

Revised Plan 2011



International Federation
of Red Cross and Red Crescent Societies

Myanmar

Executive summary

After two-and-a-half-years' extensive engagement of the Myanmar Red Cross Society (MRCS) in the country's biggest-ever relief and recovery operation following Cyclone Nargis which hit the Ayeyarwady and Yangon divisions in early May 2008, the coming year 2011 will finally bring an end to major Nargis-related activities in the delta areas. The transition from the large operational setup to a post-Nargis environment is, however, challenging but will give an opportunity not only to build on the branch capacity strengthened in the delta but also to free capacities at MRCS headquarters to better support other ongoing programmes and reach other vulnerable communities in different parts of the country. The recovery programme of MRCS supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) in the Cyclone Nargis-affected areas have benefitted hundreds of thousands of beneficiaries and helped them achieve positive outcomes for their recovery.



The MRCS emphasizes community-based approaches towards its disaster management, health and care; and water and sanitation programmes. Photo: Thomas Myint Ngwe / Myanmar Red Cross Society

Myanmar is rated 138¹ among 179 countries in the Human Development Index and has enormous humanitarian needs, including unmet needs in the delta areas. This is despite the intensive humanitarian work done so far with significant national and international assistance. And as such, much still remains to be done to bring the lives of those in need back to normal.

In accordance with its vision to become a leading community-based humanitarian organization working for the most vulnerable people, MRCS continued its various activities throughout the country in 2010. In the second part of 2010, with the support of IFRC, MRCS undertook a review of the implementation of its Strategic Plan 2007-2010 and developed a new strategy for 2011-2015 which is aligned to IFRC's new Strategy 2020. At the time of drafting this revised plan 2011, the new strategic document was not yet finalized. The process, however, served as an important opportunity to learn from the lessons of the Nargis operation and previous Red Cross Red Crescent experiences, and to draw a roadmap to developing MRCS into a well-functioning national society.

¹ UNDP, Human Development Index 2009: [Myanmar](#)

In 2011 MRCS will focus on building on what has been achieved in 2010 and give priority to its mainstream programmes comprising disaster management (DM), health and care, organizational development (OD) and humanitarian values. With the support of IFRC, MRCS will pursue the following purposes and seek the related outcomes:

Programme	Purpose	Outcome
Disaster management	Reduce deaths, injuries and impact from disasters	<ol style="list-style-type: none"> 1) Provision of timely and effective relief assistance to those affected by disaster through improved organizational preparedness. 2) The lives of targeted vulnerable communities are improved through increased community participation in risk reduction activities.
Health and care	Reduce the number of deaths, illnesses, injuries and impact from diseases, public health emergencies and disasters.	<ol style="list-style-type: none"> 1) Target communities become safer, healthier and more resilient through the community-based health and first aid (CBHFA) in action approach. 2) Improved capacity of targeted communities to reduce the incidence of priority communicable diseases and effectively respond to life-threatening cases during epidemics and disasters. 3) Prevention of further HIV infection among key population groups at high risk and improvement in the quality of life of selected people living with HIV (PLHIV). 4) Contributions to an increased amount of safe blood available in Myanmar are made through improved recruitment and retention of voluntary blood donors. 5) The immediate risks of water-borne diseases are reduced through improved access to safe water, sanitation and hygiene promotion in targeted areas. 6) MRCS has a strengthened capacity to manage an integrated community-based health and first aid (CBHFA) in action approach. 7) Improved access to basic health care through preventive measures and first aid services.
Organizational development	Increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.	<ol style="list-style-type: none"> 1) Improved capacities of MRCS branches to undertake community-based activities to support vulnerable people. 2) Improved systems and capacity of MRCS youth and volunteers to undertake community-based activities to support the vulnerable people 3) MRCS financial management system and reporting capacity at headquarters and targeted township branches are strengthened. 4) MRCS has competent staff, fulfilling their defined roles, being fairly rewarded within a system of accountability. 5) Improved skills of MRCS headquarters and township branches to generate income and raise funds.
Humanitarian values	Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.	<ol style="list-style-type: none"> 1) Increased MRCS communications capacity to promote its activities as well as support proactive and effective communication during disasters. 2) Promotion of humanitarian principles and values in Myanmar.

The MRCS's programmes of disaster management, health and care and humanitarian values, supported by IFRC, aim to assist a total of 467,400 people directly or indirectly while the organizational development programme is targeting both the headquarters and branches at all levels.

Since the ongoing Nargis operation is expected to be completed by May 2011, MRCS and IFRC are working together to ensure a smooth and gradual exit of the operation. While the shelter and livelihoods programmes will only continue until the end of the Nargis recovery operation, other programmes of health and care, disaster management, and water and sanitation will be integrated as much as possible into the programmes under the country plan for 2011. When the implementation of activities under the Nargis emergency appeal comes to an end, it is planned that the 2011 country plan will be revised to integrate the remaining funds, with certain Nargis-related activities still to be extended in the delta areas.

As the MRCS headquarters has moved to the new capital, Naypyidaw, it is likely that this will affect MRCS and the IFRC country office's implementation of programmes and in maintaining close coordination with each other. Furthermore, after the general elections on 7 November 2010, it is anticipated that a federal system will be put in

place, with more autonomy for states and divisions according to the new constitution from 2008. It is probable that this new change in the administrative structure of the country will impact the way the MRCS headquarters works with branches at different levels.

The MRCS programmes under the country plan for 2010 were supported by various partner national societies including Austrian Red Cross, Finnish Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross Society and Swedish Red Cross. MRCS is also working in partnership with Australian Red Cross, Danish Red Cross and French Red Cross on a bilateral basis. MRCS has important partnerships with ICRC, UNICEF, UNFPA, UNHCR, and Burnet Institute, and has maintained close relationships with the Ministry of Health and the Ministry of Social Welfare and Resettlement, as well as local authorities.

The total 2011 budget is CHF 2.54 million.

[<Go directly to the attached summary budget of the plan>](#)

Country context

Myanmar has been rated 138 of 179 countries in the Human Development Index². Recent publications confirm that despite improvements in some indicators, the health status of the people remains of concern with noteworthy differences in health and nutrition, depending on where they live³. The country has a young population with 32.32 per cent under 15 years of age, an estimated life expectancy at birth of 62 years and an under-five mortality rate of 103/1,000 live births⁴. There is limited information on the causes of child morbidity but acute respiratory infections, diarrhoea, and malaria are believed to be among the primary causes. Infectious diseases including malaria, tuberculosis (TB) and HIV continue to remain a concern in Myanmar for the whole population.

TB is considered a major health problem and Myanmar is recognized as one of 22 high burden countries with TB⁵. This communicable disease is ranked as the third priority disease in the National Health Plan (2006-2011). Estimates suggest that every year 1.5 per cent of the population is infected with TB and approximately 100,000 new cases are diagnosed, with half being infectious⁶. Malaria also presents a significant problem with approximately 72.5 per cent of the population living in high-risk malaria areas; national statistics indicate over 200,000 laboratory-confirmed cases per year⁷. The prevalence of HIV has been reported to be about 0.7 per cent (387,800) of the adult population aged 15-49 years, and according to UNAIDS, 37,000 people die annually due to AIDS⁸. The anti-retroviral treatment coverage was estimated at four per cent of those in need at the end of 2005⁹.

Health services are provided through the public and private sectors with significant numbers of the population relying on traditional medicine. Public health services are centralized at the township level¹⁰. Generally this comprises a 16- to 50-bed hospital at township level, with one or two station hospitals and four or more rural health centres providing health care services for a population of 20,000-25,000 people. A mid-wife or a community health worker is often the primary resource at sub-rural health clinics. The Ministry of Health is reported to have 884 hospitals, 86 primary and secondary health centres, 1,504 rural health centres and 6,599 sub-rural health clinics throughout the country. UNICEF estimates that 60 per cent of all visits to health services are to the private sector, with public sector doctors also providing services through private clinics.

Formal social welfare systems in Myanmar are very limited. In this context, community-based responses are an important part of community resilience and coping strategies. In rural areas, 17 per cent of households are headed by women¹¹. Traditions and customs expect a woman to control the purse, to prepare food, make clothing and look after the children. After many natural disasters, women's vulnerability is exacerbated as they continue to maintain the burden of caring for the family as well as the extra burden caused by the loss of traditional income.

While Myanmar is not known as being highly prone to disasters, the effects of Cyclone Nargis in May 2008 which ravaged the Ayeyarwady and Yangon divisions emphasized the need to maintain country-wide response mechanisms. As such, MRCS is committed to promoting organizational preparedness that is able to go some way towards responding to the effects of natural hazards and improving community resilience through increased

² UNDP, Human Development Index 2009: [Myanmar](#)

³ PONJA (2008)

⁴ http://www.unicef.org/infobycountry/myanmar_statistics.html

⁵ Myanmar [Country Health Profile 2007](#)

⁶ Myanmar [Country Health Profile 2007](#)

⁷ http://www.searo.who.int/EN/Section10/Section21/Section340_4024.htm

⁸ UNAIDS [Country Situation Analysis 2007](#)

⁹ Myanmar [National Strategic Plan on HIV](#)

¹⁰ Townships are typically 100,000 – 200,000 people.

¹¹ UNDP 2006 Household Poverty Assessment

disaster risk reduction activities. Myanmar formally committed itself to key priorities for action identified in the Hyogo Framework for Action (2005-2015). The Myanmar Department of Meteorology and Hydrology has unpublished data that suggests a gradual warming of the Bay of Bengal over the last 40 years. However, it is worth noting that of the 11 severe tropical cyclones to hit Myanmar over the last 60 years, nine have made landfall outside the recently severely-affected delta region. MRCS will continue to roll out its more comprehensive approach to community-based disaster risk management as initiated during 2009. Such an approach will support MRCS in being the first responder to the numerous localized disasters, including fires, storms and floods which affect a large number of households, leaving noticeable effects on many communities.

Additionally, the diversity in Myanmar is reflected in its estimated 170 different ethno-linguistic groups¹².

It is expected that the general elections on 7 November 2010 will be followed by the formation of a new government and a new administrative structure of the country allowing the states and divisions to exercise autonomy. During this transitional period, there may be some delay in day-to-day activities, and as such, MRCS activities may be affected for a period of time.

National Society priorities and current work with partners

In 2010, MRCS undertook a final review of the implementation of its Strategic Plan 2007-2010 and developed a new strategy for 2011-2015. The new strategy reaffirmed the vision and mission of MRCS, as well as its commitment towards strengthening community-based activities to help communities become safer and more resilient. The disaster management policy of MRCS which was revised and approved in 2010 identified preparedness, relief, recovery, and community safety and resilience as the main components of the national society's disaster management activities. MRCS emphasizes community-based approaches in implementing the disaster management, health and care, and water and sanitation programmes and works to combine them with the development of branches, youth and volunteers. Support to maintain the volunteer spirit will remain an underlying priority in addition to an overall promotion for programmatic integration and coordination, namely between health, disaster management and cross-cutting areas grouped under organizational development. The organizational development programme focuses on building the capacity of the headquarters and target branches in terms of performance improvement, financial management and resource development. MRCS seeks to exchange the knowledge and good practices of the Nargis recovery programmes with other branches across the country. Capitalizing on monitoring, evaluation and reporting initiatives under the Nargis recovery operation, MRCS will strengthen the overall planning, monitoring, evaluation and reporting (PMER) mechanisms and systems.

MRCS continues to benefit from a number of multilateral and bilateral partnerships, a number of which have been fostered through the Nargis response. Cooperation with the ICRC is maintained, namely in the area of communications and support to prosthesis workshops and training sessions.

Ongoing key multilateral support comes from Austrian Red Cross, Finnish Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross Society and Swedish Red Cross. For the MRCS country-wide commitments, the national society also works with longer term in-country partner national societies on the following bilateral initiatives: community health projects (Danish Red Cross), disaster risk reduction and recovery (French Red Cross), and restoring family links project (Australian Red Cross). MRCS continues to maintain important partnerships with Burnet Institute, UNICEF, UNFPA and UNHCR. The Burnet Institute has been involved with MRCS as part of its commitment to the Global Alliance on HIV/AIDS. The national society maintains relations with the Ministry of Health, Ministry of Social Welfare and Resettlement and local authorities and will engage more in the new funding opportunities through the GFATM¹³.

Secretariat supported programmes in 2011

Disaster management

a) The purpose and components of the programme

Programme purpose: Reduce deaths, injuries and impact from disasters

The disaster management programme budget for 2011 is CHF 618,037.

¹²1984 census (latest), records 69 per cent of the total Myanmar population as Bamar

¹³ Global Fund to Fight AIDS, Tuberculosis and Malaria

Programme component: Response preparedness
Component outcome 1: Provision of timely and effective relief assistance to disaster victims through improved organizational preparedness.
Programme component: Disaster risk reduction
Component outcome 2: The lives of targeted vulnerable communities are improved through increased community participation in risk reduction activities.

The disaster management policy of MRCS which was revised and approved in 2010, identified preparedness, relief, recovery, and community safety and resilience, as the main components of the national society's disaster management activities. In accordance with this policy, the disaster management programme supported by IFRC will focus on improving the two components, i.e. response preparedness and community-based disaster risk management.

Response preparedness

This component has two main aims. The first aim is to support the capacity building of staff and volunteers at the national headquarters and branches in response preparedness, through training and workshops. This involves the development of relevant guidelines and manuals in order to ensure the quality and consistency of such approaches. The second aim focuses on enhancing the institutional capacity of MRCS at various levels including its disaster management division, township branches, and the warehouses situated in strategic locations.

Considering past delays in communication from branches to the headquarters during emergencies, MRCS distributed telephones to its branches in the most vulnerable areas in 2009 and 2010, to provide them with an effective early warning system and help them with timely information sharing. This has considerably improved the information flow from branches. In 2011, MRCS will also replenish 3,000 units of disaster preparedness stocks distributed in 2010 and renovate another eight warehouses to facilitate appropriate disaster response in the future. A concept paper on the creation and management of an emergency management fund has been developed to set up a sustainable mechanism of replenishment of disaster preparedness stocks in the future. It has been shared with partners concerned.

Disaster risk reduction: community-based disaster risk management

With the support of IFRC and through a bilateral partnership with French Red Cross, MRCS is focusing on implementing community and school-based programmes for disaster risk reduction. MRCS has been encouraging communities as well as teachers and school children to enhance knowledge on hazards and related risks, alongside basic activities for risk reduction at the community level. MRCS distributed early warning equipment to vulnerable communities in selected Nargis-affected areas and other parts of the country. MRCS participation in different interagency coordination forums will also be increased. It will distribute different advocacy and awareness materials, including those on climate change in due course. IFRC is also supporting MRCS to link up with national and regional early warning systems.

Efforts to engage communities sustainably are coupled with both opportunities and challenges. The Nargis operation and different Red Cross activities have provided MRCS with an opportunity to mobilize volunteers at various levels. However, it will be a challenge for MRCS in the coming months and years to manage them at the community level on a longer term basis. Community-based programming will work to better prepare communities for their own risk management and improved resilience. Core IFRC tools such as vulnerability and capacity assessment (VCA) will be utilized, together with initiation of basic early warning systems and awareness dissemination as part of the community-based disaster preparedness and mobilization plans. The health and disaster management divisions of MRCS will closely work together to achieve maximum impact from their community-based approaches towards disaster risk reduction, public health in emergencies, first aid, water and sanitation, and hygiene promotion. MRCS will engage with school teachers and children through the school-based disaster risk reduction programme. Teachers and students from selected schools will be trained in disaster risk reduction (DRR) to support communities in achieving the characteristics of resilient communities through increased awareness of different hazards and possible process of risk reduction.

According to the 2011 work plan of the Asia Pacific regional disaster management committee (RDMC) which was approved during the 14th RDMC meeting held in Yogyakarta, Indonesia, in May 2010, MRCS will host the 15th RDMC meeting in Myanmar in 2011.

b) Potential risks and challenges

It is a challenge to promote and facilitate community-level involvement and activities within the community-based disaster risk management (CBDRM) programme beyond the point of delivering the initial training. This will require

an effort of joint collaboration across MRCS programme sectors, including the volunteering unit. The approach will be rolled out both in the Ayeyarwady Delta and other hazard-prone areas and as such, will need a periodic review to ensure that the investment brings about meaningful community participation. The rate of the roll-out will both depend on the continued capacity of MRCS outside of the Nargis recovery operation and an agreement on the uptake of such an approach with communities.

Health and care

a) The purpose and components of the programme

Programme purpose: To reduce the number of deaths, illnesses, injuries and impact from diseases, public health emergencies and disasters.

The health and care programme budget for 2011 is CHF 1.39 million.

Programme component:
Component outcome 1: Targeted communities become safer, healthier and more resilient through CBHFA in action approach.
Component outcome 2: Improved capacity of targeted communities to reduce the incidence of priority communicable diseases and effectively respond to life-threatening cases during epidemics and disasters.
Component outcome 3: Prevention of further HIV infection among key population groups at high risk and improvement in the quality of life of targeted people living with HIV.
Component outcome 4: Contributions to an increased amount of safe blood available in Myanmar are made through improved recruitment and retention of voluntary blood donors.
Component outcome 5: The immediate risks of water borne diseases are reduced through improved access to safe water, sanitation and hygiene promotion in targeted areas.
Component outcome 6: MRCS has a strengthened capacity to manage an integrated community-based health and first aid in action approach.
Component outcome 7: Improved access to basic health care through preventive measures and first aid services.

Based on the motivation, support and mobilization of its nationwide network of volunteers, MRCS works to build healthier and safer communities in Myanmar, while giving priority to the most vulnerable communities and individuals. In recent years MRCS has increased its capacity in first aid, health and hygiene promotion, psychosocial support, and water and sanitation, and achieved some progress in integrating these activities in communities. MRCS considers that community participation in all stages of programme implementation, from needs assessment to final evaluation, is crucial for successful delivery of effective support and services to the most vulnerable groups.

As one of the biggest programmes of MRCS, the health and care programme is focusing on the following four core areas:

- Community-based health and first aid (CBHFA)
- Communicable disease prevention and control
- Public health in emergencies
- Water and sanitation

Moving to *CBHFA in action* approach

MRCS is one of the first national societies in Southeast Asia that has committed to moving from its long-standing community-based first aid/first aid (CBFA/FA) approach into CBHFA *in action* over the next years. It sent two health staff to the first CBHFA master facilitators course held in Bangkok in April 2009. In the same month, MRCS established a CBHFA technical advisory group, with the support of IFRC, to ensure the move from project-based health and care activities to an integrated programmatic approach under the CBHFA *in action*. This was followed by a CBHFA sensitization workshop organized in Yangon, in October 2009. At the same time, a number of community-based tools of CBHFA have been used in implementing the CBFA programme under the Cyclone Nargis operation. Other efforts undertaken as part of this move include the translation of the CBHFA manual into

the Myanmar language in 2010, as well as MRCS health and care forum held in Yangon on 25-26 February 2010. The forum reaffirmed the *CBHFA in action* approach as the way forward for the national society's health and care programme.

In 2011, MRCS plans to implement the CBHFA programme in three townships in non-Nargis areas, namely Toungup Township in Rakhine State; Pauk Khaung Township in West Bago Division; and Lewe Township in Mandalay Division. In each township, five villages will be selected and supported to meet their needs identified by VCA through community organization and involvement. These villages will be selected with due consideration given to their vulnerability and commitment, the capacity of Red Cross branches and volunteers, and support from the stakeholders concerned.

The *CBHFA in action* approach will also be used in implementing the community-based health development project (CBHDP) in Magway Division, and the water and sanitation project in two townships in Mandalay and Magway divisions. Nat-mauk and Pwint-Phyu townships in Magway Division will be supported in increasing community-based health activities and awareness of communicable diseases and improving access to safe drinking water and hygiene promotion. Through the water and sanitation project, an estimated 32,000 households will have better access to water and sanitation facilities, practice effective hygiene promotion and face less water and sanitation-related problems.

Various health and care projects

With the support of IFRC, MRCS will continue to implement the public health in emergencies (PHiE) project aimed at strengthening the capacity of branches to prepare for and respond to public health needs during epidemics and disasters. Through this project, MRCS will support 25 townships in Southern Shan State, East Bago Division, West Bago Division, Magway Division and Mandalay Division, in improving preparedness for the potential outbreak of communicable diseases, reducing the incidence of water and sanitation-related problems, and promoting effective hygiene practices.

As part of its efforts to prevent and control communicable diseases, MRCS will assist 150 people living with HIV/AIDS and 10,000 people living in high-risk areas through improved knowledge, attitude and practice, better care and access to health facilities, and enhanced acceptance by communities.

The project of voluntary non-remunerated blood donor recruitment programme will contribute to securing the amount of safe blood available in Myanmar.

MRCS will continue its first aid and safety services such as water safety, life-guarding, accident prevention at home and road safety through increased capacity of its Red Cross and community volunteers, and ensure the provision of quality services through community-based programme activities. It will strengthen its capacity to manage an integrated community-based health and first aid in action approach.

The CBHFA programme in five townships and the TB project in eight townships in Ayeyarwady Division will be supported as part of the Nargis operation.

Improvements in programmatic approach

Efforts are being made to integrate health and care projects into mainstream MRCS programmes. The psychosocial support project has been integrated into all MRCS health programmes as well as the disaster management programme. Water and sanitation activities are integrated in the community-based health development programme for hygiene promotion. MRCS has chosen the *CBHFA in action* as the focal programme into which all its health, disaster management and organizational development activities are to be integrated at the community level.

b) Potential risks and challenges

Recruiting and retaining competent staff and volunteers continues to be a challenge. There has been a relatively high turnover of staff at the national headquarters in the past 12 months. This high turnover rate may continue due to ongoing demands placed on staff for support needed in the implementation of the Cyclone Nargis operation as well as the move of the MRCS national headquarters to the country's new capital city, Naypyidaw. It is challenging to increase the ownership of the CBHFA programme among vulnerable communities and mobilize necessary resources from these communities. This is because, despite the continuing efforts in health and hygiene promotion, communities find it difficult to change their behaviour. MRCS branches are also still weak in reporting health activities.

Organizational development/capacity building

a) The purpose and components of the programme

Programme purpose: Increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development/capacity building programme budget for 2011 is CHF 370,210.

Programme component: MRCS becomes well structured and organized at all levels to deliver quality community-based services to the vulnerable in Myanmar.
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Component outcome 1: Improved capacities of MRCS branches to undertake community-based activities to support the vulnerable people.
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Component outcome 2: Improved systems and capacity of MRCS youth and volunteers to undertake community-based activities to support the vulnerable people.
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Component outcome 3: The MRCS financial management system and reporting capacity at headquarters and targeted township branches are strengthened.
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Component outcome 4: MRCS has competent staff fulfilling defined roles and being fairly rewarded within a system of accountability.
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Component outcome 5: Improved skills of MRCS headquarters and township branches to generate income and raise funds.
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MRCS established the division of organizational development (DOD) in the second quarter of 2010. Previously, organizational development used to function as a unit within the division of programme coordination. This change has provided an opportunity to reflect on the changing context of MRCS as it transitions from a strong focus on the Nargis recovery operation to its more normal activities. A key factor is that MRCS is redefining its service delivery system to a community-based model. In this model, communities are empowered to define their respective needs and facilitate their own solutions. This model is in line with IFRC's community-based disaster risk reduction (CBDRR) and CBHFA approaches.

MRCS recognizes that this shift in service delivery will require improved structures, systems and capacities. Importantly, the DOD is tasked with closely coordinating with the technical divisions (disaster management and health), to better understand the key areas of development required to directly enhance the impact of these programmes. In the past, the organizational development unit operated somewhat independently and disconnectedly from the disaster management and health divisions and their activities. The new strategy requires very close cooperation between these divisions as MRCS seeks collective solutions to directly enhance the impact of programmes.

In 2011, organizational development activities will prioritize the townships from where community-based activities are to be leveraged. The policies, structures, systems and guidelines developed will, however, be applicable across all activities of the National Society, and naturally support the programmes of partner national societies as well.

IFRC also continues its support of MRCS in developing the Nargis transition planning process.

Branch development

The DOD will lead the process towards defining a common branch development model that specifically supports the community-based approach of both health and disaster management divisions. MRCS recognizes that structure alone will not achieve programme impact, and training modules will be adapted or developed to support the implementation of the common branch development model.

MRCS recognizes that financial independence is a key factor leading to the sustainability of service delivery. As such the country plan will support the development of an income generation unit at headquarters level. Its task will be not only to develop the various policies and guidelines, and lead the existing income generation activities such as a Red Cross shop, a printing shop and an oral rehydration solution (ORS) factory, but to provide practical support to targeted township branches so they may be more self-reliant.

Youth and volunteer management

The DOD will lead the process of developing an improved volunteer management system which specifically supports the community-based approach of both the health and disaster management divisions. MRCS

recognizes, however, that the existing guidelines are not sufficient and that an implementation system needs to be developed in close cooperation with the disaster management and health divisions, so that it directly supports their activities. Youth and volunteer skills will be enhanced through tailored training, while a national youth committee will be established to ensure their voice is heard and recommendations incorporated in the national society's planning. MRCS youth and volunteers will take part in Red Cross celebrations and awareness raising events. MRCS's university-based activity structures will be maintained with the financial support being channelled through the society's health division.

MRCS will host the 9th meeting of directors of youth departments of national societies in Southeast Asia (SEA national society youth directors meeting) in September 2011, in accordance with a decision made at the 8th SEA national society youth directors meeting held in Phnom Penh, Cambodia, on 20-23 September 2010. The agenda of the meeting will include the Youth Declaration of Solferino in 2009, climate change, humanitarian values, Fundamental Principles and safer access.

Finance development

MRCS health and disaster management divisions have highlighted the need for finance development to support community-based activities. The DOD will, therefore, support the Finance Division in developing systems and procedures so that funds can be advanced directly to township branches and be accurately reported in compliance with guidelines. At the same time, MRCS headquarters will be supported with an updated computer software programme and the ability to undertake an external audit.

Human resource development

MRCS has made significant progress in human resource development in the last six months, following the appointment of a new human resource (HR) administrator and the relocation of HR from the organizational development unit to the administration department. A revised common salary structure has been agreed upon and has been in operation since October 2010. Job descriptions and staff evaluations are on track to be completed in December 2010. The priority for 2011 is to develop an HR policy with an accompanying system and guidelines for implementation throughout the National Society.

b) Potential risks and challenges

The relocation of MRCS to the new capital of Naypyidaw may create some challenges to MRCS and IFRC in terms of regular coordination and the retention of key trained staff. In addition, the DOD needs continuous support from the MRCS Executive Committee in order to perform its function properly. A cooperative and supporting relationship between DOD and other divisions will be crucial in maximizing programme impact. Any future change in the country's administrative structure may also have an impact on the way MRCS manages its branches at the state/division and township levels.

Principles and values

a) The purpose and components of the programme

Programme purpose: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The principles and values budget for 2011 is CHF 60,712.

Programme component 1: Communication capacity development

Component outcome 1: Increased MRCS communication capacity to promote its activities as well as to support proactive and effective communication during disasters.

Programme component 2: Promote Humanitarian Values

Component outcome 2: Promotion of humanitarian principles and values in Myanmar.

Communication capacity development

New communication guidelines for branches will be developed in 2011 to support effective disaster response at branch level. By transferring knowledge and methodology of reporting, photography and communication to volunteers, this programme component will enhance the capacity of branches to carry out proactive and effective communication during emergencies and disasters. In bilateral partnerships with Danish Red Cross and Australian Red Cross, MRCS is engaged in health promotion through the mass media and in restoring family links service.

Promote Humanitarian Values

MRCS dissemination activities reached five states and divisions in 2010, with support from ICRC. This component facilitates the distribution of information, education and communication (IEC) materials to branches and the ongoing training programmes conducted by the headquarters. Media coverage of MRCS activities in local journals and television channels significantly improved in 2010 and the national society will work on this further in 2011. State and division branches will be targeted for dissemination activities. The MRCS website activated in 2008 will continue to be regularly updated with relevant information.

b) Potential risks and challenges

Although MRCS has greatly benefited from the Nargis operation in terms of communication experience and skills, it is challenging to retain qualified and skilful staff on a long-term basis. Other divisions have high expectations of the communication division and it is sometimes challenging for communication staff to deal with concurrent issues and ad hoc assignments at the same time. The communication division is faced with the challenge of sustaining the effectiveness of communication activities including ongoing communication training for branches.

Role of the secretariat

The secretariat's budget for its support role in 2011 is CHF106,459.

a) Technical programme support

A high level of technical support from IFRC delegates and facilitated consultancies as well as partner national society visits have been made available as part of the Nargis operation, all of which are ultimately benefiting overall MRCS development. The provision of technical and managerial support remains a priority of IFRC as part of its role to support MRCS in managing the Nargis Operation in addition to balancing the commitment to its country-wide projects. In order to help MRCS emerge from the high-profile Nargis operation as a stronger national society, with an increased capacity to effectively run quality community programmes throughout the country, IFRC is working intently to promote and support a management and operational plan. This area of work, largely seen as the transition planning initiated in late 2008, will continue hand-in-hand with the Nargis operation and factor in both the steps for the eventual closing of the operation as well as for Nargis operational learning to be folded into MRCS strategic and operational plans. IFRC will support MRCS in implementing its new Strategic Plan for 2011-2015. The focus on overall organizational and branch development will continue with a renewed emphasis through IFRC, on integrated service delivery.

In the implementation of the country-wide plan, technical programme support will be provided to MRCS mainly through the health, disaster management, water and sanitation, and organizational development delegates, and under the coordination and guidance by a programme coordinator and a head of country office. Support will also continue to be available from IFRC Southeast Asia regional office in Bangkok.

Technical support is provided to define the overall approach in the area of disaster management. The disaster management delegate is supporting the response preparedness and community-based disaster risk management programmes, promoting and facilitating the link between policy and delivered community activities. Ongoing support will be available for implementing the recommendations of the disaster management review made in 2009 and the disaster management policy 2010, adapting training manuals, and supporting the re-establishment of a country-wide national disaster response team (NDRT) and response systems through an MRCS contingency plan.

Health and care delegates will provide technical support to the application of community-based health and first aid (CBHFA), specifically using learning from the community activities under the Nargis response to strengthen community practices in targeted areas. Both health and disaster management divisions will work together to support and promote integrated delivery of public health in emergencies. A water and sanitation delegate will support MRCS in implementing the programme both in Nargis and non-Nargis areas, and in building up its capacity in this area.

Organizational development support will be provided through an organizational development delegate who will assist MRCS in strategic planning, cooperation modalities, finance and human resource development, resource mobilization, volunteering and overall good practice approaches to branch development and transition from large-scale emergencies.

Delays in getting travel permits and limited access to project areas affect IFRC's capacity to provide regular monitoring support and give technical input into project development. Therefore, priority will be given to supporting MRCS in its monitoring, evaluation and reporting efforts. This effort will capitalize on the experience and lessons learned from the ongoing Nargis operation. In the Nargis-affected areas, IFRC will continue to rely on four locally-employed field officers at headquarters and hub staff in providing technical support and monitoring.

b) Partnership development and coordination

Coordination meetings take place on a monthly basis with MRCS, as well as with ICRC and four in-country bilateral partners: Australian Red Cross, Danish Red Cross, French Red Cross and Japanese Red Cross Society. IFRC will continue to promote harmonized approaches towards working with MRCS, with partners being committed to overall capacity building of the national society. This will be further effectively encouraged through the MRCS's commitment to review partnership cooperation models during 2011. IFRC will also continue to work with the Red Cross Red Crescent Movement and external partners, on the existing commitment, to enable joint support for specific interests. Areas outlined include disaster risk reduction (DRR), community-based health approaches and capacity building, namely branch development, and human resource and volunteer development.

ICRC continues to support the MRCS's efforts in advocacy and dissemination activities, both at headquarters and the branch level, which are expected to increase through targeted dissemination activities across the country and with closer cooperation on strengthening the MRCS branch network. Australian Red Cross is working with the MRCS in restoring family links and an integrated community-based health and DRR projects. Danish Red Cross is assisting MRCS in implementing community health projects and promoting health education through the mass media. French Red Cross is cooperating with MRCS in disaster risk reduction.

MRCS also maintains a number of bilateral and multilateral partnerships. This includes strong relationships with external agencies, particularly UNICEF, UNFPA, UNHCR and Burnet Institute which works with the national society in the implementation of HIV projects in various areas throughout Myanmar.

c) Representation and advocacy

IFRC continues to be involved in biweekly regional and sector working group meetings of the Humanitarian Country Team (HCT) and the international non-governmental organizations (INGO) forum. MRCS is being supported and encouraged to take active part in inter-agency fora, which, in 2010, has included the OCHA-facilitated inter-agency standing committee (IASC) country-wide contingency planning process. MRCS is increasingly involved in sector forums, and continued information sharing on services and activities will be promoted.

d) Other areas

IFRC continues to support MRCS in implementing the Nargis operation, which is expected to be completed by May 2011. It gives priority to enabling MRCS to emerge as a stronger national society at the end of the operation.

Promoting gender equity and diversity

MRCS will be supported in addressing issues related to gender equity and diversity. The MRCS programme divisions generally consider gender balance in terms of selecting Red Cross volunteers for training and implementation of programmes. In delivering Nargis programmes, consideration for women has been consciously promoted in a number of ways: composition of village tract recovery committees; pond rehabilitation activities in the water and sanitation programme include the provision of access to cleaned ponds for the benefit of women who predominantly collect water for the home; and women feature significantly in the men/women ratio for cash-for-work project beneficiaries.

In 2011, efforts will focus on the need to address how MRCS works with and promotes gender diversity among its staff, volunteers and community members participating in Red Cross activities. Both the branch development programme and the transition process will contribute towards this. Work will be supported both through the human resource development and volunteer recruitment units to seek ways to promote an increased involvement of women in MRCS activities. In addition, work will build on Nargis recovery operation and early warning preparedness efforts which have resulted in communication messages which have been adapted to better contextualize information for community users. MRCS will also continue to be encouraged to promote equity and diversity to key decision-making positions.

Quality, accountability and learning

There has been a significant investment into reviewing and developing a comprehensive monitoring and evaluation approach, as part of the Nargis recovery effort. Such a process, while initially focused on improving the monitoring and reporting of activities within the delta, will in time also serve as a capacity building initiative which benefits the MRCS's overall approach to improved planning, monitoring, evaluation and reporting. A planning, monitoring, evaluation and reporting training workshop was conducted for MRCS staff in Yangon on 31 August-3 September 2010 on the basis of a new project/programme planning (PPP) guidance manual. Some of the key monitoring and evaluation tools have already been taken up for use with MRCS in its work outside the delta. Further work will commence in 2011 to capitalize on learning generated from the monitoring and reporting systems

utilized for the recovery activities - the objective being to support MRCS to develop a strengthened overall monitoring system. Again, MRCS will benefit from its membership in the Global Alliance on HIV which will promote a harmonized monitoring and reporting system.

How we work	
<p>IFRC's vision is to: Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> • Myanmar Red Cross Society: Prof. Dr Tha Hla Shwe, president, e-mail: president@myanmarredcross.org.mm, phone: +95 67 419014, fax: +95 67 419036 • Federation Country Office in Myanmar: Bernd Schell, country representative, e-mail: ifrcmm01@redcross.org.mm, phone and fax: +951 383 686 383 682. • Federation Southeast Asia regional office, Bangkok: Anne LeClerc, head of regional office, email: anne.leclerc@ifrc.org; phone: +662 661 8201; fax: +662 661 9322 • Federation Asia Pacific zone office, Kuala Lumpur: <ul style="list-style-type: none"> ○ Jagan Chapagain; head of operations; email: jagan.chapagain@ifrc.org; phone: +603 9207 5700 ○ Alan Bradbury, head of resource mobilization and PMER; email: alan.bradbury@ifrc.org, phone: +603 9207 5775; fax: +603 2161 0670 Please send all pledges of funding to zonerm.asiapacific@ifrc.org 	

[<budget and map below; click here to return to title page>](#)

MAAMM002 - Myanmar

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	165,000	403,528				568,528
Land, vehicles & equipment	11,500	19,140	15,826			46,466
Transport & Storage	98,028	41,835	4,504	368	8,879	153,615
Personnel	160,643	446,447	241,849	10,552	71,772	931,262
Workshops & Training	67,640	211,074	70,518	20,776		370,008
General Expenditure	77,506	182,770	14,919	25,310	19,310	319,815
Depreciation						
Contributions & Transfers						
Programme Support Services	37,721	84,812	22,595	3,705	6,497	155,330
Contingency						
Total Budget 2011	618,037	1,389,606	370,210	60,712	106,459	2,545,024

