

Operations update



International Federation
of Red Cross and Red Crescent Societies

Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002
GLIDE n° [TC-2008-000057-MMR](#)
Operations update n° 30
2 March 2011



A farmer in Kyaukchaung, a sub-township in the far reaches of the Ayeyarwady Delta, spreads fertilizer in his paddy field. Up to the end of January this year, approximately 98.7 per cent of the 19,366 people targeted under the asset recovery project, were provided with livelihoods assistance.

(Photo: Myanmar Red Cross Society)

Period covered by this update: Oct 2010 to Feb 2011¹

Appeal target (current): CHF 68.5 million²

Appeal coverage: 104%

[<view attached financial report, updated donor response report, or contact details>](#)

Appeal history:

- **With this operations update, the budget has been revised down to CHF 68.5 million and the revised appeal is extended by two months from May to end July 2011. A Final Report is scheduled to be made available by end Oct – see summary below for details. Field activities however will remain largely unaffected and are scheduled to conclude by early May, as per the Emergency Appeal of 8 July 2008. A concluding Plan of Action in line with the revised budget is being finalised.**
- 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:

- As the conclusion of the Nargis Operation approaches, field activities across all programmes are winding down, with some already completed (see the narrative for details). Significant work has been performed by the Myanmar Red Cross Society (MRCS) and IFRC transition teams to identify and agree on a schedule for the phased conclusion of staff contracts in the field and at headquarters. Financial settlements in accordance with Myanmar labour law have been approved for all staff members who finish their contracts with MRCS.
- Encouraging reports from the field on the increased resilience of vulnerable communities, as well as community consultation and participation in activities, continue to be received.
- Owing to the operational constraints described below, an extension of the time-frame of the Emergency Appeal from May to end July, has been agreed upon with the IFRC Asia Pacific zone office in Kuala Lumpur. This will enable a measured conclusion to the operation, with field activities scheduled to end between March and early May (as per the original time-frame of the operation), and the hub offices to close by the end of July. Technical capacities in finance, logistics and reporting will be retained with MRCS and the IFRC delegation in Yangon until end of September, with the Final Report scheduled to be produced in October.
- A revised budget of CHF 68.5 million and targets for the remaining months of the operation have been finalised and are included in this update. A concluding Plan of Action/Programme Agreement is being finalised with the MRCS. An unspent balance of approximately CHF 2.9 million remains available as a result of the revised budget – in this regard, a proposal will be prepared, describing how this balance will be used. This proposal will be communicated to partners.
- Due to visa issues described in the previous operations update, this reporting period saw the relocation of all Nargis delegates, with the exception of the Head of Operations, from Yangon to Bangkok, where they worked from the SEA Regional Office. The relocation of delegates took place between late October and early Nov 2010. As new visas became available, they returned to Yangon in batches in January this year. However, for most of the delegates, their stay in the country has been limited due to the short tenure of visas received. Therefore, beginning from late January, delegates left the country again in stages, with the aim of securing new visas to return to Yangon. *Please also see Pg 6.*
- The absence of the delegates for about two months saw alternative working arrangements which

¹ While the general reporting period for this report is Oct 2010-Feb 2011, it should be noted that activity progress figures cover the Sept-Dec 2010 period or Sept 2010-Jan 2011 period.

² The Emergency Appeal has been fully covered since April 2010.

were put in place prior to the relocation. These facilitated the following continuities or changes:

- The implementation of field activities which continued largely unaffected, under the management of the National Society with the assistance of key IFRC programme and field officers comprising local staff. Some delays were seen in a few locations but these did not significantly impact overall implementation. The one exception was seen in the water, sanitation and hygiene promotion programme which saw a suspension of activities, to facilitate an assessment of activities conducted so far and the sustainability of constructions. *Please see Pg 28, and references in Operations Update No.29 for details.*
- Monitoring of programmes – this key task of delegates was mainly handed over to the Head of Operations (the sole in-country Nargis delegate), IFRC programme officers and field officers, in close cooperation with MRCS Operations Management. The six in-country annual programming delegates also provided assistance. It is worth noting that the IFRC local staff who were assigned additional tasks and responsibilities in this regard, provided strong support to the Operations Management in Yangon and the delegates working from Bangkok – their efforts are testimony to their individual abilities, as well as to confirmation that the Nargis Operation has provided key coaching skills and helped to strengthen local capacity. Over at the IFRC's regional office in Bangkok, the delegates engaged in remote monitoring and finance management of the operation via daily contact through the Internet and telephone.
- The majority of MRCS headquarters staff moved to their new head office in Naypyidaw, the capital, in early October. As envisaged, this move has had an impact on coordination and implementation efforts. However, the Nargis Operation has not been significantly affected as the MRCS Nargis Operations Management unit, together with most of its related supporting services, including the deputy head of the MRCS finance division, have remained in Yangon.
- The general elections were held in the first week of November without incident. This did not greatly affect field activities which were uninterrupted, except for a brief suspension of a few days preceding election day. In Yangon, the IFRC delegation was closed for a few days as a security measure, and was re-opened soon after the elections concluded.
- On 22 Oct, Cyclone Giri struck the state of Rakhine on the western coast of Myanmar. Some National Society technical resources and one IFRC Nargis Operation field officer were re-assigned to assist with the society's emergency response to assist the significant number of communities affected by the disaster, notably through health and hygiene activities, and the provision of clean water. This latter response required the mobilisation of the MRCS water and sanitation senior engineer and coordinator from Yangon, as well as other technical expertise from the hub offices in the Ayeyarwady Delta, which led to a gap in management and supervision of MRCS water and sanitation activities for the Nargis Operation during this period. Other programme activities were not significantly affected.
- Nargis Operation expenditure stood at about CHF 61 million, up to end Jan 2011. Programme revisions conducted in January have led to an adjustment in the operational budget, which now indicates approximately CHF 7.4 million will be spent in 2011 to conclude activities. The operational budget for the period of the Emergency Appeal will stand at a revised total of CHF 68.5 million (see above, and references in the narrative to follow).
- Provision has been made in the latest budget revision to provide an improved Internet and communications link between MRCS headquarters in the Federal capital, Naypyidaw, and the central office in Yangon.
- For progress of activities across all programmes, see the tables on *Pgs 10 to 15.*

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/Andorran government, 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, Italian 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, Polish 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 IFRC, on behalf of the Myanmar Red Cross Society, would like to thank all partners for their very quick and generous response to this appeal.

The situation

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, devastating the Ayeyarwady and Yangon regions³. The official figures of 2 July 2008 state that 84,500 people were killed and 53,800 missing. The UN estimates that 2.4 million people were affected. A total of 37 townships were significantly affected by the cyclone⁴.

The Cyclone Nargis Operation conducted by the Myanmar Red Cross Society (MRCS) with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), targets **100,000 affected households in 13 townships**. They are Kungyangon, Dedaye, Kyaiklat, Pyapon, Bogale, Maubin, Mawlamyinegyun, Labutta, Ngapudaw, Twantay, Kawhmu, Myaungmya and Wakema⁵. In total, Nargis Operation areas in these townships make up a land area of approximately 17,558 sq km.⁶

Coordination and partnerships

MRCS-IFRC coordination

Good cooperation and coordination between the Myanmar Red Cross Society and IFRC continue. The main fora for this interaction are daily and weekly meetings. There are also regular operations management meetings which include the participation of MRCS managers from the nine operational hubs⁷, as well as 2 i-Cs⁸ from the Red Cross branches in these townships.

On behalf of the Red Cross Red Crescent Movement, the MRCS and IFRC continue to jointly participate in UN and donor coordination meetings, as core members of the former Tripartite Core Group⁹ (TCG) Recovery Forum in Myanmar.

³ Myanmar consists of state or regional administrative structures.

⁴ Source: *Post-Nargis Joint Assessment of July 2008*, prepared by the Tripartite Core Group (comprising the Government of the Union of Myanmar, Association of Southeast Asian Nations, and the United Nations), with the support of the humanitarian and development community.

⁵ Full recovery programming is being implemented in 11 of the 13 targeted townships under the Appeal. Reduced programming is undertaken in the remaining townships of Wakema and Myaungmya due to the relatively small number of affected households.

⁶ Calculation made by IFRC Geographical Information Systems (GIS) unit based on data provided by the Myanmar Information Management Unit (MIMU).

⁷ MRCS hub offices are structures set up in Nargis-affected townships to facilitate implementation and support for the Nargis Operation, while township branches are part of the society's overall and longstanding operational structure. Branches provide vital support to the operation through volunteers, facilitate coordination with the local authorities and provide other important assistance to hub offices.

⁸ 2 i-C: Second-in-command who is the manager of a township Red Cross Volunteer brigade.

⁹ The TCG comprised the Government of the Union of Myanmar, Association of Southeast Asian Nations (ASEAN), and the United Nations. Following the conclusion of the TCG mandate in July 2010, coordination of Cyclone Nargis humanitarian assistance activities has been conducted through a Delta Consultative Forum, comprising a broad membership of the UN, international and local non-governmental organizations, the Red Cross and Red Crescent Movement, invited representatives of the Myanmar government, donors and the private sector.

While the relocation of the society's headquarters to Naypyidaw, the new capital, in early October last year, has at times affected the timeliness of coordination and decision-making, on the whole, the Nargis Operation has continued to benefit from constant communication and coordination. This is due to the fact that the MRCS Nargis Operations Management unit, and most of its related supporting services, have remained in Yangon.

Visit

The new head of the IFRC's South East Asian regional office visited the Myanmar delegation in the third week of February. Highlights of the visit included meeting with the MRCS senior management to explore how the IFRC could strengthen its assistance to the society; discussions with IFRC senior management on arrangements pertaining to the conclusion of the Nargis Operation, and visits to two field locations of the operation.

Movement coordination

Regular coordination meetings between the MRCS, IFRC and the International Committee of the Red Cross (ICRC), as well as Partner National Societies present in Myanmar, continue to foster a strong level of cooperation and coordination.

Inter-agency coordination

Good information exchange and inter-agency coordination continues in Yangon and in the field. The IFRC remains an observer at the following fora:

- Humanitarian Country Team (HCT) core group.
- HCT Forum which replaced the Inter-Agency Standing Committee (IASC) as the main forum for inter-agency coordination in Myanmar.
- international non-governmental organizations (INGO) Forum

Upon the conclusion of the TCG¹⁰ mandate in July last year, the Delta Consultative Forum was established during a meeting of the core group in Naypyidaw, which has been made the main coordinating body for ongoing recovery activities in the Nargis affected areas. Membership of the forum comprises representatives from UN agencies, local and international non-governmental organizations, the Red Cross and Red Crescent Movement (represented jointly by MRCS and IFRC), with an invitation to government departments as well.

Reports

During this reporting period, two shelter surveys¹¹ were published by UN Habitat – the surveys evaluated the impact and sustainability of the household and shelter-related infrastructure constructed by humanitarian agencies working in response to Cyclone Nargis.

Visit

The Chief of the Asia and Pacific Section of OCHA's¹² Coordination and Response Division in New York visited Myanmar in December and had an exchange with the IFRC Delegation on the humanitarian situation in the country, cluster coordination mechanism and lessons learnt from the Cyclone Nargis and Cyclone Giri operations.

Initiatives outside the Nargis appeal

Separate projects between the MRCS and several Partner National Societies (outside the MRCS/IFRC Nargis Appeal but nevertheless relating to Nargis-affected areas) have continued. Updates on these projects have been incorporated into this report, under relevant programme areas (*in the main narrative below*), for the purpose of providing a complete overview of the National Society's outreach to affected communities.

¹⁰ Comprising the Government of the Union of Myanmar, Association of Southeast Asian Nations (ASEAN), and the United Nations.

¹¹ 'Shelter Sector Assessment 2010 - 2 Years On' dated 10 Dec 2010 and *Lessons Learned & Way Forward for Resilient Shelter Interventions in Rural Myanmar* dated Dec 2010.

¹² United Nations Office for the Coordination of Humanitarian Affairs.

IFRC capacity

During this reporting period, all Nargis Operation delegates with the exception of the Head of Operations, were relocated to Bangkok, to work from the IFRC regional office for about two months due to the unavailability of visa extensions. The relocation began between late October and early November last year, preceding the 7 Nov elections, and ended in January.

The uncertainty of the situation prompted two delegates not to extend their contracts – the logistics coordinator and the finance and administration delegate left the operation in November.

During the relocation of delegates, the following contingency planning (undertaken prior to their departure and as indicated in the previous update) came into effect:

- A brief suspension of activities in the field as per the request of authorities, in the week preceding the election.
- A continuation of implementation of activities thereafter by the National Society with the assistance of IFRC programme and field officers. The one exception was the water, sanitation and hygiene promotion programme which saw a suspension for the months of Nov and Dec to facilitate an assessment of activities undertaken so far - *see Pg 28 for details*.
- Overall IFRC supervision was maintained by the Head of Operations, with the assistance of the Head of Delegation and the five delegates¹³ with visas under the annual Country Plan.
- Programme monitoring – a key task of Nargis delegates – was one of the main responsibilities for the Head of Operations with the assistance of IFRC programme and field officers, who worked closely with the MRCS Operations Management unit in Yangon, and who together provided the focus for referrals and project management. The Head of Operations also took back budget holder responsibilities for programmes and support services, with the assistance of local staff who were appointed as focal points for their respective sectors. The relocated delegates in Bangkok engaged in remote monitoring via daily contact through the Internet and telephone, whenever communications allowed. At the same time, programme monitoring by the National Society continued to be undertaken by MRCS programme managers and field officers.

While the relocation caused a significant increase in workload and responsibilities to be shouldered by in-country staff within MRCS and the delegation, the Nargis Operation has managed to progress well due to the factors described above. Another contributory factor is the close and confident cooperation between both IFRC and MRCS Operations Management units, which continues.

It is also worth noting that this change of circumstances enabled several IFRC local staff to take on additional tasks and responsibilities, and the successes achieved have led to increased confidence from all sides to delegate and assume responsibilities for programme and finance management. It is testimony to the strong local capacity which the Nargis Operation has helped build, and evidence of the good coaching skills that were performed by delegates and national staff over the past two years.

Return of delegates

The Nargis delegates¹⁴ returned to Yangon, in batches in the month of January. For most of the delegates, their stay in Myanmar has been limited due to the short tenure of visas received. Therefore, beginning from the end of January, delegates began once again to leave the country with the aim of returning with fresh visas of a longer validity. At the time of publication of this report, the first delegate who left in late January was able to return on a longer visa (70 days). The Nargis team waits to see if other delegates are able to return on the same extended terms. The cost-effectiveness of frequently shuttling delegates in and out of the country, continues to be an important consideration for the operation and delegation's management.

In this regard, the ability of local and national society staff to shoulder a significant amount of extra responsibility is an indication of the resources the operation will have at hand, should the difficulties in obtaining visas continue, and delegates end their missions in consideration of the limited type of

¹³ This includes the health coordinator and the health training delegate who respectively manage and assist with the health and psychosocial support programmes in the Nargis Operation.

¹⁴ This includes the water and sanitation delegate, who is based in Bangkok, pending efforts to obtain a long-term visa.

support that can be provided remotely over a prolonged period. Restricted access to international expertise could have further implications on the operation, including the satisfactory closure of programmes and post-operational evaluations of programme impact.

Memorandum of Understanding and Cooperation Agreement

In the last Operations Update, it was explained that significant changes to the process for visa authorisations required the UN and international aid agencies to make visa applications to their respective line ministries, following the conclusion of approved Memoranda of Understanding related to the nature of projects being implemented in the field. The new Memorandum of Understanding between the MRCS and IFRC is under preparation – however, the approval process can only be expected when the new government is in place later this year.

Accordingly, in order to facilitate this procedure for the IFRC - which is supporting the MRCS to conduct a diverse range of projects under the Nargis Operation, as well as through the annual Country Plan - the IFRC-MRCS Cooperation Agreement includes a Nargis Programme Agreement that authorizes its work in Myanmar to cover all Nargis-related activities.

Planning for the next few months

Whilst all field activities are on track to end in May as per the operation's original timeline, there will be an extension of two months to allow the nine MRCS hub offices to complete monitoring and reporting, and the closure of finance Working Advances. This will mean the hub offices are to close by the end of July. Under the same consideration, the operations support units (including finance, logistics, communications and reporting) will remain active in Yangon until September, with a final report issued by the end of October.

A revised budget (from CHF 71 million to CHF 68.5 million) and programme targets for the remaining months of the operation are included in this update. A concluding Plan of Action/Programme Agreement is also being finalised with the MRCS.

As indicated in the last operations update, one of the options considered with regard to the conclusion of the Nargis Operation was a revision to the budget and Plan of Action, enabling unspent funds to be used – with the approval of donors and Movement partners – for the core activities of the National Society supported in the annual Country Plan later this year. This option has materialised, with an unspent balance of approximately CHF 2.9 million remaining available. Accordingly, a proposal will be prepared, detailing how this balance will be used, and this will be communicated to donors and Movement partners.

MRCS capacity

The majority of MRCS headquarters staff relocated to their new head office in Naypyidaw, the new capital, in early October. As envisaged, this move has affected coordination and implementation efforts. However, the Nargis Operation has not been significantly affected as the MRCS Nargis Operations Management unit, and most related supporting services, including the deputy head of the MRCS finance division, have remained in Yangon.

Efforts to maintain the good communication and relationships established between the IFRC and the senior management and programme staff of MRCS, continue – in this regard, the practice of shuttling between Naypyidaw and Yangon on a fortnightly basis, on the part of some senior managers of the MRCS, has been particularly beneficial.

Disaster response

On 22 Oct, Cyclone Giri struck the state of Rakhine on the western coast of Myanmar. MRCS volunteers were amongst the first on the scene to assist the affected population, and played a crucial and well-acknowledged role in providing data to the humanitarian community during the early weeks of the emergency. Some national society technical resources and one IFRC Nargis Operation field officer were re-assigned from the Nargis Operation to assist with the society's emergency response to assist the significant number of communities affected by the disaster, notably in health and hygiene activities,

and the provision of clean water. See the *Disaster Preparedness and Risk Reduction programme section in this narrative, for details.*

Field staff

There are currently 213 field staff located across nine hub offices in the operational area. As part of the Nargis Operation's phase-out, these staff members are concluding their employment in stages, over the next few months, in accordance with programme needs. Financial settlements in accordance with Myanmar labour law have been approved for all staff members who complete their contracts with MRCS. *Pls also see Pg 34 for an update on transition planning.*

Red Cross and Red Crescent action

The operation

Recovery in general

Relocation impact on recovery programmes

The absence of the delegates for about two months impacted the recovery programmes in two main areas:

Implementation of field activities:

This continued under the management of the National Society with the assistance of key IFRC programme and field officers (local staff) – as such, these were largely unaffected and enjoyed generally good progress. Some delays were seen in a few locations but these did not significantly impact overall implementation as several projects across most programmes were heading towards completion prior to the relocation of the delegates. The one exception was seen in the water, sanitation and hygiene promotion programme which saw a suspension of activities, to facilitate an assessment of activities conducted so far, as explained in the previous Operations Update – *pls also see Pg 28.*

Monitoring of programmes:

This key task of delegates was mainly handed over to the IFRC Head of Operations, programme officers and field officers. The six in-country annual programming delegates also provided assistance. At the same time, programme monitoring by the National Society continued to be undertaken by MRCS programme managers and field officers. Over at the IFRC's regional office in Bangkok, the relocated delegates engaged in remote monitoring via daily contact through the Internet and telephone.



Community participation in various recovery activities continues to grow, particularly with the assistance of 4,358 community volunteers and 247 township Red Cross volunteers trained in community-based health. In this picture, a volunteer talks to villagers about personal hygiene and environmental sanitation, in a Red Cross post in Kyone Thin village, Maubin township.

(Photo: Myanmar Red Cross Society)

Improved capacity and resilience

Field activities have continued to see active community participation as well as the improved capacity and resilience of targeted communities.

Beneficiary accountability

Regular meetings and consultations with communities have also been maintained.

Monitoring & Evaluation (M&E)

Hub-based Monitoring and Evaluation continues to provide insightful information to headquarters managers, while MRCS and IFRC field officers serve as important links between headquarters and hub management. A regular workshop for M&E officers from all hub offices, aimed at strengthening reporting from the field, took place in February.

Monitoring and evaluation efforts within all programmes also continue – these include beneficiary surveys upon the conclusion of certain projects.

RECOVERY PROGRAMMES

For a summary of activity progress across all programmes, see the tables below. In addition, individual tables on objectives, activities and expected results for various programmes can be found [here](#).

Nargis Recovery Operation figures at a glance - Jan 2011

	Activity	Overall targets (2008-2011)	Overall progress: 2008-Jan 2011 Beneficiaries/Households Reached	Progress during reporting period: Sept 2010-Jan 2011 Beneficiaries/Households Reached	Completion percentage (overall)
Shelter	Household shelter <i>(Phase 1 & 2: Feb 2009-early 2011)</i>	16,376 shelters/households in 11 townships	11,413 households	3,803 households	70%
	Red Cross posts <i>(June 2009-early 2011)</i>	100 posts in 13 townships	92 posts	8 posts	92%
	Repairs to community buildings or infrastructure <i>(Phase 1 & 2: July 2009-early 2011)</i>	232 buildings / infrastructure in 11 townships	149	38	65%
	Sub-rural health centres <i>(Oct 2009-Dec 2010)</i>	20 centres in 8 townships	19 centres	9 centres	95%
	Schools <i>(Oct 2009-July 2010)</i>	25 schools in 2 townships	25 schools (approximately 3,250 school children)	Project completed	100%

Nargis Recovery Operation figures at a glance - Jan 2011

	Activity	Overall targets (2008-2011)	Overall progress: 2008-Jan 2011 Beneficiaries Reached	Progress during reporting period: Sept 2010-Jan 2011 Beneficiaries Reached	Completion percentage (overall)	
Livelihoods	Cash-for-Work (<i>Oct 2008 -Dec 2010</i>)	9,000 beneficiaries	7,444	<i>nil</i>	83%	
	Community tree-planting (<i>Jul 2009 - Sept 2010</i>) <i>Phase I & II</i>	58 projects	58	project completed	100%	
	Asset-based recovery					
	Fertilizers & cash support (<i>monsoon paddy: May-Sept 2010; June-Sept 2010</i>)	8,721 beneficiaries	8,708	103	99.8%	
	Crop & vegetable farmers including summer paddy (<i>Dec 2009-Aug 2010</i>)	2,374 beneficiaries	2,374	project completed	100%	
	Livestock farmers (pigs, ducks & chickens: <i>Jan-Sep 2010</i>)	2,529 beneficiaries	2,529	200	100%	
	Fishing communities (boats, nets, fishing gear: <i>Jan-Nov 2010</i>)	4,528 beneficiaries	4,302	2,776	95%	
	Small businesses (<i>Jan-Sept 2010</i>)	1,214 beneficiaries	1,206	323	99%	
	Total	28,366 beneficiaries	26,226 beneficiaries	3,402 beneficiaries	92%	

Nargis Recovery Operation figures at a glance - Dec 2010

	Overall programme targets (Sept 2008-2011)	Overall progress:		Completion percentage (overall)	
		Sept 2008-Jan 2011 Beneficiaries/Households Reached	Progress during reporting period: Sept 2010-Jan 2011 Beneficiaries/Households Reached		
Community-based health and first aid (CBHFA)	Access to basic healthcare and first aid; health education	200,000 beneficiaries	146,695 beneficiaries	38,373 beneficiaries	73%
	School hygiene promotions	120,000 school children	123,875 school children	35,583 school children	103%
	Health & Water and Sanitation integrated activities	100,000 beneficiaries	58,175 beneficiaries	22,168 beneficiaries	58%
	Trained Community Volunteers	5,000 community volunteers	4,358 volunteers	462 volunteers	87%
	Community-initiated activities facilitated by community volunteers (<i>health education, hygiene promotions, community clean-up campaigns etc</i>)	100,000 beneficiaries	64,501 beneficiaries	5,017 beneficiaries	65%
	Red Cross Volunteers trained as facilitators (Sept 2008 - Aug 2009)	247 RCVs	247 RCVs	Activity completed	100%

Nargis Recovery Operation figures at a glance - Jan 2011

	Activity	Overall targets (Oct 2008-2011)	Overall progress: Oct 2008-Jan 2011 Beneficiaries/Households Reached	Progress during reporting period: Sept 2010-Jan 2011 Beneficiaries/Households Reached	Completion percentage (overall)
Psychosocial support	Community activities including competitions; distributions of recreation kits to communities & children	200 community activities	191 activities / 64,900 beneficiaries	74 activities /11,604 beneficiaries	65%
	Community kits for affected villages	668 kits (2009)	668 community kits to 668 villages in 9 townships	Activity completed	100%
	Recreation kits for affected school children	667 kits (2009 -March 2010)	667 kits for 465 schools with 67,548 students	Activity completed	100%

Nargis Recovery Operation figures at a glance - Dec 2010

	Activity	Overall programme targets (June 2008-2011)	Overall progress (June 2008-Dec 2010)	Progress during reporting period (Sept - Dec 2010)	Completion percentage (overall)	
			<i>Beneficiaries/Households Reached</i>	<i>Beneficiaries/Households Reached</i>		
Water, Sanitation & Hygiene Promotion	Construction of new ponds	150 units	79 units /9,206 hh	8 units /98hh	53%	
	Pond cleaning & rehabilitation	370 units	413 units/ 62,462 hh	91 units/ 12,370 hh	112%	
	Construction of tube wells & dug wells	350 units	192 units / 27,189 hh	13 units/3,250 hh	55%	
	Construction of 5,000-gallon cement tanks	260 units/35,000 school children	221 units / 36,543 school children	17 units / 7,748 school children	85%	
	Construction of concrete ring tanks	850 units/850 hh	523 units / 523 hh	38 units /38 hh	62%	
	Fiber tank distributions	350 units	351 units/69,035 hh	86 units/3,440 hh	100%	
	Distribution of buckets, alum & water purification tablets	20,000 units/hh	7,074 units/7,074 hh	981 units/981 hh	35%	
	6 Emergency Response Units were donated to the MRCS after the emergency phase, and have since been maintained and deployed during small-scale emergencies					
	Latrine constructions					
		Demonstration latrines	2,000 units/hh	1,813 units/1,813 hh	14 units/14 hh	91%
	Full-package latrine support	8,000 units/hh	4,640 units/4,640 hh	95 units/95 hh	58%	
	Pan & pipe distributions	40,000 units/hh	28,841 units/ 28,841 hh	1,186 units/1,186 hh	72%	
	Latrines for schools	100 units/10,000 school children	49 units / 7,193 school children	6 units / 2,144 school children	49%	
	Latrines for Red Cross posts	100 units/hh	71 units / 6,297 hh	23 units / 798 hh	71%	

Nargis Recovery Operation figures at a glance - Jan 2011

	Activity	Overall targets (2008-2011)	Overall progress: 2008-Jan 2011 Beneficiaries/Households Reached	Progress during reporting period: Sept 2010-Jan 2011 Beneficiaries/Households Reached	Completion percentage (overall)
Disaster preparedness & risk reduction	Community-based Disaster Risk Management training	180 communities/villages (5,400 direct beneficiaries & 495,000 indirect beneficiaries)	136 communities/villages (4,080 direct beneficiaries & 374,000 indirect beneficiaries)	28 communities/villages (840 direct beneficiaries & 77,000 indirect beneficiaries)	76%
	Disaster preparedness including early warning equipment (one set of 1 loud speaker & 1 stretcher per village); awareness generation (IEC materials) & mitigation	304 villages (836,000 indirect beneficiaries)	232 villages (643,000 indirect beneficiaries)	<i>nil</i>	76%
	Response preparedness for Red Cross Volunteers in selected vulnerable townships nationwide	376 RCVs in 17 States/Divisions (nationwide)	332	30	88%
	School-based Disaster Risk Reduction (2010-2011)	20 schools (600 students, 40 teachers & 10,000 indirect beneficiaries)	10 schools (300 students, 20 teachers & 5,000 indirect beneficiaries)	<i>nil</i>	50%
	Disaster Preparedness stock	15,000 packs	11,000 packs	3,000 packs	73%
	Telephone line installations or purchases for hub or branch offices	40	34	9	85%

1 Shelter

For progress of activities, see the tables on Pgs 10 to 15



The household shelter programme which reached approximately 11,413 households up to the end of January, continues to be well-received by vulnerable communities.

(Photo: Myanmar Red Cross Society)

Progress and achievements

1 Household shelter

A total of 11,413 shelters (one shelter per household) was constructed up to the end of January this year, since the start of the project in 2009. The remaining 4,963 shelters are scheduled for completion by the end of April.

This project which is spread across 11 targeted townships, continues to be well-received by vulnerable communities because the vast majority of beneficiaries are now living in shelters of a standard and quality which are higher than their previous shelters which were destroyed or damaged by the cyclone. Another factor attributed to the success of the project is that vulnerable groups have been reached through well-planned beneficiary selections – this has been validated by an analysis of the project's beneficiary database (as reported in the previous operations update). The drafts of this report as well as that for the survey of Phase 1 of this project, are being finalised.

During this reporting period, tendering for materials and material distributions has continued. The hub technical and monitoring staff are supporting each step of field-level activities from beneficiary selections to the final completion of the shelters.

Detailed planning has also been carried out to ensure the completion of the project is well organised. Maubin, Kyaiklat and Kungyangon are expected to be the first hubs to see their projects completed in February this year.

Full-package latrines

As an additional activity, this project will see the provision of full-package latrines¹⁵ to about 7,100 beneficiaries who have not been able to build their own latrines. While the design of the latrine and package has been provided by the water, sanitation and hygiene promotion programme which will also provide technical support, the cost of the latrines will be borne by the shelter programme and hub shelter teams will conduct the implementation and monitoring. This activity is expected to be completed by the end of final constructions at the end of April.

Challenges

- As with the majority of shelter and construction projects, there have been challenges in reference to the quality of materials and construction. However, these have been satisfactorily dealt with.
- The MRCS/IFRC is one of the last aid organizations left in the field to continue providing shelter assistance - all except three other organizations have ended operations, and the MRCS/IFRC contribution is the largest. Within this context, the MRCS/IFRC has had to face bigger expectations from local communities, and accordingly, particular consideration has been given to beneficiary selections during Phase 2.
- Supporting the households to include the disaster risk reduction (DRR) construction techniques or best practices promoted by the Red Cross continues to be a challenge. Therefore, Phase 2 of the project involves increased efforts to support communities and local carpenters to incorporate these techniques during the construction of shelters. These include the recruitment of additional technical staff and the provision of carpenter training.

2 Construction of 25 schools (60ft by 30ft) in Bogale and Pyapon townships

The last of the constructions was completed in July 2010. All schools are now in use, benefiting approximately 3,250 students in total, aged between 5 and 16. The majority of schools began to be used in June and July last year, coinciding with the start of the new school year. The schools are mainly primary schools, while the rest are middle and high schools.

The schools have been well received by local communities in all locations, as well as the Ministry of Education. The schools feature improved design and specifications¹⁶ of a much higher standard than normal schools. Each school is equipped with a rainwater collection tank (for drinking water) and a deep tube well for drinking or washing water (depending on the quality of water in each area). Each school has also been provided with a grant for fencing, landscaping and playground furniture. This fund is managed through a school committee chaired by the head teacher.

A six-month 'maintenance period' during which MRCS site supervisors and a project engineer inspected each school, followed the completion of constructions.

3 Red Cross posts

This project is nearing completion with 92 of the projected 100 posts completed so far. The remaining posts are expected to be completed early this year. Completed posts are being complemented with rainwater collection tanks and latrines, while a few posts have been fitted with solar panels. The success of the solar panels, which provide adequate lighting for evening classes and other community services, has led to the decision to install all Red Cross Posts with this facility - all installations should be completed by the end of April.

The majority of posts have already received necessary equipment and materials such as First Aid kits (three per post); information, education and communication (IEC) materials; furniture and a stretcher.

¹⁵ Full-package latrines comprise a full package of construction materials which include pans and pipes which are distributed to selected vulnerable households who are constructing their own latrines.

¹⁶ These include reinforced concrete frames and raised floors of 5 feet above ground level. The buildings have been designed to resist storms, floods and earthquakes prevalent in the region. Note that they are not cyclone shelters.

All completed posts are being used by communities for a range of activities, according to monthly reports prepared by hub-based Monitoring & Evaluation officers who conduct regular checks. These activities include health talks, volunteer meetings, and the use of posts as schools or learning centres. The use, function and maintenance of these posts is the responsibility of the manager of a township Red Cross Volunteer brigade who is known as the 2 i-C (second-in-command)¹⁷.



**Sub-rural health centres have been built in eight townships affected by Cyclone Nargis.
(Photo: Myanmar Red Cross Society)**

4 Construction of sub-rural health centres

Out of a total of 20 centres targeted, 19 have been completed. Construction of the remaining building is underway – it has been delayed due to the late provision of land. It is expected to be completed by April.

Of the 19 constructed, 10 centres have already been handed over to the Ministry of Health, and have been equipped with furniture and equipment. These centres are in Pyapon (four centres), Kawhmu, Dedaye, Twantay, Kungyangon and Ngapudaw townships. Furniture and equipment were sent to the remaining centres in mid-February.

The main personnel at each centre comprises a mid-wife and a trained traditional birth attendant who are Ministry of Health staff. The key role of the mid-wife is to conduct immunizations, check-ups for expectant mothers, and promote breast-feeding and nutrition, while the birth attendant's main

¹⁷ The head of a township Red Cross branch (the Red Cross Volunteer brigade is part of the branch) is the Township Medical Officer.

responsibility is to carry out deliveries. The centres will also be responsible for basic treatment of communicable diseases, emergencies and referrals.

5 Repairs to community buildings and infrastructure

Phase 1 (involving 111 structures in 11 townships) was completed during this reporting period. Phase 2 (involving an additional 121 structures) which began in June 2010, is expected to be completed early this year.

This community-driven project continues to be very well-received by communities. It is this positive response and engagement of communities that prompted the second phase of support.

This project also includes one concrete footbridge in Kyaiklat township, and a timber footbridge and a jetty in Bogale township, which are above the value of the normal standard package provided to communities under this project. These three structures were included in response to specific requests received from communities in particularly vulnerable areas which had restricted access routes.

A survey of this project is underway.

Beneficiary feedback



Daw Thein Htwe, 43
Casual labourer and mother of seven
Hnit Khwa village,
Kawhmu township

‘ Our old house fell apart completely during the night of the cyclone. My husband and I and our seven children built ourselves a sub-standard shelter after the cyclone but it was too small, so some of my children had to sleep at a relative’s house. The children were not happy and used to argue and cry. Now, our new home has enabled all of us to live together again and I don’t have to worry about my children being away. ’

PARTNERSHIP SUPPORT

MRCS-Japanese Red Cross Society

Out of the 60 storm-resistant schools targeted for seven townships (Dedaye, Kyaiklat, Bogale, Pyapon, Mawlamyinegyun, Labutta and Hainggyikyun¹⁸), 58 have been completed. The remaining two schools are scheduled for completion early this year. The schools feature the same improved design and specifications as those of IFRC-funded schools. The IFRC Nargis Operation budget has supported the construction of 5,000-gallon rainwater collection tanks in some of these schools.

MRCS-Taiwan Red Cross Organization

Two integrated school-shelters are planned for construction in Dedaye and Maubin townships in February, while health centres based on improved MRCS/IFRC project designs are also planned for a number of townships.

MRCS-Singapore Red Cross

The construction of a school-shelter in Mawlamyinegyun township was completed at the end of November last year.

MRCS-Malaysian Red Crescent

The construction of a multipurpose Red Cross centre-shelter in Mawlamyinegyun township was completed and handed over in May 2010.

MRCS-Magen David Adom

The construction of a primary school¹⁹ in a village in Ngapudaw township was completed in Feb 2010.

MRCS-French Red Cross

The construction of a township Red Cross Building in Mawlamyinegyun township which began in May 2010, has been completed. The building was handed over to the township Red Cross branch in December. See Pg 26 for details.

¹⁸ A sub-township.

¹⁹ As the school features brick nogging material (and not reinforced concrete as is the case with the MRCS/IFRC and MRCS/Japanese Red Cross projects), its construction period was shorter.

2 Livelihoods

For progress of activities, see the tables on Pgs 10 -15



A total of 1,206 small businessmen and women (running grocery shops or food stalls, making handicraft and others) were assisted through the asset recovery project, up to the end of January this year.

(Photo: Myanmar Red Cross Society)

Progress and achievements

Livelihoods asset recovery project:

This project which is aimed at assisting vulnerable households whose livelihoods assets were lost or damaged by Cyclone Nargis, is in the final stage of completion. A total of 19,119 beneficiaries and their households have benefited from this project, from its inception in 2009 till the end of January this year. These recipients represent 98.7 per cent of targeted beneficiaries. The remaining beneficiaries are expected to be reached within the next few weeks.

The selected beneficiaries have been provided with in-kind materials and cash support to recover their livelihoods in the following sectors: agriculture, livestock, fisheries and small business.

As indicated in previous updates, field monitoring has found that this project is effectively helping households regain or improve their household incomes and self-sufficiency. This is largely due to needs-based programming undertaken at the start of the project.

Asset recovery: beneficiary coverage up to end Jan 2011

Sectors	Beneficiaries reached
Crop and vegetable farming	11,082
Livestock farming	2,529
Fisheries	4,302
Small business	1,206
Total	19,119

Monitoring

Field monitoring is underway with the assistance of Red Cross volunteers and hub livelihoods teams. Individual monitoring forms designed for each livelihoods sector covered by the project are being used by monitoring teams. Data received from the field is being entered into a beneficiary database maintained at headquarters. An analysis of the impact of the project on beneficiaries will be made in the coming months.

Community-based tree planting

This project involves the provision of shade tree and fruit tree saplings to targeted beneficiaries, with the aim of restoring natural resources damaged by the cyclone and protecting the environment. Phase 2 of this project²⁰ was conducted between June and Sept 2010, across 11 townships. The fruit trees include guava, mango, lime and coconut, which were distributed to households to be planted in their respective compounds or land. Shade trees have been planted in public places such as roadsides and public compounds. In total, 40,163 shade and fruit tree saplings have been planted during Phase 2.

This second phase has seen more emphasis on community involvement particularly with the appointment of a focal group of community representatives. The villagers are responsible for caring for the plants with the aim of ensuring a better survival rate - this community-based monitoring initiative has proven to be effective as all Phase 2 plants have enjoyed an overall survival rate of approximately 90 per cent.

PARTNERSHIP SUPPORT

MRCS-French Red Cross

Red Cross volunteers in Mawlamyinegyun township continue to monitor livelihoods activities which were handed over by the French Red Cross to the MRCS township Red Cross branch, upon the closure of the FRC base in March 2010. These monitoring activities will continue until June this year.

Two types of livelihoods activities were conducted in the township between May 2009 and March 2010:

- Cash-for-work projects involving repairs and improvements to damaged village-level infrastructure such as footpaths, culverts, jetties and foot bridges.
- Helping households recover economic security/assets damaged or lost as a result of Cyclone Nargis. These assets covered the fishing sector (nets and boats) and the livestock farming sector (pigs and ducks).

²⁰ Phase 1 was conducted in 2009.

The activities supported 3,649 direct beneficiaries and 18,573 indirect beneficiaries. Successes include the establishment and maintenance of solidarity funds which enabled villagers to borrow money for livelihoods purposes and make repayments in kind. Training of technicians within community-based organisations was also conducted to maintain the village-level infrastructure built during the project.

Beneficiary feedback

U Khin Maung Naing, 37
Fisherman
Kye Chaung village
Kyaiklat township



‘ My boat was lost in the cyclone. After that, I rented a boat to go fishing but I spent nearly all my income on rental charges. Now with my new boat, I am able to have some savings and my youngest child can attend school. I will continue to save money so that my other two children can also attend school. ’

3 Community-based health and first aid (CBHFA)²¹

For progress of activities, see the tables on Pgs 10 -15



General village-level health education sessions as well as school-based hygiene promotion activities continue to see the active participation of targeted communities.

(Photo: Myanmar Red Cross Society)

Progress and achievements

This reporting period has seen the continuation of progress in the field, in several aspects:

- Community-based health promotion with a focus on major communicable diseases such as diarrhoea, dengue, malaria, and acute respiratory tract infections.
- School-based hygiene promotions.
- Integrated activities conducted by both the health; and water, sanitation and hygiene promotion programmes, comprising hygiene promotions which complement the construction of latrines.
- Community-initiated activities such as health education sessions and clean-up campaigns.
- Tuberculosis (TB) project – 10 microscopes have been donated to the Ministry of Health's TB programme conducted in Nargis-affected areas. Trained Red Cross volunteers are assisting in the detection of new TB cases and in Direct Observed Treatment activities.

Community-involvement

Significant community involvement continues to be seen through the participation of trained villagers in several activities. The villagers who have been trained in community-based health through multiplier training sessions, number about 4,358 and are located across all 13 targeted townships. They have been trained in progression since the start of recovery activities in late 2008. Known as community volunteers, these villagers are involved in health promotion activities and take the lead in the drawing up of village-level seasonal calendars which are used to guide disease prevention activities. They are also involved in community-initiated activities such as health education sessions and clean-up campaigns.

Transition initiatives

As part of preparations to scale down field staff in line with the transition and eventual phasing out of the Nargis Operation, efforts to transfer more responsibilities from the hub health officers to trained Red Cross volunteers and community volunteers continue. The closure of health activities under the Nargis Operation will take place at the end of March with the departure of all hub health officers. Activities will then be continued by Red Cross volunteers. In some locations, Red Cross volunteers have been

²¹ It should be noted that in Myanmar, the transition from community-based first aid (CBFA) to the community-based health and first aid (CBHFA)-in-action approach is being undertaken in stages, and as such, not all elements of CBHFA have been adopted and put into practice.

trained as CBHFA facilitators to strengthen the capacity of the township Red Cross brigade, and to ensure that planned activities continue to be implemented well.

Of the 13 townships targeted for assistance under the Nargis Operation, Myaungmya has seen health activities being conducted independently by trained Red Cross volunteers and community volunteers, since July 2010. The volunteers comprise eight trained Red Cross volunteers and 180 trained community volunteers. They have been conducting activities under the leadership of the 2 i-C (second-in command) i.e. the head of the township Red Cross Volunteer brigade.

MRCS progress in adopting the CBHFA-in-action approach

The CBHFA Master Facilitators training was conducted for 26 participants in late January. The participants comprised trained township-level Red Cross volunteers. The health delegate from the IFRC's Southeast Asia regional office and the Finish Red Cross health advisor, co-facilitated the workshop. The translated CBHFA manual and materials such as a community tool kit have also been finalised.

The CBHFA approach will be implemented in five townships this year, in the Ayeryawady region starting in May. The townships are Kyaiklat, Labutta, Maubin, Myaungmya and Wakema. A total of 25 villages (five in each township) will be chosen based on established selection criteria. Township Red Cross volunteers trained as CBHFA facilitators will work closely with the respective villages to identify the needs in their areas and develop and implement a plan of action for building safer and more resilient communities.

Challenges

Communities need to be motivated to participate in community-oriented health activities. Accordingly, efforts continue towards encouraging health officers to delegate more responsibilities to trained Red Cross volunteers and community volunteers, and indeed, give them the opportunity to carry out their intended roles at community level i.e. community volunteers to initiate village-level activities and Red Cross volunteers to guide and supervise.

The recruitment of a hygiene promotion delegate has been put on hold pending the current challenges faced with regard to visas.

PARTNERSHIP SUPPORT

MRCS-French Red Cross

Renovation works on the township hospital and a station hospital in Mawlamyinegyun township have been undertaken progressively since early 2009. Currently, a new maternity ward is under construction and is scheduled for completion in early 2011. Renovations to the station hospital was extensive, with all buildings completely renovated using the cash-for-work methodology so that local beneficiaries profited from employment. A water storage pond, piping, incinerator, toilets, drainage, and a solid waste management system were also provided. Both hospitals have been provided with equipment such as surgical and laboratory instruments. This project has an estimated 13,944 direct beneficiaries and 256,872 indirect beneficiaries.

The project includes capacity building components for the township MRCS branch, including the construction of a branch building and income generating activities. The branch building has been completed and was handed over to the township branch in Dec 2010. Volunteers in the branch continue to conduct the activities handed over by the French Red Cross, and these include the sale of ceramic water filters, livelihoods monitoring, and income-generating activities. Despite some minor obstacles, the income-generating activities are progressing, and the branch has a regular income of MMK²² 180,000 per month (approximately CHF180), which allows them to maintain their normal activities.

²² Myanmar Kyat (MMK) is the local currency.

MRCs-Thai Red Cross

Projects comprise the construction of a new national blood centre in Yangon and a 16-bedded hospital in Pyapon township, both of which were completed in March 2010. In addition, the construction of a health centre in Pyapon township, was completed in July 2010. The Thai Red Cross also donated 100 vials of anti-snake venom to the MRCS.

MRCs-Singapore Red Cross

See *Shelter* section.

MRCs-Malaysian Red Crescent

See *Shelter* section.

Beneficiary feedback



Cho Mar Lwin, 23
Community volunteer trained in
community-based health
Phoe Lay village
Bogale township

‘ Basic First Aid training has been useful because there is no health centre in my village. Now, we are able to differentiate between a serious patient and a normal case. The Red Cross Post in the village is also very useful for activities such as meetings and immunizations. ’

4 Psychosocial support²³

For progress of activities, see the tables on Pgs 10 - 15



Township Red Cross volunteers and community volunteers trained in psychosocial support, continue to facilitate outreach activities for particularly vulnerable groups of people including children.

(Photo: Myanmar Red Cross Society)

Progress and achievements

This reporting period has seen an increase in the number of community-oriented activities organised in the field. This is in comparison with the previous period when advocacy efforts were underway, with the aim of guiding township Red Cross volunteers to integrate psychosocial support with other programme activities.

Accordingly, during this reporting period, activities such as cooking, singing and sporting competitions or get-togethers were integrated with activities from other programmes such as health education sessions for villagers.

Challenges

There is a need to continue supporting Red Cross volunteers and community volunteers involved in various field activities, with guidance and knowledge on how to integrate psychosocial support with their respective activities.

²³ This intervention has evolved from psychosocial support provided during the emergency and early recovery phases of the operation to community-oriented social welfare activities which have been well-received by vulnerable communities.

5 Water, sanitation and hygiene promotion

For progress of activities, see the tables on Pgs 12 (Hygiene promotion) - 14 (water and sanitation facilities and distributions)



Field visits and M&E reports on the impact and sustainability of water and sanitation infrastructure provided in the Nargis Operation were performed during the suspension of construction activities, in November and December.

School latrine provided with hand washing facilities

(Photo: Myanmar Red Cross Society)

Progress and achievements

The sustainability of some of the water and sanitation infrastructure provided in the Nargis operation – a consideration which led to the suspension of construction activities in November and December - remains a concern. As such, it will be a top priority of the water, sanitation and hygiene promotion delegate for the next few months.

The two-month suspension which was aimed at enabling an overall assessment of the programme, was also prompted by the need for increased technical expertise and effective monitoring, which has been lacking owing to the absence of the water, sanitation and hygiene promotion delegate who is temporarily based in Bangkok, pending approval of a long-term visa. The need to review achievable targets in the Plan of Action and reinforce MRCS/IFRC logistics and procurement procedures in the field, were other contributory factors leading to the suspension.

The programme assessment has also highlighted the urgent need to restructure the MRCS' Water and Sanitation Unit to include a software/hygiene promotion officer to the team dynamic. The new structure for the unit has been approved by the MRCS.

A revised Plan of Action for the remainder of the programme has been prepared based on the outcome of the programme assessment, available human resources and funding. It has also been approved by the IFRC and MRCS. Accordingly, programme activities are scheduled to finish by the end of April.

Capacity building

The 'soft components' of the programme such as hygiene promotion and enabling communities to maintain and safeguard water and sanitation infrastructure, were continued during the suspension period (see tables page 12). In this regard, PHAST²⁴ "Training of Trainers" was conducted for Red Cross volunteers and MRCS staff comprising health officers and water and sanitation engineers, with the aim of enabling them to use PHAST approaches among targeted communities. A total of 42 participants attended the six-day training in early December.

²⁴ Participatory Hygiene and Sanitation Transformation.

Following the Emergency Response Unit (ERU) equipment inventory and re-organization, and in order to build on the success of the emergency response experience of MRCS' Water and Sanitation Unit, one ERU trained engineer has been assigned as a Logistics/Water and Sanitation ERU Officer at the society's headquarters. A Water and Sanitation Myanmar Emergency Response Team training plan (including refresher courses) for training Red Cross volunteers in the use of the ERU equipment has been finalised. Volunteers will be registered in a roster for deployment during disasters or emergencies.

Challenges

- The water and sanitation delegate who was relocated from Yangon in mid-August, continues to work from the IFRC Regional Office in Bangkok, pending the conclusion of long-term visa arrangements which are underway. In late January, he was able to visit Myanmar for a three-week period. Nevertheless, delays in visa approvals continue, and present a major obstacle in the coherent and coordinated planning, implementation and monitoring of activities with MRCS.

Weaknesses in programme management at headquarters have also affected implementation and monitoring efforts. These include an almost complete focus on pure engineering aspects of the programme with the result that the soft components of the programme have been often overlooked. This matter is being addressed by MRCS and the delegation, including a re-alignment of management responsibilities in the MRCS' Water and Sanitation unit, and to maintain the operational focus on providing achievable and sustainable water and sanitation resources to affected communities in the delta.

- The recent PHAST training needs to be followed up with efforts to ensure that volunteers put the skills they have learnt to good use.
- The relocation of a number of water and sanitation engineers from Nargis-affected areas to Rakhine state for the response to Cyclone Giri which struck on 22 Oct, has stretched the Nargis Operation's field resources and the national society's water and sanitation unit at headquarters.

PARTNERSHIP SUPPORT

MRCS-French Red Cross

Red Cross volunteers in Mawlamyinegyun township continue to conduct activities which were handed over by the French Red Cross upon the closure of the FRC base in March 2010. These activities focus on the sale of ceramic water filters.

The FRC's water and sanitation project began in the township, in 2009. Activities were conducted across 99 villages. They benefited 25,869 direct beneficiaries and 45,373 indirect beneficiaries. Activities included the creation of new ponds, construction of rainwater harvesting tanks, installation of pond sand filters, distribution of ceramic water filters, the establishment of Water Management Groups comprising community members, and training of these members.

Beneficiary feedback



‘ I provided part of my land for the construction of a pond by the Red Cross for the use of all villagers. It has been very useful because previously, although rich villagers were able to collect and store rainwater, the poor could not. Now, this pond provides sufficient drinking water for all villagers during the summer months. A sample latrine constructed by the Red Cross has also helped improve hygiene. ’

U Aung Maung, 65
Farmer
Aung Doe village
Wakema township

6 Disaster preparedness and risk reduction²⁵

For progress of activities, see the tables on Pgs 10 -15



School children and teachers in areas at risk have been trained in disaster preparedness and response through the School-Based Disaster Risk Management programme.

(Photo: Myanmar Red Cross Society)

Progress and achievements

Response to Cyclone Giri

The MRCS launched an emergency response operation in the aftermath of Cyclone Giri which struck western Myanmar, particularly Rakhine state, on 22 Oct. The operation is providing about 14,300 households with relief, health; and water, sanitation and hygiene promotion assistance²⁶ - it is scheduled to end in May. As part of this response, disaster preparedness stock including those funded by the Nargis Operation was used in relief distributions. Three water purification units donated by the Austrian Red Cross and German Red Cross to the national society after the conclusion of the Nargis Operation's relief phase, have also been utilised.

The society's commendable preparedness efforts before the cyclone made landfall and its disaster response activities thereafter, was due partly to strengthened capacity built as a result of the Nargis Operation. The improved capacity witnessed includes the following:

- Significant awareness of the importance of early warning alerts among vulnerable communities. This was apparent among community members who took part in issuing alerts and conducting evacuations – in fact, communities in three of four townships most affected by Cyclone Giri had prior training in disaster preparedness, thanks to the society's annual Community-Based Disaster Risk Management (CBDRM) programme which is implemented with the assistance of the IFRC and is funded by the Nargis Operation.
- The availability of pre-positioned disaster preparedness stock in significant quantities – these enabled vulnerable communities to be assisted promptly and effectively.
- With its psychosocial support capacity improved as a result of the Nargis operation, the MRCS was able to design and implement psychosocial support activities in areas affected by Cyclone Giri.

²⁵ It should be noted that several activities under the Disaster Preparedness and Risk Reduction programme which are funded by the Nargis Operation, are conducted in both Nargis and non-Nargis areas.

²⁶ Out of the 14,300 households being assisted by the national society, 3,750 families have been supported through the IFRC's Disaster Relief Emergency Fund (DREF).

- Consistent communication including reporting, from the field to headquarters, and the compilation of field reports at headquarters – part of this reporting was undertaken by two reporting officers previously trained under the Nargis Operation.
- Both water, sanitation and hygiene promotion; and health activities were implemented by water and sanitation engineers and health officers trained under the Nargis operation.
- The mobilization of Red Cross volunteers from neighbouring states and regions was very quick.

Lessons learnt from the Cyclone Giri response include:

- The need to continue with efforts in community-based disaster risk reduction.
- The society's disaster preparedness stock needs to be redesigned, in order to be in line with the standard package recommended by the emergency shelter cluster.
- Some modifications are needed for the society's Contingency Plan, Standard Operating Procedure and Warehouse Manual, all of which were finalised in 2010 and which proved to be very useful in the Cyclone Giri emergency operation.
- Close coordination and collaboration with governmental and non-governmental organizations is a vital component of an effective response to a disaster.

Disaster response communications

The telephone installations undertaken in 2010, in 23 townships in Nargis and non-Nargis areas and as funded by the Nargis Operation, proved to be useful during the recent response to Cyclone Giri. More specifically, the installation in the township of Myebon, one of several townships in Rakhine state which was struck by Cyclone Giri on 22 Oct, was used for early warning alerts.

During this reporting period, training in communications during a disaster was conducted for 30 Red Cross volunteers from five township branches. Cameras were also presented to each of the branches which are located in the Mandalay and Magway regions. A significant improvement has been seen in the quality of information received from these township branches.

Community-Based Disaster Risk Management

During this reporting period, 28 individual communities or villages in four states or regions (Kachin, Mon, Kayin and Ayeyarwady), formed their respective Community-Based Disaster Risk Management teams. The CBDRM project comprises the training of 30 representatives from individual villages. Each village has also been supplied with a CBDRM kit which includes early warning equipment consisting of a hand loud speaker and a flag.

Emergency Management Fund

In a move to improve its capacity to deal with disasters of various scales, MRCS is working to create an Emergency Management Fund with contributions from itself and partners. In this regard, the society finalised a concept paper in late 2010, with the support of the IFRC.

Guidelines on the purpose, scope, establishment and management of an Emergency Management Fund for the MRCS are under development, and will be incorporated into a separate agreement to be made between the National Society and IFRC. The fund will have a minimum ceiling of CHF 500,000.

The concept note describes the essential characteristics of the fund i.e. a Capital Account containing funds contributed by partners, and an Interest Account containing interest generated from the Capital Account. A fundamental guideline relating to the usage of the fund is that money in the Capital Account is not to be used under any circumstances, while funds in the Interest Account are to be used for specific activities provided in the guidelines. These activities are:

- Replenishment of disaster preparedness stock.
- Deployment of rapid assessment teams as per MRCS' Standard Operating Procedure relating to relief assistance in small-scale disasters.
- The pre-positioning of disaster preparedness stock at strategic warehouses and the distribution of the stock.

In Oct 2010, the Japanese Red Cross Society decided to contribute CHF 148,000 to the fund – accordingly, with the approval of the JRCS, the IFRC will make the necessary transfer of this amount to the fund's bank account.

Central warehouse

Construction of a central warehouse in Yangon, funded by the Japanese Red Cross Society, is expected to begin within the next few months. The warehouse will be used to store water and sanitation Emergency Response Unit (ERU) equipment, as well as disaster preparedness stock.

Warehouse donation by WFP

The World Food Programme (WFP) donated two Mobile Warehouse Units (MSU) to the MRCS in December, in the township of Bogale. Prior to the donation, the units were on loan to the Bogale hub office since July 2010 to store disaster preparedness stock for the township. The units are currently being managed by the hub office and will be handed over to the MRCS Township Branch after closure of the hubs in July. Volunteers from the Township Red Cross Volunteer brigade are now being trained in warehouse management.

Hand-over of Nargis Operation relief items

The hand-over of in-kind relief items (donated at the start of the Nargis Operation) from the IFRC to MRCS is scheduled to be completed in March. This is in line with the transition of the Nargis Operation to regular country-wide programming. The total worth of these items is about CHF 500,000.

Sphere Manual

The publication of the Myanmar translation of the Sphere²⁷ manual (2004 edition) continues to be on hold pending the finalisation of a new edition²⁸ of the manual (English version), which will include some revisions.

UNISDR Day

In conjunction with International Day for Disaster Reduction on 13 Oct, public awareness campaigns and vulnerability and capacity assessments (VCA) were organised in 48 villages selected for the Community-Based Disaster Risk Management (CBDRM) project. The villages are located in the Ayeyarwady, Kayin, Mon and Kachin regions or states. These activities were useful forums to sensitize vulnerable communities towards hazards and response preparedness.

Capacity building

The MRCS Executive Committee member responsible for disaster management, attended the 4th Asian Ministerial Conference on Disaster Risk Reduction in Korea, in October.

Challenges

As most activities are carried out by Red Cross volunteers who sometimes have to attend to urgent or ad hoc matters, delays in activity implementation are experienced.

The MRCS' Disaster Management Division continues to be occupied with the workload associated with the Nargis Operation's recovery activities – the division also oversees the operation's livelihoods and shelter activities. During this reporting period, this situation was exacerbated by the emergency response to Cyclone Giri which struck the Rakhine coast on 22 Oct.

²⁷ Humanitarian Charter and Minimum Standards in Disaster Response (Sphere).

²⁸ The latest edition is scheduled to be launched in the first quarter of 2011.

SUPPORT SERVICES

Organizational Development

Progress and achievements

1 Transition Process

During this reporting period, the MRCS has focused its efforts on the transition process of the Nargis Operation and these have led to a high level of activity and progress. In particular, a detailed human resources phase-out plan has been developed and is being put into place progressively. The plan provides for several aspects such as:

- deadlines for the final phases of the operation, such as the completion of field activities, reconciliation and relocation of hub office assets, and the closure of hub offices.
- end of contract dates for all operation staff in accordance with needs of work sectors.
- payment of settlements to all MRCS and IFRC Nargis Operation local staff, at the end of their contracts, in accordance with Myanmar labour law.
- a strategy on communicating this transition plan to all MRCS operation staff, in particular, field staff at nine operational hubs, as well as IFRC local staff. In this regard, a transition team from headquarters which included a member of the MRCS Executive Committee, visited all hub offices during this reporting period, to explain the plan and processes, and respond to questions and concerns.
- training in resume (curriculum vitae) drafting skills and interview skills for all staff with the aim of helping staff to move on to new jobs.
- recognition ceremony for staff.
- volunteer management and appreciation.

Sharing the Nargis experience

Funding from the Nargis budget has been provided to support exchanges and learning initiatives across the region and on occasion, outside the Asia Pacific Zone. In this regard and at the request of the IFRC Secretariat in Geneva, the Organizational Development delegate in Myanmar attended a workshop in Nairobi in January to present experiences gained from the Nargis Operation related to the transition process.

2 MRCS country-wide initiatives independent of the Nargis Operation

Strategic Plan 2011-2015

The planning process for the society's Strategic Plan for 2011-2015 was completed in October with the assistance of a consultant supported by the Swedish Red Cross. The final draft is awaiting approval during the society's next Central Council meeting. In particular, the plan highlights that community-based initiatives will be the national society's preferred implementing model in the future.

3 Volunteers

Approximately 910 Red Cross volunteers were involved in Nargis Operation recovery activities during this reporting period. They serve as vital links with affected communities by providing valuable support in the following areas: water, sanitation and hygiene promotion; basic first aid, community-based health and first aid activities, psychosocial support, livelihoods, shelter, community development, logistics, and emergency response.

As per the transition plan for the Nargis Operation, trained Red Cross Volunteers working in Nargis-affected areas will serve as a resource pool for non-Nargis areas – accordingly, they will be called upon to share their knowledge with volunteers in other areas and to also assist with ongoing activities in these areas.

Finance

The Finance delegate completed her mission in November, but returned to the delegation for two weeks in January to assist with the revision of Nargis budgets. Responsibilities are apportioned amongst the national staff, under the management of the Finance Manager, and with the support of the Zone Finance Unit in Kuala Lumpur. There is continuing good coordination and cooperation with the MRCS Finance unit which is managed by the Head of Division.

Logistics

The IFRC delegation's logistics coordinator completed his mission in Myanmar in November. Responsibilities are now apportioned amongst the procurement delegate and the national staff.

Changes in MRCS Logistics Structure

In late September, the MRCS Central Council decided that the Logistics Unit would be placed under the Administration division instead of the Disaster Management division, and would be responsible for all logistics functions of the MRCS from thereon. This move which was partly prompted by discussions pertaining to preparations for the society's Strategic Plan 2011-2015, will enable the Logistics Unit to better support other units in the society.

Capacity building

Training for 13 drivers (10 from the MRCS, 2 from the IFRC and 1 from the French Red Cross) was held in early October.

Other training attended by MRCS and IFRC logistics officers comprise the Fleet Management and Road Safety Training in the Philippines, in Oct, and in Thailand, in January.

Two MRCS logistic officers continue to be based part-time at the IFRC logistics unit to support procurements and warehouse administration for hub offices.

Procurement

Huge volumes of procurement continue, particularly for the shelter, livelihoods and disaster management programmes. Procurement for shelter and livelihoods comprise local procurements which are well coordinated between the Regional Logistics Unit in Kuala Lumpur, IFRC country delegation, MRCS headquarters and hub offices.

Reporting / communications

Field reports

Reporting from the field continues to be consistent and informative.

End of Operation products

Efforts are underway to produce print and audio-visual products documenting the impact and learning gained from the Nargis Operation – these will be finalised in line with the conclusion of the operation. Technical reports for each programme conducted under the Nargis Operation are also being prepared by the respective programme units.

Capacity building

- As part of the transition of the Nargis Operation, a recent initiative to get hub reporting officers to share their reporting and communications knowledge and skills with selected branch volunteers, has continued. During this reporting period, facilitators training was conducted for hub reporting officers. Actual training of branch volunteers by reporting officers is scheduled to be conducted in stages, beginning from February.
- The MRCS Head of Communications and a communications officer attended the 2nd IFRC Asia Pacific Communications Forum in Nepal, in November. The former also attended the IFRC Asia Pacific Information Technology and Telecommunications Forum in Malaysia, in December.

Dissemination

A three-day dissemination session on the Red Cross was integrated with first aid training conducted for 60 outstanding teachers from three townships targeted by the Nargis Operation. The townships are Kungyangon, Twantay and Kawhmu. The teachers are now conducting dissemination sessions and first aid training in these locations.

[<financial report and annexes below; click here to return to title page>](#)

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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Cyclone Nargis Operation programme tables – updated Feb 2011

Note: Minor changes are highlighted in yellow.

Shelter	
<p><u>Objective 1</u> To ensure vulnerable households (especially those living in public places, with host families or in emergency shelters) have materials to rebuild their shelters, and increase the capacity of the community to make their shelters storm-resistant.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> • 16,376 of the most vulnerable households (about 7,610 in Phase 1 and 8,766 in Phase 2) 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 16,376 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 and engineers in each hub office to build the capacity of the MRCS. • Train and instruct hub staff on the programme. • Organize beneficiary selection process. • Sensitize suppliers. • Train carpenters and build model houses. • Work 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 16,376 houses with a value of CHF490 each. • Monitor procurement of materials. • Evaluate programme.
<p><u>Objective 2</u> To replace public buildings for health, education and community activities, some of which will provide 'safe havens' in the events of storms.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> • 25 storm-resistant schools are constructed and handed over to the Ministry of Education. • 20 storm-resistant health centres are constructed and handed over to the Ministry of Health. • 100 Red Cross posts have been built to accommodate community and Red Cross activities. • 232 Community Structures have been repaired. 	<ul style="list-style-type: none"> • Identify locations. • Prepare designs and Bills of Quantity. • Tender for contractors (in the 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 buildings.

Livelihoods

Objective 1

- Households affected by Cyclone Nargis have increased family income and reduced vulnerability.
- Community assets and infrastructure are 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 selections and preparatory meetings at community level.
- Implement CFW activities as per approved plan and budget.
- Programme monitoring.
- Ensure transparency towards communities upon the completion of CFW projects.
- Conduct a review and impact assessment of the CFW programme.
- Develop CFW project progress reports.
- Follow up support planning for completed CFW projects.
- Provide additional maintenance and strengthen support towards communities for completed CFW projects.
- Develop revised strategy for scaling up of CFW projects.
- Implement new phase of CFW as per revised strategy.
- Consolidation of CFW programme; and impact evaluation.

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 in different sub-sectors of livelihoods such agriculture, fisheries, livestock and small businesses.
- Households and communities have increased knowledge about livelihoods and an enhanced capacity relating to disaster risk reduction.

Activities

- Collection of baseline data and assessment of livelihoods needs in communities.
- Prepare programme guidelines and framework on in-kind assets and cash support for beneficiaries.
- Obtain approval from local authorities on the proposed plan of action for the livelihoods programme.
- Provide orientation to hub managers and livelihoods technicians on livelihoods programming.
- Community-level planning process with Village Tract Recovery Committees.
- Beneficiary selections and preparatory meetings at community level.
- Undertake transparency towards communities and implement appeal procedure.
- Finalise beneficiary plans and list of potential income-generating activities.
- Logistics and procurement planning to deliver programme goals.
- Distribute in-kind assets and cash support to targeted beneficiaries in selected village tracts.
- Monitor progress made by beneficiaries and identify follow-up support requirements.
- Identify key training institutions/service providers.
- Enter beneficiary details into database.
- Conduct community capacity building training.

	<ul style="list-style-type: none"> • Prepare project completion reports. • Conduct programme review and impact assessment.
<p>Objective 3 Community natural resources are restored, enabling livelihoods and protection from natural disasters. <i>(Note: The previous Objective 3 (on assistance for vulnerable and excluded households) as provided in the table accompanying Operations Update No 29, has been removed as this has been integrated with the overall asset recovery project indicated in Objective 2 above.)</i></p>	
Expected results	Activities
<ul style="list-style-type: none"> • Natural resources are restored in affected areas. • The capacity of communities to manage natural resources is enhanced. 	<ul style="list-style-type: none"> • Discuss the scope of natural resource projects with relevant department in ministry/township. • Assessment of community needs with regard to projects on the restoration of natural resources. • Prepare programme guidelines. • Provide orientation to hub managers and livelihoods technicians. • Community-level planning process with Village Tract Recovery Committees and development of planting programme proposals. • Procurement of plant saplings and programme implementation. • Undertake transparency towards communities and implement appeal procedure. • Enter programme details into database. • Monitor the programme. • Prepare a project completion report. • Conduct a programme review and impact assessment.

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 Health and 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

Community mobilization

Health knowledge, behaviour and practices at household level are improved through health education and promotion by trained CBHFA volunteers in collaboration with Village Health Committees.

Public Health in Emergency

Potential disease pandemics/disasters surveillance system and preparedness is established and functioning

Community Based Health Malaria/Dengue prevention

CBHFA volunteers effectively manage vector control and promotion activities with community participation.

Tuberculosis care project

TB transmissions reduce and there is increased community awareness of TB and HIV in low-performance townships with high defaulter rates.

Activities planned

- Knowledge, Attitude and Practice (KAP) survey and needs assessments are carried out and updated, using the new CBHFA-in-action module (*module 3*) annually.
- Communities participate in Focus Group Interviews and receive household visits by trained CBHFA Red Cross volunteers at least once a month.
- CBHFA Red Cross volunteers organize advocacy meetings and focus group discussions for each village.
- Organize orientation sessions on community health for Village Health Committees.
- Plans of Action are developed/updated, based on the five health priorities identified within each targeted community.
- 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.
- Community action plans for referrals to health centres/hospitals will be established in 13 townships.
- CBHFA volunteers conduct regular First Aid training including PSP activities in all affected townships, at least once a month.
- Distribute 100,000 information, education and communication (IEC) materials to affected communities, in support of community health education activities.
- 20 CBHFA volunteers from each township conduct immunization campaigns every first week of the month, under the supervision of Township Medical Officers.
- CBHFA volunteers give health information and conduct assessments at household level.
- Affected people from 13 townships receive health education in malaria/dengue.
- The most vulnerable households in 13 townships receive 25,000 long-lasting insecticide-treated nets.
- Targeted households participate in cleaning up of surroundings and hygiene awareness campaigns at least once a month.
- Targeted households keep water storage containers covered all day.
- Red Cross volunteers conduct assessments of suspected TB cases and make referrals to health facilities.
- Red Cross volunteers support the registration of TB suspects and transfer sputum containers to health centres.
- Red Cross volunteers receive general training in TB and as Direct Observation Treatment short course (DOTS) providers, under the supervision of Township Medical Officers.
- Red Cross volunteers conduct health education sessions related to TB.
- Co-infected TB/HIV patients are referred for treatment by Red Cross volunteers.

<p>Hygiene promotion The impact of water-related health problems is reduced in prioritized areas.</p> <p>Effective hygiene practices are conducted among identified populations.</p> <p>Capacity building including development of the CBHFA-in-action approach MRCS capacity at all levels to manage emergency health care and integrated community-based health and First Aid programmes, is strengthened.</p>	<ul style="list-style-type: none"> • At least 4,000 TB care sets (cereal, hygiene set), supplementary food and vitamins, are distributed to TB patients by end 2010. • Red Cross volunteers receive prevention materials from MRCS headquarters. • CBHFA volunteers <i>monitor</i> diarrhoea cases and other water-related diseases. • CBHFA volunteers <i>refer</i> cases of diarrhoea and other water-related diseases to health centres. • Red Cross volunteers and communities are trained in PHAST (Participatory Hygiene and Sanitation Transformation) methodology. • Using PHAST methodology, communities identify water-related health problems. • Affected communities access safe water sources (<i>see water and sanitation table</i>). • Communities discuss community action plans and construct sanitation facilities (<i>see water and sanitation table</i>). • 30,000 hygiene materials are distributed to identified communities. • 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. • 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. • Information, education and communication (IEC) materials are developed, disaggregated by type and topic, and incorporated into CBHFA trainers' household tool kits. • 5 MRCS staff members are certified as CBHFA Master Facilitators. • MRCS headquarters organizes a workshop and planning meeting on the standard CBHFA-in-action approach, with key stakeholders in May 2009. • MRCS headquarters organizes the CBHFA-in-action technical working group, which is related to the CBHFA advisory group comprising Partner National Societies. • MRCS headquarters organizes technical visits to districts and/or targeted branches to support CBHFA-in-action implementation (through coaching, training, mentoring, and monitoring). • MRCS headquarters designs reporting formats and conducts field testing. • MRCS headquarters monitors and analyzes monthly/quarterly/annual reports. • 150 previously-trained CBHFA trainers will attend refresher training in disease prevention, preparedness for emergency health care, First Aid response and psychosocial support. • 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. • 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. • Organize an additional 130 CBHFA multiplier training sessions and 5 CBHFA Training of Trainers (ToT) sessions, by the end of 2010.
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Note: In Myanmar, the transition from community-based first aid (CBFA) to the community-based health and first aid (CBHFA)-in-action approach is underway, and as such, not all elements of CBHFA have been adopted and put into practice.

Psychosocial Support

Objective (medium and long-term needs)

- Enhance the capacity of the 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. • Vulnerable groups receive appropriate psychosocial support in coordination with other organizations. • Communities make decisions about activities that will enhance their psychosocial wellbeing. • Psychosocial activities are initiated, supported, and established at community level in affected areas. • Psychosocial support is integrated into relevant MRCS training activities and in community-based programmes where appropriate. 	<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 the 13 affected townships. • Supplemental psychosocial support training will be provided for 2,000 community-based first aid volunteers as an integrated part of CBHFA . • Follow-up activities will be facilitated by the MRCS and volunteers to help cyclone survivors deal with psychological reactions and the grieving process. • 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. • 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. • 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.

Water, sanitation and hygiene promotion

Objective 1 (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.

Expected results	Activities planned
<ul style="list-style-type: none"> • Increased access to safe water and sanitation facilities in identified vulnerable communities. • Ensured access to clean drinking water sources during the dry season. • Effective hygiene practices applied by identified populations. • Reduced incidence of waterborne diseases in priority areas. 	<ul style="list-style-type: none"> • Support 161 village tracts in the recovery and rehabilitation of water and sanitation infrastructure. • Conduct Knowledge, Attitude and Practice (KAP) survey in the operational area. • Distribute water purification tablets to 30,000 households along with the distribution of Information Education and Communication (IEC) materials, and demonstrations on the proper use of water purification tablets. • Rehabilitation and reconstruction of rainwater harvesting systems including rainwater harvesting ponds, roof top rainwater harvesting systems, Ferro-cement tanks, and reinforced concrete ring tanks in community buildings such as schools, health centres and Red Cross posts. • Rehabilitation and reconstruction of tube wells and shallow wells. • Establish water quality monitoring system at MRCS HQ level. • Demonstrations and training for community volunteers in the construction of 2,000 appropriate household latrines. • Provide full construction material support to 8,000 vulnerable households for the construction of latrines. • Distribution of pans and pipes to 40,000 households for construction of latrines. • Provide appropriate sanitation facilities to 200 institutions comprising schools and Red Cross posts. • Develop Information, Education and Communication materials (IEC) on water and sanitation. • Monitor water and sanitation activities through field visits, and meetings with water and sanitation engineers and technicians. • Respond to dry season water needs by deploying emergency response water treatment units, along with water distributions by boat, in five townships for 40,000 households. • Distribution of buckets along with household water purification chemicals to 7,500 households for water treatment during the dry season. • Conduct Training on Participatory Hygiene and Sanitation Transformation (PHAST) for MRCS volunteers, in coordination with the health unit. • In coordination with the health unit, design and implement the hygiene promotion programme for affected populations, focusing on behavioural change. • Training in and demonstrations on appropriate household water treatment technologies. • Adaptation of IFRC field manual on household water treatment and safe storage in emergencies. • Technical visit by Partner National Societies (monitoring & technical evaluation).

Objective 2 (MRCS capacity building)

To improve the knowledge and capacity of MRCS staff to manage water and sanitation programmes in emergency and normal situations.

Expected results	Activities planned
<ul style="list-style-type: none"> • MRCS HQ and branch staff, and volunteers have strong capacity in planning and managing water and sanitation projects. 	<ul style="list-style-type: none"> • Development of the MRCS water and sanitation unit including capacity building for MRCS HQ and branch staff, and volunteers, in management including planning, implementation and monitoring of water and sanitation projects (training of 50 MRCS staff and

<ul style="list-style-type: none"> • MRCS effectively designs and implements an emergency response water and sanitation related programme. • MRCS has rehabilitated and pre-positioned emergency water equipment including water testing kits and emergency sanitation kits, as a disaster preparedness measure. 	<p>volunteers).</p> <ul style="list-style-type: none"> • Conducting training in the installation of emergency water and sanitation facilities for local engineers/staff/volunteers, as part of an emergency preparedness programme. • Creating a roster of standby ERU-trained volunteers. • Rehabilitating and converting ERU equipment into Emergency Water and Sanitation kits. • Coordinating with the Disaster Management Unit for the pre-positioning of emergency Water and Sanitation kits in disaster-prone areas. • Hand over duties to local MRCS branches and the authorities.
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Disaster Preparedness and Risk Reduction (2009 to 2011)

Objective (medium to long-term)

- To improve disaster response assistance through organizational preparedness, thereby meeting the needs of communities affected by disasters in Myanmar.
- To improve the lives of identified vulnerable communities in Myanmar by increasing community participation in risk reduction activities.

Expected Results

Enhanced disaster response assistance through organizational preparedness, aimed at meeting the needs of identified communities.

Activities planned

- Installation of telephones at most vulnerable Township Branches.
- Conduct NDRT(National Disaster Response Team) training and other related training.
- Conduct logistics management training.
- Upgrade warehouse management capacity.
- Conduct Disaster Management review to facilitate long-term DM planning.
- Review and update the national multi-hazard contingency plan.
- Develop disaster response plan and standard operating procedures.
- Review disaster management policy.
- Review pre-positioned stock lists.
- Conduct water safety training.
- Develop different types of information, education and communication (IEC) materials and distribute to targeted communities and schools.
- Develop database/Geographical Information Systems (GIS) centre at MRCS/HQ for hazard and capacity mapping.
- Promote the cross cutting components of the community safety and resilience framework in order to ensure the process of Disaster Risk Reduction (DRR) integration into the ongoing recovery operation.
- Refresh the DART(Disaster Assessment and Response Team) members at States/Divisions as well as Township level, to improve assessment and response.
- Advocacy, coordination and collaboration.

Increased resilience of individuals and communities through the practice of risk reduction initiatives at household and community level.

Communities as entry point:

- Review CBDRM-manual and develop CBDRM Programme implementation guidelines.
- Conduct Vulnerability and Capacity Assessment (VCA) courses
- Conduct training for Community- based Disaster Risk Management Team at Township level(Facilitators course).
- Mobilize community to form Community-based Disaster Risk Management Team at community level.
- Conduct training for Community based Disaster Risk Management Teams at community level (Multipliers course-30 community people at each team).
- VCA exercise at community level.
- Distribute basic early warning equipment(hand mikes).
- Distribute one stretcher to each community to strengthen community capacity to respond to disasters.
- Conduct different activities for awareness generation.
- Identify evacuation routes and evacuation shelters for emergencies.
- Implement small scale mitigation initiatives such as tree planting, river/sea bank renovation/protection, at community level.
- Develop Community-based Disaster Preparedness plan.
- Coordination and collaboration.

	<p><u>Schools as entry point:</u></p> <ul style="list-style-type: none">• Develop School-Based Disaster Risk Reduction manual and implementation guidelines.• Conduct SBDRR Training of Trainers for two teachers from selected schools.• Mobilize teachers and students to form School-based Disaster Risk Management Teams.• Conduct Training for SBDRR Teams (multipliers course).• Vulnerability and Capacity Assessment (VCA) exercise at school level.• Distribute early warning equipment (hand mikes) to schools.• Mobilize school teachers and students to generate awareness at community level.
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MDRMM002 - Myanmar - Cyclone Nargis

Appeal Launch Date: 07 may 08

Appeal Timeframe: 05 may 08 to 05 may 11

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2011/1
Budget Timeframe	2008/5-2011/7
Appeal	MDRMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	54,074,487	6,315,226		264,186	7,945,314	68,599,213
B. Opening Balance	0	0		0	0	0
Income						
Cash contributions						
<i>American Red Cross</i>	1,554,089					1,554,089
<i>Andorra Government</i>					22,607	22,607
<i>Andorran Red Cross</i>	23,550					23,550
<i>Australian Red Cross</i>	2,408,158				1,000,000	3,408,158
<i>Australian Red Cross (from Australian Government)</i>	2,447,746	9,719			560,355	3,017,820
<i>Austrian Red Cross</i>	360,114					360,114
<i>Austria - Private Donors</i>	1,585					1,585
<i>Belarusian Red Cross</i>	2,391					2,391
<i>Belgian Red Cross (Flanders)</i>	46,294					46,294
<i>Belgian Red Cross (French speaking community)</i>	18,986					18,986
<i>Belgium - Private Donors</i>	323					323
<i>Brazil - Private Donors</i>	8,033					8,033
<i>British Red Cross</i>	1,844,737			60,300		1,905,037
<i>British Red Cross (from British Government)</i>	634,268					634,268
<i>British Red Cross (from DFID - British Government)</i>	3,074,258					3,074,258
<i>Canadian Red Cross</i>	1,405,814					1,405,814
<i>Canadian Red Cross (from Canadian Government)</i>	2,534,636					2,534,636
<i>China Red Cross, Hong Kong branch</i>	480,491	1,132,241		66,775		1,679,507
<i>China Red Cross, Macau branch</i>	20,000					20,000
<i>Cook Islands Red Cross</i>	11,205					11,205
<i>Cyprus Gouvernement</i>	80,050					80,050
<i>Cyprus Red Cross</i>	16,123					16,123
<i>Danish Red Cross</i>	498,991					498,991
<i>Danish Red Cross (from Danish Government)</i>	166,226				2,061,632	2,227,858
<i>Estonia Government</i>	51,607					51,607
<i>European Commission - DG ECHO</i>	1,272,513					1,272,513
<i>Finnish Red Cross</i>	58,338	222,086				280,424
<i>Germany Red Cross</i>	1,068,205					1,068,205
<i>Great Britain - Private Donors</i>	466					466
<i>Hellenic Red Cross</i>	48,810					48,810
<i>Hong Kong - Private Donors</i>	5,200					5,200
<i>IATA</i>	8,650					8,650
<i>Icelandic Red Cross</i>	174,295					174,295
<i>Indian Red Cross</i>	7,732					7,732
<i>India - Private Donors</i>	10,607					10,607
<i>Irish Red Cross</i>	550,290					550,290
<i>Italian Government Bilateral Emergency Fund</i>	198,645					198,645
<i>Italian Red Cross</i>	58,984					58,984
<i>Japanese Red Cross</i>	4,824,602	884,700			632,100	6,341,402
<i>Japan - Private Donors</i>	4,730					4,730
<i>Kuwait Red Crescent (from Kuwait Government)</i>		2,500,000			2,750,000	5,250,000
<i>Lithuanian Red Cross</i>	976					976
<i>Luxembourg Red Cross</i>	11,862					11,862
<i>Malaysian Red Crescent</i>	10,546					10,546

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Appeal Launch Date: 07 may 08

Appeal Timeframe: 05 may 08 to 05 may 11

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2011/1
Budget Timeframe	2008/5-2011/7
Appeal	MDRMM002
Budget	APPEAL

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Malaysia - Private Donors	2,414			2,414
Maldives Private Donors	2,597			2,597
Monaco Red Cross	144,373			144,373
Netherlands - Private Donors	323			323
Netherlands Red Cross	89,370			89,370
Netherlands Red Cross (from Netherlands Government)	1,437,275			1,437,275
New York Office (from Applied Materials)	32,583			32,583
New York Office (from Black Rock)	47,542			47,542
New York Office (from ChevronTexaco Corp.)	1,051,073			1,051,073
New York Office (from Citadel Investment group)	9,311			9,311
New York Office (from EMC Corporation)	71,313			71,313
New York Office (from Hospira)	105,107			105,107
New York Office (from Lehman Brothers Foundation)	94,597			94,597
New York Office (from Mellon Bank)	23,771			23,771
New York Office (from Motorola Company)	105,107			105,107
New York Office (from Nordic Custom Builders Inc.)	5,250			5,250
New York Office (from Schering Plough)	47,542			47,542
New York Office (from United States - Private Donors)	2,756			2,756
New Zealand Red Cross	196,574			196,574
Norwegian Red Cross	106,786			106,786
Norwegian Red Cross (from Norwegian Government)	1,237,200			1,237,200
On Line donations	248,510			248,510
Other	1,066	8		1,074
Peru - Private Donors	214			214
Philippines - Private Donors	520			520
Polish Red Cross	5,196			5,196
Portuguese Red Cross	32,300			32,300
Qatar Red Crescent	7,470			7,470
Republic of Korea - Private Donors	191			191
Republic of Korea Red Cross	378,344			378,344
Russia - Private Donors	2,686			2,686
Singapore - Private Donors	21,119			21,119
Singapore Red Cross	338,843			338,843
Slovakia Government	97,845			97,845
Slovak Red Cross	15,813			15,813
Slovenia Government			80,750	80,750
Spain - Private Donors	651			651
Spanish Red Cross	42,771			42,771
Sri Lanka Red Cross	3,250			3,250
Stavros Niarchos Foundation	156,000			156,000
Swedish Red Cross	-38,529	2,092,800		2,054,271
Swedish Red Cross (from Swedish Government)	2,209,345			2,209,345
Swiss Red Cross	313,772			313,772
Swiss Red Cross (from Swiss Government)	5,541			5,541
Switzerland - Private Donors	9,398			9,398
Taiwan Red Cross Organisation	774,238			774,238
Tides Foundation	50,993			50,993
Tides Foundation (from United States - Private Donors)	104,000			104,000
Total	2,182,000			2,182,000
Turkish Red Crescent	5,264			5,264

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United Arab Emirates - Private Donors	1,115				1,115
United Arab Emirates Red Crescent	20,781				20,781
United States - Private Donors	15,644				15,644
UN Staff Council / UNOG	11,479				11,479
VERF/WHO Voluntary Emergency Relief	7,000				7,000
Viet Nam Red Cross	173,800				173,800
C1. Cash contributions	38,016,621	6,841,554		207,825	7,026,694

Inkind Goods & Transport

American Red Cross	1,824,002				1,824,002
Australian Red Cross	354,274				354,274
Austrian Red Cross	553,791				553,791
Belgian Red Cross (Flanders)	103,912				103,912
Belgian Red Cross (French speaking community)	403,280				403,280
British Red Cross	2,997,175				2,997,175
Canadian Government	279,939				279,939
Canadian Red Cross	71,199				71,199
China Red Cross, Hong Kong branch	275,291				275,291
Danish Red Cross	817,094				817,094
Finnish Red Cross	1,413,058				1,413,058
French Red Cross	677,315				677,315
Germany Red Cross	720,826				720,826
Japanese Red Cross	4,334,191				4,334,191
Luxembourg Red Cross	409,897				409,897
Netherlands Red Cross	1,160,086				1,160,086
Norwegian Red Cross	118,635				118,635
Qatar Red Crescent	281,160				281,160
Republic of Korea Red Cross	477,916				477,916
Spanish Red Cross	1,045,369				1,045,369
Swiss Government	154,743				154,743
Swiss Red Cross	350,197				350,197
C4. Inkind Goods & Transport	18,823,349				18,823,349

Inkind Personnel

Australian Red Cross	22,147				22,147
Austrian Red Cross	39,453	4,400			43,853
British Red Cross	41,866				41,866
Canadian Red Cross	8,680				8,680
Finnish Red Cross		124,620			124,620
Japanese Red Cross	59,313	49,600			108,913
Netherlands Red Cross	86,706	43,400			130,106
Other	147,528			124,100	271,628
Swiss Red Cross	19,800				19,800
C5. Inkind Personnel	425,493	222,020		124,100	771,613

Other Income

Miscellaneous Income				31	31
Services	-178,786				-178,786
C6. Other Income	-178,786			31	-178,755

C. Total Income = SUM(C1..C6)	57,086,676	7,063,574		207,825	7,150,825
D. Total Funding = B + C	57,086,676	7,063,574		207,825	7,150,825
Appeal Coverage	106%	112%		79%	90%

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II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0		0	0	0
C. Income	57,086,676	7,063,574		207,825	7,150,825	71,508,900
E. Expenditure	-50,026,863	-4,993,879		-199,367	-5,882,170	-61,102,279
F. Closing Balance = (B + C + E)	7,059,813	2,069,695		8,459	1,268,655	10,406,622

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		54,074,487	6,315,226		264,186	7,945,314	68,599,213	
Supplies								
Shelter - Relief	5,036,117	6,267,368				6,267,368	-1,231,251	
Construction - Housing	3,926,273	530,308				530,308	3,395,965	
Construction - Facilities/Infrastruc	2,773,373	1,988,298				1,988,298	785,076	
Construction Materials	4,801,323	4,263,986				4,263,986	537,337	
Clothing & textiles	3,099,368	2,851,774	129,469		362	2,981,605	117,763	
Food	132,175	16,938				16,938	115,237	
Seeds,Plants	787,936	961,579				961,579	-173,643	
Water & Sanitation	2,501,399	689,887	1,386,895		87	2,076,869	424,530	
Medical & First Aid	825,845	451,643	341,253		337	793,234	32,611	
Teaching Materials	307,370	39,418	178,345		11,669	229,920	77,450	
Utensils & Tools	3,971,782	3,947,781				3,947,781	24,001	
Other Supplies & Services	5,521,115	3,467,191	383,458			3,851,653	1,669,462	
ERU		968,899				968,899	-968,899	
Total Supplies	33,684,076	26,445,070	2,419,421		11,669	28,878,438	4,805,638	
Land, vehicles & equipment								
Land & Buildings	89,275						89,275	
Vehicles	586,807	445,375			77,240	522,615	64,192	
Computers & Telecom	531,771	250,337	558		107,052	357,946	173,824	
Office/Household Furniture & Equipm.	243,492	206,561	2,783		38,969	248,313	-4,820	
Others Machinery & Equipment		6,287				6,287	-6,287	
Total Land, vehicles & equipment	1,451,346	908,559	3,341		223,260	1,135,161	316,185	
Transport & Storage								
Storage	493,846	224,849	758		133,629	359,236	134,609	
Distribution & Monitoring	7,372,539	8,634,326	2,867		126,534	8,763,727	-1,391,188	
Transport & Vehicle Costs	2,400,629	177,256	9		331,956	509,221	1,891,408	
Total Transport & Storage	10,267,014	9,036,431	3,635		592,119	9,632,184	634,830	
Personnel								
International Staff	6,058,820	2,485,999	660,535		122,655	1,567,965	4,837,154	
Regionally Deployed Staff	73,304	69,486	7			2,458	71,952	
National Staff	964,665	160,393	28,405			447,977	636,776	
National Society Staff	3,463,109	1,313,764	752,791		434	1,054,240	3,121,230	
Consultants	238,835	114,077	20,226			75,529	209,832	
Total Personnel	10,798,734	4,143,719	1,461,965		123,089	3,148,170	8,876,943	
Workshops & Training								
Workshops & Training	2,122,250	713,653	447,168		27,933	294,886	1,483,640	
Total Workshops & Training	2,122,250	713,653	447,168		27,933	294,886	638,610	
General Expenditure								
Travel	597,731	310,695	70,890		993	98,319	480,896	
Information & Public Relation	406,378	161,162	35,410		5,071	55,528	257,171	
Office Costs	737,655	183,442	843		20	302,265	486,569	
Communications	511,060	168,375	537			201,291	370,202	
Professional Fees	98,429	20,959	840		126	29,076	51,002	
Financial Charges	2,296,684	1,795,928	71,364		1,156	135,500	2,003,947	
Other General Expenses	42,828	30,155				24,588	54,743	
Total General Expenditure	4,690,765	2,670,715	179,882		7,366	846,567	3,704,530	
Contributions & Transfers								
Cash Transfers National Societies	1,147,500	997,500					997,500	
Total Contributions & Transfers	1,147,500	997,500					997,500	

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		54,074,487	6,315,226		264,186	7,945,314	68,599,213	
Programme & Service Support								
Programme & Service Support	4,437,529	2,775,941	311,518		12,168	361,700	3,461,327	976,202
Total Programme & Service Support	4,437,529	2,775,941	311,518		12,168	361,700	3,461,327	976,202
Services								
Services & Recoveries		316,209	6,599			17	322,825	-322,825
Services & Recoveries		34,533	8,556			5,734	48,823	-48,823
Shared Services		750					750	-750
Total Services		351,492	15,155			5,751	372,398	-372,398
Operational Provisions								
Operational Provisions		1,983,784	151,794		17,142	407,439	2,560,159	-2,560,159
Total Operational Provisions		1,983,784	151,794		17,142	407,439	2,560,159	-2,560,159
TOTAL EXPENDITURE (D)	68,599,213	50,026,863	4,993,879		199,367	5,882,170	61,102,279	7,496,934
VARIANCE (C - D)		4,047,623	1,321,347		64,819	2,063,145	7,496,934	

REVISED APPEAL BUDGET SUMMARY

Budget Group	ORIGINAL	REVISED
Shelter - Relief	12,799,171	5,036,117
Construction - Housing	625,057	3,926,273
Construction - Facilities / Infrastructure	3,079,654	2,773,373
Construction - Materials	3,257,141	4,801,323
Clothing & Textiles	3,103,863	3,099,368
Food	286,920	132,175
Seeds & Plants	620,678	787,936
Water & Sanitation	2,430,092	2,501,399
Medical & First Aid	1,896,449	825,845
Teaching Materials	491,802	307,370
Utensils & Tools	4,009,280	3,971,782
Other Supplies & Services & Cash Disbursements	6,184,404	5,521,115
ERU (Emergency Response Units)		0
Total Supplies	38,784,511	33,684,076
Land & Buildings	46,275	89,275
Vehicles	438,406	586,807
Computer & Telecom	393,678	531,771
Office/Household Furniture & Equipment	286,865	243,492
Total Land, vehicles & equipment	1,165,224	1,451,345
Storage	430,867	493,846
Distribution & Monitoring	7,385,620	7,372,539
Transport & Vehicle Costs	2,427,962	2,400,629
Total Transport & Storage	10,244,449	10,267,014
International Staff	5,842,742	6,058,820
Regionally Deployed Staff	69,335	73,304
National Staff	935,867	964,665
National Society Staff	3,929,540	3,463,109
Consultants	378,945	238,835
Total Personnel	11,156,429	10,798,733
Workshops & Training	2,229,392	2,122,250
Total Workshops & Training	2,229,392	2,122,250
Travel	652,175	597,731
Information & Public Relation	417,211	406,378
Office Costs	405,796	737,655
Communications	364,055	511,060
Professional Fees	99,209	98,429
Financial Charges	1,035,453	2,296,684
Other General Expenses	118,517	42,828
Total General Expenditure	3,092,416	4,690,765
Cash Transfers to National Societies		1,147,500
Total Contributions & Transfers	0	1,147,500
Program Support	4,333,707	4,437,529
Total Programme Support	4,333,707	4,437,529
TOTAL BUDGET	71,006,128	68,599,212
Available Resources		
Multilateral Contributions		71,508,900
TOTAL AVAILABLE RESOURCES	0	71,508,900
NET EMERGENCY APPEAL NEEDS	71,006,128	-2,909,688