Programme Update

International Federation
of Red Cross and Red Crescent Societies

Myanmar

Appeal No. MAAMM002

9 December 2008

This report covers the period 1 July to 31 December 2008.

A total of 16,815 people have received information on tuberculosis prevention in three states or divisions, thanks to the support provided by Red Cross volunteers. *(Photo: MRCS)*

In brief

Programme summary:
November marked the six-month anniversary of Cyclone Nargis. The Myanmar Red Cross Society (MRCS) was able to report on its increasing emphasis on the early recovery phase of the response to the cyclone as the relief operations come to an end. The national society continues to focus on the development of appropriate infrastructure to support the response in the delta. However, there has also been a clear but gradual repositioning of programming to ensure continued support for various humanitarian issues being faced in the rest of the country.

Implementation outside of the cyclone-affected area has been understandably affected; however, there is renewed interest in the planned reviews related to disaster management including warehousing issues in the country and branch development review.

There is some cause for cautious optimism that the successful implementation of the humanitarian action within the delta will provide a positive climate for further humanitarian engagement across the country.

Although the planned implementation of many activities was disrupted by the necessity of responding to the large-scale disaster, it is because of the success of pre-existing MRCS community-based approaches that many activities could continue throughout the country relying on the commitment of local supervisory committees and volunteers.

Disaster management:
The impact of major hazards will be reduced through more effective disaster response based on evaluations and reviews of current practices. Wider disaster risk reduction initiatives will be strengthened further by enhancing the national society capacity, particularly in human resources at all levels, as well as by producing or revising concerned documents and existing practices in order to implement the disaster risk reduction initiatives effectively. Awareness generation about hazards, vulnerabilities and risks at community level will be one of the priorities in order to enhance the coping capacity of the communities. Emergency response capacity will be improved by pre-positioning relief stocks in strategically located warehouses and strengthening logistics capacity.

Health and care:
Health and care initiatives continue to remain a large and important component of MRCS activities to promote and improve conditions for vulnerable community members. Communicable diseases including, dengue, malaria, diarrhoea and tuberculosis remain a persistent challenge within the country. The three key areas of activities identified in previous years continue throughout 2008, namely: public health in emergencies, community-based health promotion, and first aid (CBFA).

Organizational development:
During this period, while most of the organizational development (OD) work continued to focus on the Nargis operation, the national society clearly recognized the need to maintain the momentum of its annual programme implementation. Priorities for organizational development under the Nargis response have been to support the MRCS with the scale-up of human resources for the operational hubs in the delta and at the national headquarters. Other priorities included addressing volunteer-related issues and supporting MRCS finance development. The regional finance development delegate visited twice to work with the MRCS on financial management and a visit by the regional OD delegate in September supported the initiation of a process to clarify an OD strategy related to Nargis. MRCS organized volunteer training for the cyclone recovery assessment plans and field visits with the country office and MRCS finance teams to review the operations.

The 2008-2009 appeal was revised in August and the appeal planning process for 2009-2010 completed in September. The primary focus has been on branch development in the non-Nargis affected states and divisions. An external review of the branch development programme is planned, with field visits to the pilot townships to monitor ongoing support.

Humanitarian values:
The national society has been promoting its work with vulnerable communities and humanitarian values through various activities and programmes. Red Cross dissemination sessions targeting Red Cross members, volunteers, government representatives and military officers have been conducted, while a video documentary titled “Myanmar Red Cross in Action’ which pays tribute to the tremendous dedication of volunteers will be launched at the end of November. Local media visits and visits from different partners have also been facilitated to the cyclone-affected areas over the past several months.

There was increased cooperation, coordination and discussions between the International Federation of Red Cross and Red Crescent Societies, International Committee of the Red Cross (ICRC) and the Danish Red Cross during the reporting period to support Myanmar Red Cross Society’s communication and humanitarian values programme plans. A unit for the restoration of family links (RFL) was set up at the headquarters and selected townships to assist displaced populations in Nargis-affected areas. Two representatives from the MRCS participated in the 2nd regional forum on International Humanitarian Law in Manila, with the support of the ICRC. The MRCS is also currently in discussion with the Danish Red Cross in-country to initiate a project on ‘Using mass media for health promotion’.

Financial situation: The budget is currently under revision due to the impact of Cyclone Nargis.

Click here to go directly to the financial report.[1]

Our partners: The MRCS has received valuable support for its 2008-2009 appeal from the following partner national societies: Australian Red Cross, British Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross, Norwegian Red Cross, Swedish Red Cross, and Taiwan Red Cross Organization. It also enjoys important partnerships with UNDP,

[1] Attached financials up to end-October 2008. Financials up to end-December 2008 will be attached to annual report in 2009.

UNHCR, UNICEF, UNFPA and the Burnett Institute. With reference to government authorities, the society has fostered close relationships with the ministry of health and the ministry of social welfare relief and resettlement. The MRCS has also received support from the national disaster management offices of the government, local and international non-governmental organizations (NGOs), the International Committee of the Red Cross (ICRC), civil society, communities and local authorities.

Context

Myanmar is now faced with a unique opportunity by the post-Nargis successes to optimize humanitarian aid opportunities beyond the delta and advocate for resources to address humanitarian and development needs throughout the country. In a country with the needs of Myanmar, it is interesting to note that sanctions and restrictions on aid have prevented much-needed humanitarian assistance from reaching vulnerable communities for 20 years. It is on record that this country has received twenty times less aid than other least-developed countries.

Since the middle of the year, humanitarian access to the country has improved markedly, with visas and travel permits being facilitated in relatively short periods of time. Nargis has afforded an opportunity for humanitarian advocacy that goes well beyond the delta. According to UN statistics, 90 per cent of the population is living on less than 65 cents (CHF 0.8 or EUR 0.5) per day, and more than a third of children under five are malnourished.

Commitments to respond to issues beyond the immediate disaster zone are currently being considered by some donors, with the focus on the long-term goals of raising socio-economic standards. The international Crisis Group has called upon governments not to impose further punitive measures affecting vulnerable groups while the international community works with Myanmar to tackle the worsening humanitarian situation in the country. There is increasing pressure to substantially expand aid for sustainable human development by committing to a common set of operational principles and to work with the Myanmar government to establish a formal consultative mechanism.

Progress towards outcomes

Disaster management

The MRCS and its thousands of volunteers were able to respond to a large-scale disaster by initially relying solely on previous training and their own capacity. This proved to be a very worthwhile investment that clearly demonstrated the impact of all the training undertaken. Myanmar is not usually considered a disaster-prone country, in comparison to some of its neighbours such as Philippines and Indonesia. Small to medium-scale hazards in the past and now the ravages of Nargis in 2008, have highlighted the need for effective disaster preparedness/response as well as disaster risk reduction initiatives in-country. The MRCS is accordingly strengthening its response system. Similarly, it is focusing on enhancing community capacity to cope with disasters at a local level. The developments towards contingency planning are ongoing and it is a milestone in promoting disaster responses which are systematic and effective.

Overview

The MRCS executive committee worked with the disaster management (DM) division in response to requests from its branches for equipment and basic infrastructure to respond to disasters. To supplement the hardware, the division coordinated with other colleagues in MRCS to provide training in areas such as water safety. In the latter part of the year, a series of community-based disaster management training sessions was also conducted.

At the MRCS disaster management review workshop earlier in the year, during which branches highlighted the necessity to keep the volunteers safe when they engage in disaster response, the national society reviewed its procedures and made appropriate changes. This included considerable work done on researching the possibility of insurance for volunteers engaged in DM activities. This work was facilitated through coordination with the International Federation's organizational development delegate and other MRCS divisions engaging volunteers.

It was the intention of the International Federation and the MRCS to finalize the MRCS contingency planning in this half of the year. The support of national and government bodies in assisting the MRCS to establish a clear role and a clearer idea of expectations and responsibilities during times of disaster was well underway even before Cyclone Nargis hit the delta. A follow-up consolidation workshop planned for August 2008, has necessarily been postponed due to the response imperatives following the cyclone. It is well worth noting that investment in this contingency planning definitely assisted the MRCS response to Nargis, as many former MRCS workshop participants are now working side-by-side with MRCS colleagues in the reality of a disaster response operation.

The MRCS has seen a significant physical improvement in warehousing capacity and management as a result of rapid scale-up needed for the Cyclone Nargis response. This has been achieved with the support of the International Federation's logistics unit, and will stand the national society in good stead in the face of future disasters. *(Photo: International Federation)*

The MRCS has procured and pre-positioned non-food relief items around the country. The pre-positioning and warehousing of the non-food relief items has been well organized. Currently, through the integrated use of available resources and opportunities, disaster preparedness (DP) stocks have been reinforced. With the family kits supported through the Appeal and the Nargis DP stocks, there are now 25,000 kits in country.

Partnerships

The MRCS and the International Federation have been in discussions with other humanitarian organizations about reprinting the Code of Conduct (*see Contributing to Longer-term Impact section below for detailed information)*.

Various smaller MRCS warehouses around the country have been surveyed with the assistance of multilateral support provided through national societies such as the Swedish Red Cross, Norwegian Red Cross and Taiwan Red Cross Organization. Through discussions between the MRCS, UNICEF and the International Federation, small-scale renovations are taking place and UNICEF will assist by providing relief supplies with appropriate items for supporting women and children left vulnerable by future disasters. These will be pre-positioned in certain parts of the country using some available MRCS warehousing space and allowing for small-scale income generation through a modest rental agreement. Following a review undertaken by UNICEF in the post-tsunami period, there are now plans to streamline this rental agreement - the changes will be negotiated over the next few months with MRCS.

Outcomes/Expected results

Programme component: Disaster response

- Impact of major hazards (cyclones; flash floods; landslides; fires) across Myanmar is reduced through timely emergency response measures.

Programme component: Disaster preparedness

- Improved MRCS emergency response capacity through strengthened institutional mechanisms and national disaster preparedness and response provision.

Programme component: Disaster risk reduction

- Strengthened MRCS capacity to support disaster-prone communities and reduce their vulnerability through timely information and preparedness measures.
- Improved MRCS capacities to raise awareness of hazards and community capacity to act effectively during disasters.

Achievements

The MRCS response has continued to focus on providing support to the people affected by the cyclone, although in the later part of the year, there was a clear but gradual shift to move back to standard operational support as well. The MRCS has been seen as a key organization in the national response to Nargis, particularly in its capacity as auxiliary to the humanitarian arm of the authorities. This development has affirmed the national society's reputation as an effective national responder. The ability of the MRCS and its thousands of volunteers to respond to such a large-scale disaster demonstrated the impact of previous investment in training and development undertaken over the last few years. Later, this was supplemented by the Red Cross Red Crescent Movement's additional support in setting up logistics pipelines and providing much-needed high volume relief items. The support of the International Federation and the many national societies who offered assistance has been well-documented and acknowledged by the authorities, the UN system and the international humanitarian community. Agreements have also been developed with several partners for longer-term support (see *Working in Partnership* section below for more information).

In the second half of the year, major donors conducted evaluation and monitoring visits and the feedback from these donors has been very positive. A main point observed by donors is the valuable role that volunteers played particularly at the outset of the response, with several donors surprised by the fact that besides carrying out relief work for the Red Cross Red Crescent Movement, MRCS volunteers provided support to so many international NGOs and other agencies. It is with great pride that these volunteers are acknowledged by the Movement through ceremonies and certificates of appreciation.

Constraints or Challenges

The unprecedented scale-up of the MRCS has included the disaster management division and the recruitment of a new head for the disaster management division, following the retirement of the previous manager in June. The country office has also recruited a new disaster management delegate, so the challenge ahead for these two focal points is to bring the DM team together and work with other partners to deliver the expected results. The experience of the new DM head of division gained from his previous position in the ministry of social welfare relief and resettlement combined with that of the new DM delegate who possesses disaster management experience gained through his own national society of the Nepal Red Cross, present an opportunity to provide a wide range of support to the MRCS.

Health and care

Programme component: Public health in emergencies (PHiE)
Specific Objective:
The Myanmar Red Cross Society's capacity to carry out emergency health care services is increased, and appropriate services are implemented in vulnerable communities in 16 villages of eight townships, in three states/divisions (Rakhine, Tanitharyi and Mon).

Outcomes/Expected results

- Vulnerable communities are prepared for potential epidemics through surveillance, prevention and control measures, supported by the branches.
- The effective and coordinated emergency health care response of the MRCS is strengthened and integrated.
- Timely basic emergency health care support for affected communities is facilitated through MRCS branches.

Achievements

Earlier in the year, prior to Cyclone Nargis, the MRCS began a process of preparing for the possibility of further outbreaks of avian influenza in poultry and was planning to discuss ways in which the national society at both headquarters and branch levels, could assist the joint effort coordinated by the government of Myanmar, to respond in the event of a human influenza pandemic. Unfortunately, due to Nargis, this particular project was "put on hold" – other factors for the suspension were that the project officer for PHiE left the MRCS as did the deputy head of health responsible for PHiE. A new deputy head of health has now been appointed and discussions on both the MRCS role in avian influenza prevention and the role that the national society will play in a human influenza pandemic, are scheduled to begin in late November.

The MRCS will continue to work in close collaboration with the ministry of health and the ministry of agriculture on planning and implementation.

Community-based health programmes

Programme component: HIV and AIDS

Outcomes/Expected results

- Improved knowledge, attitude and practice concerning HIV infection among key population groups such as young women and men, and mobile populations.
- Reported improved quality of life for people living with HIV (PLHIV) through MRCS-managed care, support and treatment services.
- Reported improved community acceptance of people living with HIV and their families.
- Measurable improvement in the capacity of Red Cross volunteers, community members and support groups to implement effective and prioritized responses.

Achievements

Preventing the spread and reducing the impact of HIV remains a key area of work of the MRCS. Besides integrating HIV/AIDS into their community-based health projects, the MRCS also conducts HIV/AIDS specific projects which include the following:

- **Mandalay community-based HIV/AIDS prevention, care and support**

This project covers three townships in Mandalay division (Aung Myay Thazan, Mahar Aung Myay and Pyi Gyi Tagon) and has two specific target groups – youth aged between 14 and 25, and people living with HIV (PLHIV) and their families. During this reporting period, the following activities were conducted:

- Four training of peer educator workshops (seven days per workshop) were conducted in Pyi Gyi Tagon township. A total of 120 youth attended the workshops, bringing the total number of peer educators working in Mandalay to 360.
- Red Cross Volunteer peer educators have conducted focus group discussions in their respective villages through with village youth groups, women's groups, men's groups, monks, village leaders and other respected village members. The cumulative number of people reached by peer educators giving HIV/AIDS information in 2008 now totals 5,280.
- Village-based Red Cross peer educators have also regularly visited households of people living with HIV (PLHIV), to provide advice and counselling, as well as friendship and care packs. On average, 25 PLHIV and their families per township are receiving assistance through this project.
- A total of 36 peer educator trainers received a six-day home-based care and counselling training.
- The project staff participated in a meeting with people living with HIV (PLHIV) and staff of the national AIDS programme (NAP). The meeting facilitated an exchange of information and a sharing of experiences, and gave PLHIV a chance to raise concerns and suggest some moderate changes to the way the Red Cross Volunteers conduct home-based care visits. In particular, they requested that volunteers refrain from wearing conspicuous T-shirts or use other materials that display logos relating to HIV. An important outcome of the meeting was the agreement with the NAP that PLHIV will actively participate and contribute to MRCS activities, including becoming involved in planning design and reviews of care and support programmes.

A home-based care training session conducted in August. To date, a total of 360 peer educators have been trained in Mandalay. *(Photo: MRCS)*

In addition, 70 people (50 men and 20 women) were referred for voluntary counselling and testing for HIV, all of whom had negative results.

- **Outreach programme for the prevention of HIV/AIDS**

Red Cross Volunteers have continued to provide important information about HIV/AIDS to drivers and their assistants at busy bus and truck terminals in Mandalay and Lashio towns in Northern Shan State. During this reporting period, the volunteers conducted a further 173 HIV awareness sessions, during which 1,798 people were reached, bringing the total number of people who have received information about HIV/AIDS and its prevention, to 4,288. There is still some work to be done on reviewing the impact of this work and how effective the dissemination has been, but the figures are impressive.

During these sessions, 5,700 condoms were distributed along with towels (933) and hats (655) bearing messages about HIV. It is worth noting that 22 were referred by Red Cross Volunteers to health facilities for voluntary counselling and testing for HIV, following these informal sessions.

The project staff members are now getting ready for World AIDS Day which will be celebrated on 1 December. In addition, a quarterly project review meeting for peer educator trainers will take place, as well as further workshops for peer educators on behaviour change communication.

Programme component: Malaria
As part of a branch development initiative, the MRCS initiated a project in nine townships (Hpa-an, Zeegone, Minbu, Madayar, Thibaw, Kyeikmayaw, Than Tlang, Moekaung and Meisat), throughout nine states and divisions to combat the high incidence of malaria. This was in response to a request from Red Cross branches in 2007 for a project to tackle the incidence of malaria which had been identified as a major health risk in their townships.

A commitment was made to assist 202 villages (about 15,000 households among a population of 85,000 people) to reduce the incidence of malaria. A total of 27 MRCS volunteers from these branches participated in an initial training session, after which they completed data collection and needs assessments, in order to better understand their respective community's awareness of malaria and appropriate preventative measures.

Outcomes/Expected results
- Misconceptions about malaria are reduced among targeted communities.
- 100 per cent utilization of impregnated treated nets (ITN) in targeted communities.
- Red Cross volunteers effectively manage malaria prevention activities with community participation.

Achievements
Apart from health talks conducted by Red Cross Volunteers and small group discussions on malaria education in their communities, little progress has been made in implementing this project. This is almost entirely due to the occurrence of Cyclone Nargis which resulted in the project officer being seconded to assist in relief activities; existing mosquito nets were also diverted to the relief effort. However, there has now been a revision of the plan and budget, and a two-day review and forward planning workshop is scheduled to take place in late November.

The workshop will hopefully identify the problems that the nine townships have been facing and will attempt to resolve these issues - two main concerns are the limited capacity in reporting on activities and spending, and limited funds to carry out activities. The workshop will also provide an opportunity to discuss further action needed to facilitate the distribution of mosquito nets. Presently, there are 6,000 long-life treated nets in the central warehouse, waiting to be distributed (in keeping with WHO recommendations and in agreement with the health ministry, there is a move to replace impregnated treated nets (ITNs) with long-life treated nets. ITNs need to be treated every six months while long-life treated nets are treated once in factories during manufacturing and will last for up to five years). There are plans for a further 11,000 to be purchased. The decision to purchase the additional mosquito nets will depend entirely on the outcome of the November workshop and the success of activities in December this year and January 2009.

There is optimism that this project will now be successfully implemented and that before the rains commence in April 2009, at least 85 per cent of households in targeted villages will correctly understand the causes of malaria, its signs and symptoms, the importance of first aid response and early referral, and how to prevent malaria. It is also hoped that 100 per cent of households will have received mosquito nets distributed through the project, with at least 85 per cent correctly using and caring for them.

Programme component: Tuberculosis (TB)
The MRCS is conducting a "stand alone" TB project in three states/divisions of Myanmar (Yangon, Ayeyarwady and Bago West).

Outcomes/Expected results
- Increased numbers of people suspected of being infected with TB are referred to a health facility in a timely period.
- Decreased number of treatment defaulters resulting in increased TB treatment completion.
- Increased community awareness related to TB.

Achievements
Red Cross volunteers are providing support and education on TB in six townships (Tharkayta, Mayangone, Hlaing, Dalla, Twantay and Thingangyun).

During this reporting period:
- 3,850 patients from the six townships were monitored and 10 per cent of these were provided with direct observation treatment service (DOTS).
- 16,815 people received health information on TB - this number includes patients with TB and their families.

- 15 people with TB who defaulted on the treatment were traced and referred to their nearest health facility.
- 239 people with TB symptoms were referred for sputum microscopy.
- 200 care kits were provided to patients in their homes and a further 100 kits to patients at the Aung San TB Hospital, making a total of 840 distributed this year.

There will be refresher training for 40 Red Cross Volunteers in all six townships from the Yangon division in November and December, and a review meeting with township medical officers, Red Cross TB project staff and Red Cross Volunteers will be conducted in December.

Related programme: Community-based health development – Magway

Outcomes/Expected results

- Improved awareness, knowledge, and attitude in responding to local priority health issues among selected communities and youth groups of Pwintphyu and Natmauk townships in Magway division.
- Improved referral and access to health care services for common diseases and priority health concerns.
- Village health support groups have been established and community health initiatives in response to health priorities including access to water and sanitation facilities implemented.
- The Magway division Red Cross is strengthened and functioning in supporting selected Red Cross townships in community-based health project management and branch development.

Achievements

Since the last reporting period (January – June 2008), this project has continued to conduct its activities as planned. These include health and hygiene sessions conducted by village Red Cross volunteers who have reached a total of 6,155 people (2,223 in Pwint Phyu township and 3,932 in Natmauk township). Topics covered during these sessions include diarrhoea, malaria, HIV, acute respiratory infections and snake bites.

During this reporting period, the project identified 10 additional villages (five in each township) needing support. This now brings the total of villages covered to 20. There are plans to expand the project to a further 10 villages in early 2009.

A baseline study has also been conducted and the results are due in late November/early December. In addition, a mid-term review was carried out by an external consultant (the International Federation health delegate and project officer and project field staff also participated) at the end of October/early November. The results will be available in early December but early indications seem to show positive results, especially in regard to acceptance by communities and their gratitude to Red Cross Volunteers. One particular positive change effected seems to be the treatment and response to snake bites that has resulted in a positive reduction of fatalities. The communities now know how to correctly administer first aid treatment to snake bite victims and the importance of referring victims immediately to a medical facility. Previously, before the project began, villagers used traditional practices to treat snake bites and would wait a few days before sending victims to hospital.

The project officer and project staff are in the process of procuring 2,700 long life treated nets, 3,000 latrine pans and pipes, and 1,750 rubber boots (for snake bite protection). In order that the most vulnerable and at-risk people receive these items, two townships will conduct a detailed and participatory needs assessment and poverty mapping exercise. Additionally, Red Cross Volunteer health education sessions will focus on the importance of and correct use of these items. The distributions are scheduled to take place from December 2008 to March 2009.

Red Cross Volunteers have also been selected from the 10 new villages, and first aid, health and hygiene training for this group is scheduled for November/December.

Related programme: Community-based health development – Keng Tung

Outcomes/Expected results

- Rural communities are better resourced and trained in community health, HIV and first aid.
- Trained peer educators from vulnerable rural communities in three village tracts provide community health information.
- Community PLWHA (people living with HIV/AIDS) support groups are established.
- Keng Tung Red Cross staff are resourced and trained to effectively manage the programme.

Achievements

During this reporting period, 108 Red Cross peer educators provided HIV information to a total of 2,460 people including taxi drivers, construction workers, labourers and community members. They also distributed over 23,000 condoms in mostly urban areas; however, 3,180 were given to people in rural villages. A total of 20 people living with HIV/AIDS (PLWHA) were also provided with monthly food packs and 17 people were referred for voluntary counselling and testing for HIV. According to reports, PLWHA feel comfortable in contacting project staff for help, advice and assistance. However, due to inadequate funding, the project staff cannot always provide the help they would like to be able to give.

The project also referred 27 other individuals with a range of suspected illnesses including TB, malaria and sexually transmitted infections (STI). Added to this, 138 units of blood were donated by project staff and Red Cross Volunteers in response to various emergencies.

Project staff also provided first aid training to 200 high school students and 30 auxiliary midwives.

This project is now in the process of phasing out. Discussions have been held with the project staff and initiatives are now being developed to address the following:

- Establish a transport system within the community to ensure that villagers needing medical assistance (urgent or chronic), can reach the health centre for treatment and support. This can be done by negotiating with the communities and identifying individuals who will commit to transporting people either for free or for a pre-determined small amount of cash or barter trade.
- Set up a “buddy system” for chronically ill people (PLHIV, TB, elderly).
- Set up the direct observation treatment service (DOTS) within the communities to support people infected by TB and/or HIV.
- Discuss with township medical officers on how they can continue to supply condoms to distribution points established by the MRCS and communities (distribution points comprise condom boxes made available at taxi stands, bars, shops, etc). These condoms will be free-of-charge to people requiring them.
- Strengthening the peer-to-peer groups so that they continue to support each other
- Conduct additional training on the importance of and care for mosquito nets, ensuring that communities know where and how to get the tablets to re-impregnate their nets. This project distributed nets that need treatment every six months.
- Establish a small revolving micro-credit system for PLHIV (i.e. a small amount of cash totalling CHF 1,000 as a start-up).

The project officer and health delegate are planning to visit Keng Tung in early December to monitor the activities and assist the project’s field staff in planning for the implementation of the above activities. The 2009 plan of action and budget process will be drafted for future consultation with the Australian Red Cross.

Programme component: Voluntary non-remunerated blood donor recruitment
The MRCS supports the government of Myanmar in the recruitment of voluntary blood donors in selected townships in three states/divisions of Myanmar (Yangon, Mandalay and Ayeyarwady).

Outcomes/Expected results
- Increase in voluntary non-remunerated blood donors recruited and retained.
- Reduction in transfusion-transmissible infections identified in donated blood organized by the MRCS.
- Expanded MRCS participation in voluntary blood donor recruitment.

Achievements
- Red Cross Volunteers participated in a blood donation ceremony at Thanhlyin Cooperative University in Yangon and also conducted regular blood donation activities in their respective communities.
- The national society is now preparing for the Myanmar National Blood Donation Day which will be celebrated on 14 December. The society is expecting to receive blood donations from at least 100 people on that day.
- MRCS will also be sending two Red Cross youths to the Singapore Youth forum in December.

Programme component: First aid and safety
MRCS conducts first aid, water safety, and life saving and community-based first aid training to teachers, Red Cross branch officers and volunteers throughout various states and divisions of Myanmar.

Outcomes/Expected results

- Trained volunteers continually assess communities' needs and adapt support accordingly.
- Red Cross volunteers' community-based first aid (CBFA) knowledge remains current and Red Cross volunteer interest is maintained to continue supporting their communities.
- Red Cross volunteers collaborate with communities in preparation of managing disasters and emergency responses.

Achievements

The training unit of the MRCS health division conducted one 14-day first aid Instructors course for 36 participants from seven townships in Mandalay division. A total of 32 multiplier training sessions on CBFA in five states and divisions and five multiplier training sessions on basic first aid for high school children in three states and divisions were conducted, resulting in a total of 1,215 people community members trained in CBFA and 654 school children trained in basic first aid.

A concern has been raised regarding the average number of participants per multiplier training. The MRCS guideline states that the number of participants per training should not be more than 30. However, according to the above reported figures, the actual number often exceeds this and in some cases, goes beyond 100 participants. Meetings will be conducted with the various stakeholders involved to come to an understanding as to why this has happened and to encourage a smaller number of participants per training, in order to maximize the potential for each trainee to fully understand, learn and benefit.

Earlier this year, an external consultant was appointed to conduct a CBFA programme review. The consultant managed to reach two of the selected three townships covered by the programme before Cyclone Nargis hit Myanmar., The third township, Mimbu, in Megway division, could only be reached in August, when the consultant visited Mimbu with the national society's deputy head of health (training) to conduct the review. The consultant now only needs to meet with some key staff members before completing the report which should be ready by the end of the year.

Related programme: Capacity building in health

A new deputy head of health who is new to the Red Cross but brings with him useful and practical community-based health experience, was appointed in late September. He will be responsible for community-based health development and public health in emergencies (PHiE).

Constraints or Challenges

The national society is under a great deal of pressure at this time, not least due to the efforts needed to scale-up in the Nargis operation. These efforts include the deployment of many MRCS staff to the operation, thus temporarily but necessarily, suspending their normal activities within the MRCS. As a result, several projects planned for 2008 have experienced understandable delays with activities being postponed or cancelled.

Six months on, the effects of Cyclone Nargis are still proving a drain on some staff in the health division. Although most project officers have now returned to their normal duties, a few of them are still carrying out additional tasks, unrelated to their projects, due to the overall shortage of staff in the division.

Organizational development

Programme component: Branch capacity building

Outcomes/Expected results

The capacity of MRCS branches is strengthened to take a leadership role in implementing humanitarian activities, in addressing the needs of local communities in accordance with the principles and values of the Movement.

Achievements

An external review of the branch development programme is being discussed with the MRCS leadership to review the progress of various branch development interventions since 2005. The review is planned to assess the impact of branch building constructions, income generation support to selected branches, salary support to branch coordinators in the pilot townships, and the malaria project initiated in nine townships as an outcome of branch development support. The construction of four branch buildings in Loikaw, Kyaikmayaw, PhaAn and Moekaung has been completed and the financial settlements are expected to be completed before the end of the year. At the fifth township, Zeegone, there has been some delay in the completion of the work which the headquarters is looking into.

Field visits to three pilot townships by a joint MRCS-International Federation organizational development delegate team have been planned for 2008. In October, a visit was conducted to the Kyauk Phyu township. The township had received support for income generation and branch building construction during 2006 through the branch development programme. The township branch is now seeking additional support to further strengthen its income generation potential. MRCS has also conducted separate visits to the PhaAn and Kyaikmayaw townships during this reporting period to monitor progress of branch building construction.

One national meeting of all branch coordinators and representatives from the states and divisions was conducted in early November to discuss the progress and challenges of the branch development programme. The meeting discussed an integrated capacity building approach for the future, as well as some of the lessons learnt from the Nargis response. The meeting saw the active participation of the MRCS health and disaster management divisions, as well as the society's executive committee members.

Programme component: National headquarters capacity building

Outcomes/Expected results

The MRCS national headquarters' capacity is strengthened to assist branches in delivering community-based services efficiently and effectively, to meet the needs of the most vulnerable in Myanmar.

Achievements

The MRCS-International Federation organizational development (OD) teams supported the recruitment of a total of 98 staff members (38 women and 60 men) for Nargis field operations up to the end of October. In addition, recruitments for about 26 headquarters positions for the Nargis operation and replacements for a number of vacant positions were initiated. The MRCS organizational development team also provides support to the cyclone hubs for the recruitment of certain levels of staff in the field. Two induction courses for the newly recruited staff were organized and conducted in Yangon, and a third course is planned for November/December. The International Federation's support to the human resource scale-up process also received active support from the in-country Danish Red Cross office, particularly in the initial emergency phase of the operation.

Rules and regulations for the Nargis operation staff have now been developed and are currently under discussion. The OD team participates in the weekly operations meeting and monthly meetings for hub managers and 2ICs (head volunteers who are the second-in-command of pre-existing MRCS structures in townships). The OD team also facilitated sessions on project planning process for health officers and sessions on OD and volunteering for logistic officers.

An 18-month action plan for the review of MRCS statutes was developed in July, with the help of a consultant, a former MRCS employee who had come to Myanmar to support MRCS cyclone operations. The plan was discussed with the chairman of the MRCS review committee and it was agreed that the MRCS legal advisor has a more active role in the review process. The plan has been shared with the International Committee of the Red Cross (ICRC) country office. The legal advisor was supported in participating in the legal advisors meeting in Geneva. The MRCS intends to take up the statute revisions in early 2009.

Programme component: Youth development

Outcomes/Expected results

Greater numbers of young women and men participate in MRCS activities as beneficiaries, service providers, and partners in management and evaluation.

Achievements

The MRCS executive committee has been committed to youth development and providing external exposure to more youth representatives. The MRCS was represented at the 10th Asia Pacific Youth Gathering meeting in Thailand held from 1-7 September. The MRCS Youth director also participated in the regional youth directors meeting in Viet Nam, where a video was presented on MRCS youth action in Mon state.

A youth membership drive was initiated through health talks and a blood donation exercise in Mawlamyine township in October, targeting over 500 university students. There has been a substantial increase in the number of registered youth blood donors in the country - from 73 in 2007 to nearly 440 in 2008. At the Thaninthrai division, the state branch organized a 15-day youth camp with its own funding - 155 youth members (under-16) from 10 townships participated in the camp.

Volunteer development and management are priority areas being strengthened by the Myanmar Red Cross Society. *(Photo: MRCS)*

Programme component: Volunteer development

Outcomes/Expected results

Volunteer management efforts are strengthened through systematically evaluated processes.

Achievements

The focus for volunteer development and management has been on the volunteers participating in the Nargis operation. The strategy is to use opportunities in the operation to better clarify MRCS volunteer policies and approaches. Updated guidelines for supporting volunteers participating in the recovery operations have been drafted and discussed with partners and internal stakeholders. An insurance scheme for both volunteers in the cyclone-affected areas as well as non-affected areas has been drafted in consultation with the International Federation's Kuala Lumpur and Geneva volunteering units. The scheme is planned to be launched before the end of 2008.

During the emergency phase of the cyclone operations, with technical support from the International Committee of the Red Cross (ICRC), the MRCS developed a plan to mobilize over 1,500 volunteers from non-affected townships to support volunteers working in the affected townships in the delta region. The MRCS volunteering unit also facilitated sessions on volunteering in emergencies during a public health in emergencies (PHiE) training session and conducted two-day training on 'Recruitment of Volunteers' targeted at volunteer leaders from the 13 townships covered by the Nargis operation. Letters of condolence were sent to families of volunteers who lost their lives during the cyclone, as were letters of recognition to volunteers who worked during the emergency phase of the cyclone operation.

Programme component: Finance and resource development

Outcomes/Expected results

MRCS headquarters and branches have well-developed financial management procedures that are routinely followed to promote self-reliance and sustainability, as well as assistance from potential donors.

Achievements

Finance development efforts have also been focused on the Nargis operation. The regional finance development delegate made two visits during this reporting period to work with the delegation's finance unit in supporting the MRCS to set up financial management systems at the cyclone hubs. Financial guidelines for the hubs which will feed into the financial guidelines for MRCS branches over the long-term were developed and one training session was conducted for hub finance officers. One joint International Federation-MRCS field visit was conducted to support hub finance issues. A finance project cell to manage and report on operation finance is being developed and will involve three staff positions at the national society's headquarters' finance division.

Constraints or Challenges

Strategically, creating a balance between implementing the Nargis operation and programme plans under the Appeal is a continuing challenge.

Getting qualified and competent candidates to support the MRCS human resources scale-up plan and fill up existing vacancies is another challenge.

Humanitarian values

Programme component: Communications development

Outcomes/Expected results

Develop the communications capacity of the national headquarters and selected branches, and create strong internal and external linkages, particularly during emergencies, to deliver timely support to the vulnerable, and maintain a high public profile and positive image for the MRCS.

Achievements

In July, the MRCS was supported in enhancing its communication capacity by procuring and installing a broadband Internet connection service and recruiting an IT administrator at the national headquarters. This has contributed to increasing the efficiency of internal communications and information sharing within the headquarters and with branches which have Internet connections. A reporting officer at the headquarters who will coordinate reports from cyclone hub offices and affected townships was appointed in October.

Four thousand copies of the MRCS News Journal were printed and distributed in October. The journal includes news on township Red Cross activities, the Nargis operation in affected areas and an article highlighting the transition from relief to recovery (Nargis).

A media trip to cyclone-affected affected townships, Twantay and Kawhmu, was organized in August. Media trips to selected affected areas (in the Yangon and Ayeyarwady divisions) for delegates from the International Federation's Asia Pacific zone office in Kuala Lumpur and the regional office in Bangkok, and partner national societies have also been organized. The trips focused on volunteer capacity; the achievements and effectiveness of relief distributions; the lives of beneficiaries after the cyclone, and the challenges that remain in the affected areas. A 14-minute video documentary which pays tribute to the tremendous dedication of Red Cross volunteers in the Nargis operation is being finalized. It will be shared internally within the MRCS and with external partners.

Another key responsibility of the MRCS communications division has been to compile and prepare internal reports for the MRCS leadership and ministry of health. The recent recruitment of the reporting officer is expected to strengthen the capacity of the division in this regard. A first meeting for hub reporting officers was organized in Yangon with the support of the International Federation's reporting unit, to familiarize officers with field reporting templates recently rolled out, and to get an update on reporting progress and challenges in the field.

Programme component: Dissemination

Outcomes/Expected results

Through its ongoing communications and promotion of key national and global advocacy programmes, the MRCS promotes humanitarian programming, incorporating Movement principles and values in Myanmar.

Achievements

During the reporting period, dissemination sessions to promote principles and values of the Movement, were conducted and reached the following groups:

- about 400 school Red Cross members
- 230 Red Cross Volunteers
- about 200 military officers at a military combat training school
- 55 newly recruited NS staff
- 4,730 school teachers and about 240 community members in the Dagon (North), Dala, Shwe Pyi Tha and Kyunchunkone townships in Yangon division
- 90 Red Cross Leaders from 22 townships in Sagaing division.

The sessions covered the Movement's history, principles and values, emblem, International Humanitarian Law (IHL), the Nargis operation, and the MRCS's vision, mission, objectives, activities and planning for the future. All dissemination workshops have active facilitation support from the International Committee of the Red Cross (ICRC). One training-of-trainers workshop in the Sagaing division was also funded by the ICRC.

The restoring family links unit (RFL Unit) was formally set up in August, with financial and technical support from the ICRC. The Red Cross RFL service was initiated in the field in the first few weeks of Cyclone Nargis. It involves the collection of *Anxious for News* messages (from individuals or families looking for missing family members) and *Safe and Well* messages (from cyclone victims who were separated from their families). Up to the end of October, 2,640 inquiries were received and 62 family members were reunited.

In September, the MRCS engaged in a discussion with the ICRC, seeking feedback on a draft manual on regulations relating to the use of the emblem, flag and logo of MRCS. The society will develop a second draft incorporating ICRC feedback and input – the draft will be shared with Red Cross supervisory committees at state and division levels for their feedback.

Constraints or Challenges

Compiling and preparing internal reports for the MRCS leadership and government offices is a key responsibility of the communications division. This has been taking up a lot of time and effort of the existing staff members.

The need to strengthen communication within the MRCS has increased further in view of the Nargis operation which requires hardware support, additional human resources and capacity building.

In line with this expanding need, the successful promotion of Red Cross principles and humanitarian values across all sectoral programmes will require discussions and good coordination.

Working in partnership

Regular Movement coordination meetings continue to take place and issues being discussed go beyond Nargis-related challenges and opportunities - possibilities and areas of interest outside of Nargis are constantly given consideration.

In the latter part of the year, several national societies flagged interest in supporting areas beyond Nargis-affected communities. Discussions regarding the possible deployment of water and sanitation emergency response units (ERU) around the country are ongoing, with some possibility of resources to support this deployment now being negotiated. This will allow for local water and sanitation engineers to continue being trained in the use of the equipment and being ready to respond immediately to the next emergency situation. Interestingly, this model was put forward following the success of such initiatives in Indonesia for tsunami operations.

The French Red Cross continues to promote its initiatives in disaster risk reduction (DRR) and recently requested the International Federation to support an exploratory workshop on the concepts behind DRR in other areas of the country beyond the delta.

The Danish Red Cross has returned its focus of support on community health initiatives in the north of the country and is also exploring possibilities for the development of some media campaigns.

The Japanese Red Cross recently confirmed its three-year commitment to work multilaterally in support of MRCS community-based first aid (CBFA) initiatives. This will allow the national society to have some security of funding in order to programme more effectively over the medium-term.

The Swedish Red Cross continues to support the national society in a variety of ways including a recent announcement of ongoing support for 2009. Support for the positions of organizational development delegate and regional finance development delegate, has contributed greatly to responses over the last few months, and is also a valuable contribution to longer-term sustainability.

Delegations of partners from a variety of national societies have been visiting Myanmar in relation to the Nargis response; their interest in this context has created opportunities and a ‘spotlight’ on potentials. These will be followed up at the forthcoming partnership meeting scheduled for early next year. It will be a time to discuss future potentials across Myanmar programming, as well as reviewing Nargis progress.

Contributing to longer-term impact

It is clear that the longer-term programme activities were slowed and there was necessarily a large-scale diversion due to the response requirements of Nargis. What is equally clear however, is the fact that the contributions and activities under Nargis are greatly affecting the long-term impact on national programming. Issues such as increased support for logistics and logistics training with ‘real time’ review possibilities, has seen MRCS develop capacities that were previously a challenge to institutionalize.

The work being reinforced in disaster risk reduction (DRR) planning and implementation is clearly designed for longer-term impact, based on the direction and planning of the national society.

Previous reports have highlighted the proven impact of the investment in first aid training for volunteers. In the aftermath of the cyclone, thousands of people were treated at MRCS first aid stations around the delta, and carried by stretcher to any available medical support or assisted to reach safe shelters. This experience has provided an impetus for further work in this area, as well as associated health responses.

The potential contribution to longer-term impact will be a key component of upcoming reviews related to Nargis, disaster management approaches, community-based health responses and other evaluations that are planned over the coming months.

The initiatives related to the Sphere guidelines, their translation into the local language, and the role that the MRCS is keen to play in supporting the printing and distribution of these translated guidelines will provide the foundation for future support for disaster response and recognition of minimum standards.

The Code of Conduct for the Red Cross Red Crescent Movement and NGOs in disaster relief which was printed by the MRCS in 2006 and translated with the support of the ICRC and the International Federation, is now being requested by other humanitarian agencies keen to have a Myanmar version distributed, shared and disseminated more widely within the country.

Looking ahead

Partnerships and programmes will be discussed and reviewed in detail at the Myanmar partnership meeting in early 2009. This will be an excellent opportunity to develop a shared understanding of the best way forward.

How we work

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

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<Financial report below; click here to return to title page>

International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/10
Budget Timeframe	2008/1-2008/12
Appeal	MAAMM002
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
A. Budget	**572,513**	**976,909**	**1,039,792**	**46,646**	**0**	**2,635,860**
B. Opening Balance	**0**	**0**	**0**	**0**	**0**	**0**
Income						
Cash contributions						
Australian Red Cross (from Australian Government)		*82,045*				*82,045*
British Red Cross			*6,618*			*6,618*
Danish Red Cross		*18,867*				*18,867*
Finnish Red Cross		*48,999*				*48,999*
Finnish Red Cross (from Finnish Government)		*85,512*				*85,512*
German Red Cross				*14,143*		*14,143*
Hong Kong Red Cross	*93,169*	*107,446*	*190,000*			*390,615*
Japanese Government				*9,075*		*9,075*
Japanese Red Cross	*92,485*	*151,030*				*243,515*
Norwegian Red Cross	*129,000*		*510,867*			*639,867*
Other	*-9,138*	*-9,140*	*230*			*-18,048*
Swedish Red Cross	*53,226*	*209,057*	*79,707*	*27,000*		*368,990*
Swedish Red Cross (from Swedish Government)	*80,450*	*204,240*	*167,769*			*452,458*
Taiwan Red Cross Organisation	*142,050*	*142,068*	*102,961*			*387,079*
C1. Cash contributions	***581,242***	***1,040,122***	***1,058,152***	***50,218***		***2,729,734***
Outstanding pledges (Revalued)						
Finnish Red Cross		*9,774*				*9,774*
Other	*-7,343*	*-7,343*	*-54,582*			*-69,268*
Taiwan Red Cross Organisation			*158,204*			*158,204*
C2. Outstanding pledges (Revalued)	***-7,343***	***2,431***	***103,622***			***98,710***
Inkind Personnel						
Australian Red Cross		*8,473*				*8,473*
British Red Cross		*14,520*				*14,520*
Swedish Red Cross	*35,133*					*35,133*
C4. Inkind Personnel	***35,133***	***22,993***				***58,126***
Other Income						
Miscellaneous Income					*5,663*	*5,663*
C5. Other Income					***5,663***	***5,663***
C. Total Income = SUM(C1..C5)	**609,032**	**1,065,546**	**1,161,774**	**50,218**	**5,663**	**2,892,233**
D. Total Funding = B +C	**609,032**	**1,065,546**	**1,161,774**	**50,218**	**5,663**	**2,892,233**
Appeal Coverage	**106%**	**109%**	**112%**	**108%**	**0%**	**110%**

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. Opening Balance	0	0	0	0	0	**0**
C. Income	609,032	1,065,546	1,161,774	50,218	5,663	**2,892,233**
E. Expenditure	-329,128	-470,181	-711,598	-40,786	-8,888	**-1,560,582**
F. Closing Balance = (B + C + E)	279,904	595,365	450,176	9,432	-3,225	**1,331,652**

International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/10
Budget Timeframe	2008/1-2008/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**572,513**	**976,909**	**1,039,792**	**46,646**	**0**	**2,635,860**	
Supplies								
Shelter - Relief	115,873	23,049					**23,049**	**92,824**
Construction Materials	73,853	11,489					**11,489**	**62,364**
Clothing & textiles	205,308	55,378	27,224				**82,602**	**122,706**
Food	2,346		1,756				**1,756**	**590**
Water & Sanitation	7,091	4,858					**4,858**	**2,233**
Medical & First Aid	51,872		7,508	111		74	**7,693**	**44,179**
Utensils & Tools	21,653	21,653					**21,653**	**-0**
Other Supplies & Services	12,823		258				**258**	**12,565**
Total Supplies	**490,819**	**116,428**	**36,745**	**111**		**74**	**153,358**	**337,460**
Land, vehicles & equipment								
Land & Buildings	325,133	11,711		350,741			**362,452**	**-37,319**
Vehicles	9,910							**9,910**
Computers & Telecom	15,854	4,728			9,235		**13,962**	**1,892**
Others Machinery & Equipment		9,910	74			-74	**9,910**	**-9,910**
Total Land, vehicles & equipment	**350,897**	**26,348**	**74**	**350,741**	**9,235**	**-74**	**386,324**	**-35,427**
Transport & Storage								
Storage	18,064	4,512	44				**4,556**	**13,508**
Distribution & Monitoring	32,691	12,536	868	10	12		**13,425**	**19,266**
Transport & Vehicle Costs	42,165	10,323	3,526	4,852	95		**18,796**	**23,369**
Total Transport & Storage	**92,920**	**27,371**	**4,438**	**4,861**	**107**		**36,777**	**56,143**
Personnel								
International Staff	696,021	68,820	176,340	177,107	1,473	8,799	**432,540**	**263,481**
National Staff	48,971	16,757	12,178	19,307	1,163	2,327	**51,731**	**-2,760**
National Society Staff	228,399	14,802	68,446	26,223	7,928		**117,398**	**111,001**
Consultants	31,053	465	1,895	3,428		-2,327	**3,461**	**27,592**
Total Personnel	**1,004,444**	**100,844**	**258,858**	**226,065**	**10,565**	**8,799**	**605,130**	**399,314**
Workshops & Training								
Workshops & Training	305,606	18,025	40,760	17,197	674		**76,655**	**228,951**
Total Workshops & Training	**305,606**	**18,025**	**40,760**	**17,197**	**674**		**76,655**	**228,951**
General Expenditure								
Travel	42,555	4,260	15,302	11,021	92	-489	**30,186**	**12,368**
Information & Public Relation	79,008	227	18,175	2,976	1,911		**23,289**	**55,719**
Office Costs	57,828	128	3,613	1,605	256	3,300	**8,902**	**48,926**
Communications	31,732	2,069	354	36	1,381	8,913	**12,753**	**18,979**
Professional Fees	4,232							**4,232**
Financial Charges	144	4,869	7,554	16,490	34	131	**29,078**	**-28,934**
Other General Expenses	660	1,714	2,122	2,934	445	-12,344	**-5,129**	**5,789**
Total General Expenditure	**216,159**	**13,268**	**47,120**	**35,062**	**4,119**	**-489**	**99,080**	**117,079**
Depreciation								
Depreciation		862					**862**	**-862**
Total Depreciation		**862**					**862**	**-862**
Programme Support								
Program Support	175,016	18,854	28,095	45,937	2,651	578	**96,114**	**78,901**
Total Programme Support	**175,016**	**18,854**	**28,095**	**45,937**	**2,651**	**578**	**96,114**	**78,901**
Services								
Services & Recoveries		3,941	462				**4,403**	**-4,403**
Total Services		**3,941**	**462**				**4,403**	**-4,403**
Operational Provisions								
Operational Provisions		3,189	53,628	31,626	13,436		**101,878**	**-101,878**

International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/10
Budget Timeframe	2008/1-2008/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		572,513	976,909	1,039,792	46,646	0	2,635,860	
Total Operational Provisions		3,189	53,628	31,626	13,436		101,878	-101,878
TOTAL EXPENDITURE (D)	2,635,860	329,128	470,181	711,598	40,786	8,888	1,560,582	1,075,278
VARIANCE (C - D)		243,385	506,728	328,194	5,860	-8,888	1,075,278	