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Annual report 2011

Myanmar

 International Federation
of Red Cross and Red Crescent Societies

MAAMM002

30 April 2012

**This report covers the
period 1 January 2011
to 31 December 2011**

*School children are among the
46,382 people who have benefited
from the community-based
health development project
in Magway Region.*

Photo: MRCS



In brief

Programme outcomes

- Lives of affected people are saved and improved through timely and effective disaster response and increased community participation in risk reduction activities, supported with corresponding organizational strengthening.
- Safe and healthy living conditions are provided through community-based health and first aid, health and care promotion, and water and sanitation.
- Myanmar Red Cross Society (MRCS) is well structured and organised at all levels so that it delivers quality community-based services to the vulnerable in Myanmar.
- MRCS' communications capacity is increased in order to promote the society's activities as well as to support proactive and effective communications during disasters.

Programme summary

The disaster management programme exceeded its targets for 2011 due to an expansion of disaster risk reduction activities as well as responses to a number of disasters and small-scale emergencies. Overall, the programme has seen its disaster response capacity strengthened through strategic training and re-training of staff and volunteers, followed by their deployment to disaster operations. In reference to disaster risk reduction activities, monitoring indicates that targeted communities continue to respond positively to initiatives, particularly by using the knowledge and materials gained to save themselves in times of emergencies or reduce their risks in everyday situations.

In the health programme, the most significant achievement in 2011 was the progress made within community-based health initiatives. The CBHD¹ project which had begun a few years ago has generated a significant amount of positive impact among targeted communities, while newly-launched CBHFA² initiatives have seen good planning and implementation in the introductory stages comprising advocacy, training and assessments. The water and sanitation unit focused on the regrouping of equipment and human resources, in the wake of the transition of water and sanitation capacities from the Nargis Operation to the society's annual programme. Efforts towards its community-based programme were focused on introductory aspects comprising assessments and the early stages of PHAST³.

In organizational development, main initiatives comprised the revision and launch of the branch development model aimed at enabling Red Cross township branches to have the capacity to provide appropriate support to community-based programmes being implemented in their locations. Finance development was undertaken to complement the aims of the branch development model. Significant efforts were also made towards the society's resource mobilization aspirations i.e. a revitalization of existing efforts at headquarters and field levels including the preparation of appropriate guidelines, and an expansion of efforts through the sourcing of new means of fundraising. Good progress was also made in reference to several aspects of human resource development.

The society's humanitarian values initiatives saw continued efforts in training branch volunteers in communications and reporting, following the positive results from previous years' initiatives. Engagement with the media was also a top priority, and resulted in an impressive amount of publicity.

Financial situation

The original 2011 budget was CHF 2.54 million, of which CHF 8,751,735 (345 per cent) was covered during the reporting period. Coverage of the 2011 budget has exceeded several fold because of the significant amount of funding received from the Nargis Operation which concluded in the same year.

The 2011 budget was revised to CHF 3,657,350 due to the strong level of implementation and need in the area of disaster management, as well as core management. Against this revised budget, 239 per cent was covered (including opening balance). Overall expenditure against the revised budget during the reporting period was CHF 3,197,757 (87 per cent of the budget).

[Click here to go directly to the financial report.](#)

No. of people we have reached

Between January and December 2011, programmes conducted by MRCS with support from the International Federation of Red Cross and Red Crescent Societies (IFRC), reached a total of 432,894 people⁴. They comprised 164,546 direct beneficiaries and 268,348 indirect beneficiaries.

¹ Community-Based Health Development (CBHD).

² Community-Based Health and First Aid (CBHFA).

³ Participatory Hygiene and Sanitation Transformation (PHAST).

⁴ Note that this figure is significantly lower than those cited in the Mid-Year Report and Programme Update No.2. This is because possible duplication has been taken into account.

Our partners

MRCS continues to benefit from a number of multilateral and bilateral partnerships. Ongoing key multilateral support comes from the Canadian Red Cross, Finnish Red Cross/Finnish government, Hong Kong branch of the Red Cross Society of China, Irish Red Cross, Japanese Red Cross Society, Netherlands Red Cross, Norwegian Red Cross, and Swedish Red Cross. MRCS also works with the in-country Partner National Societies of Australia, Denmark and France on various bilateral programmes. MRCS' cooperation with the International Committee of the Red Cross (ICRC) continues in the area of communications and support to prosthesis workshops and training. MRCS maintains important partnerships with Burnet Institute, UNICEF⁵, UNFPA⁶, UNHCR⁷ and UNOPS⁸, as well as the Ministry of Health, Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, Ministry of Home Affairs and local authorities.

On behalf of Myanmar Red Cross Society, IFRC would like to thank all partners and donors for their invaluable support towards the society's programmes.

Context

Following the general elections on 7 November 2010, a new central government and state/regional governments were officially put in place between March and April 2011. New ministries at central and regional levels expressed their willingness to support the humanitarian activities and development work of UN agencies and other development and humanitarian actors. State and regional governments may play a bigger role in future disaster responses as demonstrated after the earthquake in Shan State in March 2011. However, the actual level of cooperation from various ministries, varies from one ministry to another and remains to be determined. Progress has also been seen in visa approval processes for expatriate delegates working for humanitarian missions in the country or visiting Myanmar for the same purpose. While some gaps continue, the progress is noteworthy.

The 67th Central Council Meeting and the 10th General Assembly of MRCS were held at the National Society's new headquarters in Nay Pyi Taw on 2 and 3 June 2011 respectively. These events saw the adoption of the MRCS strategy for 2011-2015 as well as the re-election of the MRCS President and members of the Executive Committee.

The Cyclone Nargis and Cyclone Giri operations concluded in late 2011 and mid-2011 respectively, bringing a vast amount of experience and lessons learnt to MRCS and IFRC - these will be helpful in implementing various activities projected for the year 2012. The Nargis and Giri experiences have significantly strengthened the reputation of MRCS among the Government, the UN system and other stakeholders, as a lead actor in emergency response. These successes along with the society's plans to address the continued unmet needs of vulnerable communities, also led to a renewal of support from several of the 12 Partner National Societies that attended the MRCS partnership meeting on 17 and 18 October, conducted with IFRC country office assistance.

Despite the delays encountered in annual programme implementation owing to three significant relief and recovery operations in 2011 (Cyclone Nargis, Cyclone Giri and Tarlay Earthquake operations), a good level of overall progress was achieved through the effective management of available resources.

⁵ United Nations Children's Fund (UNICEF).

⁶ United Nations Population Fund (UNFPA).

⁷ United Nations High Commissioner for Refugees (UNHCR).

⁸ United Nations Office for Project Services (UNOPS).

Progress towards outcomes

Disaster Management

In total, the disaster management programme reached approximately 151,000 people directly and indirectly in 2011. This figure exceeds the target of 80,000 direct and indirect beneficiaries set for 2011. The excess achievements are due to the expansion of activities within the school-based disaster risk reduction programme through which 50,000 additional people were reached, and disaster response activities through which 21,000 people were assisted⁹. Details are provided in the sections below.

Outcome 1

Disaster response assistance is improved through organizational preparedness.

Achievements

1. Training of volunteers and staff

As anticipated, the continued training of volunteers and staff in disaster management is proving to be beneficial. This has been witnessed in the improved ability of MRCS to respond to disasters, namely the Tarlay earthquake operation in Eastern Shan State in March 2011 during which MRCS took the lead role in the rapid joint assessment involving the UN and international and local non-governmental organizations. MRCS had a reliable and tested assessment questionnaire; engaged in good coordination with the authorities at local level; and staff and volunteers were well-versed in approaching communities and had assisted in emergency operations before. Similarly, in the relief operation for the floods in Magway Region in October 2011, MRCS participated in the joint assessment among humanitarian actors, by performing specific sectoral tasks.

A better awareness of roles and responsibilities among staff and volunteers has been facilitated through training for specific groups in line with the society's contingency plan and standard operating procedures. In this regard, training targets for 2011 were met – this comprised national disaster response team (NDRT) training for 36 headquarters staff and volunteer leaders from states and regions, who then provided emergency response training to 180 volunteers from Red Cross branches in six states or regions. This effort builds on a training scheme which had begun eight years ago.

Sphere¹⁰ manual

Related to the ongoing efforts to improve disaster response capacities among staff and volunteers is the translation of the latest update to the Sphere manual. The translation of the manual into the Myanmar language was completed in 2011 and it is scheduled to be printed in early 2012. Apart from distributions at headquarters as well as in states and regions, the manual will continue to be part of disaster response training material.

2. Improved disaster response facilities and materials

Warehouse upgrading and management

The society's countrywide storage and management of disaster preparedness stock as well as overall warehouse management capacity has been improved through the upgrading of three regional or state-level warehouses (Tanintharyi, Kayah and Bago West) conducted in 2011. The target of eight warehouse upgrades for 2011 could not be met due to varying factors: e.g. land ownership in one location needs to be determined (Northern Shan State), and some buildings are in need of major renovations and accordingly, more funding is

⁹ The total number of people reached in disasters and emergencies in 2011, with the support of IFRC and other partners, as well as the society's own funding, was 50,170 people.

¹⁰ Humanitarian Charter and Minimum Standards in Disaster Response (Sphere).

needed. It should be noted that a similar upgrading exercise conducted in Magway Region in 2010, was particularly useful to the society in October 2011 when it conducted an emergency response to the floods which affected the region – the society assisted a total of 1,150 affected households.

Also adding to the society's overall improved warehousing capacity is the new warehouse in Yangon Region, constructed with Japanese Red Cross Society funding. The warehouse has been operational since October 2011 and houses disaster preparedness stock; and water and sanitation emergency response equipment.

Upgrading of disaster preparedness stock

Based on the lessons learnt from the Cyclone Nargis and Cyclone Giri¹¹ operations, MRCS re-packaged its disaster preparedness items into standard non-food relief packs in 2011. This re-packaging will enable the society to provide disaster-affected communities with more systematic assistance. As per the target for 2011, the society also procured an additional 3,000 packs for its disaster preparedness stock which has been pre-positioned in warehouses across the country.

Emergency management fund

The society's emergency management fund launched in 2011, with the society's funds as well as the generous support of partners, now stands at approximately CHF 399,000. The society continues to seek funds to reach the minimum level of CHF 500,000 required to establish a capital account, in order for the fund to be operational. Once the CHF 500,000 target is reached, the capital account's annual interest will then be transferred to and kept in an interest account. Only the accumulated funds in the interest account will be used to finance small-scale disaster preparedness and response activities including local assessments.



The society's new warehouse in Yangon which houses disaster preparedness stock and water and sanitation emergency response equipment.
Photo: MRCS

Improved communications

A total of 30 telephones were installed at Red Cross branches located in 30 most vulnerable townships across 11 states/regions with a view to improving communication between headquarters and branches. The value of these telephones has been seen in the quick and frequent information relayed from the field to headquarters. This was particularly evident during the response to the Magway Region floods in October 2011, when branches used the telephone facilities to send early warnings to villages-at-risk and maintain communication with headquarters.

¹¹ This includes the society's follow-up on the recommendation of the Cyclone Giri Operation's emergency shelter cluster that the composition of the MRCS emergency shelter kit needs to be redesigned as a standard package which includes a hammer and rope.

3. Response to disasters

In 2011, the society assisted 21,000 people affected by 77 emergencies or disasters¹², mainly small-scale events such as fires, floods and landslides. The three main disasters were Cyclone Giri in October 2010 (the emergency operation ended in March 2011), Tarlay Earthquake in Eastern Shan State (March 2011) and the Magway Floods (October 2011).

The relief and early recovery operation for Cyclone Giri began in October 2010, included a DREF¹³ operation, and was completed in July 2011. The overall operation which received support from ECHO¹⁴, AusAID¹⁵ and the Swedish Red Cross, assisted approximately 14,000 families through health and water and sanitation interventions. The Emergency Shelter Cluster for this operation was led by IFRC through an emergency shelter cluster coordinator and an information manager, and coordinated sector response at Yangon level.

Owing to ongoing need among Cyclone Giri-affected families, assessments and planning for a recovery operation were conducted in late 2011, focusing on livelihood and shelter assistance to be provided in early 2012.

The society's effective response to communities as described above has undoubtedly been aided by its two-pronged efforts in 2011: training of volunteers and staff; and improved disaster response facilities.

Nargis Operation: remaining activities

As indicated in the final report of the recently concluded Cyclone Nargis recovery operation, updates on remaining activities would be provided in annual programming reports, and are as follows:

- On the request of MRCS, offices were constructed for Red Cross township branches in Pyapon and Labutta towards the end of 2011.
- A total of 71 household shelters were constructed in the sub-township of Hainggyikun between late October and December 2011. A remaining 41 shelters are scheduled to be completed in early 2012. Construction of these houses was delayed because they were provided for communities in remote parts of the Delta, who were recently relocated. The monsoon rains from May to October compounded the delays, along with a local practice adopted by some communities of abstaining from construction activities during the Buddhist Lenten period which ranges from July to October. The houses are part of the extensive household shelter project comprising the construction of 16,376 homes, under the Cyclone Nargis recovery operation.

Impact on Beneficiaries



On 21 Nov 2011, a few days after a simulation exercise conducted by the society's NDRT team, a ferry accident off the coast of Rakhine State occurred. All 420 people on board were saved during a three hour rescue operation involving the navy, local authorities and the Red Cross. The Red Cross comprised 20 volunteers from the Kyaukphyu township volunteer brigade who were led by their NDRT-trained brigade leader. Some of the volunteers were also recently trained in emergency response.

Photo: MRCS

¹² MRCS also assisted internally displaced people in Kachin state. IFRC's support for this initiative was limited to making disaster preparedness stock available.

¹³ IFRC Disaster Relief Emergency Fund (DREF).

¹⁴ The European Commission's Humanitarian Aid and Civil Protection department (ECHO).

¹⁵ Australian Agency for International Development (AusAID).

Outcome 2

The lives of identified vulnerable communities in Myanmar are improved through increased community participation in risk reduction activities.

Achievements

1. Community-based disaster risk management (CBDRM)

All 30 communities or villages in the Magway and Bago regions targeted for assistance through this programme in 2011 were reached. More specifically, the lives of 30,000 people comprising entire populations in 30 individual villages have been improved through risk reduction initiatives which comprise the training of villagers. The application of training received had resulted in concrete efforts by communities to reduce risks in their respective villages.

By the end of 2011, 30 persons in each village were trained to identify hazards and vulnerabilities, and this was followed by vulnerability and capacity assessments (VCA) conducted in all 30 villages by the trained villagers. The VCAs were conducted with the supervision of township Red Cross Volunteers who had facilitated the training of villagers. The assessments were followed by the preparation of suitable action plans to address identified hazards and vulnerabilities. Risk reduction kits which include early warning equipment have enabled the communities to engage in a certain level of risk reduction and response preparedness.

Beneficiary impact

Examples of follow-up action taken by targeted communities/villages to reduce the risks they face, are listed below:

- The community in Thanatwa village in Magway Region purchased sand bags ahead of the rainy season to prevent river banks from bursting and flooding the area.
- In Kyun Nyo Hteik Chaung village in the Ayeyarwady Delta, the community constructed a bridge over a creek to provide villagers with safer and easier access and exit. Previously, villagers used a coconut tree trunk to serve as a makeshift bridge which was unsafe particularly for children, pregnant women and the elderly.
- In Petpye village, also in the Ayeyarwady Delta, the community constructed a new earth road (130 feet by 5 feet), to provide villagers with safer and easier access and exit.

Township Red Cross volunteers maintained contact with targeted communities in reference to activities which need to be undertaken to address identified hazards and vulnerabilities. As a result of this contact and supervision, the Red Cross branches have been able to report on positive developments such as those above.

On a related note, an evaluation of the CBDRM programme is scheduled to be conducted in 2012 with the aim of determining its holistic impact.

Impact on Beneficiaries



The community preparedness plan we developed after receiving disaster risk reduction training, enabled us to evacuate villagers before flash floods on 20 October.

*U Than Htwe
Village Administrator, Sikekham
Village, Seikphyu township, Magway
Region*

2. School-based disaster risk reduction

As a result of this intervention, approximately 20,000 students in 20 schools have learnt how to identify risks, reduce them and be better prepared for disasters. This intervention in Bago and Magway regions required the participation of teachers as risk reduction facilitators and the supervision of township Red Cross Volunteers. The families of students¹⁶ have also experienced improvements in their awareness of risks and the action needed to minimize them, as a result of knowledge received from the students. In some cases, parents of students have been actively involved in helping schools take action to minimise risks.

The programme's achievements are in excess of the target of ten schools set for 2011. The target was expanded to 20 schools because good progress was made in reference to the initial target, and that of existing needs among other communities-at-risk.

Beneficiary impact

An example of schools which have undertaken concrete action to minimise risks is that of a high school in Daik Oo village in Bago Region. The school's risk reduction team first conducted a vulnerability and capacity assessment (VCA) for the school. Follow-up action undertaken to address identified risks consisted of fire prevention activities such as the installation of a fire beater, hook, fire alarm system and water source. These activities were undertaken with the assistance of parents as well as the general local community.

Factors which contributed to the overall achievements of the disaster management programme

The following factors have contributed to the overall achievements of the society's disaster management programme for 2011:

- Improved awareness of the society's contingency plan and standard operating procedure among staff and volunteers, and the actual application of these processes during the society's response to emergencies.
- The continued strong level of coordination with authorities.
- The positive response from communities-at-risk to the society's risk reduction initiatives.

Constraints or Challenges

Annual programme activities experienced delays as the disaster management division had to focus its resources on the concluding the Cyclone Nargis recovery operation, while dealing with three disasters. The three disasters were Cyclone Giri in October 2010 (the emergency operation ended in March 2011), Tarlay Earthquake in Eastern Shan State (March 2011) and the Magway Floods (October 2011).

¹⁶ Indirect beneficiaries totalling approximately 80,000 people.

Health

In total, 281,111 people benefited from health programmes and projects conducted in 2011 with IFRC support. Details follow:

Outcome

Safe and healthy living conditions are provided through community-based health and first aid, health and care promotion, and water and sanitation.

Achievements

1. Community-based health and first aid

Community-based health and first aid (CBHFA)

This programme which began in 2011 and will continue for the next few years, has been implemented in eight targeted townships¹⁷.

The main activities conducted between January and December 2011 comprise:

1. Advocacy / sensitization sessions at regional, township and village levels.
2. Formation of township and village-level CBHFA committees.
3. Selection and training of community volunteer leaders.
4. Recruitment and training of community volunteers.
5. Community needs assessments.
6. Baseline survey.
7. Community action planning.

The first six activities described above have been conducted in all 40 targeted communities or villages. The seventh activity has seen a 35 per cent implementation rate i.e. 14 communities have so far been assisted in developing their respective community action plans. This implementation rate is in reference to the entire programme duration comprising a number of years, and thus can be viewed as good progress. The community action plans are based on the results of community needs assessments and community discussions conducted within individual communities.

Beneficiary impact

Communities have responded well to this programme, in keeping with its aim of facilitating community-driven actions and community ownership of the programme. Examples of this positive response are as follows:

- As a result of a community needs assessment, villagers in a community in Pauk Khaung township in Bago Region determined that it needed to address three diseases (malaria, TB and HIV) and improve hygiene practices. Accordingly, its action plan has identified specific activities to be led by community volunteers as well as the creation of a Hand Washing Day that is meant to be observed by villagers on a regular basis to remind them of the importance of this practice.
- The selection and training of community volunteers (*activity no. 4 as listed above*) was completed successfully thanks to the positive reception among targeted communities. Accordingly, a total of 796 community volunteers have been trained together with 171 community volunteer leaders. The community volunteers represent 50 per cent of the total target set for the entire duration of this programme.

¹⁷ Leiwei township in Mandalay Region, Tounggup township in Rakhine State, Pauk Khaung township in Bago Region, and five townships in the Cyclone Nargis-affected Ayeyarwady Region.

- The community needs assessments successfully conducted in all targeted villages can also be attributed to strong community involvement during the assessments as well as during the training of community volunteers conducted before the assessments. *For information on community involvement during the assessment and training processes, please see the picture story below.*

Impact on Beneficiaries



Cho Cho Aye, 19 years of age (*first from left*), is a Red Cross Volunteer who led the vulnerability and capacity assessment in her village of Ma Letto in Maubin township. Assisted by five other villagers during the VCA, Cho Cho Aye says the VCA was beneficial because it has helped villagers realise that they can solve some of their health problems.

Sandar Aung, 31 years of age (*second from left*), is a township facilitator in Maubin township, who says that the CBHFA process has taught her that it is not only Red Cross Volunteers who can help improve the health situation of communities – villagers also play important roles. (*Photo: MRCS*)

Constraints or Challenges

- The major challenge in reference to the CBHFA programme is its sustainability, particularly the commitment of communities to continue activities as well as the long-term engagement of CBHFA-trained Red Cross volunteers with communities. As this is linked with volunteer management challenges, closer coordination and consultation between the health and organizational development divisions is needed.
- While some attempts have been made towards integrating the work of MRCS divisions and units, closer coordination and consultation is needed for the purposes of adopting an integrated approach towards CBHFA and all other community-based activities across all programmes.

Community-based health development (CBHD)

This programme which is conducted in two townships in Magway Region achieved 100 per cent of its beneficiary target for 2011. The target comprised 9,911 households¹⁸ across 40 villages in the townships of Natmauk and Pwintphyu. Launched in 2007 and ending in December 2012, this project's activities for 2011 comprised an extension to ten new villages as well as the continuation of some activities in 30 previously reached villages. The extension to the new locations was prompted by improved resilience among targeted communities as documented by the impact study conducted between December 2010 and January 2011.

Beneficiary impact

Examples of improved resilience indicated in the impact study results and reflected in regular monitoring undertaken throughout 2011 are:

- Significant improvements in *behaviour change* among targeted communities:
 - Increased utilization of hospital services by communities – from 14.1 per cent during the baseline survey in 2008 to 23.5 per cent in the later survey (i.e. impact study).
 - Increase in the practice of hand washing before eating – from 35.4 per cent to 65.8 per cent among the community in Natmauk township, and from 29.5 per cent to 84.5 per cent among the community in Pwintphyu township.

¹⁸ The households reached equates to 46,382 people including 6,094 school children.

- Improvements in *knowledge and perception* e.g. knowledge of malaria transmission – this increased from 39.8 per cent to 82.7 per cent in Natmauk township, and from 68 per cent to 98.8 per cent in Pwintphyu township.

Other indications of improved resilience:

- Behaviour change resulting from health education has been seen in schools.
- The fact that communities have undertaken the following activities, based on their needs:
 - reducing vector sites
 - establishing refuse sites
 - identifying households to benefit from mosquito nets and latrine pans and pipes
 - organising referral systems
- With regard to referrals to health facilities, a total of 357 cases were referred to health facilities in 2011 (compared to 64 cases in 2010). The higher number of referrals is attributed to increased health awareness among volunteers and villagers.
- A trust fund was established in each of the 40 targeted villages with the aim of functioning as a sustainable funding mechanism which can be relied on when donor funding for this programme is spent. The trust fund is used for the replenishment of first aid kits, purchase of stationery for volunteers and to cover travelling costs of referred patients who cannot afford to bear such costs. The main sources of funding have been individual villagers.

An endline survey is targeted to be held upon the completion of this programme at the end of 2012.

Constraints or Challenges

- In reference to the CBHD programme, there is a need for strong community volunteer involvement to enable this project to positively impact the targeted communities. However, two challenges faced are:
 - Communication with regard to some villages in hard-to-reach areas, especially during the rainy season.
 - Volunteer drop-outs: A total of 72 volunteers dropped out in 2011. Most of them were young people aged below 40. The main reason for the drop out was their need to migrate to other places for employment or to join the military service. As a measure to address this, recruitment and training of new volunteers was undertaken by project staff.

2. Health and care promotion

Public health in emergencies (PHiE)

Health education and hygiene promotion activities were conducted in response to communities affected by Cyclone Giri in Rakhine State, the Tarlay Earthquake in Eastern Shan State and the Magway Floods.

The focus during the second half of 2011 was on the training of 56 Red Cross Volunteers from 14 townships in the Bago and Magway Regions, in prevention, control and response to communicable disease outbreaks (dengue, diarrhoea, Human and Avian Influenza, malaria). The training was followed by health education sessions for targeted communities who were also provided with appropriate information, education and communication (IEC) materials.

Relevant support was also provided during emergency response training for Red Cross Volunteers in six states and regions (*as mentioned in the disaster management section above*), to enable participants to be alerted to PHiE issues/concerns.

HIV project

This project which has been implemented in Mandalay Region (3 townships) and Northern Shan State (1 township) over the past few years, has continued to reach out to truck and bus drivers and their assistants, as well as People Living with HIV (PLHIV).

A total of 5,145 people among the target group of truck and bus drivers and their assistants were reached in 2011. Assistance was provided through peer education as well as distributions of condoms and information, education and communication (IEC) materials at truck and bus terminals.

In reference to the target group of People Living with HIV (PLHIV), 75 people were reached in 2011. They were provided with nutritional support and basic medical services. Thanks to contributions from PLHIVs, self-help groups now have sufficient funding to sustain their efforts – the funds are managed by micro-credit committees within each self-help group.

In coordination with the National AIDS Programme, this MRCS project also participated in a one-stop service established for referrals, blood testing and counseling. In this connection, a total of 204 persons were referred (through this MRCS project) for voluntary confidential counselling and testing. Out of this number, five were found positive.

Capacity has also been strengthened through the provision of refresher training for 36 Red Cross Volunteers as well as the participation of three project staff at an overseas workshop.

Voluntary non-remunerated blood donor recruitment

In an effort to contribute towards the availability of a sufficient amount of safe blood in the country, MRCS continued to implement its voluntary non-remunerated blood donor recruitment project in collaboration with the National Blood Centre. In this regard, the project secured 5,636 blood donations (or blood bags), exceeding its target of 3,000 donations for 2011. The 2011 achievement also represents an increase from the 3,521 donations received in 2010.

The 2011 achievements are attributed to the expansion of the project to two new locations, as well as heightened efforts in reference to project activities comprising mainly advocacy meetings, blood donation campaigns, and retaining donors and recruiters by reimbursing their transportation costs and acknowledging their services through appreciation ceremonies.

Tuberculosis project

In 2011, MRCS continued to implement its tuberculosis (TB) project in collaboration with the National TB programme in eight townships in the Cyclone Nargis-affected areas (Ayeyarwady Delta), to strengthen TB prevention, care and support.

As a result of referrals of suspected cases made by TB-trained Red Cross Volunteers, an increase of about 24.4 per cent was seen in case detections facilitated by the society's project in 2011, compared with 2010.¹⁹ Accordingly, more new TB patients were provided with early treatment and the further transmission of infections was prevented.

TB prevention and control messages were also disseminated to a total 94,681 people including TB patients, their families and the general community.

¹⁹ In 2011, a total of 520 new cases (41.4 per cent) were detected among a larger group of suspected cases referred to the National TB programme by Red Cross volunteers. In 2010, case detections amounted to 17 per cent.

First aid and safety services

In total 93,667 people benefited from the first aid and safety services programme in 2011 through improved first aid skills or awareness. The target set for 2011 was approximately 108,000 people (21,600 households). The 2011 achievements are attributed to the continuation of activities at various levels within the Red Cross structure, as well as community-based activities and mass campaigns, as well as first aid training conducted for external organizations. The Japanese Red Cross Society (JRCS), which has provided significant support for the first aid initiatives of the Myanmar Red Cross Society over the past several years, conducted a review mission in Myanmar, in February 2011. This has led to a new memorandum of understanding and a pledge from JRCS for three more years of support beginning in 2012.

Integration with community-based health and first-aid (CBHFA)

As part of its aim to integrate services with the CBHFA programme by enabling communities to have the ability to respond to injuries and illness with first-aid, both programmes (CBHFA and first aid and safety services) are coordinating efforts wherever possible.

Beneficiary impact

In conjunction with *World First Aid Day* national-level celebrations on 10 September, a first aid skills demonstration competition as well as an essay writing contest were conducted. The competition was aimed at determining the level of first aid skills among volunteers, while the contest was aimed at highlighting actual encounters where first aid was successfully administered to save lives or attend to injuries. *Please see the picture story for details on beneficiary impact.*

Integration of psychosocial support

As part of its efforts to integrate psychosocial support elements into mainstream programmes such as health, disaster management and volunteer management, MRCS provided psychosocial support training to 42 Red Cross volunteers in Rakhine State in early 2011. This enabled them to provide specific support to 264 people affected by Cyclone Giri which struck in October 2010. School-based and community-based activities also reached 4,036 people.

Impact on Beneficiaries



Than Htay (left in picture), a Red Cross Volunteer with the Meiktila township branch in Mandalay Region, penned the winning entry for the essay competition held in conjunction with *World First Aid Day* celebrations. His essay recounted how he took part in a successful rescue operation to save a pregnant woman trapped in flood waters in July 1994, and how the rescue team safely delivered the woman's baby by applying emergency childbirth skills gained through first aid training. The essay also described how Than Htay met the 'baby' 17 years later in May 2011, in the form of a young medical student who is also a Red Cross Volunteer in gratitude to the people who rescued him and his mother. (Photo: MRCS)

3. Water and sanitation

Following the achievements of the society's water and sanitation unit which was first formed as part of the Cyclone Nargis relief and recovery operation (2008-2011), the main task of the water and sanitation programme in 2011 was to establish the unit formally within the society's health division, with the ability to undertake development-oriented activities as well as respond to disasters. This necessitated the reassembling of human resources as well as equipment.

The rehabilitation of equipment in 14 emergency response units (now referred to as emergency response equipment by MRCS) was satisfactorily achieved – this is believed to make MRCS in possession of the largest amount of emergency response equipment in Southeast Asia. The society has prepositioned two thirds of this capacity in nine strategic locations including Yangon and Nay Pyi Taw (the new administrative capital).

Improved health knowledge and behaviour among targeted communities

The water and sanitation programme targets ten communities or villages²⁰ in Magway Region in the country's Dry Zone. The first half of 2011 was devoted to the conclusion of assessments and advocacy sessions (begun in 2010), baseline survey preparations (questionnaire finalization and testing, and training of volunteers), the actual survey and the collection and digitization of information. Two technical visits were also conducted by the Austrian Red Cross who funds the programme.

The second half of 2011 saw the training of 78 community volunteers and Red Cross Volunteers in PHAST²¹ tools, methodology and implementation techniques. This was followed by the implementation of PHAST activities (introductory stages) for the benefit of all ten targeted villages. There were also hand washing sessions which benefited children in nine schools.

The adoption of PHAST as the implementation approach has led to a focus that is substantially community-driven. Also adding to the element of community participation is the inclusion of focus group discussions and the recruitment and training of community volunteers and Red Cross volunteers who serve as vital links to targeted communities.

Response to disasters

The Water and Sanitation Unit also responded to the following disasters in 2011:

- The Magway Floods in October (814 households were provided with safe water distributions)
- Tarlay Earthquake in Eastern Shan State in March (900 households were assisted through the construction of water tanks, wells or latrines depending on need)
- Cyclone Giri early recovery operation (6,798 households were assisted through the rehabilitation of ponds and wells, and construction of new water sources).



A hand washing game underway in Auk O East village in Magway Region in October, in conjunction with Global Hand Washing Day.

Photo: Hasan Hamou / IFRC

²⁰ The total population in all villages is 6,225 people.

²¹ Participatory Hygiene and Sanitation Transformation (PHAST).

Constraints or Challenges

The following challenges slowed down planned activities in 2011:

- The delayed recruitment of the water and sanitation unit manager (in replacement of the previous manager who had resigned) and the hygiene promotion officer (appointed in late 2011).
- PHAST activities took longer than anticipated. Remedial action has been undertaken in that the PHAST-trained team from headquarters has reinforced their understanding of the various implementation steps of PHAST with the aim of delivering clearer messages to targeted communities to enable them to make appropriate decisions regarding the construction and maintenance of water and sanitation facilities.

Organizational Development

Outcome 1

MRCS is well structured and organised at all levels so that it delivers quality community-based services to the vulnerable in Myanmar.

Achievements

As of mid-2011, the IFRC's organizational development support to MRCS became a shared responsibility between the IFRC head of delegation and the programme coordinator. More prominence was also given to efforts to strengthen inter-divisional coordination at headquarters level thus leading to a coordinated approach towards the implementation of community-based projects. Discussions on proposed amendments to the MRCS Act were also initiated. The main developments seen in 2011 follow:

Branch Development

In 2011, the National Society's branch development model was further developed and improved upon with IFRC support, with the aim of enabling Red Cross branches to function more effectively in serving vulnerable groups in their communities, and to do so according to a set of minimum requirements. Priority has been given to township Red Cross branches²² in locations where community-based projects supported by IFRC or other Movement partners are underway.

By the end of December 2011, the branch development model was introduced to 25 townships – 20 of these are where IFRC-supported community-based programmes²³ are underway, while bilateral community-based projects supported by other Movement partners are being implemented in the remaining five.

In order to provide support which branches will need to meet the minimum requirements of the Model, a series of branch capacity assessments was conducted across a preliminary batch of 19 township branches out of 97 branches where community-based projects are being undertaken. At the same time, a grading activity involving the 97 branches – the



The Branch Development Model is aimed at enabling Red Cross branches to function more effectively in serving vulnerable groups.

Photo: MRCS

²² There are a total of 330 Red Cross township branches throughout the country.

²³ Community-Based Health and First Aid (CBHFA), Community-Based Disaster Risk Management (CBDRM), and Water and Sanitation.

branches were required to complete a branch checklist – found that 20 of the branches were of Grade A and B standing. The majority were graded lower.

This effort was coupled with the development and approval of branch financial guidelines which were rolled out through the training of headquarters staff in charge of relevant projects, as well as 2 i-Cs²⁴ and Red Cross volunteers.

Awareness-raising on the branch development model reached ten state and regional-level Red Cross structures and 143 Red Cross township branches in 2011 through dissemination sessions. These efforts have been fruitful, with township-level Red Cross executive committees recognising local Red Cross efforts and pledging to form the core group of 35 Red Cross Volunteers required to be on standby in each township for emergency response activities – this is one of the minimum requirements of the branch development model. At the same time, dissemination activities for the purposes of generating understanding and application of the society's *Strategic Plan 2011-2015* were conducted for branches throughout the country.

Resource mobilization

In line with the National Society's aspiration to become more self-reliant through resource mobilization endeavours, a new post of income generation officer was filled in July 2011, and supervisory responsibilities for the income generation unit were undertaken by the society's Honorary Treasurer. Accordingly, the unit has focused on the following:

- Revitalising existing income generation activities at headquarters level – this revitalisation includes the development of appropriate marketing strategies and the positioning of donation boxes at strategic public locations.
- Supporting existing income generation activities undertaken by some Red Cross branches and facilitating new activities at other branches by sharing the successes experienced by the former.
- Sourcing for new means of fundraising. This includes endeavours to forge corporate partnerships with local businesses.
- Assisting with the drafting of the society's Fundraising and Income Generation Policy as well as an Income Generation Handbook which incorporates the lessons learnt by Red Cross branches that have successfully engaged in income generation. The documentation is now being reviewed by MRCS leadership for approval.

Constraints or Challenges

The main challenges facing income generation endeavours by Red Cross branches (i.e. at state/regional, as well as township levels) comprise the absence of financial procedures, a focal point for income generation activities, and start-up capital. These issues are being looked into.

Finance Development

Improved financial systems and guidelines for township branches

Financial guidelines were developed for township branches in locations where community-based projects are being implemented. This was followed by training for branch volunteers in eight townships where the CBHFA project is underway. These efforts were complemented by the recruitment of a finance development officer whose role is to provide necessary guidance to field-based project staff and branch volunteers. It is believed that this overall initiative will facilitate an easier and systematic transfer of funds from headquarters to the field, thus assisting towards the speedier implementation of activities. These initiatives received significant support from IFRC's regional finance development delegate in Bangkok who has made several visits to Myanmar.

²⁴ Second-in-command i.e. the leader of the township Red Cross volunteer brigade. The head of a township Red Cross branch (the Red Cross volunteer brigade is part of the branch) is the Township Medical Officer.

Improved transparency and accountability

The external audit of the 2007-2008 financial year was completed. External audits for the financial years (2008-09 and 2009-10) are scheduled for early 2012.

It should be noted that with the successful financial closing of the Cyclone Nargis relief and recovery operation in September 2011 and the submission of the final financial report in October 2011, the society's finance division was able to better direct its attention towards finance development matters.

Also of importance is the fact that the society's finance development processes have been documented as one of five case studies highlighted in the IFRC report *Finance Development for Improving Lives* published in 2011. The report documents the findings of a review initiated in late 2010 in cooperation with the Swedish Red Cross. The report notes, among other things, that the Cyclone Nargis operation presented an opportunity to the society to increase finance development activities which led to improvements in the delivery of services to vulnerable communities.

Youth and Volunteer Development

Volunteer management system

Revisions to the organizational development division's volunteer management system with the aim of better supporting community-based programmes could not be completed. Efforts will continue in 2012. Nevertheless, the revision to the Red Cross Volunteer brigade regulations was completed in January 2011 and launched at the society's 67th Central Council meeting in the same year.

Community based activities

In 2011, a total of 3,528 Red Cross Volunteers were involved in various activities – by serving as blood donors²⁵, participating in relief operations, and providing emergency health and care. Approximately 54,341 people have benefited from these services.

Red Cross Youth in universities also contributed their services by donating blood as part of the voluntary non-remunerated blood donor recruitment project (*described in the health section above*).

Facilitator training was also provided to 34 Red Cross Volunteers with Red Cross branches in locations where community-based health and disaster risk reduction programmes are being implemented. The aim is to enable the facilitators to provide appropriate support to targeted communities – this support will include advocacy to community volunteers about the Red Cross and Red Crescent Movement.

Youth leaders

As a measure to advance the role of Red Cross Youth in the planning process and decision-making, 18 Red Cross Youth representatives from various states and regions were invited to attend and actively participate in a meeting in June for Grade 1 Officers from all states and regions. The officers are the highest ranking volunteers in the Red Cross structure. The participation of the Red Cross Youth representatives at the meeting led to the formation of Red Cross Youth committees in various states and regions. A total of 18 representatives from these committees will be given the opportunity to attend the society's Central Council Meeting which is convened twice a year.

²⁵ This was part of the Voluntary Non-Remunerated Blood Donor Recruitment project described in the Health section.

Human Resource Development

The society's most significant efforts in 2011 towards an improved Human Resource (HR) system comprise the following:

- The approval of HR procedures and their circulation to staff and partners.
- Revisions to job descriptions were conducted in reference to about 90 per cent of all positions.
- Leave regulations were revised and approved, and are in force.
- The development of a three-week orientation programme as well as an induction booklet for newly recruited staff.
- Revisions to staff regulations which are at the approval stage.
- Revisions to performance appraisals which are in place.
- Assistance provided to the Nargis Operation transition team in providing appropriate recognition to outgoing staff and volunteers.

Humanitarian Values

Outcome

MRCS' communications capacity is increased in order to promote the society's activities as well as to support proactive and effective communications during disasters.

Achievements

In total, quantifiable communications efforts in 2011 benefited 731 people compared to the target of 451 people²⁶. The 731 people comprise 531 Red Cross Volunteers and 200 field staff²⁷. Details follow:

Standard branch communications guidelines

The development of standard branch communication guidelines has been postponed to 2012 because the branch development model initiative is underway, along with an integrated community-based approach to programming. Hence it would be best for these efforts to take shape first before communication guidelines are developed. In the meantime, a general guideline developed for communicators in 2008 is still in place.

Branch reporting capacity during disasters

A total of 141 township Red Cross Volunteers, were trained in communications in 2011. The volunteers were from the Ayeyarwady Delta as well as disaster-prone townships in Bago Region and Rakhine State where the disaster risk reduction programming is underway. The 141 volunteers reached, exceeded the target of 91 volunteers set for 2011 because additional requests came in from branches in Rakhine State.

Trained in report and article-writing, as well as photography and video shooting, the volunteers have since submitted 168 pieces of communication material. This positive outcome was aided by the fact that each trained township Red Cross branch was provided with a digital camera on the condition that a minimum of one piece of communication material should be submitted every month – the penalty for defaulting on this condition was the return of the camera to respective state or regional-level Red



A total of 77 emergency reports were submitted by branches across the country in 2011.

Photo: MRCS

²⁶ Other communications efforts related to the mass media and undertaken with IFRC support in 2011, could not be quantified in reference to beneficiary figures because of the nature of the activities.

²⁷ The society also undertook dissemination activities (not funded by IFRC) which reached 207 Red Cross Volunteers (ICRC-funded) and 10,000 people (MRCS-funded).

Cross supervisory committee. The communication materials submitted by the branches were used in several ways: for internal reporting purposes, for the society's regular news journal, website, and as information for the media.

In addition, 77 emergency reports from these areas as well as seven other states and regions across the country were submitted to the Disaster Management Division in 2011. This reporting progress is due to the communications training conducted in 2011 and previous years.

MRCS' public profile

Initiatives in 2011 to maintain and enhance the society's image were undertaken through the following mediums:

- *Internet:* the society's website has been updated regularly and received 19,722 visitors in 2011.
- *Broadcast media:* initiatives totalled approximately 60 broadcast spots. These include the airing of three new Red Cross songs over MRTV in commemoration of World Red Cross Day, a hand washing TV spot (MRTV, MWD TV, MRTV4), Nargis Operation video (aired over MRTV), news coverage of the MRCS partnership meeting in October and interviews as well as disaster preparedness awareness over privately-owned radio channels (Shwe FM, Patamyar FM) with nationwide or regional coverage.
- *Print media:* approximately 140 articles have been published in local journals, *Kyay Mon Newspaper*, *Myawaddy Newspaper*, *Myanma Ahlin Newspaper*, *Myanmar Times* and *New Light of Myanmar*.
- *Internal communications:* This includes the society's news journal which was produced thrice in 2011 and distributed nationwide to all Red Cross structures (330 Red Cross township branches, 66 district Red Cross, and 14 state or regional Red Cross), as well as local authorities and targeted communities.

Constraints or Challenges

2011 marked the first year the society engaged with privately-owned media companies as these were scarce in previous years. As such, efforts to maintain close ties with this expanding number of media entities bore fruit in the significant amount of publicity provided to the society. However, since the National Society's move to its new headquarters in Nay Pyi Taw, it has been a challenge to maintain strong ties with the media which is mostly based in Yangon - while the move to Nay Pyi Taw began in stages in 2010, the final and overall shift took place in 2011.

Three staff resignations in the year and an added workload owing to ad-hoc events including responses to three disasters, prevented the communication division from meeting all its targets. On a related note, there is a need to look into ways to sustain the interest and services of trained staff

General challenges

The following challenges have been experienced by most programmes and projects:

- As MRCS staff are based in Nay Pyi Taw (where the society's new headquarters is located) while the IFRC office remains in Yangon, the opportunities to review the implementation of programmes as well as engage in problem-solving have been reduced or delayed. While arrangements to enable National Society managers and officers to travel regularly to Yangon to meet with IFRC colleagues, helped improve the situation, significant challenges remain as a result of this working dynamic in which MRCS and IFRC teams remain in separate geographic locations and there is insufficient face-to-face interaction.

- New village leaders were appointed following the formation of the new Government after the November 2010 elections. These leaders needed time to familiarize themselves with Red Cross activities and to be sensitized to needs. Another consequence of the formation of the new Government was the change in the authorities, and as such, more time on the part of project staff and headquarters had to be invested in consultation and coordination processes. In this regard, MRCS is planning to strengthen its networking with authorities as well as community leaders through advocacy meetings in 2012.

Working in partnership

Red Cross Red Crescent Movement

The close partnership and coordination between MRCS and IFRC have been integral to the progress achieved in the society's outreach to vulnerable communities through its annual programming and disaster response. Indeed, the close interaction between both parties has proven to be very useful in the quick response required for disasters such as the Tarlay earthquake and Cyclone Giri. IFRC has also served to advance the National Society's plans among Red Cross Red Crescent Movement partners, as well as strengthen the society's links with the UN and non-governmental agencies. The advocacy to Movement partners is evidenced in the consistent engagement IFRC has had with current and potential donors (including government agencies), as well as the strong attendance of Movement partners seen at the society's partnership meeting in October, convened with the support of IFRC. The country office's interaction and coordination with in-country Movement partners²⁸ have also guided both parties in its provision of individual and coordinated support to MRCS.

UN, aid agencies and non-governmental organizations

The society's links with the UN, aid agencies and non-governmental organizations have been maintained and strengthened through the regular representation of the Red Cross at inter-agency meetings and working groups at senior management and programme management level. While IFRC has been the main Red Cross representative at these events, MRCS counterparts have also been in attendance whenever possible. Such coordination and cross-checking have been particularly useful during emergency operations, and have enabled the society and other humanitarian actors to avoid duplication of assistance, and focus efforts on providing timely and appropriate assistance to those most in need. Indeed, this link, with MRCS' reputation among the in-country humanitarian community as a leader in emergency response, was further strengthened when the society was given the lead role in a joint rapid assessment undertaken by humanitarian actors and authorities in the aftermath of Cyclone Giri.

Authorities at local and federal levels

Coordination and cooperation with authorities at local and federal levels, have been pivotal to the society's provision of timely and quality assistance to vulnerable communities. The nationwide network of volunteers on the ground is instrumental to local level coordination. This strength of MRCS has long been recognised and relied upon by other humanitarian actors particularly the UN which is also partnering with MRCS in certain initiatives²⁹. The society has also continued to engage with the Government in reference to the role and contributions of IFRC and Movement partners, and this has led to faster approvals of visas and travel authorizations. In 2011, the IFRC country office's advocacy efforts included engagement with the newly appointed Minister of Health. During this engagement, IFRC advocated three main priority areas: more independence for MRCS (e.g. through revisions to its legal base), increased access for the society to vulnerable communities, and the role and responsibilities of IFRC as part of its support for MRCS (e.g. fundraising, and monitoring and accountability).

²⁸ Cooperation agreements and such between IFRC and in-country Movement partners have been renewed and continue to facilitate better working arrangements and environments.

²⁹ These are bilateral initiatives between MRCS and agencies such as UNICEF and UNHCR.

Contributing to longer-term impact

Monitoring and evaluation

Planning, monitoring, evaluation and reporting (PMER) guidance from the CBHFA manual has been adopted and adapted in the programming undertaken in all eight targeted townships. These efforts have proven to be very useful in guiding the collection of data at field level and the ensuing monitoring of programme implementation.

Gender, equity and community empowerment

The society's standard operating procedures require due consideration to be given to gender balance. As such, the community-based disaster risk management programme has seen a 50:50 ratio in the participation of men and women in facilitator training at township level, and in the training of villagers at community level. In other programmes such as CBHFA and first aid, a strong level of female participation has also been ensured.

In reference to beneficiary selections during disaster response activities, beneficiary selections have been guided by the main criteria of need and vulnerabilities, as per the society's standard operating procedures. Accordingly, particularly vulnerable groups which are given priority comprise families living in sub-standard shelter, single-headed households, the elderly, and those with disabilities.

Community-level advocacy efforts and consultations, as well as beneficiary selections undertaken in various programming and during disaster responses, have involved a significant level of community participation and empowerment, in accordance with the society's standard operating procedures. One of the most successful examples of this participation and empowerment is seen the model of Village Tract Recovery Committees adopted in the Cyclone Nargis recovery operation which ended in 2011.

Lessons learnt and best practices

The most significant effort in reference to reflecting on lessons learnt and documenting them was undertaken in the closing months of the highly successful Cyclone Nargis recovery operation in 2011. This entailed reflections by individual programmes particularly field teams as well as operations management, and these have been documented for the purposes of future guidance for both MRCS and IFRC.

Quality standards

The Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) is an essential component of disaster response efforts including emergency response training, while participatory hygiene and sanitation transformation is being rigorously adopted in health as well as water and sanitation initiatives.

The *Code of Conduct for the International Red Cross Red Crescent Movement and NGOs* continues to feature as an integral part of MRCS' orientation process, training initiatives for volunteers, and advocacy efforts targeted at authorities.

Looking ahead

In view of the establishment of the country's new administration system in April 2011, consisting of 14 state or regional governments, the Myanmar Red Cross Society plans to strengthen awareness and understanding of the role of the Red Cross and its fundamental principles, among local governments. As such, the society intends to actively engage with various state or regional governments in 2012 through specific advocacy sessions with the support of IFRC. The positive developments in administration also augur well for a renewal of efforts to revise the society's legal base, and for IFRC to acquire legal status.

The integrated community-based approach towards improving the lives of vulnerable communities, as espoused by the society's *Strategic Plan 2011-2015*, and which has received strong support from partners, will also be continued and enhanced.

Due to unmet need among communities affected by Cyclone Giri (Oct 2010), the society will engage in a six-month recovery operation with IFRC's support. On a related note, the country's susceptibility to natural disasters and the large numbers of communities-at-risk, requires the continuation of disaster preparedness and risk reduction efforts.

As trends in 2011 indicate that media organizations are on the rise, the society aims to engage further with the media to explore new opportunities to carry out humanitarian advocacy and diplomacy among various target groups. Resource mobilization efforts will also continue to be prioritised.

How we work

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

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.



IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

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.

Find out more on www.ifrc.org

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Development Programme Financial Report

MAAMM002 - Myanmar

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAMM002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	2,126,311	716,946	365,422	85,123	363,548	3,657,350	
B. Opening Balance	1,041,816	418,316	114,860	12,777	102,533	1,690,302	
Income							
Cash contributions							
<i>Australian Red Cross (from Australian Government)</i>	-742					-742	
<i>China Red Cross, Hong Kong branch</i>	417,442	93,687				511,129	494,426
<i>European Commission - DG ECHO</i>	-4,243					-4,243	
<i>Finnish Red Cross</i>		16,950				16,950	
<i>Finnish Red Cross (from Finnish Government)</i>		96,052				96,052	
<i>Irish Red Cross Society</i>			1,501			1,501	
<i>Japanese Red Cross Society</i>	434,832					434,832	
<i>Norwegian Red Cross</i>	78,108					78,108	
<i>Swedish Red Cross</i>	53,686	441,513	20,463			515,662	
<i>The Canadian Red Cross Society</i>		46,654				46,654	
<i>The Netherlands Red Cross</i>			18,626			18,626	
C1. Cash contributions	979,083	694,856	40,590			1,714,529	494,426
Inkind Personnel							
<i>Danish Red Cross</i>		38,500				38,500	
C3. Inkind Personnel		38,500				38,500	
Other Income							
<i>Balance Reallocation</i>	1,644,637	725,283	760,884	322,346	1,845,468	5,298,618	
<i>Sales</i>					959	959	
<i>Services Fees</i>					8,443	8,443	
<i>Sundry Income</i>			315		71	385	
C4. Other Income	1,644,637	725,283	761,198	322,346	1,854,940	5,308,404	
C. Total Income = SUM(C1..C4)	2,640,201	1,475,122	768,824	322,346	1,854,940	7,061,433	494,426
D. Total Funding = B + C	3,682,017	1,893,438	883,684	335,123	1,957,473	8,751,735	494,426
Coverage = D / A	173%	264%	242%	394%	538%	239%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	1,041,816	418,316	114,860	12,777	102,533	1,690,302	
C. Income	2,640,201	1,475,122	768,824	322,346	1,854,940	7,061,433	494,426
E. Expenditure	-1,917,971	-644,279	-286,640	-42,885	-305,983	-3,197,757	
F. Closing Balance = (B + C + E)	1,764,047	1,249,158	597,044	292,238	1,651,490	5,553,978	494,426

Development Programme Financial Report

MAAMM002 - Myanmar

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAMM002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		2,126,311	716,946	365,422	85,123	363,548	3,657,350	
Relief items, Construction, Supplies								
Shelter - Relief	70,500	304,713					304,713	-234,213
Construction - Facilities	208,125	142,394					142,394	65,731
Construction Materials	184,074			58,880			58,880	125,195
Clothing & Textiles	222,238	266,904	-342				266,562	-44,324
Food			1,733				1,733	-1,733
Water, Sanitation & Hygiene	70,127	241,860	23,306				265,166	-195,039
Medical & First Aid	62,414	39,338	8,345				47,683	14,731
Utensils & Tools	68,000	12,014					12,014	55,986
Other Supplies & Services	280,696	-22,363	2,480				-19,883	300,579
Total Relief items, Construction, Supplies	1,166,175	984,861	35,521	58,880			1,079,262	86,913
Land, vehicles & equipment								
Land & Buildings	81,854	45,010		26,936			71,946	9,909
Vehicles	64,470	530	981				1,511	62,959
Computers & Telecom	25,460	4,959		786	1,741		7,486	17,974
Office & Household Equipment	13,050							13,050
Total Land, vehicles & equipment	184,834	50,500	981	27,722	1,741		80,943	103,891
Logistics, Transport & Storage								
Storage	117,099	83,131	2,226	155			85,512	31,587
Distribution & Monitoring	80,877	112,201	6,389	24		92	118,705	-37,829
Transport & Vehicles Costs	28,898	27,781	9,637	813		7,714	45,945	-17,047
Logistics Services		17,680				1,800	19,480	-19,480
Total Logistics, Transport & Storage	226,874	240,792	18,252	993		9,606	269,643	-42,769
Personnel								
International Staff	364,470	76,886	120,618	44,841		132,847	375,192	-10,722
National Staff	87,531	6,134	10,672	350		38,376	55,531	31,999
National Society Staff	343,391	73,048	99,586	52,499	10,543	3,871	239,546	103,845
Volunteers		45,425	34,158	2,132	156		81,872	-81,872
Total Personnel	795,392	201,493	265,034	99,822	10,699	175,093	752,142	43,250
Consultants & Professional Fees								
Consultants			3,224	1,286		2,650	7,159	-7,159
Professional Fees	13,125	167		715		31,950	32,831	-19,706
Total Consultants & Professional Fees	13,125	167	3,224	2,000		34,600	39,990	-26,865
Workshops & Training								
Workshops & Training	446,258	108,477	96,136	55,101	15,806	13,945	289,465	156,793
Total Workshops & Training	446,258	108,477	96,136	55,101	15,806	13,945	289,465	156,793
General Expenditure								
Travel	105,923	28,226	12,233	6,473	115	2,791	49,838	56,085
Information & Public Relations	185,098	68,674	29,831	13,964	4,325	2,057	118,850	66,248
Office Costs	54,100	7,620	9,228	3,677	3,693	4,111	28,330	25,770
Communications	25,635	15,218	2,421	1,932	1,723	12,004	33,299	-7,664
Financial Charges	72,731	20,590	-1,373	10,080	-705	41	28,632	44,099
Other General Expenses	523	485	36			1,232	1,753	-1,230
Total General Expenditure	444,009	140,813	52,377	36,125	9,151	22,236	260,701	183,308
Contributions & Transfers								
Cash Transfers National Societies	150,000	150,000					150,000	0
Total Contributions & Transfers	150,000	150,000					150,000	0
Operational Provisions								
Operational Provisions		-90,776	129,284	-11,817	2,867	31,827	61,385	-61,385
Total Operational Provisions		-90,776	129,284	-11,817	2,867	31,827	61,385	-61,385

Development Programme Financial Report

MAAMM002 - Myanmar

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAAMM002
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A		B						A - B	
BUDGET (C)		2,126,311	716,946	365,422	85,123	363,548	3,657,350		
Indirect Costs									
Programme & Services Support Recov	228,383	116,115	36,550	17,474	2,617	18,675	191,431	36,952	
Total Indirect Costs	228,383	116,115	36,550	17,474	2,617	18,675	191,431	36,952	
Pledge Specific Costs									
Pledge Earmarking Fee		9,883	3,155	57			13,095	-13,095	
Pledge Reporting Fees	2,300	5,647	3,767	283	3		9,700	-7,400	
Total Pledge Specific Costs	2,300	15,530	6,921	341	3		22,795	-20,495	
TOTAL EXPENDITURE (D)	3,657,350	1,917,971	644,279	286,640	42,885	305,983	3,197,757	459,593	
VARIANCE (C - D)		208,340	72,667	78,782	42,238	57,565	459,593		