

Operations update



International Federation
of Red Cross and Red Crescent Societies

Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002
GLIDE n° **TC-2008-000057-MMR**
Operations update n° 23
19 December 2008

Six-month Consolidated Report

Period covered by this update: First six months, 2 May - 2 November 2008.

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

Appeal coverage: 77%;

[<click to go directly to the updated donor response report, or to contact details>](#)



Red Cross volunteers, community members, and water and sanitation technicians in Mawlamyinegyun, place a gutter onto a health centre. The gutter is a component of the rainwater harvesting structure installed in the building. It will be used to collect rainwater which will then flow through a pipe into a tarpaulin tank located on the ground. The construction of rainwater harvesting structures in preparation for the dry season (November to May), began in October and is targeted at 20,000 households in Bogale, Labutta and Mawlamyinegyun townships. *Photo: MRCS*

Appeal history:

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

Summary:

- The emergency phase of the operation from May to November provided life-saving assistance in relief, shelter, health, psychosocial support, and water and sanitation to more than 100,000 affected households. Operations are now entering a second phase which focuses on the recovery and building the resilience of communities.
- More than 280,000 households in the Ayeyarwady and Yangon divisions have received non-food items directly supported by the Red Cross Red Crescent Movement.
- MRCS engineers and volunteers operated 11 water treatment units, to produce 107,000 litres of drinking water for more than 35,000 beneficiaries daily during the relief operations. Six units remain in production and continue to produce 80,000 litres for more than 26,000 beneficiaries. Pond rehabilitations and installation of rainwater harvesting structures continue to provide alternative sources of safe water.
- More than 3,000 tonnes of relief goods have been received in Yangon. Local procurement capacity has significantly improved, resulting in more locally procured items and transportation, lower costs and quicker distributions.
- At the height of the operations, some 10,000 MRCS volunteers were involved in the emergency response. More than 300 MRCS volunteers, trained in community-based first aid, actively supported the operations from the very first stages of the emergency, providing emergency first aid, psychosocial support and health education.
- Recovery planning among the wider international community continues with the clusters compiling a plan of action for medium-term rehabilitation and recovery.
- A second partnership meeting aimed at garnering strategic support (financial or technical) for the recovery phase of operations is scheduled for February 2009 in Yangon.
- Evaluation and monitoring exercises were conducted in November and more are planned for December.

Contributions to the Appeal to date

Partners which have made contributions to the appeal to date include: American Red Cross/American government, Andorra Red Cross Australian Red Cross/Australian government, Austrian Red Cross, Belarusian Red Cross, Belgian Red Cross/Belgian government, British Red Cross/British government, Canadian Red Cross/Canadian government, Hong Kong and Macau branches of the Red Cross Society of China, Cook Islands Red Cross, Cyprus Red Cross/Cyprus government, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, French Red Cross, German Red Cross, Hellenic Red Cross, Icelandic Red Cross, Indian Red Cross, Irish Red Cross, Japanese Red Cross, Republic of Korea National Red Cross, Kuwait Red Crescent/Kuwait government, Lithuanian Red Cross, Luxembourg Red Cross/Luxembourg government, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross, Norwegian Red Cross/Norwegian government, Philippine National Red Cross, Portuguese Red Cross, Qatar Red Crescent, Singapore Red Cross, Slovak Red Cross/Slovak government, Spanish Red Cross/Spanish government, Sri Lanka Red Cross, Swedish Red Cross/Swedish government, Swiss Red Cross/Swiss government, Taiwan Red Cross Organization, Turkish Red Crescent, United Arab Emirates Red Crescent and Viet Nam Red Cross. Contributions have also been received from the European Commission Humanitarian Aid Directorate General (ECHO), the Italian, Estonian and Slovenian governments, Total Oil Company, Stavros Niarchos Foundation, Tides Foundation and a number of other private and corporate donors.

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

The situation

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

Coordination and partnerships

Movement relations

The operation has witnessed a strong, positive and forward-looking partnership among Movement partners, in support of the Myanmar Red Cross Society (MRCS). From the start of the operation, the International Federation took a clear in-country coordinating role in respect of Movement resources and personnel mobilized. More than 35 partner national societies have contributed to the emergency appeals (6 and 16 May) and revised emergency appeal (8 July) so far, providing cash and in-kind contributions. The International Committee of the Red Cross (ICRC) has also worked in close cooperation with the MRCS and the International Federation from the start of the operation and made significant contributions within the framework of the revised emergency appeal. This was the first-ever instance that the ICRC agreed to be included in the Federation's emergency appeal (*see section on ICRC intervention for details*).

Within the country, good coordination and cooperation has been fostered between the MRCS/International Federation and other Movement partners, comprising the ICRC, French Red Cross and Danish Red Cross. This movement platform continues to meet every two to three weeks in Yangon.

Partner national societies in the region and elsewhere have also been actively engaged in supporting the MRCS response to Nargis through two major forums. The first was the gathering of national societies from the Association of Southeast Asian Nations (ASEAN) held in Kuala Lumpur in late May, and the second was the MRCS partnership meeting held in Kuala Lumpur in July. Another partnership meeting aimed at garnering strategic support (financial or technical) for the recovery phase of operations is scheduled for late January 2009 in Yangon. A framework on this further engagement has been sent out with invitations for this meeting, and positive responses have already been received.

External cooperation

The MRCS has been an important partner to UN organizations such as the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF). In particular, MRCS human resources and volunteers coordinated with the UN system to assist with the provision and distribution of immediate humanitarian assistance. This support was both acknowledged and applauded by the UN humanitarian coordinator in Myanmar and by the UN under-secretary-general for humanitarian affairs and emergency relief coordinator, during both his visits in May and July for specific meetings with the International Federation and the MRCS.

Good weekly coordination is also evident in the Inter-Agency Standing Committee (IASC) cluster approach (www.humanitarianreform.org), in particular, the emergency shelter cluster led by the International Federation, facilitated by the UNHCR¹ and supported by the humanitarian agency, CARE. Other clusters include water and sanitation, health, livelihoods, agriculture and early recovery.

Initiated in June, these meetings continue to present an important forum for the exchange of information and ideas between MRCS/International Federation representatives and representatives from other organizations. These include the sharing of the MRCS/International Federation's village tract assessment and recovery planning process. The International Federation's head of office and operations manager continue to attend the Inter-Agency Standing Committee (IASC) and cluster leads meetings, respectively. Cluster mechanisms have also expanded to the field where weekly meetings are attended by MRCS hub office representatives.

In June, humanitarian actors worked together on the PONJA² report. PONJA covered more than 291 villages in 30 townships. It was coordinated by the government of Myanmar, ASEAN and the UN. Other actors who were active in this assessment included the World Bank, Asian Development Bank, international non-governmental organizations and the private sector.

¹ The Office of the UN High Commissioner for Refugees.

² The Post-Nargis joint assessment for relief, recovery and reconstruction (PONJA) report prepared by the tripartite core group (see footnote 3), with the support of the humanitarian and development community.

A light prioritization exercise was undertaken in September and October with field-based organizations, to collate top priorities for different townships over the following three months, used to inform UN fundraising. The agencies identified food aid, agriculture, health, and water and sanitation, as the main priorities.

Recovery planning in the wider sector continues with the clusters compiling a plan of action requested by the tripartite core group³ for medium-term rehabilitation and recovery. This will be finalized by mid-December. It will involve a rapid exercise amongst cluster members to put together plans for the following sectors: livelihoods, water and sanitation, health, shelter, and disaster risk reduction.

The tripartite core group has also launched a periodic review. This is a follow-up exercise to the PONJA, with a review of the progress of 200 village tracts in the recovery phase. The MRCS has seconded 15 enumerators of the 80 required for the activities. The preliminary results of the survey will be published in early December.

International Federation and MRCS cooperation

From the start of the operation, the International Federation has worked on fostering a good working relationship with the MRCS through continuous dialogue between the senior management of both organizations, as well as close interaction between the Federation's programme coordinators and their national society counterparts. This collaboration is based on long-term relationships with the Federation presence and longstanding cooperation culture of the Federation and MRCS. These good relations have been facilitated through weekly sectoral and operations meetings, as well as frequent field trips made jointly by coordinators and delegates with their MRCS counterparts.

The operation has been visited by the International Federation's senior management on three occasions. The International Federation's director of programmes and coordination met with senior MRCS management and the international community in Yangon, in May and July, to assist in expediting the humanitarian response to Nargis. More recently, in late October, the head of the Asia Pacific zone office met with the MRCS president, executive committee members and senior staff; the International Federation's office, as well as authorities in the administrative capital, Nay Pyi Taw.

Red Cross and Red Crescent action

The operation

Relief to Recovery

The emergency phase of the operation, running from early May to November, saw the provision of life-saving assistance to affected communities. This support comprised assistance in relief, shelter, health, psychosocial support, and water and sanitation. The overall target of providing relief assistance to 100,000 households, as per the revised emergency appeal of 8 July, has been exceeded (*see Relief Distributions section for details*).

Operations have now entered a second phase, focusing on the recovery and resilience of communities. This entails interventions in shelter, livelihoods, community-based health and disease prevention, psychosocial support, water and sanitation, and disaster preparedness, which will be conducted until the end of the 36-month operation in May 2011. At the same time, smaller-scale relief distributions will continue for households who have not yet received relief from any aid organization because of accessibility problems (*see section on relief distributions*).



Red Cross volunteers take part in a role-play session in Dedaye township as part of village tract assessment training. About 200 volunteers were trained to help conduct the 3-month assessment launched on 1 Sept covering 153 village tracts. (Photo: MRCS)

³ The tripartite core group comprises representatives of the government of the Union of Myanmar, ASEAN and the UN.

Over the past several months, the International Federation sector leads have been working closely with their MRCS counterparts. Their efforts include the revision of sectoral plans of action in preparation for the recovery phase. The plans were completed in October.

Recovery planning has required a considerable level of development to ensure that interventions are appropriate to the context, realistic and achievable. In addition, the element of integrated assessment, planning and response is seen as key to the success of the recovery operation. In line with this approach, disaster preparedness and disaster risk reduction (DRR) are integrated into each recovery plan and will link to the long-term programme of disaster management proposed under the annual appeal for the whole country. The plans will be complemented by a budget update that is being finalized.

The recovery programme is hinged on multi-sectoral village tract recovery assessments, followed by village tract recovery planning which is meant to adopt a "community approach". This means that, as far as possible, plans are based on needs identified by communities themselves. Initiated in August, this planning has seen the following progress:

- The selection of 153 village tracts have by hub managers and seconds-in-command (the leaders of Red Cross volunteers and the seconds-in-command of pre-existing MRCS structures in townships), with the assistance of township medical officers who are also the chairpersons of the structures. Input from township authorities and UN/international non-governmental organizations (NGO) clusters at township level, was also taken into account. Selections were based on seven criteria including damage suffered as a result of Nargis, accessibility and vulnerability issues, and assistance received by affected communities from other aid agencies. The final list of village tracts was approved in September (tracts for Wakema and Myaungmya townships were approved in October) by the MRCS executive committee, in consultation with the national society and the International Federation's respective operation managers. This list will be reviewed and updated in December.
- Village tract assessments were initiated on 1 September. Up to early November, 120 out 153 village tract assessments were carried out. A total of 97 assessment reports have reached Yangon, out of which 73 have been translated into English. The remaining assessments and accompanying translation of reports are scheduled to be completed in December.
- A total of 40 teams were appointed to carry out the assessments. Consisting of five Red Cross volunteers each, the teams attended two-day training sessions conducted by regional disaster response team members, field officers and delegates from the headquarters. The assessments require the teams to fill a multi-sectoral assessment questionnaire based on group discussions and interviews with key informants such as village leaders, nurses/midwives, teachers and monks over a four-day period during which interviewers reside in the village tract under assessment. The questionnaire was prepared by International Federation sector leads at the headquarters, in consultation with their MRCS counterparts, in August.
- Up to early November, 47 village tract recovery committees were established out of the 139 targeted to be appointed by the end of the year (committees will not be established in Wakema and Myaungmya as full programming will not take place in these townships). Their role is to assist in the development of inter-sectoral village tract recovery plans with the support of hub offices. The plans are to be based on the village tract assessments. Fifty field assistants are being recruited to support the committees in nominating beneficiaries, and coordinating and monitoring recovery activities. They will be initiated with three-month start-up plans, in line with the rolling approach adopted to ensure that communities can convey their mid and longer-term needs before proceeding with further planning.

Possible overlaps with other aid agencies operating in village tracts selected by the MRCS/International Federation are being addressed. The principle agreed upon is that if another aid organization is already in place with substantial multi-sectoral recovery plans, the MRCS/International Federation will postpone activities until the end of the year to ascertain if implementation actually takes place. If this is the case, the MRCS will then choose another tract on the priority list.

Other issues related to initial recovery plans that are still under development include beneficiary accountability. To date, three main accountability standards have been identified:

- The impartiality of Red Cross support.
- Community participation.

- Ensuring communication between the Red Cross and beneficiaries (such as the transparency of MRCS/International Federation decisions and activities, and beneficiary feedback mechanisms).

Challenges

While the village tract assessments and the appointment of committees are progressing according to plan, the committee members need more induction programmes. In addition, terms of reference need to be delivered to clarify the role of the committees in relation to MRCS staff and volunteers, and to ensure transparency and accountability in the selection process of beneficiaries.

Hub managers have not yet been able to prepare village tract recovery plans apart from specific cash-for-work projects. However, this is being followed up and the field delegates working with hub managers will be central links in supporting the production of integrated short-term recovery plans.

Access to the field

The MRCS is expanding its field presence, already in place before Nargis but now augmented by the appointment of the hub operational teams that work in partnership with the pre-existing branch structures. The International Federation continues to enjoy access to these hub offices, with technical and field delegates providing mentoring and support as needed. Travel procedures have changed several times during this six-month period. For a while, it was possible to receive travel authorizations within a few days. Recently, the situation reverted to further advanced notice being required when submitting applications.

Hub Offices

The nine hub offices were established in June to provide support to pre-existing MRCS branch structures in townships and to aid in the effective delivery of relief and recovery programmes. These offices have seen increased staffing over the past few months, and as such, have stronger teams. Up to early November, 146 technical staff members were in place, with an additional 92 recruitments in progress. The hub staff includes managers; finance, relief, health, and reporting officers; water and sanitation technicians and engineers; and field assistants.

Additional finance, human resources, logistics and management infrastructure and procedures, have also been put in place to support this expansion. Working conditions continue to be improved with distributions of additional information technology equipment. More equipment for the offices is also planned.

Communication and coordination between the headquarters and the field has been strengthened with the implementation of monthly hub managers meetings in Yangon, initiated in August, as well as monthly technical and support service staff coordination meetings.

Four field delegates and one health field delegate were recruited in the months of September and October. They spend the majority of their time travelling between the nine hubs, supporting the programming at community level, and occasionally, returning to Yangon for coordination meetings.

The scale-up of hub activity and significant delivery in the recovery operation is anticipated from January 2009 onwards.

Relief distributions (food and basic non-food items)

Objective 1 (immediate needs)

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

Objective 2 (medium and long-term needs)

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

Progress

Relief distributions began at the start of the operation and were near completion as at early November. The last major despatch of relief goods to the field took place on 17 October. To date, more than 280,000 households have been reached with non-food relief items through direct support⁴ from the Red Cross Red Crescent Movement. About 230,000 households are located in the Ayeyarwady division and 50,000 households in the Yangon division.

The distributions were targeted at the most vulnerable communities in all 13 townships in the Ayeyarwady and Yangon divisions, as designated in the appeal.

A second and smaller-scale phase of relief distributions continues to affected people who have not yet received relief assistance from any aid organization because of accessibility issues. The distributions are to be based on assessments by MRCS staff and volunteers.

While record-keeping on distributions was limited in the early stages of the operation, a database was established in subsequent weeks to provide a more comprehensive picture of beneficiary numbers and the types of relief which reached beneficiaries. The recruitment of relief officers for hub offices has led to improved coordination, management and reporting of relief distributions, and in turn, better coordination between the headquarters and the field.

As information flow from field bases has been limited because of accessibility, communication and staffing issues, a relief workshop for field teams was held in Yangon in September, to collect such information. This was followed by a consolidation exercise conducted from late September to mid-October by the relief team to verify statistics. The present relief figure of 280,000 households reached, is based on information collated during this consolidation exercise. The consolidation continues with field visits to check data and household-level monitoring which is scheduled to begin in December (*see monitoring section for more information*). The consolidation exercise includes the following:

- A cross-check of field distribution data against headquarters database statistics.
- The collection of beneficiary signature sheet samples.
- On-the-job training for field relief teams on the importance of providing detailed distribution reports at the end of each distribution exercise (for both solicited and unsolicited items).

The dedication, selflessness and true humanitarian spirit of MRCS volunteers represent one of the contributing factors towards the success of the relief distributions and overall operations.

The honesty of beneficiaries has also helped prevent duplication of relief distributions. During distribution interviews, beneficiaries have openly informed MRCS/International Federation relief teams about the relief items already received from other aid organizations. This honesty in the face of immense scarcity is a reflection of the culture of sharing practised by local communities.

Challenges

While the total count of households reached exceeds the 100,000 household target set out in the appeal, the following factors are indicative of the difficulty faced in achieving a realistic and accurate quantification:

- Some households did not receive complete relief packages due to the unavailability of some relief items at distribution points.
- Some family kits were split to ensure parity among community members, particularly because of their culture of sharing.
- Multiple counting of households took place in some areas when some households received the same relief item from different donors.

Since the reopening of schools, many volunteers, who represent the backbone of relief distributions, have gone back to school and do not have the time to engage in volunteer work. This has slowed down distributions.

The scale of disaster has shown that there is a lack of Red Cross staff and volunteers adequately trained in relief operations, particularly beneficiary targeting and selection. There are plans to conduct appropriate training next year as part of the wider disaster management work proposed.

⁴ MRCS volunteers have also provided various types of support to organizations outside the Red Cross Red Crescent Movement such as the UN and non-governmental organizations, and this is not reflected in the figures above.

Emergency shelter	
Objective 1 (immediate needs: 0 – 6 months) Meet the immediate emergency shelter needs of selected cyclone-affected households through the distribution of emergency shelter tools and materials.	
Expected results	Activities planned
Up to 100,000 households have received tarpaulins and 275,000 households have access to emergency shelter tool kits.	<ul style="list-style-type: none"> • Procure shelter tool kits, tarpaulins and rope. • Distribute two tarpaulins for each household and one tool kit for five households. • Monitor distributions (from Yangon to townships) and adjust allocations as required. • Develop and carry out emergency shelter kit review.
Objective 2 (medium- to long-term needs: 6 – 24 months) Provide support to some of the most vulnerable families who have not been able to “self-recover” their shelter after Cyclone Nargis.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Selected households (some of the most-vulnerable families and especially those still living with host families or community places) have received cash grants and training to establish a minimum standard of shelter. • A reserve stock of 5,000 tarpaulins and emergency shelter tool kits have been distributed as required to extremely vulnerable households. 	<ul style="list-style-type: none"> • Develop guidelines for household shelter programme. • Train shelter officers, field assistants and volunteers. • Select beneficiaries. • Organize workshops for beneficiaries and community builders. • Transfer cash. • Monitor construction. • Evaluate household shelter project. • Purchase and deliver tarpaulins and tool kits.
Objective 3 (medium- to long-term needs: 6 – 24 months) Provide protection against cyclones and floods.	
Expected results	Activities planned
Safe havens (evacuation places in case of cyclones/ storms/floods) are available for community members.	<ul style="list-style-type: none"> • Conduct feasibility study. • Develop cyclone protection plan. • Reinforce existing “safe havens” or build them. • Make clear arrangements regarding maintenance and ownership. • Hand over buildings. • Evaluate cyclone protection project.

Progress

Up to early November, emergency shelter was provided to more than 95,000 households. The shelter items include tarpaulins, ropes, hand saws, roofing nails, shovels, hoes, machetes, tin snips, nails, tie wires, claw hammers and woven sacks. Not all households received full shelter packages, as explained in the relief section.

Plans are now underway to strengthen community buildings and to assist 10,000 households who do not yet have housing. For the latter objective, the programme is targeted to begin in December and end in May. It consists of a USD 200 (CHF 232) grant per family, coupled with basic training in *build back safer* techniques and awareness-raising on disaster risk reduction, for each family or community member who will build the shelter.

Village tract recovery committees will be tasked to nominate beneficiaries for this programme. The selection criteria will be provided and developed in cooperation with the committees. Beneficiary lists will also be published and verified.

The implementation of the programme will be based on information derived from the ongoing multi-sectoral village tract assessments. Such information will cover community vulnerability and needs, as well as the identification of specific groups of individual or household beneficiaries.

A strategy for cyclone protection will also be developed and based on a feasibility study. The opinions and experiences of communities will be included, as well as government policies and the strategies of other agencies.

A pilot survey on emergency shelter tool kits concluded in late October and the survey results have been presented to the MRCS Executive Committee. Some elements of the survey are being amended in response to suggestions from the committee. The actual survey is ongoing and the results are expected in early December.

Challenges

The first shelter delegate ended his mission in September and was replaced by a temporary shelter delegate for one month. Since then, two shelter delegates have been appointed and will begin their missions in January. Recruitments for shelter hub officers are ongoing. The implementation of the shelter programme is dependent on the recruitment of these staff.

Livelihoods	
Objective 1	
<ul style="list-style-type: none"> • Ensure food and economic security for the most vulnerable households during the early recovery phase. • Restore basic community assets and infrastructure to facilitate the above. 	
Expected results	Activities planned
<ul style="list-style-type: none"> • Selected households have been provided with wage employment. • Basic community infrastructure has been restored. 	<ul style="list-style-type: none"> • Interaction with other agencies implementing cash-for-work programmes for learning. • Orientation for hub teams on programme approach. • Develop guidelines and action plan. • Presentation of action plan to executive committee of MRCS. • Translate guidelines and action plan to Myanmar language. • Disseminate guidelines to hub teams. • Develop database. • Conduct orientation and training for the programme at hub level. • Finalize proposals in hubs and approve. • Transfer of funds to hubs for approved projects. • Mid-term review of programme after completion of Phase I. • Regularly monitor and make payments to beneficiaries. • Final compilation of programme completion report.
Objective 2	
Provide cyclone-affected households support to regain their previous income-generating activities.	

Expected results	Activities planned
<ul style="list-style-type: none"> • Selected households have been enabled to recover lost (household or joint) productive assets, providing them the possibility to earn a basic sustainable income. 	<ul style="list-style-type: none"> • Discussion and decision-making by executive committee of MRCS on cash grants approach. • Preparation of guidelines on asset recovery programme for hub teams and translation to Myanmar language. • Orientation for hub managers and livelihoods officer on asset recovery programme. • Develop beneficiary database. • Hub level orientation and training inputs to volunteers on processes of asset recovery programme. • Process of beneficiary selection for livelihoods support including baseline-data. • Provision of cash grants support and monitoring of activity. • Additional procurement support to beneficiaries. • Internal mid-term review of asset recovery programmes. • Compilation of project completion report for asset recovery programme including beneficiary survey. • Impact assessment for asset recovery programme.
<p>Objective 3</p> <ul style="list-style-type: none"> • Provide new main-income providers such as widows, with support to engage in new income-generating activities. • Provide people who cannot restart their previous income generating activities (resettlers, traumatized people etc.) with support to engage in new income-generating activities. 	
Expected results	Activities planned
<ul style="list-style-type: none"> • Selected households have (household or joint) productive assets to start new income generating activities providing them the possibility to earn a basic sustainable income. • The selected beneficiaries have the skills and capacities to carry out the new income generating activities. 	<ul style="list-style-type: none"> • Preparation of guidelines on diversification programme for hub teams and their translation to Myanmar language. • Orientation to hub managers and livelihoods officer on diversification programme. • Development of beneficiary database (extra modules). • Hub level orientation and training inputs to volunteers on processes of diversification programme. • Process of beneficiary selection for livelihoods support including baseline-data. • Beneficiary sensitization and training on new income-generating activities. • Procurement and provision of assets and start-up capital. • Prioritization of capacity building needs for people supported for new livelihoods. • Identify resource agencies to be involved in training programmes. • Conduct training programmes in different sectors at hub level. • Compilation of overall report on training and capacity building including beneficiary survey.

	<ul style="list-style-type: none"> • Impact assessment for diversification programme.
<p>Objective 4</p> <ul style="list-style-type: none"> • Restore community facilities and natural environments which have been destroyed or damaged by Cyclone Nargis, to create a supportive context for economic activities. • Reduce vulnerabilities of communities to impacts of natural disasters. 	
Expected results	Activities planned
<ul style="list-style-type: none"> • Community facilities and infrastructure (service centres, marketplaces, transport systems, jetties, etc.) have been restored and/or strengthened. • Natural and environmental resources affected by Cyclone Nargis have been restored and communities are aware of the importance of natural resource protection among others in respect of disaster risk reduction. 	<ul style="list-style-type: none"> • Develop project implementation guidelines. • MRCS staff and volunteer training on community projects. • Implement projects at hub levels. • Project completion report on community projects.

Progress

The design of the livelihoods programme was initiated by an economic security delegate from the ICRC on a short-term mission spanning July and August. The programme has been further developed and comprises the following interventions:

- Generating wage employment opportunities among vulnerable groups through cash-for-work projects.
- Promotion of livelihoods and the recovery of assets.
- Diversification of livelihoods among vulnerable households.
- Strengthening community infrastructure through community projects.

Cash-for-work project proposals for some 5,000 targeted households are being developed by newly-formed village tract recovery committees, based on the needs of respective communities. The projects are scheduled for implementation from November 2008 to March 2009. To date, 24 proposals targeting about 1,600 people are at approval stage, out of a total of 44 projects planned for implementation by the end of the year.

An additional 30,000 households will be targeted for asset recovery and new income-generating activities. Work has begun on project planning for cash for asset replacement.

The livelihoods, and water and sanitation units, are considering possible linkages for dry season drinking water security interventions. These include providing support to water vendors who may be unable to operate during the dry season (November 2008 to May 2009) and predicted water shortages early next year. Recruitments for 22 livelihoods officers and a second livelihoods delegate are ongoing.

Challenges

The formation of successful cash-for-work project proposals at village tract level is dependent on good



Community members from a village tract in Bogale meet with the MRCS/International Federation livelihoods team in October to discuss potential cash-for-work projects suited to their needs. About 5,000 households are targeted to benefit from these projects to be implemented from November 2008 to March 2009. (Photo: International Federation)

community-level facilitation skills on the part of MRCS volunteers. Joint MRCS/International Federation teams including field delegates, livelihoods teams and field officers are providing support to ensure the suitability of proposals.

Other issues requiring consideration include the following:

- The targeting of vulnerable households in a situation where many live below the poverty line and where all are vulnerable to natural disasters will be a challenging task, particularly within a culture of equity.
- Coordination with other aid organizations is required to prevent duplication. Adjustments within the programme may be required if other organizations are already providing livelihoods support to beneficiaries in the village tracts selected by the Red Cross.
- Ensuring the timely implementation of livelihoods programmes and the parallel process of capacity building of MRCS staff and volunteers in livelihoods programming, will be a challenging management task.
- Considering the urgent needs of beneficiaries in the livelihoods sector, balancing timely programme delivery with quality and accountability is essential.

I. Community-based health and first aid	
Objective 1 (immediate needs: June – December 2008)	
<ul style="list-style-type: none"> • Reduce the number of deaths, illnesses and impact of disease and public health emergencies, in the 13 most affected townships in the Yangon and Ayeyarwady divisions, through good collaboration with the ministry of health. • Strengthen capacity building of the MRCS headquarters and branches at all levels to manage an integrated community-based health and first aid programme. 	
Expected results	Activities planned
<p>1.1 Affected populations receive emergency health care, first aid and psychosocial support from trained community-based first aid volunteers.</p>	<ul style="list-style-type: none"> • 304 MRCS volunteers from affected and non-affected townships who had been trained in first aid (prior to Nargis) will be given booster training in emergency health care and hygiene promotion (supporting the water and sanitation sector), to provide immediate hygiene education in the 13 townships during the emergency phase. This will include giving first aid to injured and sick persons, health advice and information, psychosocial support, hygiene and sanitation education, the distribution of hygiene kits and mosquito nets, and referrals. • 2,000 first aid kits to be procured and distributed to trained volunteers. These kits are to include supplies and materials to support their ongoing first aid care activities at the first aid posts, temporary shelters and in villages. • Support to existing first aid posts and the setting-up of additional 50 community first aid posts (Red Cross volunteer posts) in identified areas, operated by community-based first aid trained volunteers, in coordination with the local township medical officers in nine townships. • 200 boxes of inter-agency emergency health kits to be procured; 100 boxes distributed to priority rural and sub-health centers, and mobile health teams in 13 priority townships, in coordination with the township medical officers. • First aid training in the community will be conducted in nine townships.

<p>1.2 Increased awareness on safe drinking water, proper hygiene and sanitation practices, disease prevention and early consultation for women and children in the affected households.</p>	<ul style="list-style-type: none"> • Information, education and communication materials (such as the community-based first aid manual, and materials on dengue and malaria prevention, and hygiene and sanitation), will be updated, printed and distributed to the affected communities, in support of community health education activities conducted by volunteers. • A three-month hygiene promotion campaign will be conducted in the dry season (beginning December). • Assessment on the knowledge, attitude and practice of hygiene and sanitation, and disease prevention, will be conducted by the end of December.
<p>1.3 Prevention, care and support for tuberculosis (TB), malaria, dengue, sexually transmitted diseases and HIV are provided to the affected families. This includes safe blood supply for priority patients.</p>	<ul style="list-style-type: none"> • The MRCS will support the immunization campaign organized by the ministry of health. • Mobilization of volunteers for follow-up for TB patient compliance at community level. • The MRCS will work with the ministry of health to establish if there is any additional support required for health issues which could be provided by Movement partners.
<p>1.4 Increased capacity of MRCS headquarters and branch staff and volunteers to respond to immediate and urgent health care needs of the affected population.</p>	<ul style="list-style-type: none"> • 41 health officers will be hired and posted to nine field hubs in the delta region, to support MRCS branches in the implementation of the health and care programming of the operation in 13 townships. • 150 volunteers to be trained as community-based first aid (CBFA) facilitators in nine townships. These volunteers will organize and mobilize communities for community-based health and first aid activities such as activities related to hygiene and sanitation, dengue prevention and control. • 1,080 CBFA community volunteers will be trained in nine townships. Each trained CBFA volunteer will disseminate information to at least 10-30 households on an individual basis, reaching out to a minimum of 10,800 households in nine townships in 2008. • The MRCS will finalize the draft of its latest updated version of the first aid manual. • Organization of review, evaluation and planning meetings with the MRCS volunteers, branch health officers and headquarters.
<p>Objective 2 (medium- and long-term needs: January 2009 – January 2011)</p> <ul style="list-style-type: none"> • Ensure access to basic health care, emphasizing preventive measures, first aid, psychosocial support and a referral system, in coordination with the ministry of health. • Continue to strengthen capacity building of the MRCS headquarters and branches to manage an integrated community-based health and first aid programme. 	

Expected results	Activities planned
<p>2.1 Target groups have access to basic first aid and have increased awareness of the prevention of (and recognise danger signs) communicable diseases/illnesses and psychosocial problems, as well as health care, proper hygiene and sanitation practices.</p>	<ul style="list-style-type: none"> • An additional 150 volunteers in 13 townships will be trained as CBFA facilitators and equipped with first aid kits and supplies for replenishment. • An additional 1,000 community volunteers will be trained in CBFA in 13 townships, by trained facilitators. • 100 community volunteers will be trained in Participatory Hygiene and Sanitation Transformation (PHAST), to support community-based hygiene and sanitation activities. • 150 previously trained facilitators will attend refresher training in disease prevention, preparedness for emergency health care, first aid response and psychosocial support. • Trained volunteers conduct regular community-based health activities and provide first aid and psychosocial support in the villages. These activities include providing care and support to sick members of households, health instructions, referrals and identifying community health initiatives for health and hygiene promotion and sanitation activities.
<p>2.2 Prevention, care and support for TB, malaria, dengue, sexually transmitted diseases and HIV, are provided to the affected families, and safe blood is supplied to priority patients in collaboration with the local health units.</p>	<ul style="list-style-type: none"> • Print information, education and communication materials (such as on dengue prevention, hygiene and sanitation, malaria, hand washing, diarrhoea) and distribute to affected communities, in support of community health education activities conducted by volunteers. <i>(To be conducted on an ongoing basis)</i> • Mobilization of volunteers for voluntary blood donor recruitment drives, HIV prevention, care, treatment and support, activities targeted at dealing with stigma and discrimination, and follow-ups for TB patient compliance at community level. • Incorporation of first aid activities, health hygiene promotion and psychosocial support, into regular MRCS branch health activities, in coordination with the local health care system. • Two basic inter-agency emergency health kits (sufficient for 6,000 persons for three months) will be procured for pre-positioning at MRCS warehouses. • 25,000 hygiene kits and 25,000 long-lasting mosquito nets will be procured and distributed to priority identified families in affected areas according to the relief plan.
<p>2.3 The MRCS's capacity is strengthened in HQ and branches at all levels to better manage emergency health care and integrated community-based health and first aid programmes.</p>	<ul style="list-style-type: none"> • Hub health officers will continue to manage the health and care programme in 13 townships. • 41 branch health officers will attend refresher training and continue to support local branches and volunteers in the implementation of health, first aid and psychosocial support activities. • Organize review, evaluation and planning meetings with the Red Cross volunteers, branch health officers, and the MRCS headquarters, and schedule an external evaluation of health and care before the completion of the operation.

Emergency health care, first aid and psychosocial support

In the first few days of the disaster, emergency first aid and psychosocial support was provided to affected communities by MRCS volunteers previously trained in CBFA.

In the days and weeks that followed until June, the volunteers continued to provide assistance during relief distributions conducted in all targeted 13 townships covered by the appeal. This assistance included first aid, and health education sessions during which volunteers conducted demonstrations for communities on hand washing and the use and care of relief items such as chlorine tablets, jerry cans (for water collection) – all of which were activities aimed at disease prevention. The assistance also extended to people affected by the cyclone housed in camps for internally-displaced persons (IDPs) in Labutta, Mawlamyinegyun and Bogale. A total of 304 CBFA volunteers were involved in relief operations from May to June. During this period, they received booster training in emergency health care and hygiene promotion.

In the first stages of the emergency, 700 kits were distributed to CBFA volunteers and relief volunteers involved in the relief operation, to enable them to treat minor injuries. The remainder of 1,300 kits was distributed during CBFA multiplier training sessions initiated in October and scheduled for completion in early December.

Beginning July, mobile health services were provided to affected communities by volunteers and newly-appointed health officers, with the assistance of regional disaster response team personnel stationed in the field. The service included the treatment of minor injuries, fevers and diarrhoea, and referrals to health facilities.

No first aid posts have been set up as the material for first aid tents were found unsuitable for the warm climate. Furthermore, there are no more casualties to attend to as the emergency phase has passed. Other uses for the tents as well as the need for first aid community posts and the physical structure of these posts will be discussed at the next health officers meeting scheduled for December.

Of the 200 boxes of inter-agency emergency health kits allocated under the Appeal, 100 were distributed to priority rural and sub-health centres, and mobile health teams in 13 priority townships, in the months of September and October. This was done in coordination with township medical officers.



Eager children in a school in Dedaye extend their hands for inspection to the MRCS/International Federation health team during a hygiene promotion exercise in early November. Hygiene promotion has been part of CBFA activities targeted at all 13 affected townships since the launch of the appeal, and is conducted by CBFA-trained volunteers. (Photo: International Federation)

Increased health and hygiene awareness

A health baseline survey (also known as the knowledge, attitude and practice survey) is scheduled to begin in early December, covering 50,000 households in all 13 townships, for two weeks. The survey is aimed at collecting data on community-based health, hygiene promotion and first aid, and this data will guide recovery activities for the rest of the operation. Households will be interviewed on their health knowledge, attitudes and practices. The survey will also include the observation of hygiene practices such as latrine usage, the cleanliness of water points, and household waste management. As these practices were part of CBFA activities conducted so far, the survey will also be used to assess the success of these activities.

From June to October, the first batch of information, education and communication materials was distributed to CBFA volunteers in affected townships, for use in health education sessions conducted in conjunction with relief distributions. The materials consisted of 10,000 pamphlets on hygiene promotion and disease prevention (malaria and dengue) from UNICEF and the ministry of health.

In early November, a second batch of improved materials was approved by the ministry – allowing the MRCS and International Federation to place their logos on the materials. The approval includes reprints for the entire operation and allows the MRCS/International Federation to distribute materials for non-Nargis programmes covering other parts of the country.

The improved materials consist of 10,000 pamphlets and 5,000 posters on hygiene promotion, especially school hygiene promotion activities, as well as malaria and dengue prevention.

The materials are meant for an estimated 20,000 households and 30 schools in 13 townships. Distributions are scheduled to be conducted from early December to March, and will be carried out by 1,200 CBFA community volunteers. An additional 2,500 community volunteers will be trained in 2009 with the aim of reaching a further 50,000 households and 500 schools.

A total of 40 multiplier training sessions have been planned in order to produce the CBFA volunteers needed for the distributions – 25 sessions have been conducted so far, and the remainder will be completed by early December. Multiplier training comprises the training of community volunteers who will then conduct peer education among their respective communities.

The multiplier training sessions are being conducted by 150 trainers comprising hub health officers and CBFA volunteers, some of whom have more than 20 years of experience. These 150 trainers attended 12-day training-of-trainers (ToT) sessions conducted in the months of September and October, in Yangon and the delta. The sessions were conducted by three master trainers comprising one International Federation health delegate and two MRCS training officers.

In preparation of the dry season (November 2008 to May 2009), CBFA community volunteers will conduct a three-month hygiene promotion campaign, in conjunction with the distribution of information, education and communication materials. Scheduled to begin in December, the campaign is targeted at the same 20,000 households, as well as community places and schools, and will be conducted in coordination with the water and sanitation programme's dry season activities, such as the establishment of water distribution points.

Increased capacity

All designated 41 health officers were recruited and posted to nine hub offices in the field between July and October. The officers were hired to support pre-existing MRCS structures in townships, as a significant scale-up of resources was required of the MRCS in order to implement all programming for the 36-month Nargis operation including health and care programming in 13 townships. Two health officers resigned in October and replacements are being recruited.

The health officers conduct mobile health services which include health education sessions and administering minor treatments. They have also been working with the ministry of health on disease surveillance.

CBFA In Action, a master manual from Geneva was received in October. Extracts from this manual have been incorporated into the updated version of the MRCS first aid manual, which has been distributed to health officers and existing branches throughout the country. The master manual is now being translated into Myanmar language and is targeted for distribution to the same recipients in December.

Prevention, care and support for tuberculosis, malaria, dengue, and water-borne diseases

Immunization campaigns, aimed at addressing an outbreak of measles among others, were launched by the ministry of health in September, in all 13 affected townships. Mid-wives from rural health centres are leading this initiative and are supported by MRCS hub health officers and Red Cross volunteers who distribute information, education and communication materials, and conduct health education sessions.

As Cyclone Nargis destroyed health facilities and medicine stocks, the treatment of TB patients was interrupted. As a remedial measure undertaken in the early stages of the operation, untreated cases among affected communities and IDP camps were identified by CBFA volunteers during relief distributions, and referred to hospitals in Yangon and Patheingyi township. The identification and referral of patients was conducted in coordination with the health ministry.

More recent efforts to address this disease include the distribution of 600 TB care kits including multivitamins, cereal and kitchen sets, to hub offices in October. Distributions of the kits are ongoing. To date, 200 suspected cases have been identified. The first 100 cases were identified during the May to October period, while another 100 have been identified through ongoing village tract assessments. There are plans to start TB patient compliance activities in two focus areas: Kungyangon and Labutta. The training of 40 volunteers who will conduct the activities is ongoing.

Progress

The two health delegates and the health coordinator have received permission from the authorities to travel to the 13 Nargis-affected townships from October to December. This will facilitate better monitoring of MRCS activities at village level, in particular the following:

- The coordination between health officers and volunteers.
- The mobile health service manned by the health officers, as well as the storage of medicine at hub offices and other health facilities.
- CBFA multiplier training.
- Coordination activities such as coordination through health cluster meetings and working with other programme sectors such as water and sanitation.

Other improvements achieved over the past six months include:

- Health officers are able to competently conduct CBFA training in townships and they have been trained in producing budgets.
- Communications between hub offices and headquarters have improved significantly – this is mainly due to the daily telephone communication made by the headquarters to the field.
- Capacity building initiatives such as training have resulted in a larger pool of trained volunteers available at each township branch.
- Community-initiated activities have begun in all 13 townships.

Challenges

- The monitoring of health activities such as CBFA training needs strengthening through improved reporting. This is being addressed.
- There is a need to clarify the responsibilities of health officers because some are fully qualified doctors who would like to undertake more curative care work. This will be discussed at the next health officers meeting in December. The principle focus of the work will, however, remain on disease prevention and health promotion.
- Some delays have taken place in the transfer of funds to the offices, resulting in delays to programme activities. This is currently being addressed.

II. Psychosocial support	
IMMEDIATE NEEDS (June – December 2008)	
<p>Objective 1 To strengthen the capacity of the MRCS and local community resources to address psychosocial support challenges related to the population affected by Cyclone Nargis.</p>	
Expected results	Activities planned
<p>1.1 The MRCS has developed psychological support programme strategies and plans of action, and has demonstrated abilities in formalizing, consolidating, and implementing psychosocial support (PSP) activities.</p>	<ul style="list-style-type: none"> • Conduct a three-day PSP booster training session for 25 volunteers. • Deploy 25 PSP trainers to nine affected townships. • Hire a PSP coordinator at headquarters level. • Conduct a one day briefing for the first group of PSP volunteers deployed to the affected townships. • Conduct an advocacy skills workshop, gathering PSP volunteers, health officers, and seconds-in-command (the leader of Red Cross volunteers at township level) from the nine targeted affected townships. • Conduct three ToT workshops for five Red Cross staff and volunteers, as well as five community representatives from each targeted affected township (90 participants in total).

	<ul style="list-style-type: none"> Conduct a three-day training session for 30 Red Cross staff and volunteers, as well as community representatives per township (total of nine sessions and 270 trainees).
1.2 The MRCS possesses assessment, monitoring and evaluation tools in order to follow up, monitor and evaluate its PSP programme.	<ul style="list-style-type: none"> Conduct a one-day training session on questionnaire administration and data collection. Develop monitoring forms for PSP activities. Conduct two evaluation field visits covering two affected townships. Conduct a three-day overall evaluation workshop in Yangon for representatives from the nine affected townships.
1.3 The MRCS cooperates with the ministry of health, the UN, and international and local NGOs, in providing psychosocial support to affected communities.	<ul style="list-style-type: none"> MRCS proactively attends to psychosocial and mental health working group meetings organized every other week.
1.4 MRCS staff and volunteers have information, education and communication materials to support themselves and their services to the affected population.	<ul style="list-style-type: none"> Produce and print two stress and coping-related brochures, targeting Red Cross volunteers and affected communities (10,000 copies per brochure). Produce and print two stress and coping <i>posters</i>, targeting Red Cross volunteers and affected communities (10,000 copies per poster).
1.5 MRCS staff and volunteers involved in the Nargis operation receive adequate psychosocial support.	<ul style="list-style-type: none"> Conduct nine debriefing sessions for 40 Red Cross staff members and volunteers in each of the nine affected townships, using independent professional psychologists.
<p>Objective 2 To address the psychosocial and mental health challenges of the affected population by providing psychosocial support activities and related relief items.</p>	
Expected results	Activities planned
Psychosocial activities are conducted with the affected communities by the MRCS volunteers and staff, as well as trained community representatives.	Purchase and distribute 100 PSP community kits and 523 PSP family kits for each of the nine affected townships (totalling 900 and 4,707 kits respectively).
MEDIUM- TO LONG-TERM NEEDS (January – December 2009)	
<p>Objective 1 To strengthen the capacity of the MRCS and local community resources to address psychosocial support challenges related to the population affected by Cyclone Nargis.</p>	
Expected results	Activities planned
1.1 The MRCS has developed psychological support programme strategies and plans of action, and has demonstrated abilities in formalizing, consolidating, and implementing PSP activities	<ul style="list-style-type: none"> Conduct a two-day advocacy skills workshop for PSP volunteers and PSP health officers from the 13 affected townships. Conduct three three-day booster training sessions for PSP ToT trainers trained in 2008, in the nine affected townships (a total of 90 participants).

	<ul style="list-style-type: none"> • Conduct nine three-day booster training sessions for trained volunteers in the nine affected townships (30 participants per township, totalling 270 trainees). • Conduct one five-day PSP ToT training for a total of 40 trainers in four additional townships. • Conduct one three-day booster training session for PSP ToT trainers in the four additional townships (totalling 40 participants). • Conduct four 3-day PSP training sessions for 30 Red Cross and community representatives in the four additional townships (totalling 120 participants). • Train and equip five volunteers per township through two-day training sessions on theatre and drama activities (totalling two sessions and 65 participants).
<p>1.2 The MRCS possesses assessment, monitoring and evaluation tools in order to follow up, monitor and evaluate its PSP programme.</p>	<ul style="list-style-type: none"> • Conduct a two-day training session on impact assessment methodologies for volunteers in 13 townships (totalling 26 volunteers). • Develop a questionnaire or semi-direct focus group discussion guidelines. • Organize a one-day meeting with 26 volunteers to familiarize them with the PSP questionnaire/focus group discussion guidelines before deployment to the field. • Deploy 26 Red Cross volunteers and staff to the field for data collection and questionnaire administration for seven days (to the 13 affected townships). • Conduct data analysis through social science professionals and produce related reports. • Update and revise monitoring forms. • Conduct seven evaluation field visits covering 13 townships. • Conduct one overall evaluation workshop in Yangon for three days, gathering representatives from the 13 affected townships (three representatives from each township comprising the health officer, the theatre and drama volunteer, and the PSP volunteer).
<p>1.3 The MRCS cooperates with the ministry of health, the UN, international and local NGOs, in providing psychosocial support to affected communities.</p>	<ul style="list-style-type: none"> • Organize two coordination meetings with international and national partners to join efforts in PSP support. • The MRCS proactively attends psychosocial and mental health working group meetings organized every two weeks. • The MRCS attends the regional psychosocial support network meeting and shares its Nargis operational experience. • The MRCS attends an international psychosocial support conference to exchange knowledge and

	experience.
1.4 MRCS staff and volunteers have information education and communication materials to support themselves and their services to the affected population.	<ul style="list-style-type: none"> • Reprint two stress and coping-related brochures targeting Red Cross volunteers and affected communities (10,000 copies per brochure). • Reprint two stress and coping posters targeting Red Cross volunteers and affected communities (10,000 copies per poster). • Produce a 20-minute video documentary about MRCS PSP activities in the Nargis context (10,000 copies). • Translate the PSP manual (new edition) into the Myanmar language. • Design and print the translated version of the new edition of the PSP manual (60 copies).
1.5 MRCS staff and volunteers involved in the Nargis operation receive adequate psychosocial support.	Conduct a one-day debriefing session for 40 Red Cross staff and volunteers in each of the 13 affected townships, using independent professional psychologists (totalling 520 participants).
<p>Objective 2 To address the psychosocial and mental health challenges of the affected population by providing psychosocial support activities and related relief items.</p>	
Expected results	Activities planned
Psychosocial activities are conducted with the affected community by the MRCS volunteers and staff, as well as trained community representatives.	<ul style="list-style-type: none"> • Purchase and distribute 100 PSP community kits and 535 PSP family kits in each of the 13 affected townships (1,300 and 6,955 kits respectively). • Conduct two one-day drama and theatre activities every month, in each of the 13 affected townships. • Conduct five school-based activities every month, in all 13 townships. • Conduct one community-based PSP activity with targeted affected community members every month, in each of the 13 affected townships (activities include flower arrangements, cooking competitions, and making of handicraft).

Capacity building

In the relief phase of the operation, 25 PSP trainers (comprising volunteers who were trained prior to Nargis), attended a three-day booster training, and were then deployed to nine most-affected townships. They conducted preliminary assessments there and provided support to affected communities over a two week period from 13 to 27 July. The nine townships were Labutta, Bogale, Pyapon, Dedaye, Kyaiklat, Myaungmya, Mawlamyinegyun, Ngapudaw and Kungyangon.

At the end of July, these volunteers returned to Yangon for a briefing. The information they provided was the foundation on which the revised plan of action for PSP is based – this plan covers the recovery phase for PSP initiatives that began in August.

The 25 pioneer PSP trainers then conducted ToT sessions for a total of 90 volunteers and community representatives from the nine townships – these sessions concluded at the end of October. The 90 volunteers and community representatives in turn are conducting three-day multiplier training sessions for a total of 270 community representatives and volunteers in their respective townships. These sessions, which will conclude in December, will help participants in the following areas: coping with stress, using stress management tools, caring for children, conducting psychosocial support activities for children, and screening acute cases and referral strategies. The aim of this training is to strengthen the capacity of community representatives to help communities cope with the aftermath of the disaster and to also be better prepared for future disasters. Community representatives include teachers, monks and nuns who have come forward to request for such training.

The International Federation is supporting the MRCS to set up a PSP library containing references and training material from Nargis, as well as international materials. The library will be accessible to MRCS staff and volunteers in the headquarters and field – an index list will be shared with all staff and volunteers.

Coordination and partnerships

A partnership has been entered into with the University of Yangon for the debriefing of 360 MRCS volunteers involved in the relief and recovery operation. The debriefing is aimed at assisting volunteers with difficult experiences encountered while providing relief assistance, as well as to compile challenges faced and successes achieved. The expected result of this debriefing is recommendations or lessons learnt which will be useful for further recovery initiatives. The activity will be conducted in December for one week by three university psychologists in three townships each. Two debriefing sessions will be conducted in each township.

A partnership was also entered with the Burnet Institute in September. As a result of this partnership, the institute's PSP information, education and communication materials have been included in community kits. They have also been distributed during ToT and multiplier training sessions.

Development of information, education and communication materials

The content development of culturally adapted MRCS information, education and communication materials began in July and comprises the following:

- A brochure on caring for children after a disaster. This is targeted at communities and families. The brochure content has been approved, and the material is now at design stage.
- A poster on caring for one's self after a disaster. This is targeted at Red Cross volunteers and communities. The content has been approved, and the material is now at design stage.
- A brochure on sleeping disorders and sleep management. Its content is being finalized.
- A poster on peer support for volunteers. Its content is being finalized.
- Material content and design are being pre-tested at several stages by different users/audiences comprising MRCS staff, volunteers, and local communities.

Assessment Monitoring and Evaluation

PSP monitoring and evaluation indicators have been identified to serve as a basis for the initial monitoring framework - this was done with the support of the American Red Cross monitoring and evaluation delegate. Field health officers are presently equipped with monitoring forms to be shared with the headquarters on a monthly basis.

PSP activities are being evaluated at different levels and by various actors such as health officers, seconds-in-command, MRCS headquarters staff and International Federation delegates. For this purpose, field visits, evaluation meetings, and document review initiatives are being conducted.

PSP volunteers have also gone through several training sessions with the aim of strengthening their assessment skills. These sessions have given them guidance on how to go about conducting needs assessment studies, identify stakeholders and map community resources.

Supporting communities

The contents of community kits have been approved and are now being purchased for distribution to nine townships, on the basis of one kit per village in each of the selected village tracts. This ratio may increase in some locations depending on the size of villages concerned. The contents of the kit include a radio cassette, volley balls and net; chess, checker and carom boards, and books.

Meanwhile, the contents of about 600 recreational kits are being identified. About 580 villages are targeted for this activity, but they differ in size and disaster impact.

A total of 29,000 soft toys have also been received from Save the Children and distributions have just begun. The distributions are targeted at 560 child-based institutions such as schools (420), monasteries (100), and orphanages (40). Of the total number, 20,000 toys are being distributed to Nargis-affected areas, and the remaining 9,000 to non-Nargis areas to offer some equity to other areas of the country.

Mainstreaming

PSP is being mainstreamed with various sectors of the operation - water and sanitation activities (such as the promotion of the safety and protection of women and children in reference to water distribution points), livelihoods activities (the provision of a safe place for children to play while their mothers are engaged in cash-for-work projects, and disaster management activities (the inclusion of a PSP session within disaster management ToT and multiplier workshops).

Challenges

School-based and community-based activities were planned for 2008, but have been postponed to 2009 because of the lack of human resources as the Red Cross volunteers and community representatives are currently being trained.

Family kits have been replaced with recreational kits because the quantities of the former were not sufficient to cover all affected households in the nine townships, thereby causing beneficiary selection and equity issues.



Children in a monastery-based school in Pyapon township are among the first to receive stuffed toys provided to the MRCS by Save the Children. Distributions of the 29,000 toy crocodiles and hippopotamuses have just begun, and will be distributed to 560 schools, monasteries and orphanages. (Photo: International Federation)

The recreational kits (containing items such as art material, colouring books and toys which are being identified) will be distributed to child-based institutions in the townships – these comprise schools, orphanages, monasteries, and church-based and mosque-based institutions.

In the ongoing multi-sectoral village tract assessments, volunteers are facing difficulties in administrating the PSP-related questions aimed at assessing beneficiary views on anxiety and depression. It was ambitious to train volunteers for a limited period in complex and sensitive areas of questioning. The PSP team is now following up with the PSP leads in the health field teams for a better picture of the challenges in the communities.

The new addition of the PSP coordinator at MRCS level has made a considerable positive impact on the implementation of activities, enabling better MRCS/International Federation coordination in this sector.

The scarcity of counsellors and psychologists in the field presents a challenge for the referrals of acute cases of people suffering clinical depression and associated psychosocial disorders.

Water, sanitation and hygiene promotion	
Objective 1 (immediate phase: May – December 2008)	
To ensure that the <i>immediate</i> risks of waterborne and water-related diseases have been reduced through the <i>most essential</i> provision of safe water, adequate sanitation and hygiene promotion and education to 100,000 households.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Access to safe water and adequate sanitation 	<ul style="list-style-type: none"> • Provision of potable water to 12,000 households in

<p>facilities has improved for 100,000 households.</p> <ul style="list-style-type: none"> • The understanding of household water treatment methods among the affected population has increased and has improved the health status of the population. • Proper hygiene practices among the targeted population. • Increased capacity of MRCS headquarters and branch staff and volunteers, to respond to immediate and urgent water and sanitation needs of the affected population. 	<p>the affected area, through water treatment (water and sanitation ERU⁵).</p> <ul style="list-style-type: none"> • Provision of water purification tablets for household water treatment, for 88,000 households. • Assess the existing situation of village rainwater harvesting structures including ponds, and assist the village community in the cleaning and rehabilitation of the structures. • Long-term training and dissemination of different household water treatment methods. • Development of a water quality monitoring system at township and village tract levels, in coordination with the health sector. • Provision of jerry cans to 100,000 households. • Training of local engineers/staff/volunteers in the installation of water purification units. • Provision of appropriate sanitation facilities (latrines). The project will construct 2,000 household latrines as part of training and demonstrations relating to appropriate sanitation facilities. This will include the distribution of 10,000 numbers of latrine pans and pipes. Trained community volunteers will monitor and support communities in building latrines. • Promotion of the proper use of water purification tablets, disinfection chemicals, boiling of water, and household filtration capability. • Conduct emergency PHAST sessions on the safe use of water and sanitation facilities. These sessions will be conducted by the health programme and supported by the water and sanitation programme.
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Objective 2 (medium- and long-term phase: January 2009 – January 2011)

To ensure that the *long-term* risk of water-borne and water-related diseases has been reduced through *sustainable* access to safe water and adequate sanitation, as well as the provision of hygiene education to 75,000 households.⁶

Expected results	Activities planned
<ul style="list-style-type: none"> • Access to sustainable safe water and adequate sanitation facilities among the affected population is improved. • The health status of the population is improved through behavioural change and hygiene promotion activities. • The design and implementation of an emergency preparedness programme related to water and sanitation is defined. • The MRCS prepositions water purification units and emergency kits which include water treatment units, water testing kits and emergency sanitation kits, as a disaster preparedness measure. • Increased capacity of the MRCS to carry out 	<ul style="list-style-type: none"> • Distribute water purification tablets to 50,000 households. • Support 138 village tracts in the recovery and rehabilitation of rain water harvesting structures. • Rehabilitation and drilling of up to 80 new tube wells. • Continue implementing a water quality monitoring system at township and village tract levels, in coordination with the health sector. • Provide appropriate sanitation facilities (latrines) for 100 institutions (schools and health centres). This will include the purchase of materials and equipment locally for the construction of latrines. • Provision of appropriate sanitation facilities

⁵ Emergency response units: French Red Cross, and joint deployment by the German Red Cross and Austrian Red Cross.

⁶ The initial phase of relief focused on reaching 100,000 beneficiaries, irrespective of their level of 'affectedness'. The second phase of relief will focus on the most vulnerable portion of this group of people, and this amounts to 75,000 beneficiaries.

<p>effective monitoring and evaluation of programme results.</p>	<p>(latrines) for communities. The project will construct 8,000 household latrines as part of training and demonstrations on appropriate sanitation facilities. This will include the distribution of 30,000 numbers of latrine pans and pipes. Trained community volunteers will monitor and support communities in building latrines.</p> <ul style="list-style-type: none"> • Train 80 MRCS staff members and volunteers in water and sanitation. • Conduct a ToT session on PHAST in coordination with the health sector. • Design and implement the section on hygiene promotion for health training, targeted at the affected population and focusing on behavioural change. • Conduct training in the installation of emergency water and sanitation facilities for local engineers/staff/volunteers, as part of an emergency preparedness programme (refresher training to follow at a later stage). • Handover duties to local water authorities.
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Progress

Six water treatment units from the water and sanitation emergency response units provided during the emergency response are still in operation, producing 80,000 litres of drinking water for 5,345 households (26,725 beneficiaries). They comprise four units in Bogale (German Red Cross/Austrian Red Cross water and sanitation ERU)⁷, one in Labutta (French Red Cross water and sanitation ERU) and one in Mawlamyinegyun (Australian Red Cross water treatment unit). MRCS engineers and volunteers operate all six units.

At the height of the relief operation from May to August, 11 water treatment units from the water and sanitation ERUs were operated in the four townships of Labutta, Bogale, Mawlamyinegyun and Dedaye, and were operated by a total of 15 water and sanitation technicians and 30 Red Cross volunteers. They were producing a total of 107,000 litres of safe drinking water for 7,133 households (35,666 beneficiaries) every day⁸. In August and September, five units located in Labutta (one unit), Bogale (two units), and Dedaye (two ICRC units), were shut down because communities in the affected areas had begun to rely on other sources of drinking water such as ponds and wells rehabilitated through pond-cleaning exercises. Rainwater harvesting structures were also made available – these include rooftop structures installed in schools by water and sanitation teams, as well as tarpaulin tanks (training in the building of these tanks was conducted for villagers by the teams).

Pond assessments and cleaning continue. From July to early November, more than 65 ponds and 16 wells were cleaned out of 122 assessed in the five townships of Bogale, Labutta, Mawlamyinegyun, Pyapon and Ngapudaw.

Pond rehabilitation activities (such as the fencing of cleaned ponds and providing communities with access routes to the ponds) were initiated in October, in five townships: Labutta, Bogale, Pyapon, Ngapudaw and Mawlamyinegyun. To date, five ponds have been rehabilitated.

Dry season water security measures initiated in early October include the following:

- The identification of village tracts that will face water shortage problems during the dry season from November 2008 to May 2009 (rains begin in the month of June). The MRCS/International Federation is working with the WASH cluster to identify the village tracts and water vendors in the three focus townships comprising Labutta, Bogale and Mawlamyinegyun.
- The development of dry season plans by hub offices is aligned with the overall dry season plan. To date, the Mawlamyinegyun hub office has submitted its dry season plan. The overall plan comprises supporting 20,000 households directly in three townships - Bogale, Labutta and Mawlamyinegyun. As it is difficult to identify village tracts that are likely to face water shortages in the dry season, the MRCS/International Federation has decided

⁷ German Red Cross and Austrian Red Cross joint deployment

⁸ This tabulation is based on the water, sanitation and hygiene promotion (WASH) cluster's guidelines which provide for three litres of drinking water per person, on a daily basis. For personal hygiene needs, communities use river and pond water, as well as rainwater.

to focus support on these three areas as they were supported with water treatment units in the emergency phase. Dry season support to these areas includes:

- Strengthening traditional community-level coping mechanisms by identifying perennial water sources, and protecting and rehabilitating them for use in the dry season.
- Activities for building and creating additional water storage at community and household level, along with the implementation of household water treatment measures.
- Looking into the possibility of working with other WASH cluster partners to extend the water and sanitation programme's reach. As part of this, the French Red Cross bilateral programme wishes to take water from the MRCS water treatment unit in Mawlamyinegyun for distribution to 3,528 households.
- Water quality monitoring for ponds and tube wells cleaned in the emergency phase. This is mainly to ascertain if water quality is changing due to an increase in salinity and to identify water sources that can be used during the dry season. River water monitoring has also been initiated to understand the effects of sea water intrusion into the river during the dry season.
- The provision of safe drinking water is now part of dry season activities as rainfall is becoming scarce. Water from the Mawlamyinegyun water treatment unit is being distributed to 21 villages by boat. Plans are underway to expand the water distribution to 13 more villages in the south of Mawlamyinegyun.

Water testing units have been established and are operational in five hub offices: Bogale, Labutta, Mawlamyinegyun, Pyapon and Ngapudaw. They are being operated by trained engineers and technicians. To date, a total of 24 engineers and technicians have been recruited and trained, 12 of whom are in the field while the remaining will be deployed soon. The recruitment and training took place from June to September.

Information, education and communication leaflets on the usage of water purification tablets to treat water are being distributed in five townships: Bogale, Labutta, Mawlamyinegyun, Pyapon and Ngapudaw. This ongoing activity is targeted at 50,000 households and is being carried out through demonstration exercises by 400 volunteers. The training of these volunteers began in July.

Recruitment is ongoing for an MRCS water and sanitation coordinator, as well as six technicians.



A rehabilitated pond in Mawlamyinegyun has been fenced to protect the water from being contaminated by animals. An access route to a nearby jetty has also been provided as part of rehabilitation activities. Preceded by pond cleaning in the relief stage of operations, pond rehabilitation was initiated in five townships in October, as part of water security measures, in preparation for the dry season from November to May. (Photo: MRCS)

Disaster Preparedness and Risk Reduction

Objective (medium- and long-term)

The vulnerability of targeted communities is reduced through mitigation measures and an enhanced capacity to prepare for and respond to future disasters.

In the first few months of the operation, there was limited progress achieved in reference to standalone disaster risk reduction objectives. However, all programme sectors are integrating resilience analysis into programme design. While this is most explicit in the shelter or water and sanitation programmes, for example, it is also considered in the design of PSP activities (by building the capacity of community volunteers who already provide informal PSP support to community members) and in the health sector, (by seeking to build strong community knowledge and healthier behaviour to limit disease).

The International Federation's disaster management delegate, who began mission in late October, will play a key role in supporting MRCS strategies nationwide and over the long term. He has already begun to use lessons from Nargis in programme planning.

An initial internal workshop on disaster management priorities has been convened. It is anticipated that the planning for the third national-level meeting between MRCS and ministry stakeholders will take place in the near future, to continue to build MRCS contingency planning capability as the national society exercises its auxiliary role in humanitarian response.

ICRC Interventions

In the first few weeks after Nargis, the ICRC assisted the MRCS in establishing a restoring family links programme dedicated to reuniting families separated by the disaster. MRCS staff and volunteers in the Labutta, Bogale, Mawlamyinegyun and Pyapon townships were trained in collecting appropriate information from people seeking news of loved ones or who themselves wished to inform their families that they were safe and well. The teams are based at the MRCS operational hubs, and work in coordination with the hub staff.

Up to early November, 4,618 *Safe and Well* messages were collected in the delta and 43 telephone calls were made. As a result of direct assistance provided by the MRCS/ICRC, a total of 352 family links have been restored. Other families were also reunited through the individual efforts of communities or people who based their efforts on initial information posted on community boards by programme officers.

Other ICRC interventions include:

- Training an estimated 387 MRCS volunteers (in 15 sessions) on the management of dead bodies. This was conducted in the early days of the disaster, when the ICRC adapted its existing guidelines on the management of dead bodies in the Myanmar context.
- Providing safe drinking water for an estimated 13,500 households in Dedaye township through the operation of two water treatment units. Other water and sanitation initiatives include:
 - cleaning 24 ponds in Dedaye from June to August/September.
 - fencing 13 ponds in Dedaye.
 - drilling 31 shallow wells or boreholes in Amar.
 - constructing water tanks in schools, monasteries and health centres in Amar and Dedaye.
 - providing ongoing support for the construction of household latrines in villages in Amar and Dedaye, through the supply of construction materials.
- Developing information, communication and education materials for PHAST training and activities, and conducting 70 PHAST training sessions for communities in Amar and Dedaye. The sessions were conducted by 31 trained MRCS volunteers.
- Supporting the translation of the revised MRCS first aid manual.
- Providing medical supplies and surgical hospital kits that have been distributed to 16 hospitals and 208 rural and sub-rural health centres in six townships. In addition, orthopaedic surgical instruments were distributed to the Yangon Orthopaedic Hospital and the Defence Services Orthopaedic Hospital.
- Providing technical support in the early stages of the Nargis operation's livelihoods programme and in geographical information system (GIS) mapping.

Monitoring

The following evaluation and monitoring exercises are being planned:

- In conjunction with the village tract assessments which are nearing completion and the revised sectoral plans of action, a monitoring and evaluation framework is under development, with a half-day workshop scheduled for December. The workshop will be led by the Danish Red Cross which offered ongoing support in this area within the partnership framework recently sent to partner national societies.
- An evaluation of the emergency phase of the operation is also scheduled to take place by the year's end. The evaluation team will comprise an independent consultant as lead, and participants from the MRCS and the Australian Red Cross. This evaluation starts in early December and will report by 15 January 2009.
- A post-distribution household monitoring survey began in the final week of November, targeting 1,300 to 1,500 households in total, in 13 townships (about 100 to 120 households per township). It is being conducted over five to six days by survey teams comprising five volunteers, one hub relief officer and one independent officer from the headquarters. While villages in townships are selected by hub managers or seconds (head volunteer who is also second in command of the pre-existing MRCS structure in a township), individual households are randomly selected by volunteers and the independent officer. The survey is part of the consolidation exercise that began in September to verify relief distribution figures.
- A survey of the effectiveness of the emergency shelter kit has been commissioned by the International Federation's Geneva-based shelter unit. An independent local consultancy is implementing this survey.

Earlier efforts geared towards comprehensive monitoring include the following:

- A post-distribution relief monitoring form was developed and core documentation for hub offices identified to help them report on sectoral progress and overall operational matters, such as logistics, administration and finance. This was done with the assistance of the American Red Cross monitoring and evaluation delegate during a one-month mission from July to August. The delegate also assisted in drafting a matrix aimed at quantifying sectoral activities in the field. The matrix and a narrative reporting template were rolled out to the field in October.
- Four International Federation delegates were trained in the use of basic GIS software, in the months of July and August, with the assistance of the ICRC. Further training of International Federation and MRCS staff is planned for December and the ICRC (Geneva) will procure the software for this purpose. It is hoped that GIS mapping will enhance the monitoring of field activities, as well as provide better information for coordination and activity tracking purposes.
- An internal review by MRCS/International Federation senior management for the Nargis operation was also carried out in October and highlighted some areas for follow-up on communications, information exchange and human resources.



MRCS water and sanitation engineers test the salinity level of pond water in a school compound in Pyapon township. The quality of water in ponds and tube wells cleaned during the emergency phase, is being monitored as part of a water security plan to identify clean water sources that can be used in the dry season from November to May. (Photo: MRCS)

Logistics

All mobilization table items coordinated through the regional logistics unit in Kuala Lumpur were delivered to the field by mid-October. Up to early November, more than 3,000 tonnes of goods was received in Yangon. Efforts at the start of the operation were focused on receiving relief goods by air freight and subsequently by sea, and arranging warehousing and transportation to logistics hubs and onwards to final distribution points.

Procurement

Local procurement capacity was unclear at the beginning of the operation due to the lack of designated staff and time. However, the situation improved by the end of July with the arrival of a procurement delegate and the hiring of a new logistics officer to handle procurement-related issues. This improvement has also led to the local procurement of many items such as first aid kits, T-shirts, caps, leaflets, water and sanitation materials such as tanks and pipes; information technology equipment, hub office furniture; trolley jeeps, motorbikes and bicycles for hub offices; boats, and the transportation for the field transfer of relief goods from Yangon.

Capacity building

By the end of July 2008, the International Federation's full logistics team comprising five delegates on six-month missions was in place. This facilitated the proper management of logistics activities and the provision of necessary support to MRCS staff.

The training of 15 national society staff members and 40 volunteers for warehouses set up in the 13 affected townships has been a primary strategy, conducted in the months of July to October. This took place through on-the-job training conducted by delegates who made a total of 11 trips to the field, to assess the logistics management systems and establish warehousing practices. Formal training sessions were also organized and these included two days of basic logistics training in the townships of Patheingyi and Pyapon in September and October; training in standard Federation warehousing software (*Logic*) in September for logistics officers; and general logistics training including warehousing, transportation and procurement for logistics officers from the headquarters and hub offices, at the end of October.

These initiatives have led to the implementation of the International Federation's standard warehousing management system including the use of stock cards and bin cards, which has enabled the tracking of items up to distribution points. Improvements include better field reports which have enabled the MRCS/International Federation relief team to collate more accurate distribution figures. In addition, an MRCS logistics officer has been

attached to the International Federation's logistics department to familiarise with the warehousing software and other practices such as filing systems.

Transportation capacity and communication

As the import of vehicles has been a challenge, an interim decision was made in September to purchase light trucks locally while continuing with the application to import vehicles. Additionally, in order to enhance better communication with hubs, CDMA phones (restricted access portable phones) were purchased upon approval from the authorities. These phones dramatically improved the communication and the security of staff and volunteers in the field. To date, a total of 35 phones have been procured and distributed to the field. Applications to the authorities for internet facilities for hub offices are also in progress.

At the beginning of the operation, the transportation of goods from the airport to central warehouses, followed by transportation to district warehouses and finally, distribution points, was a challenge because of the difficulty faced in hiring trucks with appropriate capacity. In early August however, two local agencies specializing in cargo forwarding and customs clearance were identified and subsequently, service agreements were entered into with these agencies. These agreements led to savings in transportation charges and labour, as well as faster delivery to beneficiaries. Increased costs were incurred previously when trucks had to be hired case by case.

A total of 40 boats were procured in September. So far, 20 have been distributed to townships in the Ayeyarwady delta, as a measure to improve relief distributions between district warehouses and distribution points, as well as to improve overall hub transportation capacity.

Finance

Monthly budget monitoring meetings were initiated in September and involve the sector leads, the finance delegate and the operations manager.

Budget revisions to complement the revised sectoral plans of action are underway and are targeted for finalization by December. [<Click here for the interim financial report>](#)

The regional finance delegate visited in August and October to provide MRCS with support to improve internal systems, to meet the financial challenges of the operation. Further work is needed in this critical area.

In the first few months of the operation, priority was given towards speeding up the approval of working advances for hub offices and a one-stage approval process per month was adopted in August.

The foreign exchange currency devaluation that began in early July, significantly impacted the value of International Federation funds until September. The devaluation slowed considerably in October but increased again in November, albeit on a smaller scale compared to the earlier months.

Reporting

Six reporting officers were recruited for hub offices from June to early November, while a reporting officer for the MRCS headquarters (allocated for in the appeal) was recruited in October. Recruitments are ongoing for three remaining hub reporting officers.

The new hub reporting templates comprising a narrative (based on the standard International Federation operations update format) and a matrix (to capture quantitative data per programme sector) were rolled out to the field in the second week of October. The first meeting for all hub reporting officers was held in Yangon in early November to orientate the officers on the use and purpose of the reporting templates.

The International Federation's zone planning monitoring evaluation and reporting unit has been providing support to the MRCS Communications unit in a number of areas, particularly the recruitment of reporting officers. The regional communications delegate in Bangkok also provides support to the MRCS communications unit whenever possible.

MRCS capacity

Through its role as auxiliary to the Myanmar government, the MRCS is widely recognized as a leading humanitarian organization in the country. This reputation was affirmed in the national society's contributions towards the national response to the disaster. The society's reach and capacity enabled it to support UN agencies and international NGOs in implementing programme activities they may otherwise not have been able to undertake. This support was made possible by the society's extensive network of trained and committed

volunteers – the society’s capacity to reach the affected delta region (about 10,000 volunteers working at the height of the relief operation) is recognized to be unrivalled by any other aid organization. The volunteers have continued to play a pivotal role in the remainder months of the relief phase and the impending transition into recovery (*see challenges section for ongoing efforts regarding volunteers*).

Scale-up

In June, operational hubs were established in nine locations and response activities implemented in four other locations, all totalling 13 townships. This represented part of the national society’s initial scale-up in order to respond to Nargis effectively.

The hubs provide support to pre-existing MRCS structures at township level comprising volunteers. This has been a necessary and pragmatic decision but one that also brings with it a number of organizational development questions that need to be incorporated into exit planning for the operation.

The pace of scale-up in recent months has been slower than hoped for and continues to be a challenge. However, where hub staff are deployed, and working well alongside branch volunteers, and where they have the infrastructure and support to deliver the programme, progress is encouraging. Activity planning and expenditure estimates are based on realistic expectations that an exponential growth of activities will take place when the scale-up is consolidated by December. Significant delivery in the recovery operation is anticipated from January onwards.

Challenges

The MRCS had to deal with a disaster that was so enormous in scale that any national society would have had many difficulties in response. The many challenges the society faced in responding to Nargis include the following:

- A relatively low level of disaster preparedness in the expectancy that Myanmar was safe from major disasters.
- The capacity of the existing national society logistics structure was insufficient to handle a disaster of such scale.
- Communication between the headquarters and the field was difficult due to the damage caused to the national telecommunication infrastructure by the cyclone.

The national society’s response to Nargis has also led to several positive impacts. They include the following:

- A significant physical improvement in warehousing capacity and management of relief goods (*see logistics section for more information*). There has also been a broadening of logistics functions from mere store management to comprehensive warehouse management. More importantly, this expansion of functions is evident in the growth of the logistics team – from one member to 11 today – which functions under the guidance of a very supportive International Federation logistics team.
- Disaster management is now a strategic priority of the MRCS. This priority is evident in the appointment of a new head of division recruited in July to replace the outgoing head who retired in June.
- The establishment of the hub offices has given the MRCS a wide pool of talent, such as health officers, finance officers, and water and sanitation technicians and engineers.
- With the support of the International Federation, the MRCS is streamlining support for volunteers. This support includes the following:
 - Volunteer allowance guidelines have been developed through discussions with internal stakeholders.
 - The International Federation is supporting the MRCS to verify information received about volunteers participating in various recovery programmes. This will help provide volunteers with insurance coverage and other support.
 - A volunteer database will be developed with the assistance of a consultant who will be appointed soon. An estimated 2,400 volunteers will be needed to deliver the recovery programme and the database will be key in clarifying the number of volunteers and their area of work, and in ensuring that payments and support are appropriately managed.

Considerable attention has also been given to mitigating the negative impact of a large-scale Movement response on the organizational development of the MRCS. This is not an easy undertaking and organizational development support through the regional delegation and the zone office is being used to complement the expertise that exists within the delegation to analyse and respond to these issues.

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

There has also been some planning for the pre-positioning of stocks for future emergencies. New mechanisms of operational management have been established to achieve this, with the MRCS taking the lead organizationally.

Overall, Nargis has prompted the national society to reflect on its strengths and weaknesses, and focus on building capacity to respond well to future needs.

International Federation capacity

There are currently 18 delegates in country. Two shelter delegates have been recruited and will begin their mission in January, while a second livelihoods position is in progress. The delegation also includes 20 local staff members. A plan for human resources for the remaining programme has been completed.

From early May to September, a total of 72 expatriate Red Cross personnel were deployed to the Nargis operation, with an average of 25 delegates in country at any one time. This figure includes:

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

The conclusion of several short-term missions in August and September enabled the overall number of expatriates to stabilize at the current count of 18.

The head of country office completed mission in late November, and has been replaced by an interim head.

Media/Communications

A total of 22 [operations updates](#) have been posted on the International Federation's website, from early May to early November. These include a three-month consolidated operations update covering the period from 2 May to 2 August. As of October, the updates have been produced on a monthly basis.

The Federation's [website](#) also features a dedicated photo archive on the [Cyclone Nargis operation](#), as well as news stories on the impact of Nargis programmes. The website is a key communication tool between the International Federation and other components of the Red Cross Red Crescent Movement, namely the ICRC and 186 national societies. It is also an essential resource for the media and members of the public seeking the latest news in times of disasters such as Cyclone Nargis.

Media

The first few months of the operation saw hundreds of interviews being given to media outlets in every continent, from global networks such as *BBC World News* to more community-based media. They helped profile the tremendous work undertaken by MRCS staff and volunteers, as well as to highlight to a worldwide audience, the issues of success and vulnerability within Myanmar. The publicity has also encouraged the world's civil society to assist the people of Myanmar through the International Federation's global network of national societies. In

Myanmar, the operation continues to be featured in local media such as the *New Light of Myanmar* and *Myanmar Times* newspapers, and television and radio stations.

Media releases including facts and figures also continue to be disseminated to the media by the International Federation's communications units in the region (Bangkok), zone (Kuala Lumpur) and secretariat (Geneva).

In October, visiting communications representatives from the British Red Cross and Norwegian Red Cross travelled with the zone communications manager to three villages in Bogale township and a village by the Yangon river. The purpose of the visit was to profile heroic volunteers, understand the recovery programme, and share these stories with national societies and the international media. The visit was particularly useful in the light of the impending six-month commemoration of Cyclone Nargis in early November, and the global interest that continues.

The head of country office also gave several interviews to major wire services and broadcast organizations in Bangkok as part of the six-month commemoration activities.

The MRCS is in the process of compiling a documentary that pays tribute to the tremendous efforts of volunteers during the Nargis response.

How we work

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

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

Global Agenda Goals:

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

Contact information

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

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Please send all pledges of funding to zonerm.asiapacific@ifrc.org
 - For mobilization of relief items: Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: jeremy.francis@ifrc.org
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[<click here to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/11
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	73,987,909					73,987,909
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
American Red Cross	1,554,089					1,554,089
Andorra Red Cross	23,550					23,550
Australian Red Cross	3,420,989					3,420,989
Australian Red Cross (from Australian Government)	2,980,500					2,980,500
Austrian Red Cross	682,470					682,470
Austria - Private Donors	1,585					1,585
Belarusian Red Cross	2,391					2,391
Belgian Red Cross (French)	18,986					18,986
Belgium - Private Donors	323					323
Belgium Red Cross (Flanders)	5,265					5,265
Brazil - Private Donors	8,033					8,033
British Red Cross	176,796					176,796
British Red Cross (from DFID - British Government)	3,074,258					3,074,258
Canadian Red Cross	631,371					631,371
Canadian Red Cross (from Canadian Government)	2,534,629					2,534,629
Cook Islands Red Cross	11,283					11,283
Cyprus Government	49,050					49,050
Cyprus Red Cross	16,123					16,123
Danish Red Cross	34,160					34,160
Danish Red Cross (from Danish Government)	2,227,858					2,227,858
ECHO	1,033,600					1,033,600
Estonia Government	51,607					51,607
Finnish Red Cross	58,338					58,338
German Red Cross	1,068,835					1,068,835
Great Britain - Private Donors	466					466
Hellenic Red Cross	48,810					48,810
Hong Kong - Private Donors	5,200					5,200
Hong Kong Red Cross	547,266					547,266
IATA	8,650					8,650
Icelandic Red Cross	174,295					174,295
Indian Red Cross	7,732					7,732
India - Private Donors	10,607					10,607
Irish Red Cross	550,290					550,290
Italian Govt Bilateral Emergency Fund	198,645					198,645
Japanese Red Cross	346,926					346,926
Japan - Private Donors	4,730					4,730
Korea (Republic of) - Private Donors	191					191
Korea Republic Red Cross	125,263					125,263
Kuwait Red Crescent (from Kuwait Government)	5,250,000					5,250,000
Lithuanian Red Cross	976					976
Luxembourg Red Cross	11,862					11,862
Macau RC (branch of China RCS)	20,000					20,000
Malaysian Red Crescent	10,546					10,546
Malaysia - Private Donors	2,414					2,414
Maldives Private Donors	2,597					2,597
Monaco Red Cross	144,373					144,373

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/11
Budget Timeframe	2008/5-2011/4
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All figures are in Swiss Francs (CHF)

<i>Netherlands - Private Donors</i>	323			323
<i>Netherlands Red Cross</i>	1,481,516			1,481,516
<i>Netherlands Red Cross (from Netherlands Government)</i>	19,320			19,320
<i>New York Office (from Applied Materials)</i>	30,923			30,923
<i>New York Office (from ChevronTexaco Corp.)</i>	997,500			997,500
<i>New York Office (from Hospira)</i>	99,750			99,750
<i>New York Office (from Lehman Brothers Foundation)</i>	89,775			89,775
<i>New York Office (from Motorola Company)</i>	99,750			99,750
<i>New York Office (from Nordic Custom Builders Inc.)</i>	5,250			5,250
<i>New York Office (from United States - Private Donors)</i>	2,352			2,352
<i>New Zealand Red Cross</i>	196,574			196,574
<i>Norwegian Red Cross</i>	6,786			6,786
<i>Norwegian Red Cross (from Norwegian Government)</i>	1,237,200			1,237,200
<i>On Line donations</i>	247,932			247,932
<i>Peru - Private Donors</i>	214			214
<i>Philippines - Private Donors</i>	520			520
<i>Portuguese Red Cross</i>	32,300			32,300
<i>Qatar Red Crescent</i>	7,470			7,470
<i>Russia - Private Donors</i>	2,686			2,686
<i>Singapore - Private Donors</i>	21,119			21,119
<i>Singapore Red Cross</i>	338,953			338,953
<i>Slovakia Government</i>	97,845			97,845
<i>Slovak Red Cross</i>	15,813			15,813
<i>Slovenia Government</i>	80,750			80,750
<i>Spain - Private Donors</i>	651			651
<i>Spanish Red Cross</i>	30,064			30,064
<i>Sri Lanka Red Cross</i>	3,250			3,250
<i>Stavros Niarchos Foundation</i>	156,000			156,000
<i>Swedish Red Cross</i>	2,054,400			2,054,400
<i>Swedish Red Cross (from Swedish Government)</i>	2,209,860			2,209,860
<i>Swiss Red Cross</i>	313,772			313,772
<i>Swiss Red Cross (from Swiss Government)</i>	3,916			3,916
<i>Switzerland - Private Donors</i>	9,398			9,398
<i>Taiwan Red Cross Organisation</i>	103,981			103,981
<i>Tides Foundation</i>	51,000			51,000
<i>Tides Foundation (from United States - Private Donors)</i>	104,000			104,000
Total	2,182,000			2,182,000
<i>Turkish Red Crescent</i>	5,264			5,264
<i>United Arab Emirates - Private Dono</i>	1,115			1,115
<i>United Arab Emirates Red Crescent</i>	20,781			20,781
<i>United States - Private Donors</i>	15,644			15,644
<i>VERF/WHO Voluntary Emergency Relief</i>	7,000			7,000
<i>VietNam Red Cross</i>	173,800			173,800
C1. Cash contributions	39,696,444			39,696,444
Outstanding pledges (Revalued)				
<i>Australian Red Cross</i>	7,632			7,632
<i>Canadian Red Cross</i>	780,336			780,336
<i>ECHO</i>	247,601			247,601
<i>Korea Republic Red Cross</i>	1,382			1,382
<i>New York Office (from Applied Materials)</i>	1,869			1,869
<i>New York Office (from ChevronTexaco Corp.)</i>	60,285			60,285
<i>New York Office (from Citadel Investment group)</i>	11,806			11,806

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/11
Budget Timeframe	2008/5-2011/4
Appeal	MDRMM002
Budget	APPEAL

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<i>New York Office (from Hospira)</i>	6,028			6,028
<i>New York Office (from Lehman Brothers Foundation)</i>	5,426			5,426
<i>New York Office (from Motorola Company)</i>	6,028			6,028
<i>New York Office (from Schering Plough)</i>	60,285			60,285
<i>New York Office (from United States - Private Donors)</i>	672			672
<i>Norwegian Red Cross</i>	100,000			100,000
C2. Outstanding pledges (Revalued)	1,289,349			1,289,349

Inkind Goods & Transport

<i>American Red Cross</i>	1,824,002			1,824,002
<i>Australian Red Cross</i>	354,274			354,274
<i>Austrian Red Cross</i>	553,791			553,791
<i>Belgian Red Cross (French)</i>	403,280			403,280
<i>Belgium Red Cross (Flanders)</i>	103,912			103,912
<i>British Red Cross</i>	2,997,175			2,997,175
<i>Canadian Government</i>	279,939			279,939
<i>Canadian Red Cross</i>	71,199			71,199
<i>Danish Red Cross</i>	914,201			914,201
<i>Finnish Red Cross</i>	1,413,058			1,413,058
<i>French Red Cross</i>	677,315			677,315
<i>German Red Cross</i>	720,826			720,826
<i>Hong Kong Red Cross</i>	275,291			275,291
<i>Japanese Red Cross</i>	2,967,667			2,967,667
<i>Korea Republic Red Cross</i>	477,916			477,916
<i>Luxembourg Red Cross</i>	409,897			409,897
<i>Netherlands Red Cross</i>	1,160,086			1,160,086
<i>Norwegian Red Cross</i>	118,635			118,635
<i>Qatar Red Crescent</i>	281,160			281,160
<i>Spanish Red Cross</i>	845,193			845,193
<i>Swiss Government</i>	154,743			154,743
<i>Swiss Red Cross</i>	350,197			350,197
C3. Inkind Goods & Transport	17,353,756			17,353,756

Inkind Personnel

<i>Australian Red Cross</i>	22,147			22,147
<i>Austrian Red Cross</i>	17,453			17,453
<i>British Red Cross</i>	28,933			28,933
<i>Canadian Red Cross</i>	8,680			8,680
<i>Japanese Red Cross</i>	28,313			28,313
<i>Netherlands Red Cross</i>	55,706			55,706
<i>Other</i>	2,347			2,347
<i>Swiss Red Cross</i>	20,533			20,533
C4. Inkind Personnel	184,112			184,112

Other Income

<i>Services</i>	6,826			6,826
C5. Other Income	6,826			6,826

C. Total Income = SUM(C1..C5)	58,530,487			58,530,487
D. Total Funding = B + C	58,530,487			58,530,487
Appeal Coverage	79%			79%

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

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Appeal	MDRMM002
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II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	58,530,487					58,530,487
E. Expenditure	-28,934,014					-28,934,014
F. Closing Balance = (B + C + E)	29,596,473					29,596,473

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		73,987,909					73,987,909	
Supplies								
Shelter - Relief	11,600,000	5,475,668				5,475,668	6,124,332	
Clothing & textiles	1,600,050	2,485,737				2,485,737	-885,687	
Food		1,683				1,683	-1,683	
Seeds,Plants	1,071,000						1,071,000	
Water & Sanitation	4,477,520	362,758				362,758	4,114,762	
Medical & First Aid	888,500	407,771				407,771	480,729	
Teaching Materials	236,000	4,356				4,356	231,644	
Utensils & Tools	7,335,000	3,424,214				3,424,214	3,910,786	
Other Supplies & Services	10,085,190	1,827,692				1,827,692	8,257,497	
ERU		968,899				968,899	-968,899	
Total Supplies	37,293,260	14,958,778				14,958,778	22,334,482	
Land, vehicles & equipment								
Vehicles		129,037				129,037	-129,037	
Computers & Telecom	311,675	176,527				176,527	135,148	
Office/Household Furniture & Equipm.	82,250	151,702				151,702	-69,452	
Others Machinery & Equipment	740,000	4,207				4,207	735,793	
Total Land, vehicles & equipment	1,133,925	461,473				461,473	672,452	
Transport & Storage								
Storage	146,000	135,710				135,710	10,290	
Distribution & Monitoring	8,334,270	7,850,379				7,850,379	483,891	
Transport & Vehicle Costs	1,513,440	88,699				88,699	1,424,741	
Total Transport & Storage	9,993,710	8,074,788				8,074,788	1,918,922	
Personnel								
International Staff	5,847,741	904,369				904,369	4,943,372	
Regionally Deployed Staff	93,000	67,980				67,980	25,020	
National Staff	610,600	64,135				64,135	546,465	
National Society Staff	5,552,000	376,694				376,694	5,175,306	
Consultants	118,500	44,654				44,654	73,846	
Total Personnel	12,221,841	1,457,831				1,457,831	10,764,010	
Workshops & Training								
Workshops & Training	6,139,558	151,224				151,224	5,988,334	
Total Workshops & Training	6,139,558	151,224				151,224	5,988,334	
General Expenditure								
Travel	926,600	187,079				187,079	739,521	
Information & Public Relation	684,000	52,995				52,995	631,005	
Office Costs	224,000	71,587				71,587	152,413	
Communications	324,800	65,699				65,699	259,101	
Professional Fees	20,000	10,881				10,881	9,119	
Financial Charges	180,000	232,797				232,797	-52,797	
Other General Expenses	37,000	20,381				20,381	16,619	
Total General Expenditure	2,396,400	641,419				641,419	1,754,981	
Contributions & Transfers								
Cash Transfers National Societies		997,500				997,500	-997,500	
Total Contributions & Transfers		997,500				997,500	-997,500	
Programme Support								
Program Support	4,809,214	1,389,918				1,389,918	3,419,296	
Total Programme Support	4,809,214	1,389,918				1,389,918	3,419,296	
Services								
Services & Recoveries		438,500				438,500	-438,500	
Total Services		438,500				438,500	-438,500	

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

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Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		73,987,909					73,987,909	
Operational Provisions								
Operational Provisions		362,583					362,583	-362,583
Total Operational Provisions		362,583					362,583	-362,583
TOTAL EXPENDITURE (D)	73,987,909	28,934,014					28,934,014	45,053,894
VARIANCE (C - D)		45,053,894					45,053,894	