

# Appeal 2002-2003



International Federation  
of Red Cross and Red Crescent Societies

## MYANMAR (Appeal 01.35/2002)

*Click on programme title or figures to go to the text or budget*

	2002 In CHF	2003 <sup>1</sup> In CHF
1. Disaster Preparedness	160,263	78,678
2. Health and Care	427,176	400,328
3. Humanitarian Values	41,213	31,553
4. Organizational Development	185,769	155,719
5. Coordination and Management	79,027	76,667
<b>Total</b>	<b>893,448</b>	<b>742,945</b>



## Introduction

### National Context

The Union of Myanmar, although rich in natural resources, is one of the poorest countries in Southeast Asia: 22.9% of households live in poverty (World Bank, Myanmar: An Economic and Social Assessment, 1999).

The country is governed by the State Peace and Development Council (SPDC) which took power following anti-government demonstrations in 1988. The military junta's refusal to allow an elected government to take power, and its house arrest of pro-democracy leader Aung San Suu Kyi, earned it international condemnation as well as political and economic isolation.

National development has been hampered by the withdrawal of financial assistance by international financial institutions from 1988 onwards. In 1998, despite strong objections from the West, the country was admitted to the Association of Southeast Asian Nations (ASEAN). Since then, Myanmar has been cementing political and economic bonds with ASEAN, which believes 'constructive engagement' is a better form of diplomacy than sanctions.

Administratively, Myanmar is divided into nine States (Chin, Kachin, Kayah, Kayin, Mon, Rakhine, Northern, Southern, and Eastern Shan) and seven divisions (Ayeyarwady, Bago, Magwe, Mandalay, Sagaing, Thanintharyi and Yangon). Lower administrative units comprise 55 districts, encompassing 320 townships and numerous village tracts, villages and wards. A review of the age distribution reveals that 33% of the population is under 15 years of age, and approximately 59% of the population is in the 15-59 working age group.

<sup>1</sup> These are preliminary figures for 2003. and are subject to revision in the course of 2002.

According to the government, there are 135 “national races” in Myanmar, which make up approximately one-third of the population. More than 75% of the population reside in rural areas, but, due to economic changes over the past decade, people are becoming increasingly mobile.

The HIV/AIDS epidemic in Myanmar is growing rapidly. UNAIDS estimates the number infected with the virus is 530,000, with 1999 national prevalence figures showing an increasing rate of infection in sentinel groups, including sex workers, blood donors, new military recruits and pregnant women.

The combination of poor sanitation, unsafe water and inadequate hygiene practices (see data below) are major contributing factors to child mortality and morbidity every year. Cholera, tuberculosis, leprosy and typhoid are all endemic, while malnutrition affects over 43% of children under five years of age. Communicable diseases such as diarrhoeal diseases and malaria continue to represent major health risks for the country as a whole, and in particular in border areas (UNICEF, 1998 Mid-term review).

### Key Regional Indicators

Country	HDI Rank	Gender HDI Rank	Life Expectancy at Birth		Adult Literacy Rate		Estimated Earned Income (PPP US\$)	
			Female	Male	Female	Male	Female	Male
<b>Singapore</b>	26	26	79.6	75.2	88.0	96.2	13,693	27,739
<b>Brunei</b>	32	30	78.3	73.6	87.3	94.3	10,865	24,163
<b>Malaysia</b>	56	55	74.8	69.9	82.8	91.1	5,153	11,183
<b>Thailand</b>	66	58	72.9	67.0	93.5	97.0	4,634	7,660
<b>Philippines</b>	70	62	71.1	67.0	94.9	95.3	2,684	4,910
<b>VietNam</b>	101	89	70.2	65.5	91.0	95.4	1,552	2,170
<b>Indonesia</b>	102	92	67.7	63.9	81.3	91.5	1,929	3,780
<b>Myanmar</b>	<b>118</b>	<b>107</b>	<b>58.4</b>	<b>53.6</b>	<b>80.1</b>	<b>88.8</b>	<b>746</b>	<b>1,311</b>
<b>Cambodia</b>	121	109	58.6	54.4	57.7	80.1	1,190	1,541
<b>Laos</b>	131	119	54.4	51.9	31.7	63.0	1,169	1,774
<b>East Timor</b>	<i>Data not available</i>							

Data from Human Development Index (HDI), Human Development Report, UNDP 2001.

Country	Population with access to:			HIV/AIDS Prevalence		
	Adequate sanitation %	Improved water sources %	Essential drugs %	Adult Rate (age 15-49) %	Women (age 15-49)	Children (age 0-14)
<b>Singapore</b>	100	100	100	0.19	790	<100
<b>Brunei</b>	...	...	99	0.20	...	...
<b>Malaysia</b>	98	95	70	0.42	4,800	550
<b>Thailand</b>	96	80	95	2.15	305,000	13,900
<b>Philippines</b>	83	87	66	0.07	11,000	1,300
<b>VietNam</b>	73	56	85	0.24	20,000	2,500
<b>Indonesia</b>	66	76	80	0.05	13,000	680
<b>Myanmar</b>	46	68	60	1.99	180,000	14,000
<b>Cambodia</b>	18	30	30	4.04	71,000	5,400
<b>Laos</b>	46	90	66	0.05	650	<100
<b>East Timor</b>	<i>Data not available</i>					

Data from Human Development Index (HDI), Human Development Report, UNDP 2001.

### National society priorities

The Myanmar Red Cross Society (MRCS) was established in 1920 and has built an extensive network of local branches in all 324 townships, with a broad base of volunteers. The society enjoys a positive public

image due to the active involvement of its volunteers in responding to disasters and emergencies such as fires, floods and landslides, and in public health, sanitation and immunization programmes.

The society is governed by a 37-member central council, most of whom are government servants. It has been constrained by a rather weak management and organizational capacity at headquarters and branches. There has been little separation of governance and management, although under its latest president, appointed in 1999, responsibilities are being delegated and a change process initiated.

A joint MRCS/participating national societies team conducted a detailed assessment of MRCS capacity in January 2000 and the MRCS is in the process of implementing the recommendations. Its priorities are to improve the governance and management capacity and to establish core programmes in keeping with the International Federation's *Strategy 2010*. MRCS receives direct support from the ICRC and Danish Red Cross and multilateral support through the Federation from the Japanese, Australian and New Zealand Red Cross societies.

### **Priority programmes for Federation assistance**

The Federation established a delegation in Yangon in 1993. Following the assessment in 2000, the Federation priorities continue to be developing governance, strengthening management and supporting the Health, Disaster Preparedness and Humanitarian Values programmes. The delegation, which is staffed by the head of delegation, one health delegate and three national staff, receives extensive technical support from the Federation delegation in Bangkok.

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# 1. Disaster preparedness

## Background and achievements/lessons to date

Following the organisational review, the MRCS Disaster Response and Preparedness division was formally established in May 2001. An organigramme, staff job descriptions and working rules and procedures were drafted jointly by the head of division and Federation delegation before being approved by the society's Executive Committee (EC). Following this, a series of job interviews were conducted and four new posts were filled by existing MRCS staff (with initial salary support from the DP/DR programme). MRCS now has in place the structure and processes to support the development of a DP/DR programme.

**Goal** To reduce the number of fatalities and casualties in disaster situations, and to develop the capability of people and communities to mitigate and cope with disasters.

### Objectives and activities

**Objective 1** Improve disaster management capacity, in particular at headquarters level.

Activities to achieve objective 1:

- Develop a new DP/CP/DR policy for MRCS, on the basis of work initiated in 2001, and promote awareness of the new policy within MRCS and among its stakeholders.
- Recruit 4-5 volunteers as assistant staff at headquarters level, and provide them with training.
- Enhance the knowledge and skills among staff at national and branch level through specialized training courses, DP/DR workshops and information and knowledge exchanges with other national societies.
- Participate in, and contribute to, the regional disaster management cooperation framework presently under development in SE Asia.

**Objective 2** Strengthen the disaster response system of MRCS.

Activities to achieve objective 2:

- Develop the capacity of the EDRT (emergency disaster response team) at national headquarters by clarifying roles and responsibilities, elaborating standard operating procedures, formulating job descriptions, appointing team members and providing adequate training.
- Review current communication mechanisms and set up new clear-cut information, communication and reporting lines at all levels.
- Develop the functioning of the 18 warehouses, by conducting warehouse management training, improving warehouse management systems, undertaking repair and renovation works and replenishing relief stocks.
- Promote contacts, and cooperate and coordinate with the authorities, UN agencies, NGOs and other disaster actors whenever appropriate.

**Objective 3** Strengthen MRCS capability to manage and implement a community based DP/CP programme.

Activities to achieve objective 3:

- Develop MRCS capacity to manage a CBDP/CP programme and to implement community based DP/CP projects, through human and material resource development, introduction of adequate structures, systems and reviews, and promotion and awareness raising activities.
- Continue to facilitate the PLA (Participatory Learning and Action) process for implementation of the CBDP projects already initiated in four villages in Ayeyarwady division.
- Initiate a community based PLA process in four villages in Sagain division in 2002, and in four villages in Kayin division in 2003.

### Expected Results

#### Objective 1:

- A new DP/CP/DR policy for MRCS has been developed and widely accepted within MRCS and among its stakeholders.
- 4-5 volunteers have been recruited and trained as assistant staff at headquarters level.
- The knowledge and skills among staff at national and branch level have been enhanced through specialized training courses, DP/DR workshops and information and knowledge exchanges with other national societies.
- Participation in, and contribution to, the regional disaster management cooperation framework has taken place.

#### Objective 2:

- The capacity of the EDRT (emergency disaster response team) at national headquarters have been strengthened through clarification of roles and responsibilities, elaboration of standard operating procedures, formulation of job descriptions, appointment of team members and provision of adequate training.
- New communication mechanisms have been set up, with clear-cut information, communication and reporting lines at all levels.
- The functioning of the 18 warehouses has been developed through management training, improved warehouse management systems, repair and renovation works and replenishment of relief stocks.
- Contacts, cooperation and coordination with the authorities, UN agencies, NGOs and other disaster actors have been promoted.

#### Objective 3:

- MRCS's capacity to manage a CBDP/CP programme and to implement a community based DP/CP project has been strengthened, through human and material resource development, introduction of structures and systems, and through reviews, promotion and awareness raising activities.
- Facilitation of the PLA processes for implementation of CBDP projects in four villages in Ayeyarwady division has continued.
- Community based PLA processes in four villages in Sagain division and four villages in Kayin division have been initiated in 2002 and 2003.

### **Indicators**

#### Goal:

- Number of people effectively assisted by MRCS during disasters.
- Number of villages where community based DP/CP projects have been completed or are being implemented.

#### Objective 1:

- The existence of a new DP/CP/DR policy for MRCS.
- The existence of 4-5 new headquarters staff and the amount of training provided.
- The amount of training provided, the number of workshops conducted and the number of information and knowledge sharing events.
- The number of meetings attended and amount of communication within the context of the regional DM cooperation framework.

#### Objective 2:

- The number of well-functioning EDRT deployments.
- The existence of new clear-cut information, communication and reporting lines.
- The number of well-functioning warehouses.
- Number of contacts and occasions for cooperation and coordination.

#### Objective 3:

- The level and quality of CBDP/CP activities within MRCS (compared to the past).
- The number of community based PLA projects completed or under implementation.

**Critical assumptions**

- That disaster management capacity building will be addressed within the framework of institutional development at both headquarters and State/division level.
- That there is further genuine commitment to human resource development by MRCS.

**Monitoring and evaluation**

Most inputs will be documented in reports produced by the DP/DR division and the Federation. The division's monthly meeting is held regularly. Community visits and group meetings are conducted on a regular basis and all are documented by CBDP field officers. MRCS will conduct a formal review and evaluation as key milestones are reached; this will include a mid-term review.

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## 2. Health and care

- **Capacity building and technical support to headquarters**
- **Health promotion project (hygiene and HIV/AIDS prevention)**
- **First aid programme**

### **Background and achievements/lessons to date**

Myanmar is ranked 118 out of a total of 174 countries in term of human development. The country's social indicators show a life expectancy of 58 and 53 (female/male), an infant mortality rate of 86 per 1000 and an adult literacy rate of 83% (UNDP Human Development Report 2001).

Given the considerable needs in Myanmar, the MRCS has taken a strategic decision to expand its health programming throughout the country. In mid 2000, the MRCS, the Federation regional office, the Thai Red Cross and the Australian Red Cross carried out a joint review of the health situation in Myanmar. A key recommendation of that review highlighted the importance of consolidating MRCS's basic ability to respond to community health issues in a phased manner. Initially this will be done by building the overall technical and managerial capacity related to health programming at headquarters level -- a critical move, since the health division is severely constrained by a lack of human resources.

Since the review in mid 2000, MRCS has been finalising its strategic health plan and has decided to focus on five key areas over the next four years:

- Capacity building, emphasising a well functioning health division, with roles and responsibilities, and the development of a health policy/plan.
- Hygiene and sanitation promotion, with particular emphasis on health promotion capacity, IEC development and sustainable behavioural development and change in vulnerable population groups throughout the country.
- First aid, with a first aid policy, training, supplies and a reporting system as priorities.
- HIV/AIDS and reproductive health: key directions will be care, support and counselling for PLWHA, behavioural change and development for at risk groups in high prevalence areas and expanding coverage of reproductive health services to rural areas.
- Blood donor recruitment, with a focus on developing a system for registering, monitoring and supporting donors, as well as informing and counselling them.

The health programme has three components:

- Capacity building and technical support to increase headquarters capacity.
- Health promotion, focusing on behavioural change (water and sanitation in Rakhine State and an extension of the HIV/AIDS project).
- First aid programme that builds on the existing capacity in MRCS.

**Overall programme goal** To improve the health and well being of the vulnerable in Myanmar.

## **Capacity building and technical support to headquarters**

### **Background and lessons/achievements to date**

Although MRCS is working in the health sector (mainly in reproductive health and HIV/AIDS) with partners such as ICRC, UNICEF and FPIA (Family Planning International Assistance), the capacity of its health division remains limited. It does not have a senior manager or systems for basic quality assurance. This newly created division will clearly require considerable strengthening if it is to implement the society's strategic health plan.

**Goal** To develop the capacity at headquarters level to ensure well co-ordinated and integrated health programmes.

## **Objectives and activities**

**Objective 1** Develop appropriate human resources in health management.

Activities to achieve objective 1:

- Conduct training workshops on managerial and technical issues.
- Attend health management programmes, plus short courses and conferences in related fields.
- Organise and conduct on-the-job training missions or study tours with other national societies in the region.
- Develop a resource library on relevant health topics.
- Analyse the training needs in relation to the strategic health plan.
- Develop an annual operational plan to support the strategic health plan.
- Recruit a capable head of health division for the effective management of all MRCS health activities and an officer for management of all HIV/AIDS programmes.

**Objective 2** Establish standard operating procedures to efficiently utilise existing health resources.

Activities to achieve objective 2:

- Conduct a workshop and meetings to develop standard operating procedures within MRCS.
- Produce a procedures manual to serve as a basis for health programme implementation.
- Train health personnel in headquarters on procedures.
- Conduct regular monitoring meetings at the different levels of MRCS to ensure implementation of standard operating procedures.

**Objective 3.** Establish co-ordination and networking systems within MRCS and with other stakeholders.

Activities to achieve objective 3:

- Conduct a workshop of all stakeholders to define roles, responsibilities and programme expectations.
- Strengthen links with other international organisations, the government and NGOs in the health sector.
- Hold regular meetings to monitor co-ordination and networking systems.

## **Expected Results**

Objective 1:

- Health personnel capable of designing, implementing and evaluating health programmes.
- Health resource materials ready to use by MRCS.
- A training needs analysis.
- An annual human resource development plan for the health department.

Objective 2:

- A manual of standard operating procedures utilised by MRCS for programme implementation.

Objective 3:

- A clear strategy for support to the health sector in Myanmar.
- A Memorandum of Understanding (MOU) between stakeholders to ensure coordination.
- Implementation of joint activities by various partners in the health programme.

## **Indicators**

Goal: High quality health programmes, reviewed on a two-yearly basis.

Objective 1:

- Quality project proposals in place.
- Operational plan developed.
- Head of division and desk officer recruited and in position.

Objective 2: The standard operating procedures manual is developed and available.

Objective 3:

- A strategy document is available
- Increased MRCS collaboration with stakeholders.

## **Health promotion project (hygiene and HIV/AIDS prevention)**

### **Background and lessons/achievements to date**

An estimated 32% of the population of Myanmar do not have access to safe drinking water, while 54% have no access to sanitation and 40% no access to health services (UNDP). Unhygienic practices and poor sanitation facilities contribute to the high incidence of diseases such as diarrhoea, dysentery, cholera, typhoid, hepatitis and pneumonia. Worm infestation, which is related to poor hygiene, is also common.

In the border areas and among minority groups, these difficulties are compounded by the limited access to health education material in the local language (Myanmar recognises nine major languages). Furthermore, on a country wide basis, Behavioural Change Communication (BCC) material that is critical for HIV/AIDS programming, despite being available at health facilities, is not readily available at strategic locations such as bars or public places.

This project will, therefore, focus on health education. It will address water and sanitation in the Rakhine state border area (where there has been a longstanding MRCS programme for the Rohingya returnees) as well as supporting a national programme on HIV/AIDS.

### ***Rakhine State***

Rakhine State lies in the north-west of Myanmar bordering Bangladesh. It is inhabited by a Muslim ethnic group who constitute just under half of the population (estimated at 4.5 million). The health profile in the state is poor by national standards. The people usually rely on surface water (ponds, pits and streams) as sources of drinking water. Pit latrine coverage is low by national standards and the risk of contamination is high in populated areas. Malaria is widespread and is the biggest cause of morbidity and mortality.

MRCS, supported by the Federation, has been the implementing partner with UNHCR in a an operation to assist Extremely Vulnerable Individuals (EVIs) and impoverished families in Rakhine State since 1995. The project centres on Maungdaw and Buthidaung townships. MRCS assists EVIs from both the refugee and local communities with emergency aid, and small scale gardening and income generating activities such as livestock, fishery and vocational training. Since 2000, the Federation and MRCS have also undertaken a latrine construction project supported by the Australian Red Cross. A total of 309 latrines have been built in three villages.

MRCS plans to strengthen achievements in Rakhine State through health promotion, utilizing its large network and volunteers.

### ***HIV/AIDS***

It is widely acknowledged that HIV transmission is spreading rapidly in high risk groups. The National AIDS Program reported 33,553 HIV positive cases as of 31 March 2001. UNAIDS estimates that there are 530,000 HIV positive people in Myanmar. The impact of HIV/AIDS is most prevalent among the northern, eastern and southern border areas of Myanmar, and in Yangon. The National AIDS Program reports more

than 2% prevalence amongst pregnant women (1992-1998) (compared to 2.4% of pregnant women in Thailand). Health professionals in many parts of the country stress the need for BCC materials.

The Federation and MRCS have been working on an HIV brochure that presents the fundamental principles of the Movement, basic facts on HIV/AIDS, a comic strip on Red Cross volunteers working with PLWHA, and an exercise for volunteers designed to stimulate their interest in caring for PLWHA in communities. This is funded by the Australian Red Cross. MRCS is a member of the Asian Task Force on AIDS and benefits from the experience of, and discussions with, neighbouring national societies.

MRCS have been managing a UNICEF-funded life skills project since late 1993. Its main objective is to facilitate a youth peer education process to ensure that young women and men are equipped to decide about risk behaviour related to HIV/STD infection. MRCS also manages a reproductive health project that includes a HIV/AIDS component; it was planning to begin an HIV prevention programme for long distance truck drivers in the latter half of 2001.

**Goal** To reduce the incidence and prevalence of preventable diseases through a health programme targeting risk behaviour and addressing vulnerable groups.

## **Objectives and activities**

**Objective 1** Increase MRCS capacity to develop, implement and review health promotion programmes with vulnerable groups

Activities to achieve objective 1:

- Conduct workshops involving all project stakeholders in order to develop a common concept and understanding of HIV/AIDS prevention.
- Gather and share experience and educational material on HIV/AIDS prevention and develop a HIV policy and plan.
- Conduct baseline surveys in conjunction with stakeholders.
- Review and update the CBFA training by including relevant HIV/AIDS information; develop supportive BCC material.
- Adapt existing BCC material to the Red Cross context and use in two States/divisions.
- Conduct training on the development of BCC material for headquarters staff and key branch staff.
- Production and delivery of educational and promotional materials on HIV/AIDS prevention.
- Evaluate pre- and post-test behavioural change.
- Recruit capable and appropriately qualified staff for the project implementation.

**Objective 2** Develop educational and promotional materials to effect behavioural change.

Activities to achieve objective 2:

- Develop a hygiene policy and plan in a participatory manner.
- Identify the most urgent gaps in BCC materials and conduct a workshop with key stakeholders.
- Undertake a baseline survey with vulnerable groups.
- Develop a hygiene policy and plan, including evaluation and the development of educational and promotional materials on hygiene and sanitation.
- Production and delivery of culturally appropriate educational and promotional materials on hygiene and sanitation.
- Conduct a CBFA trainer course for project staff. Conduct regular monitoring meetings to gauge the impact of educational and promotional materials.
- Recruit and train capable staff for project implementation.

**Objective 3** Develop a co-ordination and networking mechanism within the MRCS and with other stakeholders.

Activities to achieve objective 3:

- Hold regular meetings and consultations with other international organisations, government and non-government bodies involved in hygiene, sanitation and HIV/AIDS prevention promotion.
- Distribute educational and promotional materials to MRCS entities, partner institutions and communities.

## **Expected Results**

### Objective 1:

- HIV policy and plan.
- MRCS headquarters staff able to analyze, develop, test, implement and review BCC materials.
- Red Cross volunteers trained to deliver BCC materials to vulnerable groups in two States/divisions.
- BCC materials on HIV integrated into the CBFA training course.
- Increased information and behavioural change in HIV/AIDS in two high risk States/divisions.

### Objective 2:

- Hygiene policy and plan.
- Risk behaviour analysis of target groups in Rakhine State.
- Promotional materials adapted to the specific cultural context of target groups.
- Headquarters, branch and township Red Cross staff have the skills to analyse the specific situation of the community and to develop BCC material.
- A group of community workers in Rakhine State are trained as trainers in CBFA and are using BCC material.
- Increased information and reduced risk behaviour in target communities of Rakhine State.

### Objective 3:

- Partnership and resource sharing in the implementation of hygiene/sanitation promotion and HIV/AIDS prevention.

## **Indicators**

Goal: High quality hygiene promotion and HIV/AIDS prevention programmes, reviewed on a two-yearly basis

### Objective 1:

- HIV policy in place.
- MRCS is able to develop effective BCC materials (posters, leaflets, flip charts) on HIV.
- Post test results show positive response of target communities to materials developed.
- Targeted communities positively evaluated their involvement in the BCC process.

### Objective 2:

- Hygiene policy and plan.
- Effective and relevant hygiene promotion materials developed.
- Rakhine communities positively evaluate their experience with MRCS and display evidence of changed behaviour.
- Number of staff recruited and positions filled, including job description and selection criteria.

### Objective 3:

- Number of meetings.
- Number of new coordination activities.

## **First aid programme**

### **Background and lessons/achievements to date**

The Myanmar Red Cross society has a long history of involvement in first aid training and has an established system consisting of basic training, intermediate/refresher courses, instructor and CBFA courses. These

training courses were previously modeled on a traditional first aid approach, focusing on increasing response capabilities for injuries, drowning and cardiovascular failure.

MRCS currently has a monopoly on first aid services throughout Myanmar and is keen to further develop its role. It aims to consolidate its first aid work by capitalising on its large volunteer network and reinforcing its first aid base country-wide.

A review undertaken by MRCS and supported by the Federation in 2000 concluded that:

- Traditional first aid courses are carried out in most locations and are often the only activities volunteers identify with MRCS.
- There is a lack of training material for volunteers.
- First aid kits are rarely re-stocked.
- There is poor integration of community based techniques into traditional first aid; participatory techniques are not widely understood.

**Goal** To reduce the incidence of preventable illness and be more responsive to accidents, through the effective implementation of a first aid programme.

## **Objectives and activities**

**Objective 1** MRCS develops and disseminates updated first aid materials reflecting current and emerging health needs and disaster response.

Activities to achieve objective 1:

- Review and update first aid reference manuals and materials.
- Develop a training plan and curriculum for revised courses.
- Review the contents of first aid kits and provide first aid kits to selected townships in conjunction with first aid training.
- Provide CBFA Training of Trainers (TOT) courses to Rakhine State community workers.
- Provide CBFA training in Yangon as well as in areas where DP and HIV/AIDS projects are being implemented.
- Deliver refresher training on revised first aid instructor courses and basic first aid courses in two States and divisions.

**Objective 2** MRCS enhances its capacity to manage and implement effective first aid programmes.

Activities to achieve objective 2:

- Develop a training programme for first aid staff to enhance policy development skills and the quality of training.
- Facilitate a visit from a regional national society to provide experience sharing in CBFA.
- Develop a human resource capacity building plan for headquarters and key branches.

**Objective 3** MRCS has effective systems for quality assurance, reporting and logistics in its first aid programme.

Activities to achieve objective 3:

- Develop a first aid policy, in consultation with volunteers and the community, in order to achieve standardized first aid throughout Myanmar.
- Appoint a policy officer to develop this first aid policy, plus a reporting, monitoring and support system with standard operating procedures and guidelines, for MRCS volunteers involved in first aid, including a suitable system for replenishing first aid materials, in the two targeted States/divisions.
- Review selection criteria for volunteers receiving training to ensure that a representative range of community members have access to first aid training.
- Hold regular meetings with health and DP divisions to ensure MRCS delivers a consistent message in its CBFA courses.
- Analyze the barriers to delivering CBFA and identify future options for expanding the programme.

- Develop a business plan and promotional materials for the commercial first aid programme.

## **Expected Results**

### Objective 1:

- Updated first aid reference books and materials.
- A revised monitoring and replenishing system.
- Increased knowledge of disease prevention.
- Basic first aid, instructor and CBFA training courses.

### Objective 2:

- Training needs analysis.
- Midterm capacity building plan for headquarters and key staff.

### Objective 3:

- A first aid policy.
- Reporting, monitoring and support system for first aid trainers and selected branch programmes.
- MRCS midterm expansion plan on first aid at headquarters, branch and community level.
- Feasibility analysis for the expansion and integration of CBFA training.
- Commercial first aid business plan and promotional material.

## **Indicators**

Goal: A high quality first aid programme and system with a two-yearly independent review.

### Objective 1:

- Revised instructor and basic first aid courses and manuals.
- Number of first aid kits distributed during training courses.
- Number and range of first aid courses provided.
- Number of positive evaluations of first aid courses.

### Objective 2:

- Improved skills base as a result of training.
- Number of visits from a suitable regional national society.

### Objective 3:

- Smooth implementation of reporting, monitoring and support system for revised first aid system.
- First aid policy officer appointed and trained.

## **Critical Assumptions**

- That support is sustained for a health delegate working at headquarters level.
- That MRCS is able to recruit qualified staff in a timely manner.
- That targeted states are committed to supporting a first aid system.
- That the MRCS divisions are willing to work together effectively on health related issues.
- That MRCS continue to have access to the border state of Rakhine.

## **Monitoring and Evaluation**

Monitoring will be carried out by Federation staff as well as through site visits, regular meetings and quarterly reports. An annual evaluation workshop will take place.

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## 3. Humanitarian values

### Background and lessons/achievements to date

The Asia-Pacific Regional Conference in Hanoi in 1998, in its final declaration recognized communications as one of the priority areas for the Movement in the region: “We will progressively improve our ability to publicize the activities and enhance the image not only of our own National Societies but of the Movement as a whole, thereby building public, corporate and government support to our national and international operations.”

Although all National Societies pledged to fulfill this commitment, the development of communications capacity continues to remain a relatively low priority in most National Societies and well functioning communications departments have been slow to evolve. In order to address this issue and enable a more focused and effective approach to communications across the region, the Federation has initiated a number of communications initiatives across the region, most recently with the development of a Regional Communications Strategy for Asia-Pacific. This is largely based on the Regional Communications Strategy for East and Southeast Asia 2001-2005, which was developed by information staff of the National Societies in the two sub-regions in early 2001, who also formed a Regional Communications Network. Representatives of the Myanmar Red Cross Society (MRCS) took part in the creation of the sub-regional strategy and the formation of the Network. These initiatives will be the basis for the communications/humanitarian values support provided by the Federation to the Myanmar Red Cross Society in 2002/2003.

With the restructuring of MRCS’s National Headquarters, including the re-establishment of a Communications Division, it appears likely that the NS leadership is ready to recognize the importance of communications work in the NS’s overall activities. At present the NS has very limited capacity in this field in terms of staff, workload and writing and editing skills. While these skills can be improved by providing in-house and in-country training, the NS also seeks opportunities through training overseas and participation in international conferences/workshops/meetings.

During 2001 the MRCS received local media coverage, featured in Federation publications and on-line and took part in the regional communications initiatives described above. ICRC support in the field of dissemination of International Humanitarian Law is expected to continue in 2002.

Whilst the MRCS has taken part in the above-mentioned regional initiatives, these have not been a part of a cohesive and deliberate strategy on communications. There is an urgent need to develop a strategic communications plan and to disseminate this throughout the organization. The Federation will support the development of such a strategic plan in 2002, to fit within the East and Southeast Asia Regional Communications Strategy. Cooperation with the ICRC will be sought in this regard.

This programme is twofold: firstly it aims to support the strengthening of the MRCS’s communications capacity and secondly to promote and portray the International Federation in Myanmar as a leading humanitarian organization. In this document ‘communications’ refers to conventional information work, public relations, dissemination and fundraising activities.

**Goal** A high degree of visibility, credibility, co-operation and support for the Red Cross/Red Crescent in Myanmar.

#### Objectives

**Objective 1** A strong and well-developed communications capacity of the Myanmar Red Cross.

Activities to achieve objective 1:

- Through ongoing dialogue, encourage the national society leadership to recognize the communications division as part of the core services and structure of the national society, in cooperation with ICRC.
- In cooperation with the Asia-Pacific information unit, support the development of internal and external communications strategies for the MRCS.
- In the second quarter of 2002 organize a country-based advocacy and communications training workshop, targeting 10-15 national society senior management, information staff and volunteers, to be done in cooperation with the Asia-Pacific information unit and ICRC in Myanmar,.
- Support the participation of the MRCS in the Regional Communications Network of information officers in East and Southeast Asia for knowledge-sharing purposes and for planning and implementing cross-regional projects.
- Support the participation of an MRCS information officer to take part in the Regional Internship Programme at the Asia-Pacific information unit in Bangkok, whereby an information officer joins the information unit for one week for training and work.
- Support language and computer training, where appropriate, for selected national society information staff.
- Provide support to the MRCS by procuring the essential technical hardware required for a well-functioning communications division.
- Secure e-mail access for the MRCS communications division.

**Objective 2** Expanded strategic links with local and international media to secure sustained and high profile media coverage for the activities of the Federation and MRCS, particularly in emergencies.

Activities to achieve objective 2:

- Further develop, update and expand the network of media contacts in Myanmar and across the region.
- In cooperation with the Asia-Pacific information unit, continue to service the information needs of the media in the event of major emergencies, including the rapid deployment of information personnel/spokespeople to the field and the provision of media interviews, briefings and publicity materials as required.
- Devise media strategies in support of Federation programmes and operations in Myanmar.
- Maintain and expand the regular flow of information materials (including press releases, publications, photographs, video footage) to contacts in the international and regional media.
- Support the implementation of advocacy and communications strategies and activities surrounding global Federation campaigns.
- Organise a workshop for foreign and local media to introduce the Red Cross/Red Crescent in Myanmar and to establish a relationship between the Red Cross and the media.

**Objective 3** Heightened awareness of Red Cross/Red Crescent activities and humanitarian values in Myanmar among key external stakeholders, including diplomatic missions, the corporate sector, civil authorities, NGOs, INGOs and civil society.

Activities to achieve objective 3:

- Head of delegation and delegates identify, initiate contact and network regularly with key external stakeholders.
- Increase participation in relevant sectoral forums including coordination meetings, seminars and conferences; support the production of material on Red Cross work in Myanmar for publication in the country and region.
- Support countrywide and regional promotion and advocacy campaigns, initiated by the Federation or through the Regional Communications Network.
- Collaborate with the ICRC on joint objectives planning and training initiatives targeted at national society information/dissemination officers.

**Objective 4** Integration of communications components into all regional and national programmes.

Activities to achieve objective 4:

- Joint planning with other regional programmes.
- Insertion of communications training modules into sectoral training workshops (DP, health, OD).

## Expected Results

### Objective 1:

- Communications division established, with trained staff.
- The MRCS has a comprehensive communications strategy and working plan developed by MRCS staff and management.
- MRCS planning and implementing projects in cooperation with other national societies in East and Southeast Asia through the Regional Communications Network.
- MRCS communications staff have improved language and computer skills.
- The necessary hardware with e-mail access is available to MRCS communications division.
- Humanitarian values are regularly disseminated in cooperation with ICRC.

### Objective 2:

- MRCS has a working relationship with local and international media working in Myanmar.
- MRCS has the capacity to rapidly deploy information personnel/spokespeople to the field in emergencies and is able to provide media interviews, briefing and publicity materials.
- Myanmar delegation has media strategies in place to promote Federation programmes and operations.
- Media in Myanmar receive relevant and updated information on Federation/MRCS activities in the country.
- MRCS able to disseminate to the media its mandate and role in the Red Cross/Red Cross Movement.

### Objective 3:

- Myanmar delegation has working relationship with key stakeholders in Myanmar and takes part in inter-agency meetings and discussions.
- MRCS is able to promote the Federation's Annual Appeal, the World Disasters Report, and other Movement initiatives and programmes.
- A mechanism exists for collaborating with ICRC and MRCS on planning and training initiatives and activities related to communications.
- MRCS contributes material to the Asia-Pacific FOCUS, the Federation's website and other Federation publications.
- MRCS's information officer able to communicate Movement messages.

### Objective 4:

- MRCS communications division has increased skills in planning and communications components are found in other national society programmes.
- MRCS communications division plans in cooperation with other MRCS programme divisions, ensuring integration of communications into other programmes and relief work.

## Indicators

Goal: MRCS is well known, its mandate understood; it is working closely with other national societies in the Asia and Pacific region.

### Objective 1:

- Communications division established with written job descriptions and working procedures.
- A comprehensive internal and external communications strategy for MRCS formulated, adopted and implemented.
- A country-based advocacy and communications training/workshop implemented and staff skills and knowledge enhanced.
- Information officer's skills and knowledge improved by Regional Internship Programme.
- Language and computer skills improved through intensive courses.
- Essential technical hardware procured and job-training done.
- E-mail access secured for MRCS communications division.

#### Objective 2:

- A network of media contacts developed and expanded for dissemination of MRCS publications.
- Information personnel/spokespeople's skills developed and rapid deployment exercised regularly in a timely manner.
- Media strategies devised and implemented in support of Federation assisted programmes and operations in Myanmar, and a regular information flow of materials developed.
- Media workshop for introducing the Red Cross/Red Crescent Movement in Myanmar implemented in cooperation with the Asia-Pacific information unit and the ICRC.

#### Objective 3:

- Regular contact with international community, UN agencies and NGOs.
- Regular participation in relevant sectoral forums, meetings and seminars.
- Materials on Red Cross work in Myanmar produced, and regional promotion and advocacy campaigns supported.
- A mechanism exists for collaboration with ICRC on planning and training.

#### Objective 4:

- Common information components in health, DP and OD programmes.
- Number of common presentations/sessions in training workshops.

### **Monitoring and evaluation**

Monitoring of this programme will be carried out in the following ways:

- The Myanmar delegation and MRCS management will meet regularly to monitor progress against the objectives.
- The Federation and ICRC will establish a procedure for regular meetings and field visits.
- The regional delegation in Bangkok, through the Asia-Pacific information unit, will provide support and will visit to review progress.
- A progress report will be provided by MRCS at the March 2002 Partnership Meeting.

### **Critical assumptions**

- Peace and satisfactory security is maintained in Myanmar.
- Appropriate human resources for the MRCS communications division can be identified and retained.
- Continued good working relationship between MRCS, the Federation and ICRC.
- Funding for the programme is secured.

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## 4. Institutional and resource development

### Background and lessons/achievements to date

An exploratory workshop on “Governance and Institutional Development” was held for the members of the MRCS executive council and senior management in May 1999. In January 2000 a joint MRCS/Federation review of institutional development found that: the MRCS management did not have a suitable structure to develop and run programmes and projects. It also pointed to a lack of manpower in mid-level management - a scarcity of qualified and experienced personnel in the workforce. The weak structure and lack of manpower are interrelated.

In addition the review identified that development experience and learning in the organisation was being lost because of the high staff turnover and the low level of programme activities. Finally, it said, governance-management relations are unclear and the intervention of governance in management issues limits management’s efficiency and effectiveness.

The organisational development of MRCS for 2001 has centred on the need to develop clear structures, roles and responsibilities. While MRCS has shown commitment to this important process and a willingness to work with the facilitation and support of the Federation, the actual process proved challenging over the initial six months. The urgent need for management reorganization has been highlighted and demonstrated by the very difficulties encountered in undertaking the reform process.

However, in the first six months the reorganization of headquarters management and the establishment of DP/DR, training, health, information and dissemination divisions and OD task forces were achieved. This initial progress will now be consolidated by completing the planning process for the MRCS development plan and facilitating the development of clear staffing and financial procedures for headquarters.

**Goal** The strengthening of the governance and management capacity of MRCS at both national and local levels.

#### Objectives and activities

**Objective 1** The development of a revised set of statutes for the society which will allow the creation of a clear and documented policy on the structures and specific responsibilities of the governing and management bodies. This should include the linkage between headquarters, states/divisions and township branches.

Activities to achieve objective 1:

- Continue to discuss statutes issues, based on a 1995 proposed revised set of statutes as well as the guidelines for National Society’s statutes, sister societies’ statutes and other references. The regional OD delegate and a Federation/ICRC legal advisor will facilitate the process and advise on critical points.
- Organise a first statutes workshop at headquarters, in which Executive Council members and management staff at headquarters participate, discuss and prepare a draft of the statutes.
- Organise a second statutes workshop whose participants will be members of the Central Council, supervisory committees of states/divisions. ICRC and the Federation to share the draft, discuss further critical points and finalize the draft.
- Hand over the final draft of the MRCS’s statutes to new president and governing bodies. Organise one-day orientation session for members of governance.
- Conduct advocacy and promotion activities of the MRCS’s statutes from April 2002 onwards to end of 2003.

**Objective 2** The development of a country assistance strategy (CAS) by the end of 2002.

Activities to achieve objective 2:

- Organise a series of formal/informal meetings with Executive Council for discussion of CAS based on the MRCS's development strategy and focusing on the core areas, DP/DR, health, OD and humanitarian values, in collaboration with co-operation delegate of ICRC.
- Hold regular weekly meeting with ICRC on facilitation of CAS process.
- Organise CAS workshop with stakeholders in co-operation with the regional CAS team.
- A CAS is drafted, and endorsed by MRCS.

**Objective 3** The implementation of a human resources development plan guided by regional HR strategy, to ensure that MRCS develops its existing staff and recruits new staff for MRCS programmes and support services.

Activities to achieve objective 3:

- Organise two one-year intensive English training courses: one a higher intermediate course (4-5 participants) and the other, intermediate (4-5 participants).
- Organise a three-month advanced computer course (desktop publishing and presentation) (2 participants) and a two-month basic course (4-5 participants).
- Organise a 2-day reporting training/workshop for MRCS staff at headquarters level..
- Plan and organize skills and knowledge development training and workshops, and on-job training under separate programme activities (see DP/DR, Health and Information and Dissemination Programmes).

**Objective 4** The development of a fund-raising plan and activities at headquarters to improve the MRCS's financial base and public image.

Activities to achieve objective 4:

- Form a fund-raising task force comprised of an Executive Council member, management staff and Red Cross volunteers.
- Organise charity bazaars (January 2002 and 2003).
- Organise sponsored sports activities (February 2002 and 2003).
- Organise MRCS Red Cross Donation Box Campaign.
- Formulate new MRCS ambulance services in collaboration with the health division. Review policy/strategy, business plan and resources, and management structure.

**Objective 5** The formulation of a new MRCS branch development strategy and plan.

Activities to achieve objective 5:

- Form and appoint a special task force to undertake a review of the branch activities.
- Collect information from a sampling of township (T/S) Red Cross units selected from 325 T/S Red Cross units. Review the structure, functions and programme performance, and draw up a profile of T/S Red Cross units.
- Establish a ranking of MRCS T/S branches with key factors/variants, using participatory methodology and SWOT.
- Organise a branch development workshop with participation of selected T/S Red Cross units at headquarters and discuss critical issues of branch development, ranking and SWOT.
- Facilitate exchange visits with Red Cross volunteers' participation from within selected T/S units to learn from each other.
- Organise a series of discussions and meetings to formulate a branch development strategy at headquarters level, based on the outcome of above.
- Organise a branch development strategy workshop to finalize a new branch development strategy.

**Objective 6** The formulation of a new MRCS youth programme strategy and pilot programme.

Activities to achieve objective 6:

- Organise a series of discussion meetings and a review workshop to review the capacity, function and current programme performances of the Youth division at headquarters: carry out a SWOT analysis exercise.

- Organise a Red Cross youth volunteers workshop: discuss their programmes/activities and expectations /constraints at T/S at grassroots level, using PLA methodology.
- Formulate a new Red Cross youth strategy and pilot programme targeting selected T/S Red Cross units and areas.

## **Expected Results**

### Objective 1:

- Draft statutes reviewed through dialogue between the MRCS and the Federation.
- Adoption of the new statutes by the MRCS.

### Objective 2:

- Formal and informal meetings with Executive Council to elaborate the basis for the CAS.
- Active dialogue with the ICRC and potential participating national societies.
- A draft CAS document by the third quarter of 2002.
- The adoption of the CAS in the fourth quarter of 2002 by the Red Cross/Red Crescent partners in Myanmar.

### Objective 3:

- English language and computer skills training courses held for specified MRCS staff.
- Trained MRCS staff who can use the Federation reporting system.
- Staff development plans across divisions implemented and work performance improved.

### Objective 4:

- The creation of a fund raising task force within MRCS.
- A successful annual charity bazaar.
- A successful donation box campaign.
- Fund-raising activities implemented and expected income accrued.
- New programme of ambulance services put in place in 2003.

### Objective 5:

- The formation of a special task force on branch development
- Development workshops held with selected branches
- MRCS' branch performance reviewed and a new branch development strategy and plan formulated.

### Objective 6:

- Review of the current MRCS youth programme through a series of workshops.
- Development of a new youth strategy and pilot programme for youth by end 2002.

## **Indicators**

Goal: MRCS management and governance working more effectively.

### Objective 1:

- Regular task force meetings held.
- Regional OD delegate and legal advisor's comments and advice made. Critical points raised and discussed at headquarters level.
- First draft further discussed and amended by broader group of stakeholders.

### Objective 2:

- Critical issues on CAS process identified, based on the MRCS development strategy in core areas.
- Collaboration of ICRC in the process.
- Regional CAS team's inputs sought.

### Objective 3:

- Language and computer proficiency.

- A documented HR policy accepted by the MRCS.
- Evidence, through an OD review process, of significant changes in the MRCS management structure and effectiveness.

Objective 4:

- The existence of a documented and agreed fund raising strategy and plan.
- The performance evaluation of the fund-raising team and the increase in the income raising capacity of the MRCS.
- A documented feasibility study on a possible MRCS ambulance service.

Objective 5:

- Documented records of the proposed special task force.
- Survey information gathered.
- Exchange visits.

Objective 6:

- Review workshops have taken place.
- The existence of a new youth strategy.
- Documented proposals for a youth pilot programme.

### **Critical assumptions**

- MRCS's commitment to implementing the OD process, particularly the statutes revision and CAS process.
- Commitment of staff to developing their own skills and knowledge.
- Effective and efficient communication on branch development maintained between headquarters and branches.
- Funding secured to implement OD process.

### **Monitoring and evaluation**

The OD task force and country delegation will monitor the progress of the respective activities and performance of the fund-raising task force and the special task force. Special attention will be paid to the process of developing new statutes and a CAS. An evaluation will take place jointly between MRCS and the country delegation by the end of the fiscal year.

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## 5. Coordination and management

### Background and lessons/achievements to date

The MRCS and country delegation are now in the process of implementing the recommendations of a management review held in January 2001: improving the governance and management capacity of MRCS and its ability to implement meaningful programmes in the four core areas.

Current achievements:

- The organizational structure of MRCS headquarters has been updated to enable the implementation of core programmes.
- Working rules and procedures have been revised, along with the staffing structure.
- Core programmes in organizational development, disaster preparedness and response, health and information have been started, at least at the headquarters level.
- A training centre has been established at the headquarters and major office renovation work has been completed.
- Partnership with UN agencies and INGOs has been improved.
- The society's public and media profile has improved.

Key expectations for the future revolve around building the capacity of MRCS to become a well-functioning national society by 2010, and developing a CAS as a strategic tool to solicit and coordinate PNS support.

The Federation Myanmar Delegation was established in 1981, and has been working with MRCS in all four core areas. Its office is located in the MRCS headquarters building in Yangon.

Currently the country delegation is comprised of a head of delegation, a health delegate, a finance officer, an administrative officer and two drivers. The Myanmar delegation is part of the South East Asia Regional Team.

**Goal** To maximize the efficiency and effectiveness of Federation assistance to the MRCS so that it can contribute to reducing the vulnerability and suffering of the most vulnerable through timely, effective and efficient action.

### Objectives and activities

**Objective 1** Effectively co-ordinate and channel development and relief assistance to the MRCS.

Activities to achieve objective 1:

- Facilitate an organizational change process in order to enhance the capacity of MRCS.
- Manage and coordinate the programmes/activities initiated by the regional office and Geneva for MRCS.

**Objective 2** Ensure that an agreed and negotiated Country Assistance Strategy (CAS) for MRCS is in place by the end of December 2002.

Activities to achieve objective 2 are to facilitate the process of CAS through formal/informal meetings and workshops with stakeholders.

**Objective 3** Effective coordination takes place between MRCS, the Federation and ICRC for all programming in Myanmar.

Activities to achieve objective 3 are to Hold regular weekly meetings to facilitate discussions between MRCS, ICRC and the Federation on operational modalities in the field of OD, information, dissemination and health, as well as to develop cooperation relations.

**Objective 4** A well managed Federation country delegation in Myanmar.

Activities to achieve objective 4:

- Assist the Federation delegates to draw up work plans based on the programmes agreed on with MRCS and ensure that these are monitored.
- Coordinate the Federation work with MRCS capacity building.
- Ensure that the Federation's accounts and financial matters are dealt with in a timely and transparent manner.

**Objective 5** Fully funded appeals which support MRCS's development and relief programmes.

Activities to achieve objective 5:

- Ensure on behalf of the donors the effectiveness of the Federation's financial monitoring of funds associated with requests and appeals.
- Ensure that all key donors in country receive appeal documents and programme updates in a timely manner.
- Support MRCS in the development of its reporting and financial management system.
- Ensure that communication with key participating national societies and visits from them are properly serviced and supported.
- Encourage MRCS to develop new funding initiatives.

**Objective 6** Effective representation of the Federation and Red Cross Red Crescent Movement in Myanmar.

Activities to achieve objective 6:

- Support MRCS's information and dissemination and international relations divisions to promote the work of the Red Cross among the general public, government, NGOs and the international community.
- Increase media coverage of the work of the Federation in Myanmar and internationally.
- Support MRCS in approaches to its government and the international community to obtain improved status and conditions for its work.
- Organise the launching of the World Disasters Report 2002 and a DP/DR seminar for the government and donor community.
- Co-ordinate and support the Federation Regional Partnership Meeting in Yangon in 2002.

## **Expected Results**

Objective 1:

- A significant growth in the capacity and competence of the MRCS in its core programming areas and its management support to these areas.

Objective 2:

- A CAS document and supporting MOUs produced by end of 2002.

Objective 3:

- A significant increase in joint programming between the Federation, MRCS and ICRC.
- A significant increase in joint Federation/ICRC training initiatives in Myanmar.

Objective 4:

- A conducive working environment for all Federation staff.
- Timely and accurate accounts complemented by quarterly programme reports to ensure accountability to donors and the rest of the Federation.
- A measurable improvement in the technical and programming skills of locally hired staff.

Objective 5:

- More frequent and timely issuing of programme updates and appeals.

- Realistic revision of budgets and work plans to align them with the funding environment.

#### Objective 6:

- An increase in the government and donor community's understanding of the role of the Federation and the work of MRCS.
- More frequent, sympathetic coverage of MRCS and Federation activities and views in the local media.

#### Indicators

- Facilitator role of the country delegation recognized and well-accepted; managerial and financial functions of the country delegation improved.
- CAS process implemented in an effective way; a CAS is available by the end of December 2002.
- Facilitation and working relations among MRCS, ICRC and the Federation progressed.
- Work and functions of Federation delegates and local staff improved in relation to MRCS's programmes; Federation accounts and financial matters dealt with in a timely and transparent manner.
- Volume and quality of information discharged to donors.
- The public image of MRCS improved and understanding of the Red Cross enhanced.
- World Disasters Report 2002 launched and DP/DR seminar organized.

#### Critical assumptions

- Strong commitment of MRCS to organizational development process.
- Maintenance of staff development.
- MRCS intensifies fund raising efforts/initiatives.
- Long-term commitment of partners in the Federation.

#### Monitoring and evaluation

The head of delegation will continue to produce a quarterly programme update to monitor the process described above. The country delegation will work together with the regional delegation in a team approach to general management and technical issues.

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<b>PROGRAMME BUDGETS - 2002</b>								
Delegation Myanmar								
<b>PROGRAMME</b>	<b>Disaster Resp</b>	<b>Disaster Prep</b>	<b>Health &amp; Care</b>	<b>Human. Values</b>	<b>IDRD</b>	<b>Reg. Co-operation</b>	<b>Co-ord. &amp; Mgmt</b>	<b>TOTAL</b>
Shelter & Construction	0	0	0	0	0	0	0	0
Clothing & Textiles	0	58'200	0	0	0	0	0	58'200
Food & Seeds	0	0	0	0	0	0	0	0
Water	0	0	0	0	0	0	0	0
Medical & 1st Aid	0	0	6'970	0	0	0	0	6'970
Teaching Materials	0	0	0	0	0	0	0	0
Ustensils & Tools	0	0	0	0	0	0	0	0
Other Relief Supplies	0	0	0	0	0	0	0	0
<b>Subtotal Supplies</b>	<b>0</b>	<b>58'200</b>	<b>6'970</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65'170</b>
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0	0
Computer & Telecom	0	0	1'840	3'130	1'800	0	900	7'670
Medical Equipment	0	0	0	0	0	0	0	0
Other Capital Equipment	0	0	9'770	0	1'500	0	0	11'270
<b>Subtotal Capital</b>	<b>0</b>	<b>0</b>	<b>11'610</b>	<b>3'130</b>	<b>3'300</b>	<b>0</b>	<b>900</b>	<b>18'940</b>
Programme Management	0	10'807	28'805	2'779	12'526	0	5'329	60'245
Technical Services	0	3'235	8'623	832	3'750	0	1'595	18'034
Professional Fees	0	3'587	9'562	923	4'158	0	1'769	20'000
<b>Subtotal Programme Support</b>	<b>0</b>	<b>17'629</b>	<b>46'989</b>	<b>4'533</b>	<b>20'435</b>	<b>0</b>	<b>8'693</b>	<b>98'279</b>
<b>Subtotal Transport &amp; Storage</b>	<b>0</b>	<b>12'956</b>	<b>2'740</b>	<b>0</b>	<b>600</b>	<b>0</b>	<b>6'490</b>	<b>22'786</b>
Delegates & Expatriates	0	0	109'200	0	108'960	0	0	218'160
Local Staff	0	7'776	31'641	3'888	5'700	0	29'100	78'105
<b>Subtotal Personnel</b>	<b>0</b>	<b>7'776</b>	<b>140'841</b>	<b>3'888</b>	<b>114'660</b>	<b>0</b>	<b>29'100</b>	<b>296'265</b>
Travel & Related Expenses	0	0	15'802	600	7'390	0	4'500	28'292
Information	0	3'251	29'822	9'250	5'210	0	5'624	53'157
Professional Fees (Expert)	0	0	0	0	0	0	0	0
General Expenses	0	6'000	16'880	8'130	10'040	0	23'720	64'770
Training Workshops & Seminars	0	54'451	155'522	11'682	24'134	0	0	245'789
Security	0	0	0	0	0	0	0	0
<b>Subtotal Travel &amp; General Expenses</b>	<b>0</b>	<b>63'702</b>	<b>218'026</b>	<b>29'662</b>	<b>46'774</b>	<b>0</b>	<b>33'844</b>	<b>392'008</b>
<b>TOTAL BUDGET</b>	<b>0</b>	<b>160'263</b>	<b>427'176</b>	<b>41'213</b>	<b>185'769</b>	<b>0</b>	<b>79'027</b>	<b>893'448</b>