairs and UN emergency relief coordinator visited Myanmar in May and again in July, for follow-up discussions on the progress of the response to Nargis. On both occasions, he specifically requested for meetings with the International Federation and the MRCS. During these meetings, the MRCS president and his executive committee briefed him on the impact of the Red Cross response, as well as some of the ongoing challenges. The under-secretary general also expressed his appreciation for the individual and collective roles played by the MRCS and the International Federation in response to the cyclone, noting the unique role of the Red Cross Red Crescent Movement, the support to the national response and the exceptional work of the MRCS volunteers.

### External cooperation

Productive networks for coordination and cooperation have been established:

From the beginning of the operation, the MRCS has been a significant partner to UN organizations such as the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF). In particular, MRCS human resources and volunteers coordinated with the UN system to assist with the provision and distribution of immediate humanitarian assistance. These efforts are testimony to the capacity and commitment of the MRCS volunteer base at community level. While this increased the workload of the MRCS as the society continued with its own operation, the collaboration with the UN system and others, characterized the commitment to in-country coordination and cooperation among the humanitarian actors. Indeed, given the challenges of access to communities, and additional communication and transportation constraints within Myanmar, this partnership ensured that much-needed humanitarian assistance was received by many communities devastated by Nargis. The International Federation supported the MRCS in the coordination of this support, demonstrating the value of the coordination and support provided by international movements for a national society faced with the immense challenge of such a disaster, in one of Southeast Asia's most complex contexts.

The inter-agency humanitarian cluster system was convened early on in the operation with a model of co-leadership being established for several of the clusters. The International Federation convened the emergency shelter cluster with the UNHCR and later, in coordination with CARE, until early August, when it passed on the responsibility to Habitat for Humanity. The cluster system has undertaken a series of data collection exercises to provide more accurate information for coordination purposes. A comprehensive view of planned activities across agencies and sectors is still in development.

Other cluster coordination mechanisms attended by Red Cross representatives include the water and sanitation, health, shelter, livelihoods, agriculture, logistics, and the early recovery and cash working group. The International Federation is also part of the cluster leads meeting in Yangon.

There has been a commitment towards rolling out the cluster coordination system to the field, with functioning coordination mechanisms present in several affected townships, as the UN establishes its operational hubs. Staff from MRCS operational hubs in the delta participate in these meetings when they have the personnel to do so. One constraint faced in reference to full participation has been the difficulty in coordination when meetings are conducted in English; another is the lack of access to e-mail and various communications, to circulate minutes from the meeting. Despite these challenges, there appears to be good informal networking present between agencies, and an increasing momentum towards close coordination on geographic coverage designed to avoid overlaps in distribution and other activities.



**Shelter items distributed to beneficiaries include tarpaulins, rope and tools such as shovels and saws.**

Clusters are accountable to the Inter-agency Standing Committee (IASC) which meets regularly in Yangon, and is convened by the humanitarian coordinator. The International Federation is represented by the head of country office, with the ICRC and national societies operating bilaterally, also attending.

- Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA)

The need identified by the humanitarian community for a rapid baseline of cyclone impact, to aid relief response and recovery and rehabilitation planning, was met by the Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA). This initiative was coordinated by the government of Myanmar, ASEAN and the UN. The MRCS provided 30 volunteers to assist with the data collection and analysis. The World Bank, Asian Development Bank, international non-governmental organizations, the private sector and individual volunteers, all worked together, once again demonstrating the real commitment of all humanitarian actors to respond to the extensive challenges faced in the aftermath of Nargis. The assessment was conducted in June, covering over 291 villages in 30 townships - the final findings were launched on 22 July.

Although there have been various discussions on the approach used in PONJA, it stands as the only comprehensive assessment of its nature to date, and is referred to as a planning reference point. It was not meant to be a comprehensive assessment as this was impossible, given the constraints of the context. The PONJA will serve as a significant reference not only for Nargis, but also for humanitarian responses in the future.

The assessment report is being used within the Red Cross response, as a source of verification, to inform the selection of village tracts for further assessment in the recovery phase. (*see below for details*).

### **National Society Capacity Building**

The MRCS scale-up for Nargis continues, with the consolidation of the establishment of operational hubs in nine locations, plus response activities in a further four locations. Additional finance, human resources, logistics and management infrastructure and procedures, are being put in place to support this expansion. (*See sections below for details*)

Considerable attention has been given to ensure a large-scale movement response does not have a negative impact on the organizational development of the MRCS. In addition, there has been some planning for the pre-positioning of stocks for future emergencies. New mechanisms of operational management have been established to achieve this, with the MRCS taking the lead organizationally.

Other national programme plans are now slowly growing in momentum, following a period when all MRCS resources were called upon to support the Nargis operation.

## **Red Cross and Red Crescent action**

### **The operation**

#### **Responding to the context**

Myanmar is structured into 17 different states and divisions. In this operation, the MRCS and the International Federation are active in the two divisions of Ayeyarwady and Yangon. Under the overall programme strategy, relief and recovery efforts are focused on the 13 worst-affected townships, reaching 100,000 households of the most vulnerable communities. A number of these households will receive specific support related to water and sanitation, health, livelihoods and shelter as a recovery intervention. Further details of this plan are pending the outcome of the next stage of assessment (*see below*).

The 13 townships are Bogale, Dedaye, Labutta, Mawlamyinegyun, Ngapudaw, Pyapon, Kyaiklat, Maubin, Myaungmya, Wakema, Kawhmu, Kungyangon and Twantay. Operational hub offices have been established in nine of these townships, with paid staff recruited for management, logistics, finance and administration, water and sanitation, health and relief. The recruitment of livelihoods and shelter staff is pending.

The hub office teams will work in tandem with pre-existing branch structures comprising the volunteer base of the MRCS who provide an extensive network and knowledge base of affected communities. This partnership of skilled staff and experienced volunteers is an important factor in successful programme implementation and the obvious value of the Movement's response. Although this large scale-up is not without its challenges, there remains a clear commitment towards ensuring that the best outcomes are achieved for the communities relying on the MRCS for support.

#### **Deployment of specialist international staff and International Federation capacity**

The start of relief operations was plagued with issues related to the number of visa approvals for international personnel across all organizations - for the International Federation, this resulted in an unusually small in-country

Federation team to work with the MRCS in implementing such a large emergency operation. In-country travel to the delta was also hampered due to issues related to travel permits and the length of time international staff were permitted to stay in the delta. It is significant to note that the head of country office was the first international humanitarian delegate provided official permission to travel to the delta post-Nargis. This reflected the level of open dialogue and discussion developed over time between the MRCS/International Federation and the authorities. The constraints faced at the time necessitated creative planning and the development of a working model, with considerable emphasis on training and skills transfer. It remains to be seen whether programme outcomes for beneficiaries are enhanced by this emphasis on training and capacity building - nevertheless, timely responses and decision-making prevail, and a joint collaboration, drawing significantly on the knowledge base of the MRCS, is in progress.

Over time, the situation for internal travel has improved through new coordination mechanisms and a commitment from a variety of humanitarian organizations towards advocacy and dialogue with the authorities. It is now possible to deploy field delegates for longer periods to provide advisory support to MRCS operational hubs, in close coordination with the MRCS and the International Federation in Yangon.

The timely granting of visa applications prevails at the time of submission of this report. Discussions continue between the MRCS/International Federation management and relevant authorities to clarify the ever-changing application process.

In summary, a total of 72 expatriate Red Cross personnel have been deployed to the Nargis operation, from the start of the operation in early May to 2 Aug, with an average of 25 delegates in-country at any one time. The majority of these personnel have since ended their missions. The total figure includes:

- 17 water and sanitation emergency response unit (ERU) members from the French, Austrian and German Red Cross societies deployed to Yangon and the delta.
- 11 logistics ERU members from the British and Swiss Red Cross societies who were deployed to Bangkok but were stood down following the failure to secure visas.
- Four members of the field assessment and coordination team (FACT), comprising specialists in operations, health, water and sanitation, and relief, who were deployed to Yangon.
- 11 regional disaster response team members from Asian national societies including Palang Merah Indonesia, Philippine National Red Cross, Japanese Red Cross and Malaysian Red Cross, deployed to Yangon and the delta, to provide logistics, health, relief and administration support.
- Short-term delegates and staff-on-loan assisting in areas such as movement coordination, communications, reporting, relief, monitoring, and economic security.
- Longer-term (six months) delegates for relief, recovery, shelter, livelihoods, health, water and sanitation, finance and logistics.
- Four delegates assisting in the Nargis operation, in the areas of organizational development and health across the country, also based in Yangon.

In addition, 17 national staff have been recruited to the country office in Yangon, and the French Red Cross have scaled-up their bilateral operations.

### Relief to Recovery

The relief phase is nearing completion and the focus is now shifting to recovery operations (*see details below on results to date*). It is anticipated that households which have not yet had their relief needs met, can still be identified, and aid for these beneficiaries will be integrated into recovery assessment activities.

A project cycle management system was developed in July, consolidating plans on the following:

- Development of a recovery framework with core areas to be incorporated into all sectors, such as community participation, needs-based programming, integrated programming and mainstreaming disaster management, and gender and environmental issues.
- Development of a multi-sectoral village tract assessment tool.
- Agreement on the process for implementation of village tract assessments.



Major relief distributions are scheduled to conclude by the end of August.

- Training of assessment teams to deliver the village tract assessments.

The selection of village tracts is an important step in the next phase of the response. Hub managers were requested in early August, to select tracts against seven criteria including the presence of other organizations in a tract. Each hub office has submitted its list of selected tracts, prioritized according to levels of need. This resulted in a list of 189,000 households - a second process to revise this number downwards is now in progress. It is likely that the net result will be that less than 200 tracts will cover the needs of 100,000 households. However, it is also important to note that following the multi-sectoral assessment piloted in the first week of September, there will be a need for further selection or refinement at village-level for households to receive livelihoods (30,000 households) and shelter (10,000 households) assistance. This is in keeping with the recovery-phase plans for these sectors.

A field officer team comprising MRCS and the International Federation staff, acts as the liaison between the hubs and headquarters. Field visits continue to be made by each support sector (shelter, health, etc), and currently, the field officer team, and the support sector team are involved in the training and preparation of the hub teams for the village assessments. This is a model to be replicated.

There are some cross-cutting areas that are still being developed, such as beneficiary accountability, training prioritization, and volunteer policy. Each of these areas is central to the successful delivery of an integrated programme that consistently applies standards across all sectors.

### Relief distributions (food and basic non-food items)

#### **Objective 1 (immediate needs)**

To ensure that up to 100,000 cyclone-affected households receive food and non-food items immediately, to help preserve their physical and psychological well-being, human dignity and counter further deterioration of the humanitarian situation, while preparing the ground for longer-term recovery activities.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• MRCS will distribute one family relief kit to each of the 100,000 households (including two blankets, two jerrycans, two double mosquito nets, one kitchen set, and one family hygiene parcel) – in coordination with the health, water and sanitation, and shelter programmes.</li> <li>• MRCS will transport and distribute food aid on behalf of other humanitarian agencies (<i>beneficiaries to be identified</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Relief items are being sourced from in-kind donations, the International Federation's stock in Kuala Lumpur and Dubai, and the remainder comprising a balance of international and local procurement following International Federation procurement procedures.</li> <li>• Immediate recruitment of MRCS volunteers in order to scale-up the volume of humanitarian response.</li> <li>• Coordination with other key humanitarian actors.</li> <li>• Establishment of distribution plans in order to inform logistics planning and community liaison.</li> <li>• Identification of specific beneficiaries to be included in relief activities in the affected locations.</li> <li>• Identification of suitable distribution sites.</li> <li>• Coordination and liaison with affected community leadership and relevant authorities.</li> <li>• Distribution of items to selected beneficiaries, such as 200,000 jerry cans, 200,000 blankets, 100,000 hygiene parcels, 200,000 mosquito nets and 100,000 kitchen sets.</li> <li>• Re-assessment of humanitarian needs.</li> <li>• Evaluation of lessons learnt to inform future planning.</li> </ul>

#### **Objective 2 (medium and long-term needs)**

To ensure badly affected households receive further necessary non-food item assistance, while refocusing MRCS programming towards recovery (to include livelihoods and food security), disaster preparedness and risk reduction activities, in order to mitigate the possible effects of future disasters.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>Communities with additional relief needs receive further non-food items as required.</li> <li>The MRCS has a relief capacity to respond to emergencies in Myanmar, in a manner that enables it to immediately support up to 15,000 families with the most urgently needed non-food items, and create a relief programme to help address further relief needs in such situations.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of additional non-food items for households especially in need.</li> <li>Enhance and improve the MRCS's logistics capacity to support the ongoing field operations.</li> <li>Ensure integration of other sectoral programming with disaster management (e.g. water and sanitation, and health and care).</li> <li>Increase MRCS contingency stocks to cover up to 15,000 households (including 30,000 blankets, 30,000 jerry cans, 15,000 hygiene parcels, 15,000 kitchen sets and 30,000 mosquito nets).</li> <li>Advocacy with the authorities for an enhanced MRCS role in disaster response awareness at the community level.</li> <li>Enhance and improve MRCS' capacity and mode of operations, in carrying out an emergency response.</li> </ul>

### Progress

As of 4 August, approximately 106,324 households (531,620 beneficiaries) were reached with non-food relief items through direct support from the Red Cross Red Crescent Movement. Up to 442,085 beneficiaries are in the Ayeyarwady division and 89,535 beneficiaries are in the Yangon division. MRCS volunteers have also provided various types of support to organizations outside the Red Cross Red Crescent Movement such as the UN and non-governmental organizations, and this is not reflected in the figures above. *(Please refer to the Partnership section above)*

Detailed distribution data is being further refined as information comes from the field through the newly instated relief officers and regional disaster response team (RDRT) support through the hubs. Efforts are also being made to form a more comprehensive information/reporting unit in Yangon that will be tasked with assisting in the collation of distribution data, among others.

Major relief distributions are scheduled to be concluded by the end of this month and the subsequent dispatch of goods from Yangon will be based on individual requests from hub offices, following needs assessments.

### Challenges

Relief distribution coordination has proven difficult in relation to the timely receipt of actual distribution reports from the hub offices. A consolidation of data on relief distributions carried out thus far, is in progress and will enable a reconciliation of stock dispatched with distributions at village level. This will provide a more accurate analysis of the depth and scale of coverage to date.

The persistent delivery of unsolicited items has hindered the logistics of the operation. Special efforts have been undertaken to develop plans and provide support for the distribution of unsolicited donations of food items, by the MRCS. Many of these items arrive without any warning, affecting transportation and warehouse management. A large portion of these unsolicited goods is now being distributed thanks to the efforts of MRCS colleagues at a time when human resources are under pressure. The International Federation is engaging with well-meaning donors and individual national societies on the difficulties involved with unsolicited donations. This interaction includes an orientation on the use of the mobilization table created by the regional logistics unit (in the case of Myanmar – Kuala Lumpur) to assist donors in understanding/coordinating and mobilizing emergency relief items required immediately.

### Emergency shelter

#### Objective 1 (immediate needs)

- Meet the immediate shelter needs of the most vulnerable and cyclone-affected people through the distribution of shelter materials to individual households as well as communities.
- Procure and distribute household tarpaulin kits (comprising two tarpaulins and 30 metres of rope) to individual households and distribute one community shelter tool kit to every five households.
- Target 80,000 households for tarpaulin kits and 275,000 for community tool kits.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• 275,000 households have access to community tool kits (55,000 community shelter tool kits)</li> <li>• Of these, 80,000 of the most affected households, each receive two tarpaulins and 30 metres of rope.</li> <li>• Vulnerable groups are identified and targeted for further assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment of MRCS volunteers to conduct assessments and implement operational activities.</li> <li>• Attend and contribute to relevant cluster meetings.</li> <li>• Detail response to vulnerable groups.</li> <li>• Development of tracking system for beneficiary distributions.</li> <li>• Implement distribution plan and methodology including possible partnership agreements for the distribution of community tool kits.</li> <li>• Procurement of emergency shelter items.</li> <li>• Distribution of emergency shelter items (80,000 households each receive two tarpaulins and 30 metres of rope, and 275,000 households receive a community shelter tool kit (one kit for every five families).</li> <li>• Preparation of design for medium and long-term programming, including participatory evaluation.</li> </ul>
<p><b>Objective 2 (medium and long-term needs)</b></p> <ul style="list-style-type: none"> <li>• Procure and supply appropriate shelter materials to support 10,000 cyclone-affected households which have suffered severe damage, and have not achieved a reasonable status of recovery.</li> <li>• Ensure better understanding and awareness of appropriate building techniques.</li> <li>• Integrate with other sectors to support community-based shelter activities such as household water harvesting (a water and sanitation activity supported by the shelter sector) and safe haven establishments.</li> <li>• All activities are to enhance disaster risk reduction.</li> </ul>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Households that have not achieved a reasonable status of recovery have been identified and supported with shelter materials and possibly, labour or cash (assumption that 10,000 households will be supported).</li> <li>• Awareness has been raised on improved building techniques and buildings are being built accordingly.</li> <li>• Community shelter activities integrated with other sectors are identified on a needs basis and implemented.</li> <li>• Households will have improved facility for and understanding of improved sheltering elements such as safe community structures and reliable water harvesting (<i>Target: 200 village tracts</i>)</li> <li>• MRCS capacity to address shelter as a mitigation measure has been strengthened.</li> <li>• MRCS has pre-positioned 15,000 emergency shelter kits as part of future preparedness.</li> </ul>	<ul style="list-style-type: none"> <li>• MRCS staff and volunteers are trained and deployed to assess community vulnerabilities, capacities and needs, on a multi-sectoral basis.</li> <li>• Detailed assessments are conducted in targeted village tracts, using these trained teams.</li> <li>• Identification of individual and vulnerable beneficiary households needing additional and specific shelter support.</li> <li>• Promotion of better building practices to the targeted communities. This will be done after the investigation of current building methods (conducted in conjunction with other agencies).</li> <li>• Appropriate community activities such as household or community rainwater harvesting, and the identification and strengthening or repair of buildings used as temporary shelters, will be supported by the purchase of materials, technical advice and cash grants. This will depend on the assessed capacities and needs of the affected communities, as well as other recovery plans.</li> <li>• Opportunities to support livelihood activities will be actively sought.</li> <li>• Identification and costing of available local resources.</li> <li>• Procurement and distribution of shelter-related community recovery materials and services.</li> <li>• Further distribution of targeted shelter materials to most vulnerable households.</li> <li>• Identification of the actions needed to build the capacity of MRCS shelter mitigation measures and implementation of these actions.</li> <li>• Procurement of 15,000 emergency shelter kits for preparedness.</li> </ul>

## Progress

Up to 4 August, 32,366 households (161,830 beneficiaries) have been provided with some or all shelter materials. The shelter items include tarpaulins, ropes, hand saws, roofing nails, shovels, hoes, machetes, tin snips, nails, tie wires, claw hammers and woven sacks.

Preparations for a detailed plan of action (recovery phase) are well underway and based on four objectives:

1. Giving specific support to households which do not have a reasonable standard of housing, through the provision of materials, tools or construction support.
2. Investigating existing practices and following up with written and practical technical advice on how to 'build back safer'.
3. Strengthening existing public community buildings such as schools or religious buildings which can serve as future temporary shelters in the event of severe climatic events. These institutional buildings are also seen as vital support centres for community recovery and disaster risk reduction.
4. Investigating existing village buildings which survived the cyclone and provided protection to households, with the goal of producing a manual on findings and recommendations that can be used by organizations and communities, particularly the MRCS for disaster risk reduction.

The transportation challenges encountered in reaching places which are difficult to access, have been addressed in various ways including the procurement or hiring of boats for township branches as well as use of UN boats.

The ICRC has provided a design for the temporary reconstruction of the sub-rural health centre in the Dedaye township. The shelter and health clusters are in discussions on the design for the centre. The outcomes on coordination of vital community-level resources are being monitored, with a view to assessing whether there will be gaps in the support for the rehabilitation of these centres.

## Challenges

While detailed assessments remain problematic, the steady development of the hubs and improvement in their operations will address many outstanding issues over time.

Staff recruitment at hub level and MRCS headquarters to assist in coordination and management of the shelter sector will result in greater momentum for the second phase of shelter operations.

Livelihoods	
<p><b>Objective (medium and long-term)</b> To support the early recovery and strengthening of livelihoods through the development of relevant household and community assistance packages as part of 200 well-integrated village tract recovery programmes.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>• A range of livelihood 'packages' are developed, targeting both household and community levels. These packages are implemented on an identified needs basis in 200 village tracts</li> <li>• Packages developed are cross-sectoral, sustainable and support improved environmental and disaster risk reduction conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• In concert with other sectors, community consultation teams are trained, and vulnerability capacities and needs assessments are conducted.</li> <li>• Six household recovery and livelihood support 'packages' are developed, including agriculture, household gardening, fishery, cottage industry, small scale industry and infrastructure repair (for example, cleaning of drinking water ponds)</li> <li>• If appropriate, investigate and support summer rice crop planting with technical advice and pumping equipment.</li> <li>• Four community recovery and livelihood packages are developed including community transport, community work areas, safe haven buildings and sustainable forestry (for example, species for charcoal, building materials and storm protection).</li> </ul>

<ul style="list-style-type: none"> <li>• Affected households and communities are provided support to initiate and continue viable livelihood activities.</li> <li>• MRCS staff and volunteer capacity in recovery assessments and implementation, is developed.</li> <li>• Disaster risk reduction and mitigation is strongly enhanced.</li> </ul>	<ul style="list-style-type: none"> <li>• MRCS teams develop skills in vulnerability, capacity and needs assessments, and in planning integrated livelihood and disaster risk reduction activities.</li> </ul>
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### Progress

The ICRC provided an economic security delegate for a three-week mission, to assist in initiating the design of a livelihoods programme. This involved the mapping-out of community and administrative structures, networking with other organizations to identify appropriate levels of intervention, and exploring the possibilities of cash interventions.

Efforts have also been made to understand vulnerability as a basis to ensure appropriate targeting of interventions. Vulnerable groups identified include:

- cyclone-affected vs. other people in need
- casual workers vs. small entrepreneurs
- dependent family members or new breadwinners

Interventions consist of:

- asset recovery (in-kind or cash/voucher).
- strengthening and diversifying income-generating activities and support.
- community/economic infrastructure projects.

Plans are underway to prioritize guidelines for cash-for-work activities in the next few weeks, to ensure these are completed before the harvest in November.

Water supply and livelihoods are being explored as possible areas of programme synergy. The upcoming dry season may threaten the affected population's recovery potential if the water vendors who normally supply these communities, are unable to operate due to the cyclone. This is currently being investigated.

### Challenges

The recruitment of MRCS livelihoods staff for Yangon and the operational hubs needs to be prioritized in the current scale-up, given the limited time to establish the early recovery activities proposed above.

Community support in times of disaster and vulnerability is evident in Myanmar culture. It is therefore important to have a clear understanding of this, to ensure community coping mechanisms are supported, and not undermined. In view of the need to allocate funds strategically for targeted programmes, community-level knowledge gained through volunteer and community participation, is critical.

Based on all the above, the implementation of the livelihoods programme will require a strong training and coaching component geared towards MRCS staff and volunteers, as well as the newly recruited International Federation field staff at township and hub levels.

## I. Community-based health and first aid

### **Objective 1 (immediate needs)**

Reduce the number of deaths, illnesses and impact from disease and public health emergencies, by providing immediate basic health care, first aid and psychosocial support, health and hygiene promotion, to the cyclone-affected populations through the MRCS volunteers, in collaboration with the ministry of health.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• Affected populations receive emergency health care, first aid and psychosocial support from the trained community-based first aid volunteers.</li> <li>• Increased awareness on safe drinking water, proper hygiene and sanitation practices, disease prevention and early consultation for the targeted 100,000 affected households.</li> <li>• Affected populations have access to emergency primary health care services through the provision of priority rural and sub-health centres with inter-agency emergency health kits, and the mobilization of mobile health/medical teams in remote villages, jointly with the local health unit personnel.</li> <li>• Prevention, care and support for tuberculosis, malaria, dengue, sexually transmitted diseases and HIV are provided to the affected families. This includes safe blood supply for priority patients.</li> </ul>	<ul style="list-style-type: none"> <li>• 45 health officers will be hired and posted to nine field hubs in the delta region, to support MRCS branches in the implementation of the health and care programming of the operation.</li> <li>• 2,000 MRCS volunteers from affected and non-affected townships who have been trained in first aid/community-based first aid will be given booster training in emergency health care and hygiene promotion (supporting the water and sanitation sector), to provide immediate community-based health and first aid care. This will include giving first aid to injured and sick persons, health advice and information, psychosocial support, hygiene and sanitation education, distribution of hygiene kits, mosquito nets and referrals.</li> <li>• 2,000 first aid kits to be procured and distributed to trained volunteers. These kits are to include supplies and materials to support their on-going first aid care activities in the first aid posts, temporary shelters and in villages.</li> <li>• Support to existing first aid posts and the setting-up of additional community first aid posts in identified areas, manned by community-based first aid trained volunteers, in coordination with the local township medical officers.</li> <li>• 200 units of inter-agency emergency health kits to be procured and distributed to priority rural and sub-health centres, and mobile medical teams in 10 priority townships, in coordination with the township medical officers.</li> <li>• 300 volunteers to be trained as community-based first aid facilitators in 10 townships. These volunteers will organize and mobilize communities for community-based health and first aid activities such as activities related to hygiene and sanitation, dengue prevention and control.</li> <li>• Information, education and communication (IEC) materials (e.g. the community-based first aid manual, and materials on dengue prevention, hygiene and sanitation, malaria, handwashing, diarrhoea), environmental control measures (appropriate drainage, vector control, stock control, litter disposal) will be updated, printed and distributed to the affected communities, in support of community health education activities conducted by volunteers.</li> <li>• The MRCS will finalize the draft of its latest updated version of the first aid manual.</li> <li>• The MRCS will work with the ministry of health to establish if there is any additional support required for medical clinics which could be provided by Movement partners.</li> <li>• Mobilization of volunteers for voluntary blood donor recruitment; HIV prevention, care and support; activities on dealing with stigma and discrimination; and follow-up for tuberculosis (TB) patient-compliance at community level.</li> <li>• Organization of review, evaluation and planning meetings with the MRCS volunteers, branch health officers and headquarters.</li> </ul>

**Objective 2 (medium and long-term needs)**

- Ensure access to basic health care, first aid and psychosocial support by training community-based first aid volunteers and putting a referral system in place, in coordination with the ministry of health, and involving the community in health, hygiene promotion (in support of the hygiene promotion activities carried out by water and sanitation sector) and sanitation activities.
- Strengthen the capacity of the MRCS to manage an integrated community-based health and first aid programme which includes water and sanitation, and psychosocial support activities, conducted in emergencies and normal situations, in coordination with the ministry of health.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• Target groups have access to basic first aid and have increased awareness of the prevention of (and recognize danger signs) communicable diseases/illnesses and psychosocial problems, as well as health care, proper hygiene and sanitation practices.</li> <li>• The MRCS's capacity to manage emergency health care and integrated community-based health and first aid programmes is strengthened.</li> <li>• Trained community-based first aid volunteers are able to provide basic health care, first aid and psychosocial support. These volunteers are also able to conduct hygiene promotion (in coordination with water and sanitation teams) and disease prevention activities in the communities.</li> <li>• Community members are actively involved in community-initiated health activities.</li> <li>• Prevention, care and support for tuberculosis (TB), malaria, dengue, sexually transmitted diseases and HIV, are provided to the affected families, and safe blood is supplied to priority patients in collaboration with the local health units.</li> </ul>	<ul style="list-style-type: none"> <li>• An additional 300 volunteers in 10 townships will be trained as community-based first aid facilitators and equipped with first aid kits and supplies for replenishment.</li> <li>• 3,600 MRCS volunteers will be trained in community-based first aid in 20 townships, by trained facilitators.</li> <li>• 100 MRCS volunteers will be trained in participatory hygiene and sanitation transformation (PHAST), to support community-based hygiene and sanitation activities.</li> <li>• 600 previously trained community-based first aid facilitators will attend refresher training in disease prevention, preparedness for emergency health care, first aid response and psychosocial support.</li> <li>• Trained community-based first aid volunteers conduct regular community-based health, first aid and psychosocial support activities in all affected townships. These activities include providing care and support to sick members of households, health instructions, referrals and identifying community health initiatives for hygiene and sanitation activities.</li> <li>• Mobile medical clinics from 10 priority townships to cover more remote villages, in coordination with the township medical officers. <i>(to be conducted on an ongoing basis)</i></li> <li>• Printing of information, education and communication (IEC) materials (e.g. on dengue prevention, hygiene and sanitation, malaria, handwashing, diarrhoea) and distribution to affected communities, in support of community health education activities conducted by volunteers <i>(to be conducted on an ongoing basis)</i>.</li> <li>• Mobilization of volunteers for voluntary blood donor recruitment drives, HIV prevention, care, treatment and support, activities targeted at dealing with stigma and discrimination, and follow-ups for tuberculosis (TB) patient-compliance at community level.</li> <li>• Incorporation of first aid post activities, health hygiene promotion and psychosocial support into regular MRCS branch health activities, in coordination with the local health care system.</li> <li>• Two basic inter-agency emergency health kits (sufficient for 10,000 persons for three months) will be procured for pre-positioning at MRCS warehouses.</li> <li>• 25,000 hygiene kits and 25,000 long-lasting mosquito nets will be procured and distributed to priority identified families in affected areas.</li> <li>• 40 branch health officers will attend refresher training and continue to support local branches and volunteers in the implementation of health, first aid and psychosocial support activities.</li> <li>• Organize review, evaluation and planning meetings with the Red Cross volunteers, branch health officers, and the MRCS headquarters, and schedule an external evaluation of health and care before the completion of the operation.</li> </ul>

**Progress**

- Basic health assessments and health education training, including hygiene promotions, have been conducted in all 13 townships covered by the revised emergency appeal.
- Eight townships each have a health team. The teams consist of four to five members, comprising doctors, nurses and health staff, who work closely with volunteers in all townships.
- There is a total of 609 volunteers in eight townships, focusing on health, first aid and psychosocial support. Of this



**Mon state volunteers administer first aid.**

number, 280 are trained in community-based first aid, public health in emergencies, and health promotion, including the prevention of communicable diseases, and 25 are trained in psychosocial support.

- Up to 2 August, a total of 102 emergency health kits have been distributed to township hospitals, rural and sub-rural health centres and MRCS mobile health teams in eight townships.
- Job descriptions have been finalized for the recruitment of an additional four health officers, to be based at the MRCS headquarters. The positions consist of one Nargis operational health coordinator, one community-based first aid (CBFA) coordinator, one psychosocial support coordinator, and one water and sanitation coordinator.
- The MRCS/International Federation is developing a plan of action, including a revised three-year budget.
- The MRCS/International Federation health team is participating in individual health, psychosocial support and nutrition cluster meetings.

The ICRC has contributed in the following ways:

- developing communication materials for participatory hygiene and sanitation transformation (PHAST) training
- supporting the translation of the recently revised MRCS first aid manual.
- providing surgical hospital kits which have been distributed.
- providing guidelines for the management of dead bodies.

### Challenges

The integration of hub staff with MRCS township branches has been problematic in some areas. The MRCS executive committee plays a central role in monitoring and supporting this transition and organizational change.

<b>II. Psychosocial Support</b>	
<b>Objective 1 (immediate needs)</b>	
Address the immediate psychosocial needs of the population affected by Cyclone Nargis, by providing psychosocial-related relief and by conducting psychosocial support programme training for MRCS volunteers and local key workers in psychosocial support, in collaboration with the ministry of health, local non-governmental organizations, the United Nations, and international non-governmental organizations.	
<b>Expected Results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Affected families receive immediate psychosocial support from MRCS volunteers and staff trained in psychosocial support, and are referred when necessary.</li> <li>• The MRCS cooperates with monasteries, the ministry of health, the UN, international non-governmental organizations and local non-governmental organizations, in providing psychosocial support to affected communities.</li> <li>• MRCS staff and volunteers involved in the operation receive adequate psychosocial support.</li> <li>• There is an increased awareness on psychosocial support among affected communities.</li> </ul>	<ul style="list-style-type: none"> <li>• 25 staff and volunteers previously trained in psychosocial support, will attend refresher training and be sent to affected townships to initiate psychosocial support assessments, coordination and activities.</li> <li>• 100 MRCS volunteers and invited key community representatives (teachers, monks, nuns, etc.) from 20 affected townships, will be trained in psychosocial support for five days.</li> <li>• Information sessions will be facilitated by volunteers to help cyclone survivors deal with their psychological reactions and grieving.</li> <li>• Coordination with government sectors responsible for psychosocial support programmes, local authorities, the UN, international non-governmental organizations, local non-governmental organizations and monasteries, in order to conduct assessments for a psychosocial support programme plan.</li> <li>• Mobilization of 200 volunteers to support community-based psychosocial support activities and identification of the need for community and family well-being kits for psychosocial support.</li> <li>• 500 community kits and 25,000 family kits for psychosocial support will be procured based on identified items.</li> <li>• Provide supportive items, and conduct briefing/debriefing sessions for volunteers and staff involved in the operation.</li> <li>• Printing and distribution of psychosocial support materials on worker/volunteer care and self-support.</li> </ul>

<b>Objective 2 (medium and long-term needs)</b>	
<p>Address the psychosocial recovery needs of the population by ensuring cultural and spiritual support, and initiating drama and creative activities for children in schools, monasteries and the community-at-large. This will involve working in an integrated way with other sectors to include psychosocial support in MRCS training, and support access to vulnerable people for livelihoods and other community-based programming.</p>	
<b>Expected Results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• MRCS volunteers and key community representatives are trained in psychosocial support and are active in providing such support to their communities.</li> <li>• Communities are empowered to make decisions about activities that will enhance their psychosocial well-being.</li> <li>• Vulnerable groups receive appropriate psychosocial support (and continue to, if necessary).</li> <li>• Psychosocial activities are initiated, supported, and established in schools and monasteries; and theatre/entertainment groups are engaged to support psychosocial activities in affected areas.</li> <li>• Theatre/entertainment groups are engaged to develop performances incorporating psychosocial support and health promotion messages.</li> <li>• Psychosocial support is integrated into all MRCS training activities and in community-based programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support training will be provided for a further 600 people comprising MRCS volunteers and invited key community representatives (teachers, monks, nuns, etc.) in 20 affected townships.</li> <li>• Supplemental psychosocial support training (three days) will be provided for 3,600 community-based first aid volunteers .</li> <li>• Information sessions will be facilitated by volunteers to help cyclone survivors deal with psychological reactions and the grieving process.</li> <li>• Coordinating with government sectors responsible for psychosocial support, local authorities, the UN, international non-governmental organizations, local non-governmental organizations and monasteries, when implementing psychosocial support activities.</li> <li>• Communities are to conduct community mobilization meetings to make decisions about appropriate activities that will benefit the community. Key beneficiaries for psychosocial support are to be identified and engaged in relevant and purposeful social activities in the affected communities.</li> <li>• Distribution of the procured community and family well-being kits.</li> <li>• Ongoing printing and distribution of psychosocial support materials on worker care and self-support.</li> <li>• Identification of two theatre groups and arrangement of performances in affected communities when appropriate.</li> <li>• Identification of schools and monasteries to initiate school-based psychosocial support activities, in cooperation with other organizations.</li> </ul>

### **Progress**

25 MRCS volunteers previously trained in psychosocial support, attended a three-day booster training session from 9 to 11 July in Yangon, before deployment to the nine most-affected townships in the delta, from 14 to 27 July. The volunteers worked with the MRCS township branches and local volunteers. Their experiences have been instrumental in defining the challenges faced by the affected population and Red Cross volunteers. Their contributions include:

- providing advice on possible mechanisms of distribution for psychosocial support kits for families and communities.
- pre-testing draft psychosocial support brochures and recommending modifications.
- providing valuable input into the direction of the MRCS plan of action for psychosocial support for the next three years.

The assignment of a health officer in each hub health team to take on psychosocial support responsibilities is underway.

MRCS volunteers involved in township relief distributions, continue to provide psychosocial support to affected families.



Psychosocial support is being provided to volunteers who worked tirelessly in the relief operation.

The MRCS and the International Federation are participating in the regular mental health and psychosocial support technical working group meetings attended by international and local non-governmental organizations, and UN agencies.

Additional information materials for communities and workers on how to cope with stress, is being made available. The volunteers have been provided with posters and brochures on how to cope with stress, as well as copies of the community-based psychosocial support manual developed by the MRCS.

Other psychosocial support provided include briefing and debriefing sessions for MRCS staff, volunteers and regional disaster response teams. The sessions include components on coping with stress and the concept of psychosocial support. Recognition ceremonies have also been held for volunteers involved in the operation.

**Challenges**

The need for psychosocial support in the affected areas continues to be a major concern, in view of the feedback recorded from volunteers returning from the field, as well as the recommendations of the Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA). Accordingly, psychosocial support field activities will be strengthened through regular supervision by the hub health teams and trained volunteers.

There is a need to conduct a more detailed psychosocial support assessment in the targeted township areas, in order to identify people in specific areas or village tracts who are in need. This assessment report will serve as a basis for the implementation of the psychosocial support plan of action. The MRCS and the International Federation will coordinate with the ministry of health, *Médecins Sans Frontières* (MSF), the World Health Organization and the University of Yangon, to integrate assessments with ongoing experiences gained from supporting people in the delta.

**Water, sanitation and hygiene promotion**

**Objective 1**

To ensure that the *immediate* risks of waterborne and water-related diseases have been reduced through the *most essential* provision of safe water, adequate sanitation and hygiene promotion and education to 100,000 households.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities has improved for 100,000 households.</li> <li>• The understanding of household water treatment methods among the affected population has increased and has improved the health status of the population.</li> <li>• Hygiene practices among the targeted population have improved.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of potable water to 12,000 households in the affected area, with water purification systems.</li> <li>• Provision of water purification tablets for household water treatment, for 88,000 households.</li> <li>• Long-term training and dissemination of different household water treatment methods.</li> <li>• Development of a water quality monitoring system at township and village tract levels, in coordination with the health sector.</li> <li>• Provision of jerry cans to 100,000 households (<i>see relief plan and budget</i>).</li> <li>• Training of local engineers/staff/volunteers in the installation of water purification units.</li> <li>• Provision of appropriate sanitation facilities for 2,000 households.</li> <li>• Promotion of the proper use of water purification tablets, disinfection chemicals, boiling of water, and household filtration capability.</li> <li>• Hygiene education which is part of the health programme, will be supported by the water and sanitation programme.</li> <li>• Conduct emergency participatory hygiene and sanitation transformation (PHAST) sessions on the safe use of water and</li> </ul>

	sanitation facilities. These sessions will be part of the health programme and will be supported by the water and sanitation programme.
<p><b>Objective 2</b> To ensure that the <i>long-term</i> risk of waterborne and water-related diseases has been reduced through <i>sustainable</i> access to safe water and adequate sanitation, as well as the provision of hygiene education to 75,000 households.<sup>1</sup></p>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities among the affected population is improved.</li> <li>• The health status of the population is improved through behavioural change and hygiene promotion activities.</li> <li>• Support of the recovery of vulnerable villages through the provision of water and sanitation infrastructure.</li> <li>• The design and implementation of an emergency preparedness programme related to water and sanitation is defined.</li> <li>• The MRCS pre-positions water purification units and emergency kits which include water treatment units, water testing kits and emergency sanitation kits, as a disaster preparedness measure.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute water purification tablets to 50,000 households.</li> <li>• Support 200 village tracts in the recovery and rehabilitation of rain water harvesting structures.</li> <li>• New drilling and rehabilitation of 80 tube wells.</li> <li>• Continue implementing a water quality monitoring system at township and village tract levels, in coordination with the health sector.</li> <li>• Provide appropriate sanitation facilities for 8,000 households and 100 institutions (schools and health centres).</li> <li>• Purchase materials and equipment locally for the construction of latrines.</li> <li>• Train 50 MRCS staff and volunteers in water and sanitation.</li> <li>• Conduct a Training-of-Trainers session on participatory hygiene and sanitation transformation (PHAST), in coordination with the health sector.</li> <li>• Design and implement the section on hygiene promotion for health training, targeted at the affected population and focusing on behavioural change.</li> <li>• Conduct training in the installation of emergency water and sanitation facilities for local engineers/staff/ volunteers, as part of an emergency preparedness programme. (<i>Refresher training to follow at a later stage</i>)</li> <li>• Handover duties to local water authorities.</li> </ul>

### Progress

Up to 2 Aug, 11 water treatment units were operating in four townships, producing 107,000 litres of safe drinking water for 7,133 households (35,666 beneficiaries) every day.

This tabulation is based on the water, sanitation and hygiene promotion (WASH) cluster's guidelines which provide for three litres of drinking water per person, on a daily basis. For sanitation needs, communities use river and pond water, as well as rainwater.

The water treatment units are operating with valuable support from the German/Austrian Red Cross societies (Bogale), French Red Cross (Labutta), Australian Red Cross (Mawlamyinegyun), and the ICRC (Dedaye).

Preparations are underway to shut down a few water treatment units which are no longer required because of reduced demand. Reviews of these units have shown that communities do not like the smell of chlorine and as such, prefer rainwater for drinking purposes; additionally, in one location, internally displaced persons (IDPs) have returned to their homes.

<sup>1</sup> The initial phase of relief focused on reaching 100,000 households, irrespective of their level of 'affectedness'. The second phase of relief will focus on the most vulnerable portion of this group of people, and this amounts to 75,000 households.

Pond cleaning assessments have been carried out in 89 villages across the five townships of Labutta, Bogale, Pyapon, Mawlamyinegyun and Ngapudaw. Each village has about two to three ponds. Up to mid-August, a total of 31 ponds have been cleaned. The ICRC has also provided a diesel pump kit. No additional ponds have been cleaned because the rainy season is coming to an end, and as such, there is little time left to refill them. A number of communities will therefore still require support in the coming months.

**Challenges**

Initially, it was a challenge for the team to organize the required supplies for pond cleaning, such as fuel and boats for transportation, as well as the transfer of funds to the field. However, this situation has been rectified.

The distribution of water to communities scattered throughout the delta, has been hampered by logistic challenges. Distances are considerable, the weather unpredictable and the process of filling water containers and transporting these on boats not very efficient. However, distributions were conducted in some communities, and water purification units in Labutta and Bogale were installed near affected village tracts. Unfortunately, as indicated above, communities preferred rain water to chlorinated water, so the take-up of water supplies made available in this way, was patchy.



**Pond-cleaning activities are community-driven and often include enthusiastic youngsters as evident in Kappannan Village, Bogale, in July.**  
*Photo: MRCS/The Naing*

Over 400 volunteers have been trained in health and hygiene promotion, in coordination with the health team.

The dry season is likely to bring additional challenges in ensuring a potable water supply to communities still in the process of recovery. This will involve a consideration of the strategies employed by communities before the cyclone, and what new interventions - such as the provision of shallow wells - are possible in different areas of the delta.

<b>Disaster Preparedness and Risk Reduction</b>	
<b><u>Objective (medium and long-term)</u></b> Vulnerability of targeted communities is reduced through mitigation measures and an enhanced capacity to prepare for and respond to future disasters.	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Enhanced capacity in disaster risk reduction/disaster preparedness is in place at all levels of the MRCS.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct a national workshop on disaster risk reduction (DRR) awareness and approaches.</li> <li>Review national disaster response team (NDRT)<sup>2</sup> training curriculum and processes.</li> <li>Support one training-of-trainers session for the NDRT.</li> <li>Hold four NDRT induction/refresher courses.</li> <li>Provide equipment to NDRT members.</li> </ul>
<ul style="list-style-type: none"> <li>National preparedness planning is in place.</li> </ul>	<ul style="list-style-type: none"> <li>Review and update the national multi-hazard contingency plan.</li> <li>Develop a national disaster response plan and standard operating procedures.</li> <li>Develop a national disaster management strategy.</li> </ul>
<ul style="list-style-type: none"> <li>MRCS warehouses in strategic areas are established and stocked.</li> <li><i>(Please see overview of items in relief and shelter tables)</i></li> </ul>	<ul style="list-style-type: none"> <li>As needed, repair and/or strengthen MRCS warehouses in affected areas.</li> <li>Review pre-positioned stock lists.</li> <li>Train warehouse staff.</li> </ul>

<sup>2</sup> For the purposes of the Myanmar Red Cross Society, the NDRT is referred to as disaster assessment response teams (DART).

<ul style="list-style-type: none"> <li>Communities in selected vulnerable areas are reached, empowered and organized for better resilience to disasters.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct VCA (vulnerability and capacity assessment) refresher and induction training.</li> <li>Conduct VCA training in selected vulnerable village tracts.</li> <li>Conduct risk and hazard mapping.</li> <li>Communities prepare plans of activities to address their risks (contingency plans, response plans – search and rescue, and evacuation, early warning systems and the subsequent needed actions).</li> <li>Community awareness sessions with groups (women’s groups, monasteries, etc).</li> <li>Community committee identified or established.</li> </ul>
<ul style="list-style-type: none"> <li>Functioning community disaster assessment teams are established and equipped, in selected communities.</li> </ul>	<ul style="list-style-type: none"> <li>Establish community disaster assessment teams linked to the National Disaster Response Team (NDRT).</li> <li>Select team members.</li> <li>Develop curriculum.</li> <li>Conduct training in search and rescue, and first aid.</li> <li>Interpret and deliver early warning messages.</li> <li>Provide standard equipment.</li> </ul>
<ul style="list-style-type: none"> <li>Appropriate small-scale mitigation measures are identified and implemented through community-based approaches in selected vulnerable communities.</li> </ul>	<p>Implementation of mitigation projects in selected village tracts identified through the community consultation processes. Through vulnerability and capacity assessments, areas could include:</p> <ul style="list-style-type: none"> <li>Environmental protection: <ul style="list-style-type: none"> <li>Tree/mangrove planting</li> <li>River/sea bank protection</li> <li>Regular cleaning of drainage systems/rivers, etc.</li> </ul> </li> <li>Evacuation centres: <ul style="list-style-type: none"> <li>Renovation/construction/maintenance</li> </ul> </li> <li>Reinforcement of important community infrastructure: <ul style="list-style-type: none"> <li>Community roads and bridges</li> <li>Schools and health centres</li> <li>Water and sanitation facilities</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Awareness of disaster risk reduction-related issues among stakeholders is increased.</li> </ul>	<ul style="list-style-type: none"> <li>Training in advocacy and awareness techniques.</li> <li>Discuss with other agencies, non-governmental organizations. and local authorities on the importance of supporting disaster risk reduction measures.</li> <li>Promote the World Disaster Report.</li> <li>Prepare media reports and issue papers to promote disaster risk reduction including appropriate building techniques.</li> </ul>
<ul style="list-style-type: none"> <li>A school-based disaster risk reduction (DRR) programme targeting primary and secondary schools is developed.</li> </ul>	<ul style="list-style-type: none"> <li>Work with the ministry of education to incorporate disaster risk reduction (DRR) activities into the school curriculum.</li> <li>Develop a non-formal education curriculum.</li> <li>Conduct training and awareness-raising for teachers in selected schools, in selected village tracts.</li> <li>Produce DRR posters/brochures for display in schools and public places.</li> <li>Training in disaster preparedness, in schools in up to 20 village tracts.</li> <li>Field exhibitions/social events/festivals.</li> </ul>

There has been limited progress achieved in reference to the above objectives, but this is seen as appropriate for the first stage of the response, in which other interventions have by necessity, taken precedence. The recruitment of a disaster management delegate to support MRCS strategies nationwide and over the long-term, is in progress. It is envisaged that lessons from Nargis will be central to future planning.

### Additional ICRC interventions

The ICRC has assisted the MRCS in establishing a Restoring Family Links programme dedicated to reuniting families separated by the disaster. MRCS field workers and volunteers in the Labutta, Bogale, Mawlamyinegyun

and Pyapon townships have been trained in collecting appropriate information from people seeking news of their loved ones or who themselves wish to inform friends and family that they are safe and well. These field officers are based at the MRCS operational hubs, and work in coordination with the hub managers for their activities.

Up to early August, a total of 1,420 *Safe and Well* messages were collected in the delta and a total of 15 telephone calls were made.

The MRCS and ICRC attend cluster meetings in Yangon for the Protection of Children and Women, in order to share information and coordinate activities with other child protection actors at the field level. Restoring Family Links staff also attend sub-cluster meetings at the field level.

## Monitoring

Some progress has been made on mapping and monitoring, and further work in all areas is proposed for September.

Specific developments include:

- The ICRC has worked with four International Federation delegates on the use of basic Geographical Information System (GIS) software. Advanced training is scheduled to take place in mid-September. This will assist with the provision of more accurate data collection and analysis, for planning and monitoring purposes.
- The American Red Cross monitoring delegate has assisted in the establishment of a comprehensive monitoring system. This is the kind of engagement with Movement partners that was discussed at the partnership meeting in Kuala Lumpur and has proven to be a successful initiative. The support provided included input into the development of a post-distribution relief monitoring form and the identification of core documentation for hub offices to help them report on sectoral progress and overall operational matters, such as logistics, administration and finance. These efforts are being refined into a comprehensive monitoring framework for the entire operation, aimed at achieving an efficient assessment of progress achieved against plans, at field and headquarters level.

The MRCS and the International Federation conduct ongoing monitoring distribution exercises, as the operation moves into the recovery phase, with the relief delegate and database officer reviewing the data collection to ensure a consolidated picture of relief assistance. A 'lessons learned' workshop is planned for mid-September to review the relief response internally, prior to a more developed review process proposed to take place in October.

A full monitoring framework against detailed budgets is planned to be in place when the respective sectoral plans of action and budgets are revised in October, following the village tract assessments.

## Logistics

The logistics capacity of the MRCS response has been substantially strengthened with the establishment of paid logistics officers in several operational hubs which also serve as logistics bases for a broader area. Warehouse standards have improved, with longer-term solutions identified to move temporary warehousing such as rubbhalls on religious sites, to more established and independent locations. Logistics staff have also been briefed on International Federation logistics procedures and completed practical exercises on warehouse documentation. An MRCS logistics officer has been trained in the International Federation's standard warehouse management system software (LogIC) and will update the database with information on the movement of goods from the field. Generators and bilingual logistics forms have been sent to hub office warehouses.

Up to early August, Red Cross Red Crescent chartered relief flights, regular commercial flights and courier flights have transported more than 2,500 tonnes of relief items into Myanmar. Relief supplies have also been brought into the country by sea. The international pipeline coordinated by the regional logistics unit in Kuala Lumpur has been working smoothly with some early challenges on recording dispatched goods, making it difficult to reconcile data at times, now rectified.

IT equipment for hub offices and the local procurement of 40 boats financed by Singapore Red Cross will address many of the ongoing challenges and greatly enhance operations. Import permits for light and heavy vehicles have been pending since May. As the International Federation has been unable to import vehicles for several years now due to Myanmar regulations, there is little hope that this will be finalized any time soon. In the meantime, the

long-term loan of five vehicles from the ICRC, along with the hiring of vehicles in Yangon, has provided valuable additional capacity.

The receipt of permission to purchase 15 CDMA phones (restricted access portable phones) dramatically improved the communication and the security of staff and volunteers in the field. The International Federation has put in a request to procure more phones to support the operations.

## Finance

The focus of the last three months has been on speeding up the provision of working advances to the operational hubs - crucial to the booking of vehicles and boats for operations. Simple practicalities such as access to communications facilities such as telephones, has made this a much more demanding exercise than might normally be expected. However, good progress has now been made on this, and the operation is moving to a more regularized approach to forecasting, with a one-stage working advance approval process per month, being introduced this month. The procurement of the CDMA phones (restricted access portable phones) has dramatically changed the communication between the delta and the headquarters, as mentioned earlier.

It has been necessary to review procedures to ensure a rapid resolution to problems when identified. The MRCS was working on its financial procedures prior to the cyclone, with support from the regional finance development delegate, and these are now being translated for dissemination to the hubs.

Lastly, the budgets for each sector were developed ahead of detailed assessments, by necessity. The finance departments have worked to establish a clear picture of expenditure to date, and following the village tract assessments, the budgets and plans of action will be revised.

The Foreign Exchange Currency (FEC) experienced a devaluation that began in early July and progressed into August. This had an impact on the value of International Federation funds.

## Information/Reporting

Operations updates and situation reports have been provided as regularly as possible. Due to difficult communications, obtaining information from the operational hubs has not always been timely, but as CDMA phones (restricted access portable phones) are being placed in the hubs, this is rapidly improving.

The MRCS and International Federation are in discussion on how to expand an information/reporting unit with the aim of scaling up reporting and analysis capacity, and enabling local staff to handle reporting requirements independently at a later stage of the operation.

## Communications

Hundreds of interviews have been given to media outlets in every continent, from global networks such as BBC World to more community-based media. They have helped profile the tremendous work undertaken by MRCS staff and volunteers, as well as to highlight to a worldwide audience, the issues of success and vulnerability within Myanmar. The publicity has also helped encourage the world's civil society to assist the people of Myanmar through the International Federation's global network of 186 national societies.

In Myanmar, the operation has been featured consistently in local media such as the *New Light of Myanmar* and *Myanmar Times* newspapers, and local television and radio stations.

Updates on the operation continue to be disseminated to the media by the International Federation's communications units in Bangkok, Kuala Lumpur and Geneva.

## How we work

**All International Federation assistance seeks to adhere to the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief* and is committed to the *Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)* in delivering assistance to the most vulnerable.**

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

**Global Agenda Goals:**

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

**Contact information**

**For further information specifically related to this operation please contact:**

- Federation zone office in Kuala Lumpur:
  - Jagan Chapagain, deputy head of zone office, phone: +6012 215 3765, email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
  - Amy Gaver, head of disaster management unit, phone: +6012 220 1174, email: [amy.gaver@ifrc.org](mailto:amy.gaver@ifrc.org)
  - For pledges of funding: Penny Elghady, resource mobilization and PMER coordinator, phone: +6012 230 8634, email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org)
  - For mobilization of relief items: Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org)
- Federation regional office in Bangkok, for communications/media relations:
  - Lasse Norgaard, communications delegate, phone: +66 847 526 441, email: [lasse.norgaard@ifrc.org](mailto:lasse.norgaard@ifrc.org)

[\*<revised appeal budget, interim financial report and map below>\*](#)

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## **REVISED APPEAL BUDGET SUMMARY**

Myanmar : Cyclone Nargis

MDRMM002

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	12,144,000	11,500,998	643,002
Clothing & Textiles	2,832,000	3,382,646	-550,646
Food	3,000,000	0	3,000,000
Seeds & Plants	0	1,071,000	-1,071,000
Water & Sanitation	5,500,000	4,477,520	1,022,480
Medical & First Aid	2,345,457	888,500	1,456,957
Teaching Materials	0	236,000	-236,000
Utensils & Tools	2,696,800	8,270,571	-5,573,771
Other Supplies & Services	2,935,529	12,206,324	-9,270,795
<b>Total Relief Needs</b>	<b>31,453,786</b>	<b>42,033,559</b>	<b>-10,579,773</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Vehicles Purchase	500,000	0	500,000
Computers & Telecom Equipment	458,325	311,675	146,650
Office/Household Furniture & Equip.	65,000	82,250	-17,250
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	300,000	146,000	154,000
Distribution & Monitoring	1,010,000	2,200,000	-1,190,000
Transport & Vehicles Costs	5,036,000	3,647,710	1,388,290
<b><u>PERSONNEL</u></b>			
International Staff	4,650,000	5,847,741	-1,197,741
Regionally Deployed Staff	90,000	93,000	-3,000
National Staff	1,176,900	610,300	566,600
National Society Staff & Volunteers Support	3,105,600	5,552,000	-2,446,400
Consultants	102,000	118,500	-16,500
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	84,000	6,139,558	-6,055,558
<b><u>GENERAL EXPENSES</u></b>			
Travel	622,240	926,600	-304,360
Information & Public Relations	8,500	684,000	-675,500
Office running costs	559,000	224,000	335,000
Communication Costs	185,700	324,800	-139,100
Professional Fees	0	20,000	-20,000
Financial Charges	0	180,000	-180,000
Other General Expenses	15,000	37,000	-22,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	3,435,758	4,809,214	-1,373,456
<b>Total Operational Needs</b>	<b>21,404,023</b>	<b>31,954,348</b>	<b>-10,550,325</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>52,857,809</b>	<b>73,987,907</b>	<b>-21,130,098</b>
<b>Less : Available Resources</b>		<b>40,083,497</b>	
<b>Net Request</b>	<b>52,857,809</b>	<b>33,904,410</b>	

# International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/7
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>73,987,909</b>					<b>73,987,909</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
American Red Cross	334,381					334,381
Australian Red Cross	2,493,379					2,493,379
Australian Red Cross (from Australian Government)	2,980,500					2,980,500
Austrian Red Cross	36,275					36,275
Austria - Private Donors	1,585					1,585
Belarusian Red Cross	2,391					2,391
Belgian Red Cross (French)	18,986					18,986
Belgium - Private Donors	323					323
Belgium Red Cross (Flanders)	5,265					5,265
Brazil - Private Donors	8,033					8,033
British Red Cross	67,955					67,955
Canadian Red Cross	528,411					528,411
Canadian Red Cross (from Canadian Government)	515,029					515,029
Cook Islands Red Cross	11,283					11,283
Cyprus Gouvenment	49,050					49,050
Cyprus Red Cross	16,123					16,123
Danish Red Cross	34,160					34,160
Danish Red Cross (from Danish Government)	2,217,054					2,217,054
ECHO	1,033,600					1,033,600
Estonia Government	51,607					51,607
Finnish Red Cross	35,711					35,711
German Red Cross	323,085					323,085
Great Britain - Private Donors	466					466
Hellenic Red Cross	48,810					48,810
Hong Kong - Private Donors	5,200					5,200
Hong Kong Red Cross	547,266					547,266
IATA	8,650					8,650
Icelandic Red Cross	174,295					174,295
Irish Red Cross	550,290					550,290
Italian Govt Bilateral Emergency Fund	198,645					198,645
Japanese Red Cross	393,239					393,239
Japan - Private Donors	4,730					4,730
Korea (Republic of) - Private Donors	191					191
Korea Republic Red Cross	125,263					125,263
Kuwait Red Crescent (from Kuwait Government)	5,250,000					5,250,000
Lithuanian Red Cross	976					976
Luxembourg Red Cross	11,862					11,862
Macau RC (branch of China RCS)	20,000					20,000
Malaysian Red Crescent	10,546					10,546
Malaysia - Private Donors	2,414					2,414
Monaco Red Cross	144,373					144,373
Netherlands - Private Donors	323					323
Netherlands Red Cross	863,632					863,632
Netherlands Red Cross (from Netherlands Government)	19,320					19,320
New Zealand Red Cross	196,574					196,574

# International Federation of Red Cross and Red Crescent Societies

## MDRMM002 - Myanmar - Cyclone Nargis

### Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/7
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

Norwegian Red Cross	6,786			6,786
Norwegian Red Cross (from Norwegian Government)	1,237,200			1,237,200
On Line donations	247,078			247,078
Peru - Private Donors	214			214
Philippines - Private Donors	520			520
Portuguese Red Cross	32,300			32,300
Qatar Red Crescent	7,470			7,470
Singapore - Private Donors	21,119			21,119
Singapore Red Cross	223,953			223,953
Slovakia Government	97,845			97,845
Slovak Red Cross	4,826			4,826
Slovenia Government	80,750			80,750
Spain - Private Donors	651			651
Spanish Red Cross	30,064			30,064
Sri Lanka Red Cross	3,250			3,250
Stavros Niarchos Foundation	156,000			156,000
Swedish Red Cross (from Swedish Government)	603,750			603,750
Swiss Red Cross	313,772			313,772
Swiss Red Cross (from Swiss Government)	3,916			3,916
Switzerland - Private Donors	9,398			9,398
Taiwan Red Cross Organisation	103,981			103,981
Tides Foundation	51,000			51,000
Tides Foundation (from United States - Private Donors)	104,000			104,000
<b>Total</b>	<b>2,182,000</b>			<b>2,182,000</b>
United Arab Emirates - Private Donor	1,115			1,115
United Arab Emirates Red Crescent	20,781			20,781
United States - Private Donors	15,627			15,627
VERF/WHO Voluntary Emergency Relief	7,000			7,000
VietNam Red Cross	173,800			173,800
<b>C1. Cash contributions</b>	<b>25,081,415</b>			<b>25,081,415</b>

#### Outstanding pledges (Revalued)

Australian Red Cross	1,015,566			1,015,566
British Red Cross	62,100			62,100
British Red Cross (from DFID - British Government)	3,072,188			3,072,188
Canadian Red Cross (from Canadian Government)	2,019,600			2,019,600
ECHO	261,600			261,600
Korea Republic Red Cross	1,694			1,694
New York Office (from Applied Materials)	32,550			32,550
New York Office (from ChevronTexaco Corp.)	1,050,000			1,050,000
New York Office (from Hospira)	105,000			105,000
New York Office (from Lehman Brothers Foundation)	94,500			94,500
New York Office (from Motorola Company)	105,000			105,000
New York Office (from Nordic Custom Builders Inc.)	5,250			5,250
New York Office (from United States - Private Donors)	2,352			2,352
Norwegian Red Cross	100,000			100,000
Swedish Red Cross	2,072,400			2,072,400
Swedish Red Cross (from Swedish Government)	1,606,110			1,606,110
<b>C2. Outstanding pledges (Revalued)</b>	<b>11,605,910</b>			<b>11,605,910</b>

#### Inkind Goods & Transport

American Red Cross	1,656,467			1,656,467
Australian Red Cross	353,352			353,352
Austrian Red Cross	542,994			542,994
Belgian Red Cross (French)	403,280			403,280

# International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/7
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

<i>Belgium Red Cross (Flanders)</i>	107,555				107,555
<i>British Red Cross</i>	2,957,438				2,957,438
<i>Canadian Government</i>	254,434				254,434
<i>Canadian Red Cross</i>	75,694				75,694
<i>Danish Red Cross</i>	917,603				917,603
<i>Finnish Red Cross</i>	1,042,513				1,042,513
<i>French Red Cross</i>	443,140				443,140
<i>German Red Cross</i>	720,826				720,826
<i>Hong Kong Red Cross</i>	275,291				275,291
<i>Japanese Red Cross</i>	2,312,236				2,312,236
<i>Korea Republic Red Cross</i>	477,916				477,916
<i>Luxembourg Red Cross</i>	409,897				409,897
<i>Netherlands Red Cross</i>	964,356				964,356
<i>Norwegian Red Cross</i>	118,635				118,635
<i>Qatar Red Crescent</i>	281,160				281,160
<i>Spanish Red Cross</i>	845,193				845,193
<i>Swiss Government</i>	154,743				154,743
<i>Swiss Red Cross</i>	367,400				367,400
<b>C3. Inkind Goods &amp; Transport</b>	<b>15,682,122</b>				<b>15,682,122</b>
<b><u>Inkind Personnel</u></b>					
<i>Australian Red Cross</i>	8,067				8,067
<i>Canadian Red Cross</i>	13,433				13,433
<i>Japanese Red Cross</i>	3,513				3,513
<i>Netherlands Red Cross</i>	19,213				19,213
<i>Other</i>	2,347				2,347
<i>Swiss Red Cross</i>	2,933				2,933
<b>C4. Inkind Personnel</b>	<b>49,506</b>				<b>49,506</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>52,418,953</b>				<b>52,418,953</b>
<b>D. Total Funding = B + C</b>	<b>52,418,953</b>				<b>52,418,953</b>
<b>Appeal Coverage</b>	<b>71%</b>				<b>71%</b>

## II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					<b>0</b>
<b>C. Income</b>	52,418,953					<b>52,418,953</b>
<b>E. Expenditure</b>	-23,250,156					<b>-23,250,156</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>29,168,797</b>					<b>29,168,797</b>

# International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/7
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>73,987,909</b>					<b>73,987,909</b>	
<b>Supplies</b>								
Shelter - Relief	11,600,000	4,790,010				4,790,010	6,809,990	
Clothing & textiles	1,600,050	1,936,825				1,936,825	-336,775	
Food		1,664				1,664	-1,664	
Seeds, Plants	1,071,000						1,071,000	
Water & Sanitation	4,477,520	93,997				93,997	4,383,523	
Medical & First Aid	888,500	312,824				312,824	575,676	
Teaching Materials	236,000						236,000	
Utensils & Tools	7,335,000	2,644,056				2,644,056	4,690,944	
Other Supplies & Services	10,085,190	1,142,304				1,142,304	8,942,885	
ERU		968,899				968,899	-968,899	
<b>Total Supplies</b>	<b>37,293,260</b>	<b>11,890,581</b>				<b>11,890,581</b>	<b>25,402,679</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles		1,723				1,723	-1,723	
Computers & Telecom	311,675	85,895				85,895	225,780	
Office/Household Furniture & Equipm.	82,250	23,479				23,479	58,771	
Others Machinery & Equipment	740,000	2,188				2,188	737,812	
<b>Total Land, vehicles &amp; equipment</b>	<b>1,133,925</b>	<b>113,285</b>				<b>113,285</b>	<b>1,020,640</b>	
<b>Transport &amp; Storage</b>								
Storage	146,000	53,274				53,274	92,726	
Distribution & Monitoring	8,334,270	7,982,096				7,982,096	352,174	
Transport & Vehicle Costs	1,513,440	32,015				32,015	1,481,425	
<b>Total Transport &amp; Storage</b>	<b>9,993,710</b>	<b>8,067,385</b>				<b>8,067,385</b>	<b>1,926,326</b>	
<b>Personnel</b>								
International Staff	5,847,741	209,956				209,956	5,637,785	
Regionally Deployed Staff	93,000	29,043				29,043	63,957	
National Staff	610,600	26,978				26,978	583,622	
National Society Staff	5,552,000	46,591				46,591	5,505,409	
Consultants	118,500	5,752				5,752	112,748	
<b>Total Personnel</b>	<b>12,221,841</b>	<b>318,320</b>				<b>318,320</b>	<b>11,903,521</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	6,139,558	18,279				18,279	6,121,280	
<b>Total Workshops &amp; Training</b>	<b>6,139,558</b>	<b>18,279</b>				<b>18,279</b>	<b>6,121,280</b>	
<b>General Expenditure</b>								
Travel	926,600	114,300				114,300	812,300	
Information & Public Relation	684,000	28,948				28,948	655,052	
Office Costs	224,000	31,285				31,285	192,715	
Communications	324,800	17,055				17,055	307,745	
Professional Fees	20,000	6,593				6,593	13,407	
Financial Charges	180,000	222,565				222,565	-42,565	
Other General Expenses	37,000	13,977				13,977	23,023	
<b>Total General Expenditure</b>	<b>2,396,400</b>	<b>434,726</b>				<b>434,726</b>	<b>1,961,675</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		997,500				997,500	-997,500	
<b>Total Contributions &amp; Transfers</b>		<b>997,500</b>				<b>997,500</b>	<b>-997,500</b>	
<b>Programme Support</b>								
Program Support	4,809,214	1,002,879				1,002,879	3,806,335	
<b>Total Programme Support</b>	<b>4,809,214</b>	<b>1,002,879</b>				<b>1,002,879</b>	<b>3,806,335</b>	
<b>Services</b>								
Services & Recoveries		177,678				177,678	-177,678	
<b>Total Services</b>		<b>177,678</b>				<b>177,678</b>	<b>-177,678</b>	

**International Federation of Red Cross and Red Crescent Societies**

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/7
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

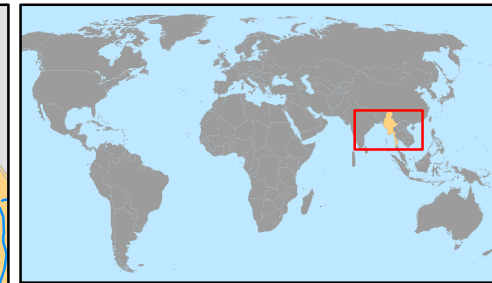
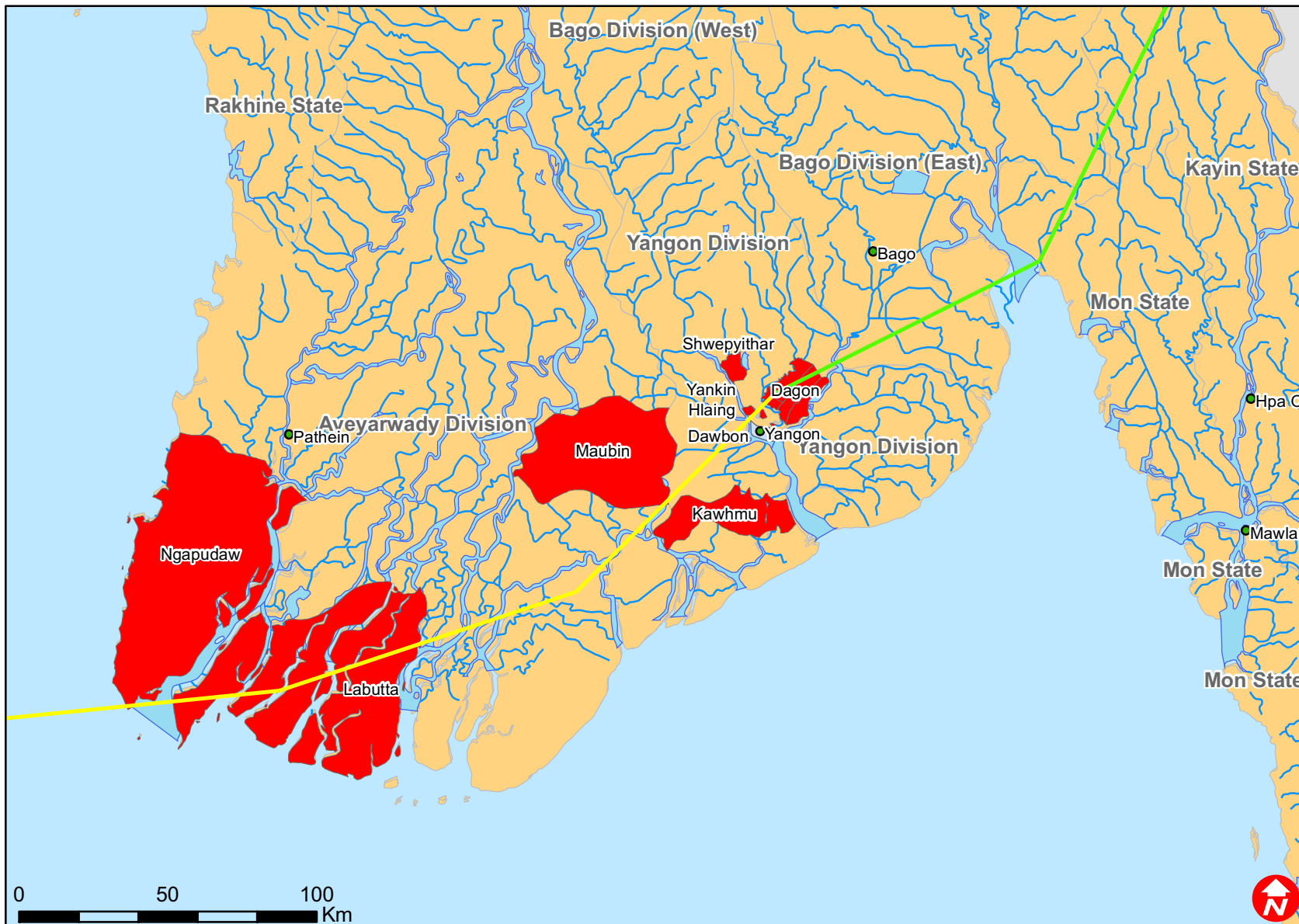
All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>73,987,909</b>					<b>73,987,909</b>	
<b>Operational Provisions</b>								
Operational Provisions		229,525					229,525	-229,525
<b>Total Operational Provisions</b>		<b>229,525</b>					<b>229,525</b>	<b>-229,525</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>73,987,909</b>	<b>23,250,156</b>					<b>23,250,156</b>	<b>50,737,753</b>
<b>VARIANCE (C - D)</b>		<b>50,737,753</b>					<b>50,737,753</b>	



# Myanmar: Tropical cyclone



- Most affected
- Provinces