

Operations update



International Federation
of Red Cross and Red Crescent Societies

Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002
GLIDE n° [TC-2008-00057-MMR](#)
Operations update n° 25
5 May 2009

FIRST YEAR REPORT and APPEAL REVISIONS

This report consists of two parts: a *First Year Report* covering the period May 2008 to April 2009, and *Revisions to the Appeal* of 8 July 2008.

Period covered by this update: May 2008 to April 2009.

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

Appeal coverage: 93.7%

[<view attached financial report, revised appeal budget, or contact details>](#)

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:

- Some revisions have been made to the Appeal and consist mainly of changes in the shelter sector. Revisions to other programming are relatively minimal. Revised budgets reflecting these changes are attached. The overall total budget figure remains the same.
- Community participation has figured as a key element in all programme activities, as per programme planning. In fact, the enthusiasm and commitment of villagers have been integral to the success of several activities such as Cash-for-Work in the livelihoods sector, model house constructions and the distribution of treated water, as well as the construction of latrines.
- Capacity building of national society human resources is well underway and good progress has been made in several sectors, in tandem with programme implementation. This is due to the high level of technical support provided by the International Federation through the team of in-country delegates, and



An elderly couple stand outside their new home built during a pilot scheme in Thet Kel Seike village, in Bogale township. The couple who used to live in sub-standard shelter, was one of five households in the village, selected to participate in the pilot which reflected the strength of the household shelter project. (Photo: International Federation/Patrick Elliott)

strong cooperation and coordination between the Myanmar Red Cross Society (MRCS) and the International Federation which has been further strengthened over the past 11 months. Sectors which the national society had small-scale capacity or none at the onset of Nargis, and which have been strengthened tremendously since the start of the operation, include water and sanitation, emergency relief and recovery, as well as MRCS capacities in programme management and support, such as logistics, finance management and reporting. Existing skills and capacities in the health sector have been consolidated and reinforced.

- The construction of sample or model houses as part of the initial phase of the construction of 8,000 homes has been well received by communities and at the same time, presented important 'lessons learnt'. A full-scale implementation of the reconstruction project was temporarily postponed following a recent request from the authorities which necessitated a re-examination of programme implementation methods concerning cash grants. Recent discussions have concluded that implementation of the revised project can now begin. The same request has also prompted ongoing revisions to cash-based livelihoods projects – similarly, the outcome will be communicated as soon as possible.
- Groundwork for the transition of Nargis operation programmes into longer-term programming to be implemented with support through the Annual Appeal has begun.
- Strong partner interest in Nargis continues, as evident in the very successful appeal coverage and strong attendance (17 partner national societies) at the MRCS partnership meeting in February. The gathering also saw partners indicating high levels of support for the national society's longer-term initiatives.
- Recent government directives affecting visas will reduce the total number of delegates working in-country, in support of Nargis operations.
- Following the onset of the monsoon rains, travel to certain areas in the delta may become more difficult, and so the country office, together with MRCS, has established comprehensive security procedures for all delegates and national staff.

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/German government, 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, UN Staff Coordinating Council, 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 generous response to this appeal.

PART I: FIRST YEAR REPORT

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. According to official figures, 84,500 people were killed and 53,800 missing. The UN estimates that 2.4 million people were affected.

Coordination and partnerships

In-country Movement coordination

Cooperation between the International Federation and national society and in-country partner national societies (French Red Cross and Danish Red Cross¹) which worked to good advantage during the early stages of the operation², has continued and indeed, has been strengthened over the past one year. Regular meetings between all parties continue.

The French Red Cross is working closely with the International Federation, particularly in the implementation of water and sanitation activities (*see water and sanitation section for details*), while the Danish Red Cross has assisted efforts geared towards comprehensive monitoring and evaluation of the Nargis operation, through the provision of consultants.

Close cooperation has continued with the International Committee of the Red Cross (ICRC), which has been supporting MRCS in its work with Restoring Family Links (RFL) and water and sanitation activities, with funding provided through the Federation Emergency Appeal. The ICRC also provided expertise in the initial planning of the recovery (livelihoods) programme.

Sustained interest in the Nargis operation

The strong support received from various partner national societies in the initial stage of Nargis has been sustained. This support has been particularly evident in the generous response to the appeal, as well as other factors such as participation in technical visits (water and sanitation, and health, conducted in late 2008), communications visits, and strong attendance (by 17 partner national societies) at the MRCS partnership meeting on Nargis held in Yangon, in February. The meeting was well received, based on feedback from partners and the continued support pledged towards Nargis and longer-term programmes of national society, as well as interest expressed in upcoming technical visits.

In addition, high-level visits enjoyed by the operation in the early stages continue. Recent visits since January include the Danish and Norwegian ministerial visit³, as well as two visits by the Canadian International Development Authority (CIDA), and representatives from UNOCHA in New York.

Inter-agency coordination

Inter-agency cluster coordination in Yangon continues with weekly meetings (coordinated by OCHA⁴) serving as important forums for information exchange. This has also expanded to field level, and meetings are attended by MRCS hub officers at all nine locations⁵. The good networking established between the MRCS/International Federation and other agencies served as an advantage during the selection of village tracts (from September to December 2008) to aid planning of recovery-phase programming – it enabled the MRCS/Federation to avoid overlaps in programming with other agencies, as far as possible.

Inter-agency coordination has also been evident in the production of reports⁶ (PONJA and PONREPP⁷) which have served as important references for the fraternity of aid agencies. The MRCS supported the PONJA initiative with the provision of 30 volunteers as enumerators. Similarly, while the MRCS/Federation village tract assessment reports have not been published externally, other agencies or organizations have been invited to make use of them when visiting hub offices where they are readily available. The Federation has recently completed an internal evaluation of its role in shelter cluster coordination during the emergency phase, and its findings, once finalized, will be made available to all interested stakeholders.

The extensive network of MRCS branches and volunteers (*see volunteer development support section for more information*), which were also relied on by other agencies/organizations in the early stages of the operation, continues to provide assistance today in areas such as water and sanitation, and first aid training (*see water and sanitation, and health sectors below for details*). This cooperation is an affirmation of the good standing of the MRCS and the high regard given to the MRCS/Federation's Nargis operation.

¹ The French Red Cross and Danish Red Cross have ongoing bilateral programmes established prior to Nargis.

² This cooperation included providing daily information updates and re-deploying field staff to assist in the emergency (Danish Red Cross) and assisting in the establishment of an information/monitoring room (French Red Cross).

³ Visit by the Minister of Planning and Development from Denmark and the Minister of Planning and the Environment from Norway.

⁴ UN Office for the Coordination of Humanitarian Affairs.

⁵ Hub offices: Kungyangon, Dedaye, Kyaiklat, Pyapon, Bogale, Maubin, Mawlamyinegyun, Labutta and Pathein.

⁶ Produced by the Tripartite Core Group comprising representatives of the Government of the Union of Myanmar, the Association of Southeast Asian Nations and the United Nations.

⁷ PONJA: The Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA) report prepared by the Tripartite Core Group, with the support of the Humanitarian and Development Community. PONREPP: Post- Nargis Recovery and Preparedness Plan.

The MRCS/Federation has also done its best to provide Red Cross input into coordination initiatives aimed at improving reporting (such as the recently-launched inter-agency standing committee (IASC) report) or updating the directory of agencies providing assistance to Nargis-affected communities, as well as being a key participant in assisting the IASC in its contingency planning for emergencies countrywide.

Partnership support

Information on separate projects between the MRCS and a few partner national societies (outside the Nargis Appeal but nevertheless relating to Nargis-affected areas), has been incorporated into this report, under relevant programme areas, for the purposes of providing an overview of the national society's outreach to affected communities.

Red Cross and Red Crescent action

The operation

Relief distributions (food and basic non-food items)

Relief Phase (May 2008 to November 2008)

Progress/Achievements

Although some challenges such as logistical and access issues were encountered in the initial stages of the operation, overall relief distributions were conducted smoothly and systematically.

An important factor which led to this progress was the extensive network of MRCS volunteers available. The volunteers, the majority of whom were from the affected delta areas and who themselves had experienced loss, worked tirelessly during the first few weeks of the disaster. (see *volunteer development section for more*)

From May to November, relief distributions reached over 280,000 households in the 13 targeted townships, as well as an additional 15 townships⁸. The distributions covered over 3,200 villages across 770 village tracts in the delta area.

The general view that relief distributions were conducted satisfactorily, received support in the findings of the MRCS/International Federation internal monitoring survey conducted in December. Spanning the 13 targeted townships, the survey reflected the following encouraging factors relating to the impact of distributions:

- a high level of beneficiary satisfaction.
- the majority of distributions were received directly by affected households.

Other progress made includes the following:

- Where possible, monitoring of distributions was conducted by MRCS officers and Federation officers and delegates during field trips.
- The relief review and evaluation workshop in September 2008 helped to identify achievements as well as challenges and worked out possible solutions. The workshop also helped to build capacity by alerting hub relief/assessment officers and volunteers to the importance of beneficiary selection and targeting.
- The findings of the review⁹ of the response by the Movement during the relief phase has been circulated to Movement partners and interested external stakeholders.
- A uniformed distribution register, reporting formats and system have been designed and implemented wherever possible.



Relief distributions saw a high level of beneficiary satisfaction, according to an internal survey conducted in December. (Photo: Myanmar Red Cross Society)

⁸ The additional 15 townships were reached mainly in the early stages of the operation – this period preceded the Appeal which targeted the 13 most-affected townships.

⁹ Review of the RCRC Movement Response to Cyclone Nargis, Jan 2009

Challenges

- Distribution reports from the field were infrequent and in various formats, in the emergency phase.
- Blanket-approach distributions were widely carried out throughout the relief phase instead of a targeted approach. This was because of a strong local culture of sharing.
- The 280,000 households reached far exceeded the planned target of 100,000 in the Appeal of 8 July, and this was because the communities chose that the packages be shared. Consequently, beneficiaries did not receive all items in the standard relief packages.
- Logistical constraints such as bad weather and difficult terrain occasionally slowed down the speed of distributions.
- As relief goods were received into the country and then the field in stages, distributions could not be conducted in uniformed packages.
- Difficulties concerning working advance settlements in the early stages of the operation delayed the transfer of money from Yangon to the field, which in turn delayed relief efforts. However, this constraint has been addressed through the close cooperation between the MRCS and the International Federation's finance units.

Recovery Phase (December 2008–April 2009)

Disaster preparedness stock has been positioned in 20 warehouses throughout the country, including Nargis-affected townships. (see disaster management sector below for more information)

Plans ahead

In view of the coming monsoon rains (beginning in May/June), there are plans to distribute more tarpaulins and ropes to Nargis-affected households who have not yet received adequate shelter, or for repair of damage to existing temporary shelters.

Recovery Planning

Officially, the recovery phase began in November, six months after the disaster. However, structured preparations for the recovery phase started in August 2008, with some recovery activities, especially water and sanitation, and health, beginning even earlier.

A recovery framework applicable to all sectors was developed and agreed upon with the MRCS, centering on five guiding principles:

- Community participation
- Integrated planning
- Needs-based programming
- Mainstreaming disaster risk reduction (DRR) and MRCS capacity building
- Sustainability and exit strategies

Defining the operational area

The process of defining the operational area for the recovery operation was hinged on the selection of village tracts based on set criteria. The selection was conducted by all nine hub¹⁰ managers and township 2ICs (the second-in-command who is the leader of the township Red Cross volunteer brigade). This was also done in coordination with the local authorities and other international aid agencies, as well as local non-governmental organizations. After vetting at headquarters level, an initial 153 village tracts¹¹ were selected. Village tract assessments followed from September to early December, to assess the needs of communities. A second round of selections was conducted at the end of the assessments and increased to 161 village tracts in the 13 targeted townships¹² set out in the July Appeal. This final list which covers 99,070 affected households across 807 villages, was reached after taking into account overlaps with programming conducted by other agencies.

Due to the relatively small number of affected households in four townships, it was decided that programming would be 'reduced'¹³ (Wakema and Myaungmya) or postponed (Twantay and Kawhmu).

¹⁰ New MRCS offices set up in nine townships to complement pre-existing township Red Cross structures, in the implementation of Nargis programme activities.

¹¹ A village tract is the local administrative level below the township, and consists of a varying number of villages.

¹² Townships: Kungyangon, Dedaye, Kyaiklat, Pyapon, Bogale, Maubin, Mawlamyinegyun, Labutta, Ngapudaw, Myaungmya, Twantay, and Kawhmu.

¹³ The livelihoods and shelter programme, and parts of the water and sanitation programme, were not implemented in these townships.

Village tract assessments

The assessment process was a good starting point to get engaged with the communities. Assessments in the 161 village tracts were conducted from September to December by more than 200 trained volunteers using multi-sectoral survey forms. Hub staff and Federation delegates joined in this process which involved a four-day period in each village tract, and included group discussions and interviews with community leaders and local authorities. In addition, secondary information was collected and observations of the enumerators were fed into the process.

Assessment reports were translated into English, and consolidated assessment reports according to township were also prepared. The assessments serve as a solid basis for further (technical) assessments and recovery activities. While not being rigorous enough for external publication, they have been offered as reference materials to interested aid agencies operating in the delta.

Village tract recovery committees

As community participation is essential to the recovery process, 149 village tract recovery committees have been established in all 11 townships where full programming is planned (except in Wakema and Myaungmya). The committees, which function as voluntary representative bodies, were established from November to February. Each committee consists of about 7-17 members including a minimum of two women, while two seats are reserved for representatives from the local authorities. All other seats are filled by representatives from the various villages that make up a village tract, and are elected during community meetings.



A household shelter beneficiary verification process underway in Dedaye township
(Photo: International Federation/Patrick Elliott)

The main function of the committees is to provide support to MRCS/Federation in planning recovery programmes, by sharing information on community needs, and the plans and activities of other humanitarian actors at village tract level. Other functions include conducting beneficiary selections in accordance with set vulnerability criteria, disseminating information, ensuring transparency and accountability, monitoring activities and resolving issues.

To date, about 85 per cent of the committees have been provided with necessary training, including an orientation on the Red Cross Red Crescent Movement's *Code of Conduct*.

So far, the committees have played a crucial role in the success of several recovery phase activities, particularly 85 Cash-for-Work projects, and the selection of beneficiaries for the asset recovery programme (livelihoods) and the household shelter programme. They have also been involved in organizing health, water and

sanitation, and psychosocial support (PSP) activities.

There have only been a few incidents when committees have not adhered to the MRCS terms of reference and Movement principles, but these cases have been dealt with, and constant support and monitoring is provided by hub staff and township volunteers.

It is anticipated that some committees, or individual committee members, may be engaged to assist in longer-term MRCS community-based disaster management (CBDM) activities.

Accountability

Based on the *Code of Conduct* and the specific context and the current phase of the Nargis recovery programme, the following accountability standards are considered the most essential at the moment:

- *Impartiality* (i.e. any assistance is given without discrimination, regardless of race, age, gender, religious belief, class or political opinion, and with due respect for culture and custom).
- *Beneficiary participation* (providing equal opportunity for the involvement of all members of the community).
- *Two-way communication* (facilitating feedback mechanisms)



Draft beneficiary lists, appeals procedure posters and post boxes are components of the operation's accountability initiative. (Photo: International Federation/Patrick Elliott)

Accordingly, appropriate measures have been introduced to ensure that these standards are adhered to during the implementation of activities in the field. These measures include the installation of information boards and mail boxes in villages, and a complaints/appeal procedure for beneficiaries to make use of. In addition, the establishment of village tract recovery committees (mentioned earlier) and their functions in respect of beneficiaries¹⁴, represents an important accountability link between the operation and vulnerable communities.

Role and contributions of field delegates

The plan of action saw the positioning of four field delegates working under the management of the Federation's head of operations in Yangon, with a primary role to support the MRCS in the implementation of the operation's relief and early recovery projects.

The delegates arrived in September-October, and after an initial period of orientation with the Federation delegation and the MRCS headquarters in Yangon, were each assigned to work from an MRCS operational hub (four out of a total of nine) in the delta as a base. The hubs were Bogale, Labutta, Kungyangon and Maubin.

Their tasks were identified as supporting the MRCS hub managers in the implementation, monitoring and evaluation of projects, and to assist the national society in liaison and coordination efforts with other humanitarian organisations working in the cyclone-affected areas. The delegates have been supported by field officers (currently three out of four positions have been filled), who work under the supervision of the delegation's senior field officer in Yangon. The field delegates were key participants in supporting the MRCS to conduct the village tract assessments (*see above*).

The support provided by field delegates has been widely welcomed by the MRCS, but constraints in obtaining travel permits have meant that the delegates have had to spend longer periods of time working from the country office in Yangon, than was originally anticipated. This has meant that the field officers have been tasked with a broader range of responsibilities, which in turn has had the effect of building up national capacities in project management, monitoring and evaluation (M&E) and reporting.

As confidence in the support provided by the Federation has increased, there has also been an increasingly active and cooperative response from the MRCS management in the operational hubs, enabling a closer engagement from the field delegates in financial planning and project monitoring.

CORE PROGRAMMES

1. Shelter

Relief phase

During the relief operation, 191,585 tarpaulins were distributed to approximately 95,792 households (on a basis of two tarpaulins per household). In addition, more than 250,000 households benefitted from the distribution of 50,461 shelter tool kits (on a basis of one kit to be shared by five households).

The distribution of the shelter kits (comprising tarpaulins, tool kits and ropes) was evaluated by a Myanmar consultancy firm. The evaluation survey showed that the materials were considered very useful (except the roof-nails) and that the quality was good, with *97.2 per cent of respondents stating that the shelter kits met their needs*. One drawback noted was that beneficiaries needed more instruction on how to use the materials.

Recovery phase

While groundwork for the shelter recovery programme began in October 2008, with a detailed plan of action in place, the programme could only take off in January mainly because of the late deployment of delegates.

The plan of action focuses on three types of shelter provision:

- Household shelter support

¹⁴ Beneficiary selections, community meetings etc.

- Community infrastructure
- Community cyclone protection

Household shelter

The highest priority has been given to the first type of shelter – i.e. the construction or rebuilding of low-cost storm-resistant individual homes for 8,000 vulnerable households, in view of the rainy season due to begin in May/June. The targeted households are those who have not yet recovered from Nargis and are living in sub-standard shelter or are still living with host families. The selection of beneficiaries in 10 townships has been undertaken since March by village tract recovery committees, according to set vulnerability criteria.

Programme implementation involves providing the village community with the means to facilitate rapid procurement of locally-available construction materials, as well as small amounts of cash to cover labour costs and related expenses to enable quick construction ahead of the impending rains. Recent requests from the authorities to clarify and agree on the methods for providing this support had prompted a temporary postponement of activities. However, an agreement has just been reached with those concerned and implementation of the revised project can now begin.

It has been heartening to note that model house constructions conducted in several locations to provide local carpenters with on-the-job training (with the aim that carpenters would aid beneficiaries unable to construct houses themselves), was well received by communities. This activity presented the operation with valuable 'lessons learnt' including the following:

- stimulation of local economy in villages/village tracts (through the purchase of locally-available materials and procurement of local carpentry services)
- capitalization of local knowledge/skills (carpenters and other local labour)
- recycling of materials salvaged from existing houses (to be reconstructed) enabled beneficiaries to have some left-over cash for contingencies or other household needs
- local knowledge of hub staff contributed greatly to the success of this activity

Beneficiaries are to also receive pans and pipes through the water and sanitation programme, to build latrines.

Construction of schools

On the specific request of the MRCS, the International Federation will fund the construction of 24 storm-resistant schools in Bogale (19) and Pyapon (five) townships. (See revisions to appeal below for details)

Plans ahead

Besides the above-mentioned programmes, two other programmes are scheduled to begin in the coming months. They comprise the construction of 100 Red Cross posts, and 25 safe community buildings/cyclone shelters. (See revisions to appeal below for details)

PARTNERSHIP SUPPORT

MRCS-Japanese Red Cross

This bilateral project provides for the construction of 71 primary schools in seven townships. Eleven schools out of the 71 will also serve as cyclone shelters. A Japanese Red Cross delegate arrived in early April to assist in the supervision of the project which is scheduled to begin soon.



A woman (*top picture*) weaves palm leaves for the roof of her new house (*bottom picture*) as her children look. The house is being built by her husband, U Chitto, with the help of three local labourers, as part of a pilot scheme for the household shelter programme. The family was one of five households in Thet Kel Seike village in Bogale, selected to participate in the scheme. Timber from their damaged home was salvaged and used to build the new one. (Photo: International Federation/Patrick Elliott)

MRCS-Singapore Red Cross

This project provides for the construction of two 16-bedded station hospitals in two townships and a cyclone shelter each in three townships. Implementation of the 18-month project is expected to begin soon.

MRCS-Malaysian Red Crescent

The project provides for the construction of a multipurpose community centre-cum-shelter, and a sub-rural health centre, over a one-year period. Implementation is expected to begin soon.

Separate discussions are also ongoing between the national society and the Thai Red Cross (*see health section below*), Taiwan Red Cross Organization, and Magen David Adom, on possible construction projects.

2. Livelihoods



Cash-for-work participants in Naung Wine Gyi village tract in Maubin township receiving payment. (Photo: Myanmar Red Cross Society)

Preparations for the livelihoods programme began in August 2008 as part of the integrated recovery planning process, with the assistance of a short-term economic security delegate from the ICRC. After an orientation on the living circumstances in the delta and the programming possibilities, it was decided that the programme would begin with cash-for-work projects, followed by a cash-based asset recovery programme, in an operational area of 11 townships.

Cash-for-work (CFW) programme

Progress/Achievements

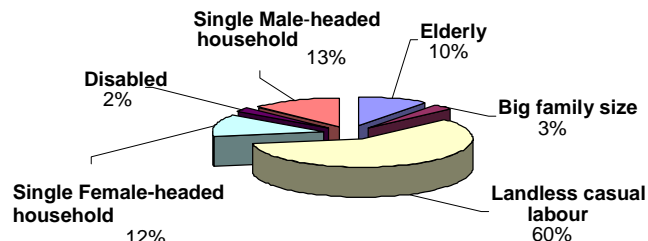
Launched in November 2008 (Phase I) and then in January 2009 (Phase II), the cash-for-work programme has been well received by communities and other stakeholders. The programme has benefited individual beneficiaries and their households (through wages earned), as well as communities as a whole (through improved village infrastructure repaired through various CFW projects). The improvements have also

contributed to disaster risk reduction.

A significant proportion of beneficiaries comprised landless casual workers (59 per cent), households headed by women (12 per cent) and those older than 55 years (10 per cent). Beneficiaries were selected by village tract recovery committees, with the assistance and supervision of hub officers, field delegates and joint MRCS/Federation livelihoods teams from headquarters.

So far, 3,786 beneficiaries in 11 townships have benefited from 44 projects conducted in Phase I (from November to January). On average, a beneficiary earned about MMK 32,000 (about USD 32) from an entire project.

Cash-for-Work (Phase I): Overall vulnerability coverage



The total number of Phase I beneficiaries exceeded the 2,500 targeted because communities preferred more people to share in the work as a result of a strong culture of sharing. This was despite the fact that a larger number of participants meant fewer working days and lower wages in total, per beneficiary.

The fact that each household is only permitted to participate in a CFW project through one representative, has helped the programme reach more households.

The beneficiary target of another 2,500 has also been exceeded in Phase II – so far, 2,800 beneficiaries have participated in 41 projects.

The various projects include repairs to village roads, river embankments, jetties, bridges, irrigation canals, and sluice gates, as well as agricultural land restoration and environment cleaning.

The projects were identified through reference to completed village tract assessments, and in cooperation with village tract recovery committees. The planning process also gave consideration to seasonal labour patterns and traditional 'community work' schemes.

An added achievement recorded in this programme is the establishment of a specific database for cash-for-work projects, in early March (*see monitoring and evaluation section for more details*).

Integrated programming

In many locations, linkages between the livelihoods and psychosocial support (PSP) programmes have been established, with PSP activities organized for cash-for-work participants/beneficiaries.

Challenges

The initiation of the cash-for-work programme was delayed because of time needed to recruit necessary hub staff and a livelihoods coordinator for the national society.

Difficulties concerning working advance settlements (*see relief sector*) caused a few delays in the initial stage of the project. Nevertheless, almost all projects were finished on time or are on schedule, and the difficulties have been resolved.

Cash-based asset recovery programme

Launched in February after the training of relevant staff and volunteers, this programme is aimed at assisting 20,000 vulnerable beneficiaries in recovering economic assets lost or damaged as a result of Nargis. It aims to involve the disbursement of cash grants to beneficiaries in accordance with a signed contract between the MRCS and the beneficiary, followed by close monitoring of the usage of the money by respective village tract recovery committees and hub staff and volunteers.

So far, 200 beneficiaries have been selected. Programme implementation has been slowed down since March in view of the focus of operations on the household shelter programme. It is expected to scale-up in May/June and is scheduled to be completed by the year-end. There has also been a postponement in implementation, following the request from the government authorities as to clarification and agreement over the methods for disbursement of cash in this project (*see also shelter sector above*).

There are also plans to target two more groups of vulnerable people in the asset recovery programme:

- Households in debt as a result of loans (with high interest rates) taken to recover assets lost in Nargis.
- The poorest of the poor i.e. people without productive assets. These include landless casual workers, widows, the elderly and disabled. Specific programmes will be developed to support this group either through an additional round of cash-for-work or additional cash grants for home-based income-generating activities.

Plans ahead

In addition to the above, in 2010, there are plans to strengthen the livelihoods strategies of people through community training.

There are also plans to organize activities aimed at restoring natural resources which will in turn support disaster risk reduction (DRR) measures.

PARTNERSHIP SUPPORT

French Red Cross

Two types of livelihoods activities are planned in the Mawlamyinegyun area from May/June to March 2010:

- Repairs to damaged infrastructure
- Helping households recover economic security/assets affected by Nargis.

Assessments conducted so far have seen a high level of interest among village representatives. Cross-checks with other international organizations in the area are also underway to avoid overlaps in outreach.

3. Community-based health and first aid



Community health assessments are being conducted by CBHFA-trained community volunteers in all 13 targeted townships. (Photo: Myanmar Red Cross Society)

Relief phase

Progress/Achievements

In the first few weeks of the operation, the community-based health and first aid (CBHFA) programme concentrated on meeting the basic survival needs of affected communities - more than 80,000 households in a wide geographical area, covering 20 townships were reached. In later weeks until July 2008, first aid support and health awareness on safe drinking water and better hygiene practice was provided to communities. This was made possible because of the availability of some 600 Red Cross volunteers. The volunteers were from the delta area, as well as from other states and divisions. About 300 of these volunteers were trained before deployment through a one-day training session on public health in emergencies. This enabled the necessary scale-up of health promotion work in the field. The scale-up included the distribution of 5,000 information, education and communication (IEC) materials on hygiene education such as posters and

pamphlets, and 1,000 first aid kits to be used by volunteers.

The good progress made by the health programme was complemented by donations of essential medical care items such as inter-agency health kits, surgical kits, and medicine and dressing sets distributed to township hospitals and rural health centres.

Good collaboration with other aid agencies and organizations such as UN agencies and the ministry of health, also assisted efforts to reach affected communities. This collaboration included mobile health service promotions, health assessments and basic health promotions particularly in temporary shelters housing people displaced by the cyclone.

The recruitment of 41 health officers for the nine designated hub offices, from July to September, was a key factor in helping ensure implementation of activities in the field. Key activities conducted from September to December comprise CBHFA training of trainers (ToT) sessions conducted for 210 volunteers, CBHFA multiplier training for 1,350 community representatives or volunteers in 13 townships, and health education sessions conducted by the community volunteers for about 58,000 households.

The main achievements charted through these activities are capacity building in effective planning, implementation, and management of the CBHFA programme which includes disaster management elements.

Challenges/Problems

The implementation of activities was slightly hampered in the initial stages by a lack of coordination between branch volunteers and new health officers. Capacity-building efforts have been conducted to improve the situation and these include health team technical training, team building between volunteers and health officers, and continuation of on-the-job training supported by health delegates and MRCS headquarters staff.

Three-month travel permits issued to health delegates for the September to December period was a great advantage for the programme – this facilitated a better understanding of the situation in the Delta and consequently, better coordination between headquarters and the field.

Recovery phase

Progress/Achievements

Community participation

A major achievement recorded in the early recovery phase was the completion of community-based activities with 30,000 community representatives, ahead of schedule in 56 village tracts across 13 townships, from September

to December. This meant that awareness activities at grassroots-level conducted by these representatives also began ahead of time.

Good progress has been seen in community responses to awareness activities. Health officers from nine hub offices and the Federation's health delegates have reported on significant community participation in activities in 13 townships, particularly the participation of children and women. Joint MRCS/Federation health teams which have visited the field have also witnessed such improvements with school children taking on awareness messages learnt at school (e.g. the importance of hand-washing and environmental hygiene) to siblings at home.

Health Baseline Survey

The 10-day health base line survey (also known as the Knowledge, Attitude and Practice survey) conducted in December in 13 townships, came up with important information which has been used to guide more effective planning and monitoring of health education, especially assessments of community behaviour patterns. The survey results have also led to some minor additions to the Appeal (*see revisions to the appeal section*).

The survey which reached 748 respondents across 30 village tracts, was intended to assess the effectiveness of CBHFA activities in increasing the level of awareness and knowledge of people, as well as behavioural change among communities.

Generally, the survey indicated that while a substantial number of beneficiaries were aware of diseases, they lacked information or understanding about disease prevention, and good hygiene practices.

A second baseline survey is planned for September 2009.

Demand for Red Cross first aid training

The MRCS has made a name for itself in first aid activities among other aid agencies and organizations in the delta. A recent indication is a request from Merlin, the international non-governmental organization co-leading the UNOCHA health cluster, for first aid training for its community health workers – this has been conducted by CBHFA¹⁵ Red Cross volunteers.



The Myanmar Red Cross Society is reputed for its First Aid activities, and the Nargis Operation has helped expand and strengthen the national society's strength in this area. (Photo: Myanmar Red Cross Society)

Challenges

- From December 2008 to February 2009, the health programme was faced with a significant number of resignations at field and headquarters level, due to job opportunities at other organizations. Replacements have been recruited recently but the possibility of losing more officers remains.
- Referrals from remote areas to township hospitals for secondary care have been hampered by the loss or damage to community boats because of high tides and strong winds. Despite the provision of additional boats to MRCS hubs through the Federation Appeal, this problem is anticipated to worsen during the coming monsoon season.

PARTNERSHIP SUPPORT

International Committee of the Red Cross (ICRC)

In the aftermath of Nargis, the ICRC coordinated with the national society and the International Federation, in the identification and assessment of health structures that would need support in terms of medicines and materials. As a result, the ICRC provided the following support:

Direct assistance to the Myanmar Red Cross Society

A single-use war wounds kit (for 50 to 100 hospitalized patients) was provided directly to the Myanmar Red Cross Society (MRCS) for distribution to affected areas. A total of 50 stretchers were also provided to assist the volunteers in their first aid activities.

¹⁵ Community-based health and first aid

Assistance to health facilities in affected areas

Assistance aimed at revitalizing health structures (including primary health care centres) in six townships was provided through the donation of medical supplies meant to last for at least three months. The six townships were Dedaye, Bogale, Mawlamyinegyun, Labutta, Ngapudaw and Kungyangon, with an accumulated population of 1.8 million people.

Re-assessments in November and December by ICRC medical officers found that the township and station hospitals, as well as primary health care centres were functioning well because of an abundance of medical supplies received from the international community, and as a result, township medical officers were able to administer appropriate medical treatment. It was also found that apart from injuries sustained during the cyclone and a normal prevalence of infectious diseases, there were no serious health problems among the communities.

Assistance to orthopaedic hospitals

Medical supplies including orthopaedic surgical instruments sent from Geneva were donated to the Yangon Orthopaedic Hospital (YOH) and Defence Services Orthopaedic Hospital (DSOH), as serious orthopaedic cases in the cyclone-affected areas were either referred to the Divisional Hospital in Patheingyi (which was already well equipped) or to orthopaedic hospitals in Yangon.

Assistance to Infectious Disease Hospital

As no cholera outbreaks were encountered in the cyclone-affected areas, apart from a few diarrhoea cases during the emergency, a cholera kit comprising complete support materials for a medical structure to deal with an outbreak of cholera, was donated to the Infectious Disease Hospital in Yangon.

Management of human remains

In view of the national society's extensive network in all areas of the country, the ICRC offered to train Red Cross volunteers in the disposal of human remains (including the use of body bags and accessories), in the aftermath of the cyclone. As a result of discussions between the management of MRCS and ICRC, it was decided that Red Cross volunteers could dispose of dead bodies of their own free will, and not as a matter of compulsion. The training of some 236 volunteers¹⁶ was conducted by ICRC medical officers. An ICRC forensic expert from Geneva was also on hand to provide support.

As a substantial number of bodies were disposed of by villagers through burials and cremations, and also by the authorities (e.g. Township Peace and Development Councils as well as hospital mortuary workers), Red Cross volunteers buried only 156 bodies.

Thai Red Cross

Projects in the pipeline comprise the construction of a health centre and a 16-bedded hospital; and strengthening the national blood centre.

4. Psychosocial support

Progress and achievements

Integral community participation

The utilization of local resources is probably the strongest asset of the PSP programme – the programme has been based at community level through trained respected community members such as monks, nuns and teachers, some of whom have come forward requesting assistance in awareness of psychosocial problems and interventions. In addition, community participation has been part of the programme approach, ensuring culturally acceptable and suitable interventions and activities based on community-identified needs.

Managerial support

The MRCS psychosocial support (PSP) programme has benefited from continuous support from all MRCS managerial levels as well as executive committee members, at all stages of programme planning and implementation. It is due to this commitment that the programme has succeeded in achieving many of the set targets of the emergency/relief phase in spite of the lack of an organizational and managerial structure, human resources and implementation capacity, in the initial stages.

¹⁶ Comprising 198 from MRCS and 38 from local non-governmental organizations

Long-standing interest

That so much could be achieved is also due to the national society's long-standing interest in PSP¹⁷, resulting in a group of 25 PSP-trained volunteers who were deployed to the field to conduct a rapid assessment and after a refresher course, began work among the communities. This was a strong foundation to build on¹⁸.

Available materials

The fact that the International Federation's PSP community-based training manual was already translated into the Myanmar language in 2007, helped facilitate the launch of training of trainers (ToT) training and multiplier training sessions early in the operation (in October and November, respectively).

Trained personnel and policy frameworks as part of disaster preparedness

The availability of PSP-trained volunteers during the emergency shows the importance of having a cluster of trained people as part of disaster preparedness planning – this includes the need to develop training materials and supporting documents during 'quieter' or non-emergency periods.

Integration in multi-sectoral approach

Another achievement is the multi-sectoral approach adopted which allows the expansion of PSP activities through the integration of PSP elements into sectors such as livelihoods, disaster management, health, water and sanitation, and volunteer management, thus reaching a far bigger number of communities and individuals.

Networking and partnerships

Establishing and maintaining partnerships with local and international non-governmental organizations (NGOs), government institutions and academia, also proved an asset in overall coordination and efforts to avoid overlap, and to also gain from the experience of others in identifying best practices. Added to this, the MRCS has gained recognition among other organizations, some of whom have formed partnerships with MRCS.

Challenges

Delayed implementation

As in many other organizations, decision making, supervision and follow-up may be complicated and lacking in clarity, leaving staff and volunteers without appropriate guidance and often without a clear understanding of roles and responsibilities. As a result, the implementation of the PSP activities was slowed down considerably, and activity components such as information, education and communication (IEC) materials, and 668 community kits¹⁹ and 667 recreational kits²⁰, intended for the acute emergency phase, were only ready for distribution well into the recovery phase when the need and impact of them may be questionable.

Thus managerial procedures need to be improved to ensure expediency in responses to future disasters.

Managers and implementation

The recruitment of an MRCS PSP coordinator took place late in the emergency/relief phase, but was still a necessity as the position proved crucial for implementation.



The PSP programme has built a strong community-level base, ensuring community participation and culturally acceptable interventions. (Photo: Myanmar Red Cross Society)

¹⁷PSP elements were integrated into the First Aid Instructor Course (2001) and into a 3-day PSP training as part of the Community-Based First Aid (CBFA) training (2004). A PSP workshop on curriculum development was held in 2006, followed by translation of the International Federation's Community-based Psychosocial Support Training Manual into the Myanmar language (2007). The manual was used in Training of Trainers (TOT) sessions.

¹⁸ There are currently a total of 565 TOT-trained Red Cross volunteers, hub and headquarters staff, and community representatives, while 390 community representatives and Red Cross volunteers have attended multiplier training.

¹⁹ Community kits meant for communities as a whole, to increase socializing and well-being. Contents include radios, batteries, and volleyball and badminton sets.

²⁰ Recreational kits are meant for child-based institutions. Contents for boys and girls include story books, drawing books, board games, music instruments.

In addition, while the allocation of health officers for hub offices, with a special responsibility towards PSP also improved implementation, young doctors may not possess the right profile for community-based interventions as they are likely to move on when other job opportunities come up. Furthermore, as a result of their medical training, they are inclined to treat and prescribe drugs, which should not be the case for PSP interventions. Furthermore, as a result of their medical training, communities expect them to treat and prescribe drugs, which health authority regulations do not permit them to do.

The need for greater PSP awareness among various leaderships

As PSP is not well understood by authorities and village leaders due to the lack of visibility and difficulty in measuring the long-term effects, more advocacy is needed among leadership, officials and community representatives, specifically at the township level. In addition, psychosocial support (PSP) comes with some disadvantages, as it is implemented by first aiders and not specialists, and with few or no referral possibilities for serious cases.

The need for follow-up for training

Participants in the ToT training courses found the training useful but at the same time, found it difficult to conduct the multiplier training. At the same time, participants in the multipliers found it too difficult to use the knowledge at community level. This is partly due to the lack of supervision and follow-up. Training would therefore benefit from being planned in a phased manner with appropriate breaks between the different levels of training, as well as the introduction of refresher training and strong supervision at all levels.

Medical prescriptions versus counselling

The absence of a referral system for screened acute psychological cases is a major challenge for all organizations in Myanmar. People suffering from repeated flash-backs, long-lasting depression and burn-out symptoms are usually referred to clinics and hospitals prescribing medicine instead of counselling, and there are very few institutions that can address psychological health cases.

Psychosocial-oriented community activities: January-March 2009

Month	Township	Activity
Jan	Maubin	Sport
	Ngapudaw	Singing
	Labutta	Snack cooking
	Kungyangon	Sticky rice cooking
	Dedaye	Seafood cooking
	Kawhmu	Sticky rice cooking
	Kyaiklat	Sport, dancing, sticky rice cooking
	Bogale	Sport, singing
Feb	Twantay	Kayin dance
	Myaungmya	Sport
	Ngapudaw	Sticky rice cooking
	Maubin	Sport
	Wakema	Sport
	Labutta	Sport
	Pyapon	Cooking
	Kawhmu	Sport
	Kyaiklat	Sport, dancing, sticky rice cooking
Bogale	Sport	
March	Dedaye	Snack cooking
	Labutta	Sport
	Pyapon	Sport

Note: The activities above refer to community-based activities aimed at developing self-reliance and resilience. They do not include training, child-oriented activities and integration with cash-for-work projects.

Plans ahead

Training and materials

In 2009, the PSP programme will finalize planned training-of-trainers sessions (TOT) and conduct refresher training for PSP trained volunteers. The 667 recreational kits will be distributed to child-based institutions in 13 townships, along with the rest of the IKEA-donated soft toys after the school holidays in June. Information, education and communication materials will also be distributed to communities for community-based activities.

Community-based activities

The community-based activities will be revised according to the needs of the recovery phase, while school-based activities will be implemented on a monthly basis in every township. This may involve the MRCS school programme, teachers and monks.

Advocacy skills

Attention will be given towards enhancing the advocacy skills of programme staff and volunteers, and to strengthen the skills of MRCS volunteers in terms of community-based mobilization and implementation, in order to develop self-reliance and strengthen resilience.

Fears of another cyclone

As could be expected, psychosocial disorders were not felt in the aftermath of the disaster - it was only about six months later that delayed reactions occurred, such as increased levels of aggression and incidents. Stress and anxiety among the communities are also linked to fears of another cyclone during the coming monsoon season. As such, many have lost their sense of security. The PSP programme is seeking ways to address these issues and is currently testing different approaches.

Long-term efforts

In the longer term, psychosocial support will be integrated into relevant ongoing MRCS programmes. As a starting point, psychosocial support elements will be integrated into training courses and field activities for disaster preparedness, disaster management, and community-based health and first aid (CBHFA). Training curricula and information, education and communication (IEC) materials will be developed, and appropriate activities and preparatory measures identified and developed. The ongoing integration of psychosocial support into the livelihoods programme will also be further developed.

5. Water, sanitation and hygiene promotion



A Ferro cement tank under construction in Mawlamyinegyun. (Photo: Myanmar Red Cross Society)

The cyclone and the resulting tidal surge caused severe damage to water and sanitation infrastructure along coastal areas and river line areas. Water sources such as ponds, wells, and springs, had been damaged or contaminated by solid waste, dead bodies, and/or salt water. Due to this, affected communities had none or limited access to clean drinking water. It is against this backdrop that the following progress and achievements have been made, and challenges encountered:

Progress

Water treatment and distribution

In the emergency phase (May to August), 11 water treatment²¹ units were in operation at various capacities²² in the four most-affected townships. In total, they produced an average of 110,000 litres of safe drinking water for 7,133 households (35,666 beneficiaries) every day.

In the recovery phase, water production increased due to increased dry season needs, and as such, 355,000 litres of water are being treated every day in five areas for

²¹ Including two units from the ICRC, based in Dedaye township (see *partnership support* section for details).

²² Due to varying need in different locations

distribution to 39,580 households.

Pond cleaning and rehabilitation

Pond and well-cleaning and rehabilitation were conducted in tandem with water treatment activities, to enable communities in affected areas to harvest rain water during the monsoon (June to September) for use in the dry season (October to April). This activity has continued into the recovery phase. To date, 73 ponds have been cleaned and 93 rehabilitated, benefiting 22,500 households in 13 townships. In addition, 88 new shallow wells have been constructed in four townships, and 165 existing shallow wells have been cleaned.

Rehabilitation activities include the repairing and strengthening of earthen embankments, fencing of ponds to avoid contamination by animals, and the construction of access jetties to enable community members²³ to fetch water with ease and in safety.

Installation of rainwater harvesting structures

Other activities being carried out simultaneously in all 13 townships are the installation of rainwater harvesting structures and latrine constructions – both of which also began in the early recovery phase (September onwards) and have seen substantial community participation such as human labour for activities and the provision of local materials. Rainwater harvesting structures include fibre glass, tarpaulin and cement tanks.

Latrine construction projects, which are meant to support the poorest and most vulnerable households, consist of demonstrations and training for hub staff and volunteers, who will in turn train community representatives at village tract/village level.

To date, the following activities have been conducted:

- Fourteen Ferro cement²⁴ tanks (with a 20,000 litre capacity each) have been built for community centres or schools in Mawlamyinegyun township by masons and volunteers who have been provided with necessary training. The construction of other tanks is ongoing in Mawlamyinegyun and other townships.
- Construction of 152 tarpaulin tanks of various sizes for community centres and households.
- Installation of 300 fibre glass tanks for community centres and schools.
- A total of 450 demonstration and training latrines have been constructed in 13 townships for more than 1,800 community volunteers²⁵. Distributions of latrine pans and pipes to 5,000 households were conducted at the same time, and CBFA-trained volunteers are monitoring latrine construction activities while carrying out hygiene promotion in villages.

The rehabilitation of ponds and wells, the construction of new wells, and the installation of rainwater harvesting structures, are helping communities avoid water scarcity in the dry season. Of equal importance is the fact that in the longer-term, a higher number of communities (compared to the pre-Nargis situation) will have new water sources and as such, an improved supply of safe drinking water.

Achievements

- The deployment of emergency response unit (ERU) water treatment plants to the affected areas which were operated by trained local engineers and technicians. This was done in view of the initial constraints faced by delegates to travel to the field. Besides operating the units, the teams also handled the distribution of treated water to communities.
- The successful hand-over of water and sanitation ERU units and emergency kits²⁶ to the MRCS at the end of ERU operation. This was complemented by the training of MRCS staff and volunteers²⁷ in the installation and operation of the units.



Strong community participation has contributed to the success of latrine construction projects.
(Photo: Myanmar Red Cross Society)

²³ The fetching of water is carried out predominantly by women.

²⁴ Reinforced cement concrete tanks.

²⁵ Trained community volunteers go on to provide technical support for the construction of latrines at community level.

²⁶ ERU kits were provided by the German and Austrian Red Cross (jointly) and French Red Cross, while an emergency water and sanitation kit was provided by the Australian Red Cross. The International Committee of the Red Cross provided water treatment units and related materials.

- Timely forecasting of the dry season situation (beginning in October) and the development of a dry season strategy which included the following measures:
 - redeployment of water treatment units,
 - cooperation forged with other agencies in the relief phase, continues to expand in recovery programming. This involves water treatment by MRCS/International Federation and distribution by other agencies with the assistance of Red Cross volunteers in certain locations. Agreements have been entered into with Solidarites, Oxfam GB and Save the Children, UNDP and German Agro Action (GAA).
 - continuous monitoring of salinity levels in ponds and rivers.
- Community participation and commitment particularly through human labour, has facilitated the success of several activities. These are notably pond cleaning and rehabilitation, water distributions, installation of rainwater harvesting structures, and the construction of latrines.
- The scaling-up of the programme from the planned five townships to 13 townships (from September to December). This was facilitated by the recruitment and deployment of water and sanitation teams to all nine hub offices to begin assessments and implementation of activities.
- A capable water and sanitation unit for the national society is now in the making, with the recruitment of 45 engineers and technicians who are receiving valuable emergency and recovery on-the-job training as part of the nine strategic hub teams.

Challenges

- During the emergency period (May to August 2008), limited or no access for delegates to affected areas, made it impossible to carry out standard assessments²⁸ before the installation of ERU water treatment units.
- The scaling-up of MRCS capacity particularly in finance management and logistics took a considerable length of time, and this led to limited funds being available in hub offices, which in turn hampered the implementation of emergency phase activities.
- Due to the great demand for skilled and qualified local engineers in the aftermath of Nargis, it has been difficult to recruit all the required officers for water and sanitation teams, within an expedient timeframe. For the same reason, the Federation water and sanitation officer's post has not been filled for a few months.
- The remote locations of some villages and scattered populations in large areas have made it difficult for teams to reach the affected communities on time.
- Village tract assessments and selections took up a considerable amount of time, and this affected planning and implementation of activities.
- Limited access to the project area has made it difficult for delegates to support newly-recruited teams in the field.
- Teams working in the hub offices lack experience in the humanitarian field, and many members are new to the working world. As such, more time is taken up in the planning and implementation of activities.
- Activities will have to be prioritized over the next few months because the rainy season will make construction activities impossible, and will also pose a big challenge to logistics.
- Increasing dry season needs are hampering planned recovery phase activities.
- Limited funds in hub offices and the priority given to the shelter programme are making it difficult to achieve planned targets.

Capacity building

A substantial amount of training has been provided for engineers, technicians and volunteers. These include:

- Initial training conducted in the emergency phase to enable volunteers, technicians and engineers to operate water and sanitation ERUs.
- Structured and comprehensive training for newly recruited engineers and technicians before deployment to hubs.
- A second round of ERU training for new recruits, as well as CBFA training focused on water and sanitation, PHAST (participatory hygiene and sanitation transformation) training for engineers, construction of cement tanks for masons and volunteers, and periodic workshops for hub water and sanitation teams.



A water and sanitation engineer conducts water tests in Mawlamyinegyun. He is part of a capable MRCS water and sanitation unit that is now in the making. (Photo: Myanmar Red Cross Society)

²⁷ During the emergency phase, 15 local engineers and 15 MRCS volunteers were trained, while follow-up training was organised in August for 24 MRCS water and sanitation engineers, technicians and volunteers.

²⁸ As an alternative measure, local engineers and volunteers were trained by delegates in Yangon before deployment to the field.

PARTNERSHIP SUPPORT

International Committee of the Red Cross (ICRC)

In cooperation with the MRCS and the International Federation, the ICRC water and habitation team carried out activities in Dedaye township and the sub-township of Amar, to provide communities with improved access to safe water and sanitation through materials support and hygiene education. The activities were executed during the emergency and recovery periods from May to December 2008, for approximately 20,000 targeted households.

In January, the ICRC conducted a handover of activities to the MRCS – this move will develop and strengthen the national society's disaster response capacity in water and sanitation. The handover included the donation of all relevant equipment including the water treatment units.

The activities from May to December 2008 included the following:

- water treatment and distribution (for 134,755 beneficiaries)
- pond cleaning and rehabilitation (24 ponds)
- supply of roofing sheets to sub-health centres (10 centres)
- installation of rain water harvesting tanks (42 for both institutional and communal places),
- drilling of shallow wells (35)
- distribution of water storage containers (to 1,500 households)
- construction of latrines (materials were provided to more than 2,200 households)
- hygiene promotion (70 sessions)

In conjunction with these activities, relief items such as tarpaulins, mosquito nets, and shelter tools were distributed to beneficiaries in the early stage of the operation.

Evaluation

A project evaluation was carried out in Dedaye township with trained MRCS volunteers in December. Based on responses from villagers, the activities had the following impact:

- Latrine usage had become more frequent, systematic, and cleaner - there were no longer flies and dogs around them. This was attributed to advocacy meetings and PHAST sessions.
- Non-beneficiaries had followed the example of beneficiaries in constructing and using latrines as they too began to understand the need for better hygiene.
- The installation of rainwater harvesting tanks in health centres has prompted villagers to get more tanks for communal use.
- The construction of water tanks and distribution of water containers have improved water-storage capacities at communal and household levels – such capacity is enabling communities to cope with dry season water shortages, to a certain extent.
- Schools are using ceramic globe filters at their drinking water stands.

Capacity building

The following training initiatives have been conducted:

- Training of 15 MRCS volunteers in operation and maintenance of water treatment plants during the emergency period in 2008.
- Participatory hygiene and sanitation transformation (PHAST) training for 31 MRCS volunteers.
- Training of 33 MRCS volunteers and water technicians from ten townships - Bogale, Mawlamyinegyun, Pyapon, Dedaye, Maubin, Kungyangon, Twantay, Kawhmu, Kyaiklat and Wakema - in the following areas during the early recovery stage in 2009:
 - construction of Ferro cement rainwater collection tanks
 - borehole drilling
 - operation and maintenance of water treatment plants

Similar training sessions are scheduled to be conducted in all 13 townships targeted by the MRCS/International Nargis operation.

French Red Cross

Relief phase

The MRCS/International Federation worked actively in four village tracts in southern Mawlamyinegyun township, one of the areas most affected by Nargis. Approximately 8,056 households (36,101 people) were reached through the following interventions aimed at meeting basic survival needs:

- The distribution of emergency shelter kits, as well as hygiene kits and consumable items, conducted in conjunction with hygiene promotions.
- The distribution of water supply kits (10-litre buckets and tarpaulins) gave households the opportunity to harvest rain water as their primary source of safe drinking water. This proved to be an effective emergency intervention during the rainy season. In addition, the distribution of ceramic water filters allowed 3,919 households to treat three types of water for drinking purposes: rain water, pond water and river water. It is believed that through awareness sessions on the use of the filters, communities will be able to use and maintain the filters and thus have a steady supply of drinking water for the next three to five years.
- The distribution of safe drinking water.

Efforts to alleviate water scarcity at community level were also undertaken through the following measures: installation of 31 rain-harvesting water tanks in schools, cleaning of 31 contaminated drinking ponds, rehabilitation of 38 drinking ponds, and installation of 7 pond sand filters.

Livelihoods assistance

Water and sanitation activities also contributed to improve the finances of households through the cash-for-work methodology. Villagers received money for providing labour to carry out the activities.

Challenges

- The authorization process for the creation of ponds has taken up time (about two months) – however this has not posed a serious challenge to the implementation of activities.
- The logistics involved in carrying out distributions and delivering materials in the rainy season has been challenging, but nevertheless workable.

Recovery phase

Relief phase activities have continued into recovery as part of dry season measures. Training of communities in the social and technical management of water supply facilities is planned in order to facilitate the handover of facilities by the year-end.

Capacity building

The project has also focused on capacity building of the national society at various levels. These include field facilitators from headquarters, as well as field officers and 25 volunteers at township and divisional level.

SUPPORTING PROGRAMMES AND SERVICES

Disaster Management

Progress and achievements

During the Nargis emergency operation, the MRCS affirmed its reputation as one of the clear and reliable leaders in national disaster management, through its role as auxiliary to the humanitarian arm of the authorities.

Ongoing MRCS activities within disaster management are based around strengthening preparedness and response measures at both the organizational and community levels.

Capacity building

- The national society has been building safer communities since 2003. Its recent efforts include the provision of two types of training in community-based disaster management (CBDM), comprising five-day training-of-trainers (TOT) training and multiplier training sessions. A total of 42 Red Cross volunteers in the 13 affected townships received TOT training along with volunteers in other parts of the country, while a total of 900 community representatives in 30 Nargis-affected villages received multiplier training. Participants were trained in carrying out vulnerability and capacity assessments, and resource mapping of their villages. The relevant manual and materials for both types of courses are in place.

- Two management-level MRCS staff (operations manager and the deputy head of the disaster management division) attended the relief-to-recovery workshop in Bangkok in February, to share the best practices during the Nargis operation and to also learn from other operations.
- Two representatives (operations manager and the head of the disaster management division) also participated in a disaster risk reduction meeting in Bangkok, while the head of the disaster management division, together with the Federation's disaster management delegate attended the ASEAN ministerial level risk reduction conference in Kuala Lumpur.

Organization preparedness

- Disaster preparedness stock for 15,000 households²⁹ has been positioned in the society's 20 warehouses across the country.
- Logistics training has been conducted for a total of 109 people during the second half of 2008.
- Two people (health division head and disaster management division deputy head) have been trained in RDRT-PHiE³⁰ and two others in RDRT-water and sanitation.
- A disaster management review was undertaken in the month of March, with the aim of consolidating MRCS priorities over a proposed three to five-year timeframe. The review which has captured some of the best practices during the Nargis operation for possible replication in other parts of the country, was conducted by two external consultants in coordination with the International Federation. The draft review report is being studied by MRCS/International Federation management.
- A national logistics capacity assessment focusing on warehouse management is also in progress.

Challenges

- Mobilization and selection of training participants is an area which needs further strengthening.
- Organizational follow-up, continued use of trained participants and refresher training for participants is essential if training is to have the desired impact, particularly during disasters.

Organizational development (May 2008 – March 2009)

Organizational development support to the Nargis Operation has been provided in the following areas:

- operations and transition planning
- human resources planning
- volunteer mobilization and management
- developing and establishing accounting and financial management guidelines

In the original emergency appeal, organizational development plans were integrated with other sectors. However, by end of 2008, a detailed plan of action was developed to guide organizational development support to Nargis operations. This plan provides guidance for future organizational development interventions and support to the Nargis operation.

Operations planning

In the first weeks of May and June 2008, in addition to the back-up support provided for logistics and coordination, the organizational development delegate worked very closely with the MRCS/Federation management in identifying an appropriate implementing model for the Nargis operation. After much discussion and debate, the hub structure was designed and developed for the purpose of implementing the Nargis operation, in coordination with pre-existing MRCS township branches. In September, a terms of reference for the hubs was developed, and an operation manual for the hub offices was compiled and distributed.

In December, support was provided through the facilitation of discussions on the cooperation agreement and Nargis programme agreement between the International Federation and MRCS.

Between December 2008 and February 2009, the MRCS was supported in its preparations for the second partnership meeting on Nargis in February.

Challenges

Dissemination on the hub implementing structures both within the MRCS and the Federation country office, as well as the clarifying of relationships between the hubs and township branches, headquarters and the Federation country office respectively, took considerable time in the initial months of the operation.

²⁹ These include shelter kits, tarpaulins, jerry cans, mosquito nets, blankets, kitchen sets, and hygiene parcels. The despatch of stock to the field was completed in March.

³⁰ Regional Disaster Response Team (RDRT)-Public Health in Emergencies (PHiE)

Transition planning

Between September and January, three visits were made by the regional organizational development delegate to map out a process to develop a transition plan for the hub offices and to develop a long-term post-Nargis development strategy for the national society.

Following this, a branch capacity assessment exercise was initiated in February for MRCS branches³¹ in the 13 Nargis-affected townships. The outcomes of this exercise will assist in developing a branch development plan which will form part of the transition plan for the hubs.

The MRCS has committed itself towards becoming a stronger national society through the event of Nargis, both in terms of supporting institutional learning and in managing the eventual transition from a high level of Nargis operations into the longer-term provision of volunteer-led community activities.

It has been established that transition planning will take time during the coming months, not only to ensure that future MRCS activities in the delta are framed within the national society's longer term strategic commitments, but also due to the reality that MRCS continues to be well absorbed in delivering the operations, and managing and reacting to revisions in the plans, as well as trying to resume annual programming activities (in other parts of the country) which were put on hold for several months due to Nargis.

Nevertheless, the MRCS is aware of the need to prioritize and define more specifically, a process of transition. In this connection, promotion of the volunteer spirit remains a guiding focus. The disaster management and branch capacity reviews during the first quarter of 2009 (mentioned above) will also help feed into the national society's country-wide strategy for development³². All these efforts represent an opportunity to integrate the positive organizational and programmatic learning from activities in the delta to date.

Human resources planning

In order to support the MRCS to manage large-scale recruitments for the Nargis operation, recruitment procedures were developed and established. Job descriptions were developed based on the proposed positions, interviews organized and conducted, contract agreements developed and recommendations submitted to the MRCS executive committee for approval. The Danish Red Cross in-country office provided support in organizing and conducting interviews during the initial weeks of the operation.

Induction courses on the Red Cross Red Crescent Movement and the MRCS programmes were organized and conducted for newly recruited hub staff.

An organizational chart and communication lines (including the relationship with pre-existing township branches) for hub offices and hub staff were developed and established by September.

Over the past 11 months, the national society's capacity to manage the huge volume of recruitments has been developed and strengthened through the recruitment of three human resource staff. Since January 2009, all recruitments for the MRCS have been managed by the national society and interviews conducted with the participation of the Federation. An experienced human resources delegate, recruited to support the Federation country office in early 2009, has also been tasked with providing necessary support to the national society.

Challenges/recommendations

- For nearly six months of the operation, the MRCS had only one human resources officer to support the recruitment process. As a result, most of the recruitment work had to be implemented by the Federation country office.
- Recruitment procedures need to be further developed.
- Inductions on the Movement, the Fundamental Principles, use of the emblem, and the Code of Conduct, for field staff, need to be continued, better structured and strengthened.

Volunteer development support

During the emergency phase, the organizational development team was supported by the ICRC in-country delegation and the International Federation to develop a plan to mobilize and deploy volunteers from non-affected

³¹ Pre-existing national society structures which have provided coordination support to hubs in the implementation of Nargis programmes

³² The MRCS strategic plan is scheduled to be revised later this year.

states and divisions. The ICRC together with the International Federation also supported the development of policy guidelines for volunteer support during this period.

At the height of the operations, several thousand volunteers were estimated to be involved in the emergency response, and they worked tirelessly to bring aid to affected communities. This included nearly 300 trained volunteers from other parts of the country who were rapidly deployed to the cyclone-affected areas within the first month of the operation, to work alongside volunteers who lived in the affected areas. These volunteers provided first aid, psychosocial support and health education.

The MRCS volunteer unit has been strengthened from a one-member unit to a four-member unit today. The unit has facilitated the training of volunteer leaders in volunteer screening and recruitments, while orientation sessions on the Red Cross Red Crescent Movement have been organized for newly-recruited volunteers. Letters of appreciation have also been presented to volunteers who worked in the emergency, while about 1,817 volunteers who were directly affected by the cyclone have been supported with relief items.



Insurance coverage for MRCS volunteers came into effect in February. (Photo: Myanmar Red Cross Society)

Insurance coverage

Another important initiative, undertaken with Federation support, is the provision of insurance coverage to volunteers. Accordingly, an MRCS-Federation agreement was drawn up containing the terms and conditions of Federation support for this initiative. In February this year, coverage for 515 volunteers in the 13 Nargis-affected townships, came into effect.

Volunteer database

The groundwork for the development of a volunteer database began in March this year.

Challenges/recommendations

- Monitoring volunteer work and engagements has been a continuous challenge as reports from the field usually have incomplete information. The availability of a volunteer database therefore is envisaged to help improve this matter.
- The MRCS volunteer unit needs to be supported to further improve its volunteer management and monitoring systems.

Finance development Support

During the first three months of the operation, the regional finance development delegate from Bangkok assisted the MRCS in developing financial guidelines for the nine hub offices. Since then, at least three further visits have been facilitated including field visits to hub offices. As a result of the visit to the hub offices, an accounting instruction manual for hub offices has been developed to assist hub finance officers in accounts management.

Another concern has been financial reports from the national society – this is being addressed with the support of the Federation's finance delegate.

Three training sessions on finance management and working advance procedures have also been conducted for the hub finance staff. The sessions were led by the MRCS finance director with support from the Federation's finance team.

Others issues

Two main challenges faced by the operation's finance unit have been currency fluctuations and complex banking regulations.

Currency fluctuations which began in the middle of 2008, and which continue, have led the operation to experience loss through currency exchanges. The exchanges are unavoidable because local banking regulations require the Federation to engage in two currency conversions (USD to foreign exchange certificates or FEC and FEC to MMK), when making money transfers to the national society and such. Nevertheless, the finance unit has

minimized losses by employing appropriate measures following documented procedures agreed in consultation with the zone finance unit. [<view attached financial report>](#)

Challenges/recommendations

Hub office accounts need to be computerized. This will also improve the tracking of expenses.

Logistics

Mobilization

The large-scale mobilization of relief goods into the country by air and sea, and into the field, took place in a generally smooth manner, despite accessibility challenges faced in the early stages of the operation. The good progress made was attributed to several factors, particularly the following:

- The presence of a strong logistics team comprising a logistics delegate deployed from the regional logistics unit based in Kuala Lumpur, followed by a longer-term logistics coordinator and delegates recruited by the International Federation, and regional disaster response team (RDRT)³³ personnel which was established early in the operation, and which gave valuable support to the MRCS logistics unit which did not have the capacity to deal with the magnitude of Nargis.
- Close coordination and consultation with the regional logistics unit based in Kuala Lumpur, which continues to provide strong support for this operation.
- The strong level of cooperation and coordination between the Federation and the MRCS.
- The extensive network of Red Cross volunteers in Yangon and the delta, which facilitated distributions.
- The good relations between the MRCS and township authorities which also facilitated access for distributions.
- The MRCS/Federation received important support in assessments conducted in the early days of the disaster, in the form of five land cruisers supplied by the ICRC.

In total, up to early November, more than 3,000 tonnes of goods were received in Yangon.

Procurement

Local procurement capacity, which was small at the beginning of the operation, improved by the end of July with the arrival of a Federation procurement delegate, and the hiring of a new logistics officer for the national society.



MRCS logistics staff strength has grown considerably since Nargis. (Photo: Myanmar Red Cross Society)

Organizational development support was also provided in facilitating meetings and discussions between the national society and the Federation, in order to address issues related to procurements. These discussions have led to greater expediency in the MRCS procurement process.

Transportation capacity

Truck hire

The difficulty faced in securing trucking services was solved in August with the signing of service agreements with two local agencies specializing in cargo forwarding and customs clearance. This led to savings in transportation charges and labour, as well as faster deliveries to the field.

Transportation of staff and light supplies

In addition to the five ICRC vehicles provided in the emergency phase, an additional five ERU³⁴ vehicles were received in December 2008, of which one is in use by the French Red Cross. This brings the number of vehicles for headquarters use to 12 light vehicles. In addition, 13 trolley jeeps, 32 bicycles and 32 motorcycles are also in place in the field, following a decision in September to purchase them in view of the challenges faced in relation to the import of vehicles.

³³ ERU support was provided by the British Red Cross and Swiss Red Cross, while RDRT support was provided by national societies from Southeast Asia comprising Palang Merah Indonesia, Philippine National Red Cross, Malaysian Red Crescent and Japanese Red Cross.

³⁴ Provided by the Austrian Red Cross, British Red Cross, French Red Cross and German Red Cross

The availability of more light vehicles and trucks will assist the implementation of recovery activities. However, as the importation of vehicles continues to be a challenge, other alternatives are being investigated, such as the purchase of vehicles being sold by aid agencies which are completing, or downsizing, operations.

Water transportation

Water transportation capacity of the national society received a boost in September last year, with the purchase of 45 boats funded by the Singapore Red Cross. The boats have improved relief distributions between district warehouses and distribution points, as well as overall hub transportation capacities. The remaining boats are in place in MRCS township branches in other parts of the country (non-Nargis affected areas).

Main achievements

A significant achievement charted in logistics is the support provided to the national society in strengthening its logistics capacity. This was made possible because the full Federation logistics team comprising six delegates (procurement included) was in place by the end of July. Support was provided mainly through several types of training:

- Training of three MRCS logistics officers seconded to the International Federation's logistics unit in Yangon since September and December respectively. This continues today. In addition, one of the officers conducts on-the-job training for nine MRCS hub logistics officers in five locations in the field - the officer covers one location per week.
- The training of 15 national society staff members and 40 volunteers in the 13 affected townships. This was conducted in the months of July to October and comprised on-the-job training conducted by delegates who travelled to the field, to assess the logistics management systems and establish warehousing practices.
- Formal training sessions in standard Federation warehousing software (Logic), as well as general logistics training including warehousing, transportation and procurement.

As a result of these initiatives, the International Federation's standard warehousing management system is now in place, and is being operated by MRCS staff. The system includes computer software and the use of stock cards and bin cards, which have enabled the tracking of items up to distribution points. MRCS logistics staff strength has also grown from the onset of the disaster, to 10 in Yangon and 17 in the hubs today. This will stand the national society in good stead in the event of future disasters.



Improved water transportation capacity has assisted relief distributions and general transportation needs in the field. (Photo: Myanmar Red Cross Society)

In 2009, training continued for four newly-recruited logistic officers. Country-wide basic logistics training sessions have also taken place for 35 staff including staff in locations where disaster preparedness (DP) stock is pre-positioned.

Challenges/recommendations

National society procedures and authority levels relating to logistics/procurement-related issues need further strengthening.

Plans ahead

The Federation's logistics team, which has since scaled down to three delegates, targets to visit all field locations once every two months in order to provide maximum support to the national team on the ground, and to maintain good lines of communication.

The operation of the Federation's Logic software needs further improvement to be able to use it in its full capacity, and upgrades are expected. The supply chain management from procurement, through warehousing and transport to final distribution to the beneficiaries, will also be improved further.

Currently, a countrywide logistics capacity survey is ongoing. The results of this will be known at the end of May and a countrywide logistics capacity building programme, under the umbrella of the disaster preparedness programme, will be set up accordingly.

Security

With the approach of the monsoon rains in May, serious efforts are being made by the country office and MRCS headquarters to identify and agree on a defined standard procedure that will regulate travel in the delta during the coming months, and support emergency needs for medical evacuations and safety-related functions. This aims to enable a secure working environment for the Federation and MRCS staff working in the delta. Necessary amendments will be incorporated into the country office's security guidelines which are presently being undertaken. A security focal point has been appointed in the Federation country office in Yangon for this purpose.

Monitoring and evaluation (M&E)

While some aspects of the operation have been monitored and evaluated through separate initiatives³⁵, efforts are also being made to ensure comprehensive monitoring and evaluation of programmes.

The latter effort was initiated in December last year with a workshop by Danish Red Cross M&E consultant. A follow-up to this began in early April by an in-country consultant who is laying the groundwork for further M&E initiatives.

Livelihoods and shelter beneficiary databases were put in place in early March by a British Red Cross consultant. Relevant staff at hub and headquarters-level have been trained in capturing all relevant data and entering this into the databases. These databases, along with the newly set-up geographical information management unit (see *below*), are anticipated to provide useful monitoring and evaluation tools.

Geographical information management unit

The operation's geographical information management unit (GIMU) was fully operational in February as a result of groundwork which began in July/August. Spearheaded by the water and sanitation unit, the GIMU was established to support the planning and monitoring of ongoing activities.

The groundwork consisted of the training of several delegates by an in-country geographic information system (GIS) specialist from the ICRC. This was followed by a basic training course organized in December for six national staff (three MRCS and three Federation) along with the water and sanitation coordinator. Participants were trained in the use of GIS Arc View computer software, by an ICRC delegate from Geneva.

So far, the GIS unit has developed the following: cash-for-work coverage maps, activity maps for the water and sanitation, and health sectors; and a planning map for the shelter sector. Baseline maps on the delta, along with individual township maps are also being developed.

There are plans to extend GIMU support to annual appeal programmes throughout Myanmar.

Communications facilities

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, in the late emergency and early recovery phases. To date, a total of 35 phones have been procured and distributed to the field.

In February and March this year, communications were further improved with the availability of Internet connectivity at all hubs. This was made possible through the installation of satellite Internet connections in the field – an effort initiated and implemented by the MRCS communications division, with the assistance of the Federation.

Reporting

The reporting capacity of the national society has been strengthened gradually, with the recruitment of nine hub reporting officers, the final three of whom were deployed in January.

The frequency and content of hub reports have improved since early this year, with the introduction of some changes to the reporting format, and the training of reporting officers in the field and in Yangon. Training will continue on a regular basis.

³⁵ Relief and early recovery evaluation (*Dec 2008*), Household monitoring survey (*Dec 2008*), Shelter tool kit survey (*Oct-Nov 2008*), and Knowledge, Attitude and Practice (KAP) survey (*Dec 2008*).

Media/communications

The Nargis operation has fostered a close relationship between the International Federation and the MRCS in communications activities, not only in reference to dissemination activities in the emergency phase, but for the whole year and beyond.

The regional communications delegate, who took over external communications for Nargis³⁶ in the second half of last year, has worked closely with the national society's communications division, in several areas, notably:

- the regular preparation of communications material.
- two field visits by communications specialists from four partner national societies late last year.
- a successful communications workshop held in February and facilitated by Danish Red Cross (as a result of the national society's participation in a regional programme for communications capacity building).
- Production of a video on recovery activities, as well as a *Humanitarian Heroes* photo exhibition featuring volunteers, as part of communications initiatives commemorating the first anniversary of Cyclone Nargis.

All of these activities are helping to strengthen the national society's capacity.

A significant contribution of the MRCS communications division is the capture of video footage and photos of the early scenes of the operation, despite the shortage of electricity in the field. These powerful images have been used by the media worldwide. Footage was also used to produce a 14-minute video on Nargis relief activities. Titled *Myanmar Red Cross in Action*, the video has been distributed to partner national societies (including participants at the Nargis partnership meetings in Kuala Lumpur and Yangon), ministries and local media.

Another important development is the launch of the society's website (www.myanmarredcross.org.mm) early this year.

MRCS capacity

The scale-up for the Nargis operation has seen the recruitment of a total of 237 hub technical staff, out of 240 budgeted positions. In addition, at headquarters level, a total of 33 staff have been recruited out of the budgeted 35.

International Federation capacity

A total of 18 out of 19 Nargis delegates are in place. However, government directives on visas have meant that certain positions will not be replaced upon expiry of current contracts, and new appointments for recently advertised positions have been cancelled.

There are also six annual programming delegates who provide support for Nargis when necessary, as well as 17 local technical staff.

Continuity in operations management has been secured with the recruitment of a long-term head of operations who started his mission in January, as well as the recruitment of a new head of country office in February. Both positions were vacated in December and November respectively, and were previously filled with interim replacements.

Other ICRC interventions (outside the MRCS/Federation's Nargis Appeal)

Restoring family links (May 2008 to end March 2009)

With technical and financial support from the ICRC, the MRCS established a restoring family links (RFL) unit and appointed dedicated staff for RFL activities at its headquarters and in four townships in the worst-affected areas: Pyapon, Bogalay, Laputta, and Mawlamyinegyun. On a needs basis, other areas including Dedaye, Myaungmya, Maubin, Ngapudaw and Pathein, were also covered from these townships as well as from Yangon.

RFL strategies translated into the following progress/achievements during the Nargis operation:

- provision of telephone facilities to restore family links
- collection of more than 5,000 *Safe and Well* messages (from affected areas)
- collection of *Anxious for News* messages (from non-affected areas)

³⁶ Early Nargis communications efforts were jointly carried out by the Federation's units in Bangkok, Kuala Lumpur and Geneva.

- registration of nearly 500 separated and unaccompanied children
- collection of 40 tracing requests based on set criteria
- dissemination of standard Red Cross messages

There were also other families who were reunited through the individual efforts of communities or people who based their tracing efforts on initial information posted on community boards by RFL personnel.

RFL teams consisting of 33 personnel delivered *Safe and Well* messages to addressees where possible, and in a number of these cases, families who believed their relatives had been killed, gratefully welcomed such news.

Children

Photographs of registered children were shown to the public without mention of their details, and necessary follow-ups enabled 12 children to be reunited with their families. The RFL team also coordinated its activities with other child protection agencies in the field by sharing information and cross-checking cases.

Approximately 90 per cent of children who were registered with the RFL unit and could not be reunited with their families because of a number of reasons (e.g. lack of further information for tracing), were referred to the government department concerned.

Capacity building

ICRC tracing field officers under the supervision of a tracing delegate, provided technical advice and coaching support to about 500 MRCS RFL personnel in the field as well as Yangon.

Joint ICRC-MRCS field trips to cyclone-affected areas in the Ayeyarwady division were carried out to provide on-the-job training to MRCS personnel (nine from Yangon and 24 from Nargis-affected areas), while offering RFL services to beneficiaries.

Hand-over

The programme was handed over to the MRCS at the end of March. The good progress made is projected to continue and be built-on by the national society, in view of funding received from the Australian Red Cross and which took effect from the beginning of April 2009.

Challenges

As the RFL programme was new to the public as well as the authorities, a sufficient amount of time was needed to familiarize various parties with its processes and activities. Therefore, a comprehensive dissemination exercise on RFL activities had to be made on arrival in every new location in order to make communities understand how the service worked and to avoid giving them false hope.

During the emergency phase, the team could not engage in 'active tracing'. Instead, 'passive tracing' activities were carried out – these included the collection of *Safe and Well* messages from survivors and the posting of the lists in public places.

Strong coordination is needed between the RFL unit and other stakeholders to facilitate the development of the programme.

As the cyclone-affected areas were not easily accessible, the programme could not be conducted in all locations in a short period of time. Nevertheless, a lot of effort went into making the programme a success.

Recommendations

As knowledge of management of human remains can assist in the tracing of missing people, Red Cross volunteers should be provided with training in RFL and the handling of human remains.



PART II: REVISIONS TO THE APPEAL

Substantial revisions have only been made to the shelter programme. Other core programmes have seen minimal changes. [<For the full set of programme objectives, expected results and activities, click here>](#)

Shelter

Two new additions have been made to the shelter programme:

- Construction of 24 storm-resistant schools in Bogale (19) and Pyapon (five) townships.
- Construction of 100 Red Cross posts

Additionally, funding will also be provided for the emergency repair of MRCS branches damaged by Cyclone Nargis.

Construction of schools

This second shelter recovery programme was not included in the revised Emergency Appeal of 8 July 2008. On the specific request of the MRCS, the International Federation has decided to fund the construction of 24 storm-resistant schools in Bogale (19) and Pyapon (five) townships.

The schools are scheduled to be constructed in the coming six months, and will cost about USD 764,000 (CHF 868,020 or EUR 575,930) in total (about USD 31,800 – CHF 27,990 or EUR 23,972 - each school). The schools will be built by contractors under the supervision of the MRCS supervisory branch committees in the respective townships. Agreements have been drawn up and approved, and the tender process is about to start. The Federation will be involved in assisting MRCS in development of the bills of quantity (BOQ) and in the tender procedure, helping MRCS ensure that standard procedures are followed.

Construction of 100 Red Cross posts

These posts are to be used by village tract committees and the MRCS for various types of meetings and activities. At the same time, the posts can be used as first aid posts. Each post is estimated to cost about USD 2,500 (CHF 2,840 or EUR 1,885) including the cost of first aid equipment and furniture.

This project was initially included in the livelihoods programme plans in the July appeal.

Construction of 25 safe community buildings/cyclone shelters

This component, which was initially within the livelihoods programme plans in the July appeal, and shifted to the shelter programme in December (operations update No. 23), has been updated. It will involve the construction of multi-sectoral buildings (e.g. schools, health centres, libraries, and community centres) which are cyclone-resistant and can be used as community shelters in case of cyclones, floods, and such. The construction of these buildings will be related to the national society's wider plans for cyclone protection (including early warning systems). Twenty-five of these buildings are planned, with each costing about USD 100,000.

Livelihoods

- No changes have been made in this update pending the outcome of ongoing discussions on revised projects. (see *First Year Report* above).

Community-based health and first aid

No changes have been made. Instead, increased emphasis is placed on the following as a result of a situational analysis and a base line survey conducted in December 2008 (also known as the knowledge, attitude and practice survey):

- Community participation in public health in emergency preparedness activities.
- Community mobilization of health awareness and behaviour-change approach.
- Follow up defaulter and awareness of tuberculosis prevention (this project has been approved by the ministry of health).
- A referral system with township hospitals and at community level.

- Capacity building including the development of a community-based health and first aid (CBHFA)-in action approach.
- CBHFA-in-action technical working group within the MRCS continues.

Psychosocial support

Emphasis has been given to the following:

- Involvement of communities in decision-making regarding community activities
- Integration of PSP elements into mainstream programmes/projects.

Minor changes have also been made to training targets.

Water, sanitation and hygiene promotion

Ongoing dry season water security measures (*see First Year Report above*) have been incorporated into the plan.

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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 - 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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BUDGET SUMMARY

Myanmar: Cyclone Nargis

MDRMM002

Emergency Relief Phase				Total cost CHF
Emergency Shelter & Relief				21,424,479
-Shelter Kits, Tarpaulins & Air Transport			12,964,718	
-Blankets, mosquito nets, clothes			2,493,159	
-Kitchen sets , Jerry Cans and Buckets			3,843,854	
-Hygiene kits & Family Kits			2,122,748	
Health & Care				424,980
- First Aid Kits			424,980	
Watsan & ERU				1,397,894
			1,397,894	
Other costs				5,840,290
- Personnel, Training, Vehicles & Admin			5,840,290	
Total Expenditure				29,087,643
Recovery Phase				
	No.of Units	Cost per unit	Total cost	Total cost CHF
Shelter				14,493,181
- Distribution of Tarpaulins for the Monsoon season			881,572	
- Shelter Awareness materials IEC			50,000	
- 24 storm-resistant schools	24	36,896	885,500	
- Construction of 100 Red Cross posts	100	1,150	115,000	
- Contribution of materials			8,145,352	
- Construction of safe community buildings/cyclone shelters	25	118,000.00	2,950,000	
-Training & workshops, Personnel & other costs			1,465,757	
Livelihoods				5,645,396
- Cash Grant/Vulnerable families	4,000	120	480,000	
- Cash for Work programs			559,525	
- Cash Grant - Asset Recovery	20,000	150	3,000,000	
- Training & workshops, Personnel & other costs			1,605,871	
Community-based Health and First Aid & Psychosocial support				7,128,406
- Psychosocial Support & Awareness (IEC)			1,393,000	
- Community Based Health			1,854,900	
- Training & personnel costs			3,880,506	
Water and Sanitation & Hygiene promotion				5,043,165
- Rehabilitation of water and sanitation facilities			3,193,114	
- Personnel, Training, Logistics & other costs			1,850,051	
Disaster Preparedness & Response				1,046,212
- DP Stoke	2	200,000	400,000	
- Training & workshops, Personnel & other costs	2	323,106	646,212	
Core Cost				8,568,508
- Capital Equipment			761,600	
- Personnel (delegates, staff & consultants)			5,522,190	
- Training & workshops			503,000	
- General expenses (office running costs & travel)			1,781,718	
Logistics				2,975,398
- Capital Equipment			617,600	
- Transport, Storage & vehicles			1,367,197	
- Training & workshops, Personnel & other costs			990,601	
Total Budget				44,900,266
TOTAL REVISED BUDGET				73,987,909

** NOTE : Programme Support Recovery (PSR) has been apportioned under each sector.

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2009/3
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	3,428,030					3,428,030
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	1,405,814					1,405,814
Canadian Red Cross (from Canadian Government)	2,534,629					2,534,629
Cook Islands Red Cross	11,283					11,283
Cyprus Government	80,050					80,050
Cyprus Red Cross	16,123					16,123
Danish Red Cross	505,303					505,303
Danish Red Cross (from Danish Government)	2,227,858					2,227,858
ECHO	1,272,513					1,272,513
Estonia Government	51,607					51,607
Finnish Red Cross	280,424					280,424
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	6,341,400					6,341,400
Japan - Private Donors	4,730					4,730
Korea (Republic of) - Private Donors	191					191
Korea Republic Red Cross	378,352					378,352
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

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Reporting Timeframe	2008/5-2009/3
Budget Timeframe	2008/5-2011/4
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<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>	32,583			32,583
<i>New York Office (from ChevronTexaco Corp.)</i>	1,051,073			1,051,073
<i>New York Office (from Hospira)</i>	105,107			105,107
<i>New York Office (from Lehman Brothers Foundation)</i>	94,597			94,597
<i>New York Office (from Motorola Company)</i>	105,107			105,107
<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>	106,786			106,786
<i>Norwegian Red Cross (from Norwegian Government)</i>	1,237,200			1,237,200
<i>On Line donations</i>	248,510			248,510
<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>	42,359			42,359
<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>	5,541			5,541
<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 Donor</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	47,873,901			47,873,901
Outstanding pledges (Revalued)				
<i>Belgium Red Cross (Flanders)</i>	41,316			41,316
<i>British Red Cross</i>	1,639,613			1,639,613
<i>British Red Cross (from British Government)</i>	582,063			582,063
<i>Danish Red Cross</i>	16,800			16,800
<i>Japanese Red Cross</i>	75,000			75,000
<i>Korea Republic Red Cross</i>	1,434			1,434
<i>New York Office (from Black Rock)</i>	57,241			57,241

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<i>New York Office (from Citadel Investment group)</i>	11,210			11,210
<i>New York Office (from EMC Corp.)</i>	85,861			85,861
<i>New York Office (from Mellon Bank)</i>	28,620			28,620
<i>New York Office (from Schering Plough)</i>	57,241			57,241
<i>New York Office (from United States - Private Donors)</i>	487			487
C2. Outstanding pledges (Revalued)	2,596,886			2,596,886

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>	3,657,379			3,657,379
<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>	1,039,023			1,039,023
<i>Swiss Government</i>	154,743			154,743
<i>Swiss Red Cross</i>	350,197			350,197
C3. Inkind Goods & Transport	18,237,297			18,237,297

Inkind Personnel

<i>Australian Red Cross</i>	22,147			22,147
<i>Austrian Red Cross</i>	35,053			35,053
<i>British Red Cross</i>	75,093			75,093
<i>Canadian Red Cross</i>	8,680			8,680
<i>Japanese Red Cross</i>	53,113			53,113
<i>Netherlands Red Cross</i>	80,506			80,506
<i>Other</i>	-2,053			-2,053
<i>Swiss Red Cross</i>	19,800			19,800
C4. Inkind Personnel	292,339			292,339

Other Income

<i>Services</i>	-169,274			-169,274
C5. Other Income	-169,274			-169,274

C. Total Income = SUM(C1..C5)	68,831,149			68,831,149
D. Total Funding = B + C	68,831,149			68,831,149
Appeal Coverage	93%			93%

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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	68,831,149					68,831,149
E. Expenditure	-37,012,373					-37,012,373
F. Closing Balance = (B + C + E)	31,818,777					31,818,777

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Selected Parameters	
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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	6,063,542				6,063,542	5,536,458	
Construction - Facilities/Infrastruc		7,745				7,745	-7,745	
Clothing & textiles	1,600,050	2,730,538				2,730,538	-1,130,488	
Food		1,683				1,683	-1,683	
Seeds,Plants	1,071,000						1,071,000	
Water & Sanitation	4,477,520	624,336				624,336	3,853,184	
Medical & First Aid	888,500	469,467				469,467	419,033	
Teaching Materials	236,000	4,449				4,449	231,551	
Utensils & Tools	7,335,000	3,930,559				3,930,559	3,404,441	
Other Supplies & Services	10,085,190	2,309,904				2,309,904	7,775,286	
ERU		968,899				968,899	-968,899	
Total Supplies	37,293,260	17,111,122				17,111,122	20,182,137	
Land, vehicles & equipment								
Vehicles		218,981				218,981	-218,981	
Computers & Telecom	311,675	214,287				214,287	97,388	
Office/Household Furniture & Equipm.	82,250	204,369				204,369	-122,119	
Others Machinery & Equipment	740,000	6,287				6,287	733,713	
Total Land, vehicles & equipment	1,133,925	643,924				643,924	490,001	
Transport & Storage								
Storage	146,000	192,198				192,198	-46,198	
Distribution & Monitoring	8,334,270	7,917,159				7,917,159	417,112	
Transport & Vehicle Costs	1,513,440	138,903				138,903	1,374,537	
Total Transport & Storage	9,993,710	8,248,260				8,248,260	1,745,450	
Personnel								
International Staff	5,847,741	1,716,595				1,716,595	4,131,146	
Regionally Deployed Staff	93,000	67,980				67,980	25,020	
National Staff	610,600	124,383				124,383	486,217	
National Society Staff	5,552,000	783,455				783,455	4,768,545	
Consultants	118,500	70,878				70,878	47,622	
Total Personnel	12,221,841	2,763,290				2,763,290	9,458,551	
Workshops & Training								
Workshops & Training	6,139,558	265,653				265,653	5,873,905	
Total Workshops & Training	6,139,558	265,653				265,653	5,873,905	
General Expenditure								
Travel	926,600	237,141				237,141	689,459	
Information & Public Relation	684,000	99,590				99,590	584,411	
Office Costs	224,000	138,745				138,745	85,255	
Communications	324,800	149,002				149,002	175,798	
Professional Fees	20,000	13,433				13,433	6,567	
Financial Charges	180,000	696,301				696,301	-516,301	
Other General Expenses	37,000	26,015				26,015	10,985	
Total General Expenditure	2,396,400	1,360,226				1,360,226	1,036,174	
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	1,977,693				1,977,693	2,831,521	
Total Programme Support	4,809,214	1,977,693				1,977,693	2,831,521	
Services								
Services & Recoveries		287,239				287,239	-287,239	

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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	
Shared Services		750				750	-750	
Total Services		287,989				287,989	-287,989	
Operational Provisions								
Operational Provisions		3,356,714				3,356,714	-3,356,714	
Total Operational Provisions		3,356,714				3,356,714	-3,356,714	
TOTAL EXPENDITURE (D)	73,987,909	37,012,373					37,012,373	36,975,536
VARIANCE (C - D)		36,975,536					36,975,536	

NARGIS OPERATION: CORE PROGRAMME TABLES (1 May 2009)

The relevant revisions to the programmes have been shaded in pink, while areas of emphasis are in blue. Note: Ongoing discussions with authorities may necessitate revisions to the livelihoods programme in the coming months.

Shelter	
<p><u>Objective 1</u> The most vulnerable households (especially those living in public places, with host-families or in emergency shelters) have a dry and storm-proof shelter.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> • 8,000 of the most vulnerable households that have not achieved a reasonable status of recovery have been identified and supported with the provision of adequate shelter. • A high proportion (minimum of 85%) of the 8,000 households have been able to recover to a reasonable level of shelter. • Awareness has been raised on improved building techniques and buildings are being built accordingly. • MRCS capacity to address shelter as a mitigation measure has been strengthened. 	<ul style="list-style-type: none"> • Prepare guidelines on the programme. • Employ shelter technicians in each hub office to build the capacity of MRCS. • Train and instruct hub staff on the programme. • Organize beneficiary selection process. • Sensitize suppliers. • Train carpenters and build model houses. • Work in conjunction with UN Habitat on the production and distribution of technical posters and brochures for building back safer techniques. • Provision of funds enabling the construction of 8,000 houses with a value of CHF415 each. • Monitor procurement of materials. • Evaluate programme.
<p><u>Objective 2</u> <ul style="list-style-type: none"> • Public infrastructure for health, education and community activities are available for people in the Nargis affected areas. • Storm / flood and/or cyclone resistant buildings are available for people to flee to in case those kind of hazards occur. </p>	
Expected results	Activities planned
<ul style="list-style-type: none"> • 24 storm-resistant schools are constructed and handed over to the Ministry of Education. • 10 cyclone-resistant health centers are constructed and handed over to the Ministry of Health. • 25 cyclone-resistant buildings (like schools, health centres or other public facilities) are constructed and handed over to the relevant authorities. • 100 Red Cross posts have been built to accommodate community and Red Cross activities. 	<ul style="list-style-type: none"> • Identify locations. • Prepare designs and Bills of Quantity. • Tender for contractors (in case of public buildings) • Make resources for construction available for communities to construct Red Cross posts. • Supervise construction of buildings. • Prepare ownership and maintenance arrangements. • Hand over building.

Livelihoods

Objective 1

- Increased family income and reduced vulnerability of households affected by Cyclone Nargis.
- Community assets and infrastructure restored, enabling improved access and livelihoods for the affected communities.

Expected results

- Selected households are provided with wage employment.
- Basic community assets and infrastructure are restored.

Activities

- Interaction with other agencies implementing Cash-for-Work (CFW) programmes for learning.
- Needs assessments and development of CFW strategies.
- Orientation and capacity building of field teams and Red Cross volunteers.
- Development of database.
- Community-level planning process of developing CFW proposals with Village Tract Recovery Committees.
- Beneficiary selection and preparatory meeting at community level.
- Implementation of CFW activities as per approved plan and budget.
- Programme monitoring.
- Community transparency of CFW at completion of projects.
- Review and impact assessments of CFW programme.

Objective 2

Cyclone-affected households recover their livelihoods and improve their wellbeing with increased knowledge and capacity to withstand disasters.

Expected results

- Targeted households recover lost productive assets.
- Indebted households (post-Nargis) recover from debt and start livelihoods.
- Households and communities have increased knowledge on livelihoods and an enhanced capacity relating to disaster risk reduction.

Activities

- Collection of baseline data and analysis of debt situation in operational area.
- List out potential income generation activities.
- Assess community training needs.
- Identify key training institutions/service providers.
- Prepare guidelines on asset recovery programme.
- Provide orientation to hub managers and livelihoods technicians.
- Community-level planning process with Village Tract Recovery Committees.
- Beneficiary selection and preparatory meeting at community level.
- Undertake community transparency and appeal procedure.
- Prepare individual beneficiary plans and contracts.
- Programme implementation as per approved plan and budget.
- Enter beneficiary details into database.
- Monitor asset recovery programme.
- Conduct community capacity building training.

	<ul style="list-style-type: none"> • Conduct programme review and impact assessment. • Prepare final report.
<p>Objective 3 Improved social and economic conditions of most vulnerable and excluded households (landless manual labourers, disabled, widows and the elderly).</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> • Most vulnerable and excluded people improve their social and economic conditions. • Basic needs of the most vulnerable households are addressed. • Targeted households improve/begin earning incomes through new livelihood enterprises. 	<ul style="list-style-type: none"> • Interaction with specialized agencies working for physically challenged people and the elderly to understand the scope of programme. • Conduct livelihoods needs assessment of disabled, widows, elderly etc at community level. • Prepare programme guidelines. • Provide orientation to hub managers and livelihoods technicians. • Community-level planning process with Village Tract Recovery Committees. • Beneficiary selection and preparatory meeting at community level. • Undertake community transparency and appeal procedure. • Implementation of activities as per approved plan and budget. • Enter beneficiary details into database. • Monitor the programme. • Conduct programme review and impact assessment. • Prepare final report.
<p>Objective 4 Community natural resources are restored, enabling livelihoods and protection from natural disasters.</p>	
Expected results	Activities
<ul style="list-style-type: none"> • Natural resources are restored in affected communities. • Community capacity to manage natural resources is enhanced. 	<ul style="list-style-type: none"> • Discuss scope of natural resource projects with line department in relevant ministry/township. • Assessment of community needs with regard to restoration of natural resources projects • Prepare programme guidelines. • Provide orientation to hub managers and livelihoods technicians. • Community-level planning process with Village Tract Recovery Committees. • Beneficiary selection and preparatory meeting at community level. • Programme implementation. • Undertake community transparency and appeal procedure. • Enter beneficiary details into database. • Monitor the programme. • Conduct programme review and impact assessment. • Prepare final report.

Community-based Health and First Aid

Objective (medium and long-term needs)

- Ensure access to basic health care, first aid and psychosocial support by training community-based first aid volunteers and putting a referral system in place, in coordination with the Ministry of Health, and involving the community in health, hygiene promotion (in support of the hygiene promotion activities carried out by water and sanitation sector) and sanitation activities.
- Strengthen the capacity of the MRCS to manage an integrated community-based health and first aid-in-action approach which includes water and sanitation, and psychosocial support activities, conducted in emergencies and normal situations, in coordination with the Ministry of Health.

Expected Results	Activities planned
<p>Community mobilization</p> <p>1. Cyclone affected communities/villages organize Village Health Committees to improve health knowledge, behaviour and practice through trained CBHFA Volunteers.</p> <p>2. Health knowledge, behaviour and practices at household level is improved through health education and promotion campaigns.</p> <p>Public Health in Emergency</p> <p>1. Cyclone-affected communities are prepared for potential epidemics/disasters through surveillance prevention and control measures in collaboration with the Disaster Management Division.</p> <p>2. To assist vaccination campaigns and conduct household health monitoring and health awareness campaigns.</p> <p>Community Based Health Malaria/Dengue prevention</p>	<p>1) KAP (Knowledge, Attitude and Practice) survey and needs assessments are carried out and updated, using the new CBHFA-in-action module (<i>module 3</i>) annually.</p> <p>2) Communities participate in Focus Group Interviews and receive household visits by trained CBHFA Red Cross volunteers at least once a month.</p> <p>3) CBHFA Red Cross volunteers organize advocacy meetings and focus group discussions for each village.</p> <p>4) Organize orientation sessions on community health for Village Health Committees.</p> <p>5) Plan of action is developed/updated, based on the five health priorities identified in each targeted community.</p> <p>6) CBHFA Red Cross volunteers conduct health education and promotion campaigns including Avian Human Influenza (AHI), TB, Malaria/Dengue, HIV, and Mother and Child Health (MCH) in collaboration with the Ministry of Health, and also participate in relevant water and sanitation projects.</p> <p>1) 100 Red Cross posts in 13 townships will be equipped with disease surveillance forms including household monitoring/assessment forms, 13,000 first aid kits and supplies for referrals, and 33,000 oral rehydration salts (ORS) sachets.</p> <p>2) Community action plans for referrals to health centres/hospital will be established in 13 townships.</p> <p>3) CBHFA volunteers conduct regular first aid training including PSP activities in all affected townships, at least once a month.</p> <p>4) Provide 100,000 information, education and communication (IEC) materials and distribute to affected communities, in support of community health education activities.</p> <p>5) 20 CBHFA volunteers from each township conduct immunization campaigns every first week of the month, under the supervision of Township Medical Officers.</p> <p>6) CBHFA volunteers give health information and conduct assessments at household level.</p> <p>7) Affected people from 13 townships receive health education in</p>

<p>3. CBHFA volunteers effectively manage the malaria/dengue prevention project with community participation.</p>	<p>malaria/dengue. 8) The most vulnerable households in 13 townships receive 25,000 long-lasting insecticide-treated nets. 9) Targeted households participate in cleaning up of surroundings and hygiene awareness campaigns at least once a month. 10) Targeted households keep water storage containers covered all day.</p>
<p>Tuberculosis care project 7. Increased community awareness about TB and improved MRCS capacity to address TB-related care and support.</p>	<p>11) Red Cross volunteers conduct assessments of suspected TB cases and make referrals to health facilities. 12) Red Cross volunteers support registration of TB suspects and transfer sputum containers to health centres. 13) Red Cross volunteers receive general training in TB and as Directly Observed Treatment providers, under the supervision of Township Medical Officers. 14) Red Cross volunteers conduct health education sessions related to TB. 15) Co-infected TB/HIV patients are referred for treatment by Red Cross volunteers. 16) At least 4,000 TB care sets (cereal, hygiene set), supplementary food and vitamins, are distributed to TB patients by 2010 end. 17) Red Cross volunteers receive prevention materials from MRCS headquarters.</p>
<p>Hygiene promotion 8. To reduce the impact of water-related health problems in prioritized areas.</p>	<p>18) CBHFA volunteers <i>monitor</i> diarrhoea cases and other water-related diseases. 19) CBHFA Volunteers <i>refer</i> cases for diarrhoea and other water-related diseases to health centres. 20) Red Cross volunteers and communities are trained in PHAST (Participatory Hygiene and Sanitation Transformation) methodology. 21) Using PHAST methodology, communities identify water-related health problems. 22) Affected communities access safe water sources (<i>see water and sanitation table</i>). 23) Communities discuss community action plans and construct sanitation facilities (<i>see water and sanitation table</i>). 24) 30,000 hygiene materials are distributed to identified communities.</p>
<p>9. Access to safe water and sanitation facilities is increased in identified vulnerable communities.</p>	<p>25) MRCS headquarters has in place a standard field-tested CBHFA package, include HIV peer education standard, epidemiological tool kits; water and sanitation, and climate change tools, available for national use.</p>
<p>10. Effective hygiene practices are conducted among identified populations.</p>	<p>26) The CBHFA package of tools (volunteer manual and household and community tools) is translated and customized to the Myanmar situation by the end of 2010. 27) IEC materials are developed, disaggregated by type and topic, and incorporated into CBHFA trainers' household tool kits. 28) 5 MRCS staff are certified as CBHFA Master Facilitators. 29) MRCS headquarters organizes a workshop and planning meeting on the standard CBHFA-in-action approach, with key stakeholders in May 2009. 30) MRCS headquarters organizes the CBHFA-in-action technical working group, which is related to the CBHFA advisory group comprising Partner National Societies.</p>
<p>Capacity building including development of the CBHFA-in-action approach</p>	<p>31) MRCS headquarters organizes technical visits to districts and/or</p>

	<p>targeted branches to support CBHFA-in-action implementation (through coaching, training, mentoring, and monitoring).</p> <p>32) MRCS headquarters designs reporting formats and conducts field testing.</p> <p>33) MRCS headquarters monitors and analyzes monthly/quarterly/annual reports.</p> <p>34) 150 previously-trained CBHFA trainers will attend refresher training in disease prevention, preparedness for emergency health care, first aid response and psychosocial support.</p> <p>35) CBHFA focal persons from each hub will attend refresher training and continue to support local branches and volunteers in the implementation of health, first aid and psychosocial support activities.</p> <p>36) Organize review, evaluation and planning meetings with Red Cross volunteers, branch health officers, and MRCS headquarters; and schedule an external evaluation of health and care before the completion of the operation.</p> <p>37) Organize an additional 130 CBHFA multiplier training sessions and 5 CBHFA Training of Trainers (ToT) sessions, by the end of 2010.</p>
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Psychosocial Support

Objective (medium and long-term needs)

- Enhance the capacity of MRCS to respond to the psychosocial needs of the population as well as staff and volunteers.
- Address the psychosocial recovery needs of the population by providing psychosocial support activities and – if relevant – related relief items.

Expected Results	Activities planned
<ul style="list-style-type: none"> • MRCS staff, volunteers and key community representatives are trained in psychosocial support and are active in providing such support to the communities. • Communities are empowered to make decisions about activities that will enhance their psychosocial <u>wellbeing</u>. • Vulnerable groups receive appropriate psychosocial support in coordination with other organizations. • Psychosocial activities are initiated, supported, and established at community level in affected areas. • Psychosocial support is integrated into relevant 	<ul style="list-style-type: none"> • Psychosocial support training will be provided for a further 150 people comprising MRCS staff, volunteers and key community representatives (teachers, monks, nuns, etc.) in 13 affected townships. • Supplemental psychosocial support training will be provided for 2,000 community-based first aid volunteers as an integrated part of CBHFA . • Coordination with government sectors responsible for psychosocial support, local authorities, the UN, international non-governmental organizations, and local non-governmental organizations when implementing psychosocial support activities. • Follow-up activities will be facilitated by MRCS and volunteers to help cyclone survivors deal with psychological reactions and the grieving process. • Community mobilization to decide on appropriate activities that will develop self-reliance and strengthen the resilience of the affected communities in collaboration with other MRCS project activities in the area. • Distribution of community (668) and recreational (667) kits. • On-going printing and distribution of psychosocial support materials on worker care and self support.

<p>MRCs training activities and in community-based programmes where appropriate.</p>	<ul style="list-style-type: none"> • Identification of schools and monasteries to initiate school-based psychosocial support activities, in cooperation with other organizations. Development of PSP elements to be integrated into mainstream projects and programmes.
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Water, sanitation and hygiene promotion

Objective (medium and long-term phase: Jan 2009 – Jan 2011)

To ensure that the long-term risk of waterborne 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.¹

Expected results	Activities planned
<ul style="list-style-type: none"> • Water-scarce villages have access to safe drinking water sources during the dry season. 	<ul style="list-style-type: none"> • Respond to dry season water needs by redeploying ERU water treatment units, along with water distributions by boat, in five townships for 40,000 households. • Distribution of buckets along with household water treatment chemicals and purification tablets to 7,500 households' for water treatment during the dry season.
<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. 	<ul style="list-style-type: none"> • Distribute water purification tablets to 50,000 households along with demonstration and distribution of Information Education and Communication (IEC) materials for proper use of water purification tablets. • Support 161 village tracts in the recovery and rehabilitation of rain water harvesting structures. • Reconstruction and rehabilitation of 100 tube wells. • Reconstruction and rehabilitation of shallow wells. • Continue implementing a water quality monitoring system at township and village tract levels, in coordination with the Health sector. • 2,000 numbers of demonstrations and training on construction of appropriate household latrines for community volunteers. • Providing full construction material support for 6,000 vulnerable households for construction of latrines. • Distribution of latrine pans and pipes to 40,000 households. • Providing appropriate sanitation facilities for 200 institutions (schools and health centres). • Purchase materials and equipment locally for the construction of latrines. • Conduct a Training-of-Trainers session on participatory hygiene and sanitation transformation (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 in coordination with the health sector. • Training and demonstration of appropriate household water

¹ The initial phase of relief focused on reaching 100,000 households, 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 households.

<ul style="list-style-type: none"> • The design and implementation of an emergency preparedness programme related to water and sanitation is defined. • The MRCS pre-positions 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 MRCS HQ and branch staff and volunteers for planning, implementation, monitoring and evaluation of the Water and Sanitation project. 	<p>treatment technologies</p> <ul style="list-style-type: none"> • Adaptation and printing of <i>Household water treatment and safe storage in Emergency</i> field manual developed by the International Federation. • 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) • Coordination with the Disaster Management Unit for pre-positioning of emergency Water and Sanitation kits in disaster prone areas. • Training and capacity building of 50 MRCS staff and volunteers in water and sanitation. • Handover duties to local MRCS branches and authorities.
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