

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002  
GLIDE n° [TC-2008-000057-MMR](#)  
8 July 2008

This Revised Emergency Appeal seeks CHF 73,987,907 (USD 72,537,164 or EUR 45,955,222) in cash, kind or services to support the Myanmar Red Cross Society to assist 500,000 beneficiaries (100,000 households) for 36 months.

This operation will be completed by May 2011; a Final Report will be made available by August 2011 (three months after the end of the operation).

### Appeal history:

- 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).



A Myanmar Red Cross water boat plies the waterways of Labutta in the devastated Ayeyarwady delta. Clean water is essential to the survivors of Cyclone Nargis, who line banks and jetties and wade out to the boat which keeps them supplied from a purification plant the French Red Cross established in Labutta town. (John Sparrow/International Federation of Red Cross and Red Crescent Societies)

This Revised Emergency Appeal reflects the International Federation of Red Cross and Red Crescent Societies' continued commitment towards assisting the Myanmar Red Cross Society (MRCS) in meeting the huge needs of communities affected by Cyclone Nargis. This appeal builds on the emergency appeal launched on 16 May, and the preliminary emergency appeal of 6 May. It provides an update on the progress and challenges of the relief and recovery operation (based on available information), and in particular, outlines the way forward for priority sectors.

### **Progress of relief and recovery operation**

#### *Achievements*

Since the cyclone, MRCS staff and volunteers, with the support of the Red Cross Red Crescent Movement, have worked tirelessly to provide assistance to those affected by the disaster. To date, over 500,000 beneficiaries have been reached with emergency relief of water, food and relief items. About 80 per cent of the beneficiaries are in the Ayeyarwady Delta, and between 10,000 and 15,000 people are being reached every day. Up to 2 July, 55 Red Cross Red Crescent chartered relief flights, 97 regular commercial flights and two courier flights, have landed in Yangon, carrying a total of 1,570 tonnes of relief items. Transportation by sea has also begun, with about 100 tonnes of relief items received so far. It is estimated that around 10,000 MRCS volunteers are active in the relief efforts at any one time. They have been providing assistance to people throughout the affected regions. The MRCS also continues to scale up its first aid and community health efforts

#### *Present situation*

Over the last few weeks, the operation continued to face various challenges. Guiding principles on carrying out aid and assistance activities were issued for the international humanitarian community, by the Myanmar government on 10 June. This caused some confusion among the international organizations and the government authorities, as to how they should be implemented and created delays in the processing of visas and travel permission. However, this has now been largely clarified and delays experienced in receiving permission to travel to the delta appear to have eased. There is also some hope that information, analysis and assessments will be improved. As the humanitarian operation continues to be allowed to develop, there is evidence of improved operational infrastructure and it is clear that the delivery of much-needed support to the beneficiaries is more effective and comprehensive.

It has been widely reported that the magnitude of destruction of Cyclone Nargis on Myanmar and its people is unprecedented. MRCS had no previous experience in responding to a natural disaster of these proportions. This situation understandably created significant constraints which continue to be identified and tackled, with the support of the International Federation and other partners of the Red Cross Red Crescent Movement.

The unpredictable and complex nature of the operational context continues to have an undeniable impact on the response. It is requested that if particular operational constraints continue to affect the operation, partners agree that the resources pledged can be re-negotiated for use in other related programming.

Despite all of these constraints, the MRCS and its volunteers in particular, with assistance from the Movement, have been recognized for the immediate response on the ground from day one. The MRCS, in its auxiliary role to the Myanmar government, is widely recognized as one of the leaders in the national response to the disaster.

#### *Moving forward*

With the revision of this three-year plan, the operation will continue to concentrate on immediate needs until they are met. The plan also provides for the development and implementation of programmes designed to address medium to long-term needs in the following sectors: relief, shelter, health and care; water, sanitation and hygiene; food security and livelihoods; and the cross-cutting measures of disaster preparedness and risk reduction.

Lessons from this operation have highlighted the importance of and the need to support local communities with the capacity to respond to and mitigate the effects of natural disasters. In order to achieve this within an environment of poor infrastructure which includes transportation and communication difficulties, an integrated or multi-sectoral approach is imperative.

It is crucial to recovery that communities themselves take an active part in identifying, preparing for and working towards reducing the risks and vulnerabilities that they face. This is central to the success of the

operation and incorporates the way much of the affected population begins recovery and responds to the effects of floods and other natural occurrences.

### **Contributions to the Appeal to date**

Partners which have made contributions to the appeal to date include: American Red Cross/American 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, Red Cross Society of China – Hong Kong branch and Macau branch, Cook Islands Red Cross, Cyprus Red Cross, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, French Red Cross, German Red Cross, Hellenic Red Cross, Icelandic Red Cross, Irish Red Cross, Japanese Red Cross, Republic of Korea Red Cross, Kuwait Red Crescent, Luxembourg Red Cross/Luxembourg government, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross/Norwegian government, 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, Taiwan Red Cross Organization, United Arab Emirates Red Crescent and Vietnam Red Cross Society. 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 and Tides Foundation.

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

[<click here to view the attached Revised Emergency Appeal Budget; or here to link to a map of the affected area; or here to view contact details>](#)

## **The situation**

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, making landfall in the delta. The full force of the cyclone struck the Ayeyarwady and Yangon divisions crossing directly over the former capital, Yangon. Collective assessment data from the authorities and the international communities indicates that 115 townships were significantly affected by the cyclone. Areas that suffered from the greatest strength and impact of the cyclone include eastern Ngapudaw, Labutta, Mawlamyinegyun, and Bogale, while the Pyapon, Dedaye, and Kyauklat townships of the Ayeyarwady (Irrawaddy) division and the Kungyangon, Kawhmu, Twantay and Kyauktan townships of the Yangon division were also devastated.

The impact of the cyclone was the result of wind, water and storm surge damage. The storm surge was reportedly 3.5 metres high in many areas and up to 7 metres at its worst. The hardest hit areas of the Ayeyarwady and Yangon divisions included smaller rural villages of less than 100 households. Often comprising poor farming and fishing households, these areas were completely destroyed, resulting in many lives lost. In larger villages and urban areas where there were more permanent structures, the mortality rate appears to have been less but the damage remains severe.

The official figures of 2 July state that 84,500 people have been killed and 53,800 are missing. However, it is believed that these figures may be significantly underestimated.

## **Coordination and partnerships**

The International Federation has taken a clear role in-country, to support the MRCS in coordinating Movement resources and personnel. This is based on the good relationship established between the International Federation's country office and the MRCS, and with relevant authorities. A true 'Movement approach' has also been achieved in supporting the MRCS in its emergency operation, with all partners working towards common goals through openness and transparency in planning and implementation.

### **Movement cooperation**

#### *Partner National Societies*

More than 35 partner national societies (*see list on page two*) have contributed to the Emergency Appeal so far, providing cash and in-kind contributions, and thereby enabling the MRCS to provide immediate assistance to those affected by the disaster. Two partner national societies, namely the Danish Red Cross and French Red Cross, which have offices in Myanmar to support the MRCS in long-term programmes, have

worked in very close coordination with the International Federation and have provided important support to the MRCS in the relief operations. These contributions have been in various forms, for example, by making in-country resources available to the International Federation and the MRCS during the first two months of the operation, and especially during the first critical weeks after the disaster. In addition, the Southeast Asian national societies have provided important support to the MRCS, especially through the provision of Regional Disaster Response Team (RDRT) members.

#### *International Committee of the Red Cross (ICRC)*

The cooperation between the MRCS, the International Federation and the International Committee of the Red Cross (ICRC), was initiated at the very outset of the response to Cyclone Nargis. The ICRC will continue to support the responses defined by the MRCS and the International Federation, as needed and to the extent possible.

The ICRC has committed to providing significant contributions within the frame and plan of the emergency appeal. This will include supporting water, sanitation and hygiene promotion in the Dedaye and Pyapon townships, as well as working with the MRCS to assess and establish any further support that may be able to be provided to health facilities. In addition, the ICRC will support the efforts of the International Federation and the MRCS to produce a first aid manual. In collaboration with the International Federation, the ICRC will support capacity building by providing a planning and decision-making tool and necessary training.

The MRCS has increased its capacity to respond to the needs of households separated by the cyclone, primarily through the collection of *Safe and Well* and *Anxious for News* messages. This has been done through the technical and financial support of the ICRC, the costs of which are covered by the ICRC and are not included in this emergency appeal. Similarly, the ICRC is supporting the MRCS through training and equipping staff and volunteers to dispose of human remains in a safe, legal and dignified manner.

#### **External cooperation**

From the beginning of the operation, the MRCS has been a central partner to organizations such as the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF), where many MRCS resources have been made available to enable these and other organisations to work in the field. This has, of course, put a heavy strain on MRCS resources since it also has its own response operation to manage and implement.

#### *Inter-agency cluster*

The International Federation continues in its role of convening the emergency shelter cluster in response to the huge needs on the ground, with support from the United Nations High Commissioner for Refugees (UNHCR) and other cluster members. Dedicated teams have been working both in Bangkok and Myanmar supporting the shelter cluster. The team in Bangkok is finishing its work and phasing out. The team in Myanmar continues its work in Yangon in regional hubs. This team is composed of a Cluster Coordinator (from the International Federation), an Information Manager (from CARE-Australia), a Technical Coordinator (from CARE-Australia), and a Recovery Advisor (from UNHabitat).

A mailing list and more information about the Emergency Shelter Cluster can be found at:

<http://myanmar.humanitarianinfo.org/Shelter/default.aspx>

The MRCS and the International Federation carries on participation in the cluster meetings relevant to Red Cross Red Crescent programmes and will strengthen this at the field level.

There is also close cooperation with the humanitarian community in general, such as conducting psychosocial activities in schools together with UNICEF.

#### *Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA)*

Thirty MRCS representatives along with representatives of the government of Myanmar, ASEAN (Association of South East Asian Nations), the UN, the World Bank, the Asian Development Bank, international non-governmental organizations, the private sector and individual volunteers, have been involved in the Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA), covering over 300 villages.

## Red Cross and Red Crescent action

### MRCS volunteers

Myanmar Red Cross Society (MRCS) volunteers in affected areas continue to be in the frontline, providing relief assistance, shelter support, access to potable water, first aid care and psychosocial support, as well as referring people to other available facilities or to other organisations. In many areas reached, the MRCS staff and volunteers represent the only organization to have provided assistance to vulnerable communities.

The scale and size of this operation is unprecedented in Myanmar and as such, the MRCS has drawn upon its national capacity through the deployment of volunteers from non-affected divisions and states to support the assessment, analysis and response. The psychosocial support programme is and will also concentrate on support to volunteers affected by the operation. Providing additional support to the MRCS headquarters for the implementation of the emergency operation is a team of technical delegates from the International Federation, located in both Yangon and the affected areas.

### Health

Existing MRCS first aid posts in affected areas continue to extend services staffed by MRCS volunteers who have also accompanied township medical teams in mobile medical units. To date, 400 trained community-based first aid volunteers have undertaken refresher training in health and hygiene promotion (supporting the water and sanitation programme's hygiene promotion), including psychosocial support. Water quality testing and treatment were also conducted using chlorine tablets which were given out during the relief distributions. Working in the affected areas, these MRCS volunteers have contributed towards the prevention of disease outbreaks and have provided health care support to affected households in villages and monasteries. Additionally, the volunteers have assisted daily in temporary shelters, providing first aid care, psychosocial support, feeding the sick, assisting in tracing and restoring family links, and taking care of children orphaned as a result of the cyclone.

### Water and sanitation

In an immediate response to the need for potable drinking water in the affected areas, two water and sanitation emergency response units (ERU) and additional water treatment units were deployed to provide safe drinking water in the Labutta, Bogale and Mawlamyinegyun townships and surrounding villages. Due to the initial constraints faced in getting approval from the authorities for international expatriates to travel to the affected areas, local engineers were identified, recruited and trained to operate the water purification units. The teams of local engineers, technicians and MRCS volunteers/staff continue to operate the units under the supervision and monitoring of international delegates from the French and German/Austrian Red Cross ERU teams, and an Australian Red Cross delegate who looks into the operation of the Australian RC's mobile water unit.

### Relief

In parallel to the health activities outlined above, the entire Red Cross and Red Crescent Movement initiative to support the MRCS has reached more than 500,000 beneficiaries who have been provided with non-food relief items. As of 3 July, between 2,000 and 3,000 households are being reached per day.



Emergency relief remains essential to the Myanmar survivors of Cyclone Nargis, the International Federation of Red Cross and Red Crescent Societies says. Villagers crowd Red Cross distribution points in remote settlements – here in devastated Labutta – where a finger print is a signature and the walk back home is past the ruins of homes and livelihoods. (John Sparrow/International Federation of Red Cross Red Crescent Societies)

### Shelter

Tarpaulins continue to be distributed widely to affected households. Additionally, the MRCS and the International Federation have worked together with the other main actors in the Emergency Shelter Cluster to

provide village tract tool kits, in an approach that works at community level rather than at individual household level. In this way, large numbers of households have access to essential resources which are supplemented by additional distributions of items such as tarpaulins to individual families.

## The needs



Red Cross Red Crescent relief arrives on the dockside of Mawlamyinegyun town in the Ayeyarwady delta. Over 500,000 cyclone survivors have received help through the Myanmar Red Cross. (John Sparrow/International Federation of Red Cross and Red Crescent Societies)

### Relief

The MRCS and the International Federation are planning to support the recovery of communities. The start of the monsoon season, though, reinforces the need to maximize the relief actions and address the reality of many remote villages where there continues to be shortages of basic relief items (such as mosquito nets, kitchen sets, hygiene and family kits, and emergency shelter materials), basic health care, and clean and safe water.

### Health, water, sanitation, hygiene and psychosocial support

The promotion of safe drinking water, sanitation and hygiene practices is necessary to prevent an outbreak of communicable diseases and potential epidemics. As the rainy season progresses, there is an increased risk of dengue - cases and vector breeding places have been reported. Malaria is also a threat if preventive and protective measures are not followed. In this situation, first aid, health information on disease prevention, surveillance and early reporting, needs to be intensified.

Cyclone Nargis and the ensuing tidal surge caused severe damage to the main water sources along the coastal areas. These sources which include open water ponds, wells, springs and hand pumps, have been contaminated by solid waste, dead bodies, and/or salt water. Due to this damage, many affected households do not have access to clean drinking water. As a result, there is an urgent need to rehabilitate these facilities - for example, by providing support to traditional rainwater harvesting practices and the rehabilitation of ponds. At the same time, the provision of potable water continues through the operation of emergency response units (ERU).

A large number of children and adults are experiencing serious mental stress because family members were killed or are still missing, as a result of the cyclone. All affected people have gone through a horrific experience even if they have not lost close family members and there is a strong need for further psychosocial support and care. These needs will, among other ways, be addressed through community religious centres which have a great influence on the people.

### Shelter

Field observations and increasing assessment data have indicated that the majority of rural and urban households have initiated self-recovery through the partial reconstruction of shelter. Rather than duplicating or altering these activities, it is important to build upon the gains already made and work with communities in developing safer houses, community infrastructure such as cyclone-safe structures and rainwater harvesting (linked to water and sanitation), with the aim of mitigating the impact of future disasters of this scale.

## **Livelihoods**

Many communities immediately attempted to plant agricultural crops. Strong support is therefore required to support robust and sustainable agricultural, fishing and cottage industries. Activities to support livelihoods can build resources for the future, such as forest timber and building materials, and will help households and communities reduce risks in future disasters.

## **The proposed operation**

### **Context**

With the relief operation well underway, the operations team is now refining the overall strategy. The field conditions suggest that rather than focusing on three distinct time-focused phases, the operation can be more effective and flexible on the basis of an immediate needs phase (primarily relief distributions), integrated with the medium and longer-term needs which will focus on early recovery and livelihoods integrated through all sectors.

At this stage in the operation, more detailed information is being received from the MRCS branches and volunteers, and the International Federation has been able to accompany the MRCS to the affected areas to assess further needs. The Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA) is also being analyzed and details will be released soon. Movement representatives have been in constant contact with PONJA and ASEAN (Association of South East Asian Nations) officials to ensure that planning was well-informed and assumptions tested.

In the short term, programming has been based on information from primary sources (MRCS volunteers and International Federation delegates) and secondary sources (the government, UN, and non-governmental organizations). In the medium and long-term, responses will be based on detailed information coming from both the MRCS branches and cyclone hubs currently being established in the delta. As far as possible, PONJA will also be used as one of the sources for future planning. However, there are still many areas where a detailed analysis is not yet available. Therefore, a flexible long-term planning process has been developed to accommodate more detailed planning in the future. This will, among other things, happen through a structure which is described in more detail below, but will essentially comprise multi-sectoral planning and management from the field level (using the hubs, branches and multi-sectoral teams as geographical focal points in the delta) to the headquarters level (MRCS and International Federation sector coordinators led by the MRCS' and International Federation's operations managers). Thus, the field-level regular monitoring and subsequent reporting, as well as regular planning meetings between the field managers and headquarters' managers or coordinators, will ensure a response that will be able to change with shifts in needs and the situation.

### **Integrated and multi-sectoral approach**

Already, lessons from this operation have highlighted the benefits of capacity building of local communities. In order to achieve this, programming will necessarily adopt an integrated/multi-sectoral approach. Good health, a secure supply of food and a reliable livelihood, create the basics of a security net necessary for households to be able to tackle risks facing a community, as well as the capacity to cope with a future disaster. These vital areas are addressed within the integrated health, water and sanitation, shelter, and recovery or livelihoods components of this appeal. These sectors covered within the medium and long-term programming, will also address disaster preparedness and risk reduction.

It is essential that local communities have the capacity to respond to and mitigate the effects of natural disasters. At the same time, it is crucial that the communities themselves take an active part in the process of identifying and reducing the risks and vulnerabilities they face. If not, the solutions are rarely relevant nor sustainable. Support to these communities include:

- Raising awareness on the importance of disaster preparedness and disaster risk reduction.
- Community awareness on safe construction techniques, especially regarding cyclone and flood-resistant structures.
- Environmental measures such as embankment reinforcement, and tree and mangrove planting to strengthen the natural environment and provide natural protection.
- The development of early warning alert and evacuation systems led by the MRCS, will play a significant role in helping reduce the number of deaths and injuries in future disasters.
- The identification of and support for suitable evacuation centres.

A *flexible and responsive approach* to meet the evolving needs and operational context has been developed to ensure effective support for the recovery and rehabilitation of the affected populations.

This approach is embodied in a process of *integrated community-level engagement*, where multi-sectoral teams of MRCS staff and volunteers supported by International Federation delegates, will work to identify and consult with the most affected village tracts (i.e. the lowest administrative level in each township, comprising between five and 15 villages), to identify and respond to recovery needs. Using Red Cross Red Crescent tools such as community-based first aid in action, vulnerability and capacity assessments (VCA), and livelihood tools, these teams will work with the community members to meet their needs in recovering from the impact of the disaster. These assessments will also contribute to the longer-term organizational development capacity building plans at local community and branch levels. One expected output, for example, could be that new village-based volunteers can undertake more preventative health care and disaster preparedness work as part of local strengthened MRCS branches, using the baseline information gathered.

The benefit of this approach is that it aims to meet the actual recovery needs of the affected populations in the areas of health, water and sanitation, shelter, livelihoods and risk reduction, rather than impose a set of standard activities on all communities. Furthermore, the approach allows for the incorporation of ongoing assessment data and analyses of the impact of the cyclone, and the recovery achieved by communities, through sustained access to and engagement in the affected areas.

### **Plan of Action**

The programme strategy is to cover 100,000 households of the most vulnerable communities within townships in the Ayeyarwady and Yangon divisions. The 13 townships of focus are Bogale, Dedaye, Labutta, Mawlamyinegyun, Ngapudaw, Pyapon, Kyaiklat, Maubin, Myaungmya, Wakema, Kawhmu, Kungyangon and Twantay. This strategy is based on the needs assessed, characteristics of the operating environment, and the capacity of the MRCS, supported by the International Federation and combined with the capacity of the government, the UN, non-governmental organizations and other humanitarian actors.

In order to build this operation, a framework has been developed that takes into consideration, the unique constraints and opportunities in Myanmar. The strength and coverage of the MRCS can be utilized to provide closely coupled assessments and implementation with the support of, but not dependency on, the international staff. This must build a strong foundation for MRCS future activities. Earlier planning to form hubs to support branches has been incorporated into the strategy. The strategic organizational development framework is still an appropriate tool for describing the way in which the MRCS will explore the aspects of the new organizational structures and programming directions, which will have short, medium and long-term impacts on the strengthening of the society as a result of this operation.

### **Coverage**

Myanmar is structured into 17 different states and divisions. In this operation, the MRCS and the International Federation are active in the two divisions of Yangon and Ayeyarwady. Divisions are separated into townships which include towns, settlements and large rural areas. The MRCS and the International Federation have been active in more than 20 townships. Under the overall strategy, this will be refined to 13 key townships (*see above*) according to the needs. Townships are divided into village tracts, and in urban areas, wards. In the 13 township areas, there are close to 1,000 village tracts and wards. Each tract comprises several villages and has a population of approximately 2,000 to 5,000 families. The operations team and the MRCS will identify approximately 200 village tracts as the operational area, covering 100,000 households. The identification of these areas will be harmonized with other agency programmes to avoid overlap or duplication.

### **Sector Coordination**

Because of the difficulties of both access and immediately available and reliable assessments, a multi-sectoral response will be adopted, through which the MRCS and the International Federation's sector leads in health, water and sanitation, relief, shelter and livelihoods, will work as a coordinated planning and implementation group. As a group, they will also consider all programmes in the light of disaster risk reduction.

### **Assessment**

Twenty MRCS teams will be trained by the coordination group comprising MRCS and the International Federation's sector coordinators – these teams will conduct a modified one-off community vulnerability

capacity and needs assessment in the tracts allocated to their team. It is anticipated that each team will 'adopt' about 10 tracts and be strongly connected to local branches.

### ***Tract recovery plans***

As the assessment results become available, the coordination group will design an integrated tract recovery programme. Depending on the identified needs, each programme will have a tailored response and may have a stronger element of one sector compared to another. Sector coordinators will manage this process to ensure budgets are not exhausted before all 200 tract programme areas are established.

This is envisaged as a rolling process in which the tract assessment teams go to the tracts after the relief phase, to determine the remaining needs and vulnerabilities. The programme is designed in such a way that the assessments, programme design, and implementation ***can occur concurrently***.

### ***Planning, monitoring, evaluation and reporting***

As a cross-cutting theme within the operation, a number of monitoring, evaluation and reporting activities will take place:

- The operation and each programme will be based on both initial and on-going primary and secondary information available.
- Community-targetting and distribution models will be identified.
- Review and planning meetings will take place regularly with staff and volunteers.
- Re-assessment of humanitarian needs will take place throughout the 36-month programme.
- Post-disaster programme impact assessments will take place.
- A monitoring and evaluation system will be established, involving volunteers and regular field visits by MRCS and International Federation staff.
- Beneficiary satisfaction surveys will be implemented.
- An external review with local and external evaluators will take place.
- Monitoring and evaluation will inform future planning.

### ***Medium and long-term programming***

The overall goal of the operation is to restore and improve the lives, livelihoods and basic living conditions of communities affected by the Cyclone Nargis disaster. This will be achieved by combining the immediate needs response closely with the further medium and long-term responses, and building on the first to strengthen the latter.

In the medium and long-term, the implementation of the various beneficiary programmes will build upon the work carried out in the immediate phase, and will include enhancing the operational efficiency and effectiveness of the delivery of MRCS services to vulnerable people. The programming will also focus on the development or expansion of community-based programmes and activities, and ongoing assessments to identify and support affected households not achieving recovery.

Care will be taken to ensure that the MRCS volunteers and structures are maintained and supported.

### ***MRCS capacity and scaling-up***

While the MRCS is well positioned to meet an increased caseload of needs through its national structures and reputation, the scaling-up of MRCS structures within the most affected areas is required. In addressing this need, the operation will establish nine MRCS cyclone hubs, to be co-located and work cooperatively with the existing MRCS branches. These strategic locations will serve to continue the implementation of emergency relief, recovery and long-term capacity building activities. As the operation evolves over the years, the hub offices will be used to build the capacity of the branches and eventually, relevant parts of the hubs will merge into these branches.

It is important to recognise that for most activities, the MRCS itself will be responsible for implementation. These will include those activities for which it can see a sustainable future, both in the affected areas and in other branches around the country, and are in line with the national society's plan.

For other activities, more temporary implementation structures will be adopted to allow the required scale-up and eventual scale-down to occur, without damaging MRCS's development or adversely affecting its current

systems. As time goes by, some of these activities will cease. Others may be taken over by the MRCS, in the future. The strategy for all activities is being carefully considered.

### **Operations management**

An operations management unit has been established in Yangon to ensure effective support to the field structure. This unit is made up of the MRCS executive committee's head of operations and the International Federation's head of operations, supported by the MRCS president and the International Federation's country representative. It will monitor and supervise all programme activities and functions. The unit will also work closely with other Red Cross Red Crescent Movement partners for the coordination of all activities in support of the affected populations.

The nine hubs will be located in Pyapon, Bogale, Labutta, Pathein, Ngapudaw, Mawlamyinegyun, Dedaye (and possibly Kyaiklat), in the Ayeyarwady division; and in Kungyangon, in the Yangon division. In the Yangon division, activities will be managed from the MRCS headquarters and the hub in Kungyangon, focusing on the townships of Twantay, Kawhmu and Kungyangon. Four logistics bases (serviced from Yangon) will support the hubs and will include increased warehousing and human resource capacity to store and distribute relief supplies to the other MRCS cyclone offices and the affected population. The location of the four logistics bases will be in Pyapon, Bogale, Labutta and Pathein. The hubs will have the capacity to implement water and sanitation, as well as health activities, through specific teams of engineers, health professionals and volunteers. The MRCS, with the support of the International Committee of the Red Cross (ICRC), will also be carrying out *Restoring Family Links* services in selected hubs. Currently, six of the nine hubs have been established and are establishing their operation, while the last three will be starting up by mid-July.

While the townships identified above as key hubs are the main focus of the MRCS and the International Federation's operation, actions will not be limited to them alone. Specifically, relief assistance in the first phase of the operation will be provided to affected populations in less affected townships through MRCS township branches, including those in Wakema, Maubin, Myaungmya and Kyaiklat.

The structure has been designed with the aim of enhancing the capacity and resources that will support MRCS township, district, divisional and national structures. While the focus will remain on supporting the implementation of the Cyclone Nargis operation, it is understood that the hubs are not permanent structures, and the length of their existence will be linked to the needs and implementation of the activities guided by the strategic direction of the Emergency Appeal. Furthermore, International Federation field delegates will work closely with the hubs to support the branches in strengthening the capacity of MRCS staff and volunteers through on-the-job and formal training.

### **Logistics**

A detailed and up-to-date mobilization table is available on the International Federation's Disaster Management Information System (DMIS). The International Federation continues to work on mobilizing specific relief items to respond to needs in the field, and donors must coordinate with the International Federation's regional logistics unit (RLU) based in Kuala Lumpur, regarding outstanding needs. For now, all the needs on the mobilization table are fully covered. Additional items will be added to the mobilization table and published on DMIS when they are proposed by the operation.

All local, regional and international procurement mentioned in this appeal will be carried out following International Federation procurement procedures.

Shipping instructions and mobilization guidelines will be provided to donors by the Kuala Lumpur RLU, with a consignment tracking number issued prior to shipping any goods to the operation. Procurement of goods and transportation can be [arranged through the RLU](#).

## **Operation Sectors**

### **Relief**

The initial appeal provides for two phases of relief distributions (non-food items). During the immediate phase, 100,000 cyclone-affected households are to immediately receive assistance in the form of food and non-food items. For the medium and long-term, further needs will be covered, while recovery and especially

disaster preparedness will be addressed. During this period, MRCS programming will be redirected towards recovery, disaster preparedness and risk reduction activities.

Coordination with other agencies and a further understanding of the conditions and damage have led to a revised plan which will see in the short-term phase, the distribution of family relief kits to 100,000 households. Each family relief kit includes two 10-litre jerry cans, two blankets, two double mosquito nets, one family kitchen set, and one family hygiene kit. Where possible, these items are being distributed as a single family kit.

For the medium and long-term, at present, only minor distributions of non-food items are planned, based on the analysis of actions undertaken to date by the Red Cross Red Crescent Movement, local authorities and the wider humanitarian community. However, as the only organization with a presence across the entire affected area, the MRCS and the International Federation will continuously review the need to provide further relief assistance through engagement with village tracts.

The initial disaster preparedness and risk reduction activities identified under this objective have been enhanced and strengthened into a discrete objective, supporting the overall disaster preparedness and risk reduction ability of hazard-prone villages, and the capacity of the MRCS.

### Relief distributions (food and basic non-food items)

#### **Objective 1 (immediate needs)**

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

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• MRCS will distribute one family relief kit to each of the 100,000 households (including two blankets, two jerrycans, two double mosquito nets, one kitchen set, and one family hygiene parcel) – in coordination with the health, water and sanitation, and shelter programmes.</li> <li>• MRCS will transport and distribute food aid on behalf of other humanitarian agencies (<i>beneficiaries to be identified</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Relief items are being sourced from in-kind donations, the International Federation's stock in Kuala Lumpur and Dubai, and the remainder comprising a balance of international and local procurement following International Federation procurement procedures.</li> <li>• Immediate recruitment of MRCS volunteers in order to scale-up the volume of humanitarian response.</li> <li>• Coordination with other key humanitarian actors.</li> <li>• Establishment of distribution plans in order to inform logistics planning and community liaison.</li> <li>• Identification of specific beneficiaries to be included in relief activities in the affected locations.</li> <li>• Identification of suitable distribution sites.</li> <li>• Coordination and liaison with affected community leadership and relevant authorities.</li> <li>• Distribution of items to selected beneficiaries, such as 200,000 jerry cans, 200,000 blankets, 100,000 hygiene parcels, 200,000 mosquito nets and 100,000 kitchen sets.</li> <li>• Re-assessment of humanitarian needs.</li> <li>• Evaluation of lessons learnt to inform future planning.</li> </ul>

<b>Objective 2 (medium and long-term needs)</b>	
To ensure badly affected households receive further necessary non-food item assistance, whilst refocusing MRCS programming towards recovery (to include livelihoods and food security), disaster preparedness and risk reduction activities, in order to mitigate the possible effects of future disasters.	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Communities with additional relief needs receive further non-food items as required.</li> <li>The MRCS has a relief capacity to respond to emergencies in Myanmar, in a manner that enables it to immediately support up to 15,000 families with the most urgently needed non-food items, and create a relief programme to help address further relief needs in such situations.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of additional non-food items for households especially in need.</li> <li>Enhance and improve the MRCS' logistics capacity to support the ongoing field operations.</li> <li>Ensure integration of other sectoral programming with disaster management (e.g. water and sanitation, and health and care).</li> <li>Increase MRCS contingency stocks to cover up to 15,000 households (including 30,000 blankets, 30,000 jerry cans, 15,000 hygiene parcels, 15,000 kitchen sets and 30,000 mosquito nets).</li> <li>Advocacy with the authorities for an enhanced MRCS role in disaster response awareness at the community level.</li> <li>Enhance and improve MRCS' capacity and mode of operations, in carrying out an emergency response.</li> </ul>

### Emergency Shelter

The initial appeal for emergency shelter planned three phases of support. The objective for the first six months was to procure and distribute emergency shelter kits to 40,000 cyclone-affected households, and pay particular attention to the shelter needs of households from temporary shelters, once they had returned to their home sites. For the medium term of six to 12 months, the aim was to procure and supply appropriate shelter materials to support 60,000 households, and also provide technical assistance to identify safe and durable building practices. In the final phase, efforts would be made to identify vulnerable households who had not achieved reasonable recovery.

With the relief activities underway and a deeper understanding of the damage and typical delta housing conditions, the short-term plan was updated (in consultation with the shelter cluster) to target a much larger number of households. The simple nature of construction and the grouping of houses into hamlets, suggested that shelter tool kits could be shared by communities. By procuring extra tarpaulins and combining relief tarpaulins with the shelter kit tarpaulin stock, it became possible to plan to reach 80,000 households with tarpaulin kits and over 275,000 households with community tool kits (on a basis of one tool kit to five households).

Field observations and increasing assessment data have indicated that the majority of rural and urban households assisted by the first-phase emergency shelter distributions, are moving quite quickly towards effective shelter solutions. There is evidence to suggest that these distributions will support the population while they achieve long-term recovery, as materials such as thatch and personal funds become available.

Concerns remain however, for households who suffered such severe damage that they will not be able to recover without more support, and the programme plans to provide up to 10,000 households with assistance that may include local building materials such as thatch and bamboo.

The medium and long-term plan has three goals:

- To identify the households that have not achieved self-recovery.
- To provide technical support and information dissemination regarding improved building techniques.
- This is to be combined with the identification and support of community-based shelter needs, such as household water harvesting, in conjunction with water and sanitation or cyclone-safe structures.

## Emergency shelter

### **Objective 1 (immediate needs)**

- Meet the immediate shelter needs of the most vulnerable and cyclone-affected people through the distribution of shelter materials to individual households as well as communities.
- Procure and distribute household tarpaulin kits (comprising two tarpaulins and 30 metres of rope) to individual households and distribute one community shelter tool kit to every five households.
- Target 80,000 households for tarpaulin kits and 275,000 for community tool kits.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• 275,000 households have access to community tool kits (55,000 community shelter tool kits)</li> <li>• Of these, 80,000 of the most affected households, each receive two tarpaulins and 30 metres of rope.</li> <li>• Vulnerable groups are identified and targeted for further assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment of MRCS volunteers to conduct assessments and implement operational activities.</li> <li>• Attend and contribute to relevant cluster meetings.</li> <li>• Detail response to vulnerable groups.</li> <li>• Development of tracking system for beneficiary distributions.</li> <li>• Implement distribution plan and methodology including possible partnership agreements for the distribution of community tool kits.</li> <li>• Procurement of emergency shelter items.</li> <li>• Distribution of emergency shelter items (80,000 households each receive two tarpaulins and 30 metres of rope, and 275,000 households receive a community shelter tool kit (one kit for every five families).</li> <li>• Preparation of design for medium and long-term programming, including participatory evaluation.</li> </ul>

### **Objective 2 (medium and long-term needs)**

- Procure and supply appropriate shelter materials to support 10,000 cyclone-affected households which have suffered severe damage, and have not achieved a reasonable status of recovery.
- Ensure better understanding and awareness of appropriate building techniques. Integrate with other sectors to support community-based shelter activities such as household water harvesting (a water and sanitation activity supported by the shelter sector) and safe haven establishments.
- All activities are to enhance disaster risk reduction.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Households that have not achieved a reasonable status of recovery have been identified and supported with shelter materials and possibly, labour or cash (assumption that 10,000 households will be supported).</li> <li>• Awareness has been raised on improved building techniques and buildings are being built accordingly.</li> <li>• Community shelter activities integrated with other sectors are identified on a needs basis and implemented.</li> <li>• Households will have improved facility for and understanding of improved sheltering elements such</li> </ul>	<ul style="list-style-type: none"> <li>• MRCS staff and volunteers are trained and deployed to assess community vulnerabilities, capacities and needs, on a multi-sectoral basis.</li> <li>• Detailed assessments are conducted in targeted village tracts, using these trained teams.</li> <li>• Identification of individual and vulnerable beneficiary households needing additional and specific shelter support.</li> <li>• Promotion of better building practices to the targeted communities. This will be done after the investigation of current building methods (conducted in conjunction with other agencies).</li> <li>• Appropriate community activities such as household or community rainwater harvesting, and the identification and strengthening or repair of safe haven buildings, will be supported by the purchase of materials, technical advice and cash grants. This will depend on the assessed capacities and needs of the affected communities, as well as other recovery plans.</li> <li>• Opportunities to support livelihood activities will be actively sought.</li> <li>• Identification and costing of available local resources.</li> <li>• Procurement and distribution of shelter-related community recovery materials and services.</li> <li>• Further distribution of targeted shelter materials to most vulnerable households.</li> </ul>

<p>as safe community structures and reliable water harvesting (<i>Target: 200 village tracts</i>)</p> <ul style="list-style-type: none"> <li>• MRCS capacity to address shelter as a mitigation measure has been strengthened.</li> <li>• MRCS has pre-positioned 15,0000 emergency shelter kits as part of future preparedness.</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the actions needed to build the capacity of MRCS shelter mitigation measures and implementation of these actions.</li> <li>• Procurement of 15,000 emergency shelter kits for preparedness.</li> </ul>
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## Health and Care

Community-based first aid, disease prevention and health promotion is the core of health programming. Building on the network of community-based health volunteers, the MRCS is in a unique position to reach out to communities and to bridge households, villages and authorities. Community-based health as an overarching framework, integrates components of health such as safe water and improved sanitation, prevention and control of common communicable diseases, home care, psychosocial support and voluntary blood recruitment. For this reason, health and care, water and sanitation, and hygiene promotion, are in reality, connected and should be well coordinated. Community participation at all stages of implementation, from needs assessment until evaluation, is essential to offer relevant and effective support and services, to the most vulnerable groups.

### **Community health and care for 20 townships**

The community health and care assistance will focus on 20 affected townships in the Yangon and Ayeyarwady divisions - among these, the 13 most affected that this appeal concentrates on. These townships have been identified through on-site assessments and secondary data reports. The most vulnerable groups of children, women, the elderly, and people who are physically and mentally challenged, and/or living with chronic illnesses, are the priorities. That health and care covers 20 townships (and not 13 as the other programmes) is due to, among other things, the MRCS community-based first aid work that was conducted in the two divisions before the cyclone. The health and care services in these divisions will be extended to the whole delta, serving as a disaster preparedness and risk reduction measure as well.

The 20 townships are:

- Yangon division: Kungyangon, Kawhmu, Twantay, Kyauktan, Thanlyin, Dalla, Hlaing Tharyar, Tharkayta, Dagon Seikkan, and Dagon South.

- Ayeyarwady division: Labutta, Ngapudaw, Bogale, Dedaye, Pyapon, Kyaiklat, Mawlamyinegyun, \* Myaungmya, \* Maubin, and \* Wakema.

\* *These are less affected townships but have been included because most of the affected populations in Labutta, Bogale and Pyapon, moved to these townships for shelter during the disaster.*

The health care intervention for these 20 townships involves three main components that will be implemented through a holistic approach: (a) community health and first aid, (b) water and sanitation, and (c) psychosocial support. This intervention will be coordinated and planned with the shelter, relief and logistics sectors. The International Federation's health team together with its MRCS health counterparts, has prepared a detailed plan of action with identified activities, based on the reports from the MRCS field assessment teams in the affected areas.

### **Human resources**

MRCS volunteers trained in community health and first aid prior to Cyclone Nargis, were deployed immediately to respond to the health, first aid and psychosocial support needs of the population affected by the disaster. Volunteer-based support for health, first aid, psychosocial support and water and sanitation, in local branches will be built up through training at the community level. Community participation in health and care activities is essential to the programme. Advocacy with local authorities and coordination with the local health system, will also be strengthened.

Additional health human resources will be supported both at headquarters and branch levels to ensure the timely and effective implementation of the proposed activities in different phases. The long-term aim is to build the MRCS' capacity in effectively managing an integrated approach towards health services. Community-based first aid programming will be a starting point in this approach which will include expanded water and sanitation, and psychosocial support efforts. Appropriate existing strategies will be included in the plan for the proper inter-phasing of the operational activities into the MRCS' regular health and care programme activities.

### Community Health and Care - overall objective

To reduce the number of deaths, illnesses and impact from diseases and public health emergencies, and address the psychosocial needs of the population affected by Cyclone Nargis in the 20 most affected townships in the Yangon and Ayeyarwady divisions (covering up to 100,000 households).

<b>I. Community-based Health and First Aid</b>	
<b>Objective 1 (immediate needs)</b>	
Reduce the number of deaths, illnesses and impact from disease and public health emergencies, by providing immediate basic health care, first aid and psychosocial support, health and hygiene promotion, to the cyclone-affected populations through the MRCS volunteers, in collaboration with the Ministry of Health.	
<b>Expected Results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>● Affected populations receive emergency health care, first aid and psychosocial support from the trained community-based first aid volunteers.</li> <li>● Increased awareness on safe drinking water, proper hygiene and sanitation practices, disease prevention and early consultation for the targeted 100,000 affected households.</li> <li>● Affected populations have access to emergency primary health care services through the provision of priority rural and sub-health centres with inter-agency emergency health kits, and the mobilization of mobile health/medical teams in remote villages, jointly with the local health unit personnel.</li> <li>● Prevention, care and support for tuberculosis, malaria, dengue, sexually transmitted diseases and HIV are provided to the affected families. This includes safe blood supply for priority patients.</li> </ul>	<ul style="list-style-type: none"> <li>● 45 health officers will be hired and posted to nine field hubs in the delta region, to support MRCS branches in the implementation of the health and care programming of the operation.</li> <li>● 2,000 MRCS volunteers from affected and non-affected townships who have been trained in first aid/community-based first aid will be given booster training in emergency health care and hygiene promotion (supporting the water and sanitation sector), to provide immediate community-based health and first aid care. This will include giving first aid to injured and sick persons, health advice and information, psychosocial support, hygiene and sanitation education, distribution of hygiene kits, mosquito nets and referrals.</li> <li>● 2,000 first aid kits to be procured and distributed to trained volunteers. These kits are to include supplies and materials to support their on-going first aid care activities in the first aid posts, temporary shelters and in villages.</li> <li>● Support to existing first aid posts and the setting-up of additional community first aid posts in identified areas, manned by community-based first aid trained volunteers, in coordination with the local township medical officers.</li> <li>● 200 units of inter-agency emergency health kits to be procured and distributed to priority rural and sub-health centres, and mobile medical teams in 10 priority townships, in coordination with the township medical officers.</li> <li>● 300 volunteers to be trained as community-based first aid facilitators in 10 townships. These volunteers will organize and mobilize communities for community-based health and first aid activities such as activities related to hygiene and sanitation, dengue prevention and control.</li> <li>● Information, education and communication (IEC) materials (e.g. the community-based first aid manual, and materials on dengue prevention, hygiene and sanitation, malaria, handwashing, diarrhoea), environmental control measures (appropriate drainage, vector control, stock control, litter disposal) will be updated, printed and distributed to the affected communities, in support of community health education activities conducted by volunteers.</li> <li>● The MRCS will finalise the draft of its latest updated version of the first aid manual.</li> <li>● The MRCS will work with the Ministry of Health to establish if there is</li> </ul>

	<p>any additional support required for medical clinics which could be provided by Movement partners.</p> <ul style="list-style-type: none"> <li>• Mobilization of volunteers for voluntary blood donor recruitment; HIV prevention, care and support; activities on dealing with stigma and discrimination; and follow-up for tuberculosis (TB) patient-compliance at community level.</li> <li>• Organization of review, evaluation and planning meetings with the MRCS volunteers, branch health officers and headquarters.</li> </ul>
<p><b>Objective 2 (medium and long-term needs)</b></p> <ul style="list-style-type: none"> <li>• Ensure access to basic health care, first aid and psychosocial support by training community-based first aid volunteers and putting a referral system in place, in coordination with the Ministry of Health, and involving the community in health, hygiene promotion (in support of the hygiene promotion activities carried out by water and sanitation sector) and sanitation activities.</li> <li>• Strengthen the capacity of the MRCS to manage an integrated community-based health and first aid programme which includes water and sanitation, and psychosocial support activities, conducted in emergencies and normal situations, in coordination with the Ministry of Health.</li> </ul>	
Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• Target groups have access to basic first aid and have increased awareness of the prevention of (and recognize danger signs) communicable diseases/illnesses and psychosocial problems, as well as health care, proper hygiene and sanitation practices.</li> <li>• The MRCS' capacity to manage emergency health care and integrated community-based health and first aid programmes is strengthened.</li> <li>• Trained community-based first aid volunteers are able to provide basic health care, first aid and psychosocial support. These volunteers are also able to conduct hygiene promotion (in coordination with water and sanitation teams) and disease prevention activities in the communities.</li> <li>• Community members are actively involved in community-initiated health activities.</li> <li>• Prevention, care and support for tuberculosis (TB), malaria, dengue, sexually transmitted diseases and HIV, are provided to the affected families, and safe blood is supplied to priority patients in collaboration with the local health units.</li> </ul>	<ul style="list-style-type: none"> <li>• An additional 300 volunteers in 10 townships will be trained as community-based first aid facilitators and equipped with first aid kits and supplies for replenishment.</li> <li>• 3,600 MRCS volunteers will be trained in community-based first aid in 20 townships, by trained facilitators.</li> <li>• 100 MRCS volunteers will be trained in Participatory Hygiene and Sanitation Transformation (PHAST), to support community-based hygiene and sanitation activities.</li> <li>• 600 previously trained community-based first aid facilitators will attend refresher training in disease prevention, preparedness for emergency health care, first aid response and psychosocial support.</li> <li>• Trained community-based first aid volunteers conduct regular community-based health, first aid and psychosocial support activities in all affected townships. These activities include providing care and support to sick members of households, health instructions, referrals and identifying community health initiatives for hygiene and sanitation activities.</li> <li>• Mobile medical clinics from 10 priority townships to cover more remote villages, in coordination with the township medical officers. <i>(to be conducted on an ongoing basis)</i></li> <li>• Printing of information, education and communication (IEC) materials (e.g. on dengue prevention, hygiene and sanitation, malaria, handwashing, diarrhoea) and distribution to affected communities, in support of community health education activities conducted by volunteers. <i>(to be conducted on an ongoing basis)</i></li> <li>• Mobilization of volunteers for voluntary blood donor recruitment drives, HIV prevention, care, treatment and support, activities targeted at dealing with stigma and discrimination, and follow-ups for tuberculosis (TB) patient-compliance at community level.</li> <li>• Incorporation of first aid post activities, health hygiene promotion and psychosocial support, into regular MRCS branch health activities, in coordination with the local health care system.</li> <li>• Two basic inter-agency emergency health kits (sufficient for 10,000 persons for three months) will be procured for pre-positioning at MRCS warehouses.</li> <li>• 25,000 hygiene kits and 25,000 long-lasting mosquito nets will be procured and distributed to priority identified families in affected areas.</li> <li>• 40 branch health officers will attend refresher training and continue to support local branches and volunteers in the implementation of health, first aid and psychosocial support activities.</li> <li>• Organize review, evaluation and planning meetings with the Red</li> </ul>

	Cross volunteers, branch health officers, and the MRCS headquarters, and schedule an external evaluation of health and care before the completion of the operation.
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## II. Psychosocial Support

### **Objective 1 (immediate needs)**

Address the immediate psychosocial needs of the population affected by Cyclone Nargis, by providing psychosocial-related relief and by conducting psychosocial support programme training for MRCS volunteers and local key workers in psychosocial support, in collaboration with the Ministry of Health, local non-governmental organizations, the United Nations, and international non-governmental organizations.

<b>Expected Results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>● Affected families receive immediate psychosocial support from MRCS volunteers and staff trained in psychosocial support, and are referred when necessary. <ul style="list-style-type: none"> <li>● The MRCS cooperates with monasteries, the Ministry of Health, the UN, international non-governmental organizations and local non-governmental organizations, in providing psychosocial support to affected communities.</li> <li>● MRCS staff and volunteers involved in the operation receive adequate psychosocial support.</li> <li>● There is an increased awareness on psychosocial support among affected communities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● 25 staff and volunteers previously trained in psychosocial support, will attend refresher training and be sent to affected townships to initiate psychosocial support assessments, coordination and activities.</li> <li>● 100 MRCS volunteers and invited key community representatives (teachers, monks, nuns, etc.) from 20 affected townships, will be trained in psychosocial support for five days.</li> <li>● Information sessions will be facilitated by volunteers to help cyclone survivors deal with their psychological reactions and grieving.</li> <li>● Coordination with government sectors responsible for psychosocial support programmes, local authorities, the UN, international non-governmental organizations, local non-governmental organizations and monasteries, in order to conduct assessments for a psychosocial support programme plan.</li> <li>● Mobilization of 200 volunteers to support community-based psychosocial support activities and identification of the need for community and family well-being kits for psychosocial support.</li> <li>● 500 community kits and 25,000 family kits for psychosocial support will be procured based on identified items.</li> <li>● Provide supportive items, and conduct briefing/debriefing sessions for volunteers and staff involved in the operation.</li> <li>● Printing and distribution of psychosocial support materials on worker/volunteer care and self-support.</li> </ul>

### **Objective 2 (medium and long-term needs)**

Address the psychosocial recovery needs of the population by ensuring cultural and spiritual support, and initiating drama and creative activities for children in schools, monasteries and the community at large. This will involve working in an integrated way with other sectors to include psychosocial support in MRCS training, and support access to vulnerable people for livelihoods and other community-based programming.

<b>Expected Results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>● MRCS volunteers and key community representatives are trained in psychosocial support and are active in providing such support to their communities.</li> <li>● Communities are empowered to make decisions about activities that will enhance their psychosocial well-being.</li> <li>● Vulnerable groups receive appropriate psychosocial support (and continue to, if necessary).</li> </ul>	<ul style="list-style-type: none"> <li>● Psychosocial support training will be provided for a further 600 people comprising MRCS volunteers and invited key community representatives (teachers, monks, nuns, etc.) in 20 affected townships.</li> <li>● Supplemental psychosocial support training (three days) will be provided for 3,600 community-based first aid volunteers .</li> <li>● Information sessions will be facilitated by volunteers to help cyclone survivors deal with psychological reactions and the grieving process.</li> <li>● Coordinating with government sectors responsible for psychosocial support, local authorities, the UN, international non-governmental organizations, local non-governmental organizations and monasteries, when implementing psychosocial support activities.</li> <li>● Communities are to conduct community mobilization meetings to</li> </ul>

<ul style="list-style-type: none"> <li>● Psychosocial activities are initiated, supported, and established in schools and monasteries; and theatre/entertainment groups are engaged to support psychosocial activities in affected areas.</li> <li>● Theatre/entertainment groups are engaged to develop performances incorporating psychosocial support and health promotion messages. <ul style="list-style-type: none"> <li>● Psychosocial support is integrated into all MRCS training activities and in community-based programmes.</li> </ul> </li> </ul>	<p>make decisions about appropriate activities that will benefit the community. Key beneficiaries for psychosocial support are to be identified and engaged in relevant and purposeful social activities in the affected communities.</p> <ul style="list-style-type: none"> <li>● Distribution of the procured community and family well-being kits.</li> <li>● On-going printing and distribution of psychosocial support materials on worker care and self-support.</li> <li>● Identification of two theatre groups and arrangement of performances in affected communities when appropriate.</li> <li>● Identification of schools and monasteries to initiate school-based psychosocial support activities, in cooperation with other organizations.</li> </ul>
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## Water, sanitation and hygiene promotion

A community-based recovery and rehabilitation approach is planned to support identified villages in affected areas in the Yangon and Ayeyarwady divisions. These approaches will be coordinated closely with the health and care programme, and where necessary, with other sectors such as shelter. Where possible, livelihoods as well as disaster preparedness and risk reduction, will be taken into account and incorporated into the planning. The teams will engage with communities to identify and plan for the rehabilitation of existing drinking water sources including rainwater harvesting ponds, roof top rainwater harvesting structures and shallow wells, all of which are the main drinking water sources used in the affected areas.

The cyclone impacted greatly on traditional water sources, whereby sea water contaminated rainwater harvesting ponds and ground water wells. It is estimated that in the affected areas, more than 80 per cent of these structures have been contaminated.

Assessments in the villages are planned and some have already been conducted by MRCS staff and volunteers, as well as locally qualified engineers to identify the needs of the communities in rehabilitating their water harvesting structures. Based on these assessments, clear needs will be identified and consequently, necessary support will be planned to assist the communities in their recovery. Support activities will include providing pumps, fuel and other items for the rehabilitation of ponds, and the rebuilding of rainwater harvesting tanks and household systems. These activities are planned in consideration of the monsoon season which runs between June and September, and traditionally provides the major portion of safe drinking water for the affected communities every year. The recovery phase of the plan will focus mainly on the repair and possible construction of community and household roof top rainwater harvesting structures.

In support of the provision of reliable potable water sources and in conjunction with disease prevention, community-based sanitation activities will be undertaken to support the poorest and most vulnerable households, by providing training and materials for the construction of appropriate high water table latrines. These activities will also include awareness campaigns on the safe disposal of excreta. The strategy is to reach the maximum number of people in the affected area by demonstrations and training conducted by local MRCS staff and volunteers who will also train community members at village tract level. In addition, the recovery phase will involve the promotion of hygiene in schools and health centres - accordingly, latrines will be built in these institutions.

The development of safe water and sanitation systems will be complemented by the development of a water quality monitoring system at township and village tract levels, in coordination with the health sector.

Through the promotion of an integrated approach as described earlier in this appeal, the water and sanitation sector of the operation will work closely with the health sector in the area of hygiene promotion, as well as the shelter sector, in relation to rain water harvesting. The water and sanitation-related community health activities will be managed by the health, and water and sanitation staff, in coordination with the local MRCS health officers stationed in each cyclone hub. The MRCS health officers will be trained in the participatory hygiene and sanitation transformation (PHAST) methodology, to promote health and hygiene awareness in relation to water and sanitation. The teams will conduct training, awareness and promotional campaigns, and

also monitor the health and hygiene behaviour of the community, with respect to water and sanitation practices.

In conjunction with the implementation of the above identified activities, there will also be a focus on developing the capacity of MRCS staff and volunteers in the technical and social (hardware and software) aspects of water and sanitation. This is based on the request of the MRCS to develop long-term emergency preparedness and capacity within this area. In support of this, activities will be linked to existing MRCS health and disaster management programming. In total, a team of 50 MRCS staff and volunteers will be trained in the installation of emergency water and sanitation facilities including water and sanitation Emergency Response Units (ERUs).

<b>Water, sanitation and hygiene promotion</b>	
<p><b>Objective 1</b> To ensure that the <i>immediate</i> risks of waterborne and water-related diseases have been reduced through the <i>most essential</i> provision of safe water, adequate sanitation and hygiene promotion and education to 100,000 households.</p>	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities has improved for 100,000 households.</li> <li>• The understanding of household water treatment methods among the affected population has increased and has improved the health status of the population.</li> <li>• Hygiene practices among the targeted population have improved.</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of potable water to 12,000 households in the affected area, with water purification systems.</li> <li>• Provision of water purification tablets for household water treatment, for 88,000 households.</li> <li>• Long-term training and dissemination of different household water treatment methods.</li> <li>• Development of a water quality monitoring system at township and village tract levels, in coordination with the health sector.</li> <li>• Provision of jerry cans to 100,000 households (<i>see relief plan and budget</i>).</li> <li>• Training of local engineers/staff/volunteers in the installation of water purification units.</li> <li>• Provision of appropriate sanitation facilities for 2,000 households.</li> <li>• Promotion of the proper use of water purification tablets, disinfection chemicals, boiling of water, and household filtration capability.</li> <li>• Hygiene education which is part of the health programme, will be supported by the water and sanitation programme.</li> <li>• Conduct emergency participatory hygiene and sanitation transformation (PHAST) sessions on the safe use of water and sanitation facilities. These sessions will be part of the health programme and will be supported by the water and sanitation programme.</li> </ul>
<p><b>Objective 2</b> To ensure that the <i>long-term</i> risk of waterborne and water-related diseases has been reduced through <i>sustainable</i> access to safe water and adequate sanitation, as well as the provision of hygiene education to 75,000 households.<sup>1</sup></p>	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities among the affected population is improved.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute water purification tablets to 50,000 households.</li> <li>• Support 200 village tracts in the recovery and rehabilitation of rain water harvesting structures.</li> <li>• New drilling and rehabilitation of 80 tube wells.</li> <li>• Continue implementing a water quality monitoring system at</li> </ul>

<sup>1</sup> The initial phase of relief focused on reaching 100,000 beneficiaries, irrespective of their level of 'affectedness'. The second phase of relief will focus on the most vulnerable portion of this group of people, and this amounts to 75,000 beneficiaries.

<ul style="list-style-type: none"> <li>• The health status of the population is improved through behavioural change and hygiene promotion activities.</li> <li>• Support of the recovery of vulnerable villages through the provision of water and sanitation infrastructure.</li> <li>• The design and implementation of an emergency preparedness programme related to water and sanitation is defined.</li> <li>• The MRCS pre-positions water purification units and emergency kits which include water treatment units, water testing kits and emergency sanitation kits, as a disaster preparedness measure.</li> </ul>	<p>township and village tract levels, in coordination with the health sector.</p> <ul style="list-style-type: none"> <li>• Provide appropriate sanitation facilities for 8,000 households and 100 institutions (schools and health centres).</li> <li>• Purchase materials and equipment locally for the construction of latrines.</li> <li>• Train 50 MRCS staff and volunteers in water and sanitation.</li> <li>• Conduct a Training-of-Trainers session on participatory hygiene and sanitation transformation (PHAST), in coordination with the health sector.</li> <li>• Design and implement the section on hygiene promotion for health training, targeted at the affected population and focusing on behavioural change.</li> <li>• Conduct training in the installation of emergency water and sanitation facilities for local engineers/staff/ volunteers, as part of an emergency preparedness programme. (<i>Refresher training to follow at a later stage</i>)</li> <li>• Handover duties to local water authorities.</li> </ul>
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## Food Security and Livelihoods

The delta economy has for years faced declining productivity and pressure on natural ecosystems, as decreasing marginal returns on agricultural inputs continually erode household wealth. Added to this, within the current situation after Cyclone Nargis, both formal and informal reports from the delta area, increasingly indicate that households are very concerned about livelihoods and food security. The activities contained within the livelihoods sector will therefore focus on a long-term approach to support the identified communities recover incrementally, towards sustainable and enhanced living conditions.

The programmes will be based on more detailed assessment data gathered by the MRCS. While detailed information including that from the Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA) is still awaited at the time of writing this appeal, information from the MRCS and the International Federation's field teams, as well as the early recovery and emergency shelter clusters, indicate that many household livelihoods have been heavily affected by the cyclone, particularly in the areas of agriculture and fishery. Damage from salt water intrusion into paddy fields, loss of seeds through water damage, loss of tools, machines or animals; and labour shortages due to death and injury (including psychosocial injury), means that for many households, the future is deeply uncertain and precarious. In the face of these extreme difficulties, many households are still attempting to plant their annual crop to ensure their survival. This said, though, many families will simply not be able to produce a rice crop this year, especially since July is the main planting season.

The loss of boats, nets and fish farming areas has further undermined essential food production resources. Food production is also the fundamental source of income production, and until this is back on track, families will face livelihood struggles.

As a key part of the integrated tract recovery programme, livelihoods support packages will be developed upon detailed assessments of household and community livelihoods assistance needs and priorities. These will when and where possible include immediate measures to re-establish existing livelihoods or support short term livelihoods substitution (e.g. cash for work). Over the medium term, support will target the strengthening (improvements to productivity) of existing livelihoods, and over the longer-term, support will improve the sustainability of household and community livelihoods through diversification. The livelihoods programme will seek to strengthen household and community resilience, and reduce risks to economic shocks. Some possible livelihoods support packages are described in the table below.

Possible livelihoods support packages		Purpose and Examples
Package 1	Farming	Includes support for rice farming, and in particular, a summer rice crop in the dry season towards the end of the year.
Package 2	Household gardening (focus on women)	Supporting family livelihoods, this package focuses on women who will be provided with seeds for vegetables, hand tools and poultry.
Package 3	Fishing	As fishing is a vital activity in the delta, support will be provided for the purchase of small local fishing boats and river fishing nets. These boats have no motors.
Package 4	Small-scale industry	This package is aimed at developing and encouraging small-scale industry, with an emphasis on boat building, bamboo and wood manufacturing. It will include tools, timber, other materials and fixings.
Package 5	Cottage industry	Encourages cottage industries such as the production of thatch panels, cane products, sewn fabrics and fishing nets.
Package 6	Paid work in other sectors	Provides livelihood opportunities through work in other sector activities - for example, pond cleaning work opportunities in the water and sanitation sector.
Package 7	Community transport	Support packages are being developed to help beneficiaries at community level. One example is to help communities which face transportation difficulties in getting to markets and accessing raw materials, and health services, such as clinics. As such, this package includes the possible purchase of boats with suitable diesel motors and the supply of fuel for up to six months.
Package 8	Support to establish safe community buildings	In the area of disaster risk reduction, existing community buildings will be identified as potential safe havens. This package will provide communities with technical advice on how to strengthen buildings against floods and other disasters. The communities will be provided with grants to undertake the work.
Package 9	Sustainable forestry	In the area of sustainability, there is an identified need to plant trees and other species for the production of firewood, furniture and house construction materials. To support this need, the package will provide technical advice, plants, seeds, and other support to planting teams.
Package 10	Dry community work areas	As the proposed cottage and small-scale industries require appropriate dry work areas, this package will provide grants to communities to construct community work areas. It is envisaged that these work areas will comprise multi-sectoral buildings which can be used for several purposes such as a first aid post and a venue for demonstrations on safer building techniques.

In the course of the ongoing detailed assessments being undertaken to inform programme design, the International Federation and the MRCS will assess the feasibility of using cash or voucher and commodity-based assistance options with vulnerable targeted communities in the Cyclone affected areas. Good assessments are the basis of all sound programming and efforts will be made to include market assessment and stakeholder analysis as part of local assessment activities. The possible inflationary effects of using cash

and security concerns will be addressed in this process. Thorough monitoring of how households actually use the cash grant will be necessary to meet Red Cross Red Crescent reporting and accountability requirements.

<b>Livelihoods</b>	
<p><b><u>Objective (medium and long-term)</u></b> To support the early recovery and strengthening of livelihoods through the development of relevant household and community assistance packages as part of 200 well integrated village tract recovery programmes.</p>	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>• A range of livelihood 'packages' are developed, targeting both household and community levels. These packages are implemented on an identified needs basis in 200 village tracts</li> <li>• Packages developed are cross-sectoral, sustainable and support improved environmental and disaster risk reduction conditions.</li> <li>• Affected households and communities are provided support to initiate and continue viable livelihood activities.</li> <li>• MRCS staff and volunteer capacity in recovery assessments and implementation, is developed.</li> <li>• Disaster risk reduction and mitigation is strongly enhanced.</li> </ul>	<ul style="list-style-type: none"> <li>• In concert with other sectors, community consultation teams are trained, and vulnerability capacities and needs assessments are conducted.</li> <li>• Six household recovery and livelihood support 'packages' are developed, including agriculture, household gardening, fishery, cottage industry, small scale industry and infrastructure repair (for example, cleaning of drinking water ponds)</li> <li>• If appropriate, investigate and support summer rice crop planting with technical advice and pumping equipment.</li> <li>• Four community recovery and livelihood packages are developed including community transport, community work areas, safe haven buildings and sustainable forestry (for example, species for charcoal, building materials and storm protection).</li> <li>• MRCS teams develop skills in vulnerability, capacity and needs assessments, and in planning integrated livelihood and disaster risk reduction activities.</li> </ul>

### **Disaster Preparedness and Risk Reduction**

With the effects of Cyclone Nargis ever present, there is a unique opportunity to address the recurring hazard risks within the affected areas and across all other hazard-prone areas of Myanmar. Furthermore, the concern to promote disaster risk reduction is born from the International Federation's experiences in disaster response, recovery and preparedness activities, and in which it is acknowledged that preparing for and coping with disasters is not enough in terms of reducing risk and building safer communities. This is further reinforced in the International Federation's commitment to invest in disaster risk reduction.

The proposed programme/component will be implemented in coordination with the ongoing community disaster preparedness programmes of the MRCS, and will take advantage of the resources and expertise within these programmes.

This component aims to improve the capacity of the national society and affected communities to prepare for and respond to future disasters. The component consists of three focus areas: *Community-based disaster preparedness; Education and Awareness; and National Society capacity development.*

<b>Disaster Preparedness and Risk Reduction</b>	
<p><b>Objective (medium and long-term)</b> Vulnerability of targeted communities is reduced through mitigation measures and an enhanced capacity to prepare for and respond to future disasters.</p>	
<b>Expected results</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Enhanced capacity in disaster risk reduction/disaster preparedness is in place at all levels of the MRCS.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct a national workshop on disaster risk reduction (DRR) awareness and approaches.</li> <li>Review National Disaster Response Team (NDRT)<sup>2</sup> training curriculum and processes.</li> <li>Support one Training-of-Trainers session for the NDRT.</li> <li>Hold four NDRT induction/refresher courses.</li> <li>Provide equipment to NDRT members.</li> </ul>
<ul style="list-style-type: none"> <li>National preparedness planning is in place.</li> </ul>	<ul style="list-style-type: none"> <li>Review and update the national multi-hazard contingency plan.</li> <li>Develop a national disaster response plan and standard operating procedures.</li> <li>Develop a national disaster management strategy.</li> </ul>
<ul style="list-style-type: none"> <li>MRCS warehouses in strategic areas are established and stocked. <i>(Please see overview of items in relief and shelter tables)</i></li> </ul>	<ul style="list-style-type: none"> <li>As needed, repair and/or strengthen MRCS warehouses in affected areas.</li> <li>Review pre-positioned stock lists.</li> <li>Train warehouse staff.</li> </ul>
<ul style="list-style-type: none"> <li>Communities in selected vulnerable areas are reached, empowered and organized for better resilience to disasters.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct VCA (vulnerability and capacity assessment) refresher and induction training.</li> <li>Conduct VCA training in selected vulnerable village tracts.</li> <li>Conduct risk and hazard mapping.</li> <li>Communities prepare plans of activities to address their risks (contingency plans, response plans – search and rescue, and evacuation, early warning systems and the subsequent needed actions).</li> <li>Community awareness sessions with groups (women's groups, monasteries, etc).</li> <li>Community committee identified or established.</li> </ul>
<ul style="list-style-type: none"> <li>Functioning community disaster assessment teams are established and equipped, in selected communities.</li> </ul>	<ul style="list-style-type: none"> <li>Establish community disaster assessment teams linked to the National Disaster Response Team (NDRT).</li> <li>Select team members.</li> <li>Develop curriculum.</li> <li>Conduct training in search and rescue, and first aid.</li> <li>Interpret and deliver early warning messages.</li> <li>Provide standard equipment.</li> </ul>
<ul style="list-style-type: none"> <li>Appropriate small-scale mitigation measures are identified and implemented through community-based approaches in selected vulnerable communities.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of mitigation projects in selected village tracts identified through the community consultation processes. Through vulnerability and capacity assessments, areas could include:             <ul style="list-style-type: none"> <li>Environmental protection:                 <ul style="list-style-type: none"> <li>Tree/mangrove planting</li> <li>River/sea bank protection</li> <li>Regular cleaning of drainage systems/rivers, etc.</li> </ul> </li> <li>Evacuation centres:                 <ul style="list-style-type: none"> <li>Renovation/construction/maintenance</li> </ul> </li> <li>Reinforcement of important community infrastructure:                 <ul style="list-style-type: none"> <li>Community roads and bridges</li> <li>Schools and health centres</li> <li>Water and sanitation facilities</li> </ul> </li> </ul> </li> </ul>

<sup>2</sup> For the purposes of the Myanmar Red Cross Society, the NDRT is referred to as Disaster Assessment Response Teams (DART).

<ul style="list-style-type: none"> <li>● Awareness of disaster risk reduction-related issues among stakeholders is increased.</li> </ul>	<ul style="list-style-type: none"> <li>● Training in advocacy and awareness techniques.</li> <li>● Discuss with other agencies, non-governmental organizations, and local authorities on the importance of supporting disaster risk reduction measures.</li> <li>● Promote the World Disaster Report.</li> <li>● Prepare media reports and issue papers to promote disaster risk reduction including appropriate building techniques.</li> </ul>
<ul style="list-style-type: none"> <li>● A school-based disaster risk reduction (DRR) programme targeting primary and secondary schools is developed.</li> </ul>	<ul style="list-style-type: none"> <li>● Work with the Ministry of Education to incorporate disaster risk reduction (DRR) activities into the school curriculum.</li> <li>● Develop a non-formal education curriculum.</li> <li>● Conduct training and awareness-raising for teachers in selected schools, in selected village tracts.</li> <li>● Produce DRR posters/brochures for display in schools and public places.</li> <li>● Training in disaster preparedness, in schools in up to 20 village tracts.</li> <li>● Field exhibitions/social events/festivals.</li> </ul>

### Capacity of the MRCS

The MRCS is one of Myanmar's leading humanitarian organizations. It has many years of experience in conducting humanitarian activities, as evidenced in its response to the Cyclone Mala disaster (2006) and Cyclone Rakhine (2004), albeit much smaller undertakings than this operation.

The national society bases its work on three core strategies: to promote health, prevent disease, and render service to those in distress.

#### *Disaster management*

The MRCS recently moved towards a more integrated approach to disaster management including strengthened preparedness, contingency planning and support of community risk reduction. Some of the value of that shift has been seen in the early response to Cyclone Nargis, with the distribution of pre-positioned shelter kits (comprising tarpaulins and tools) and family kits (comprising clothing and cooking utensils) from warehouses.

The national society is an auxiliary to the government in the field of health, disaster relief and social welfare, in line with the MRCS disaster management policy. During any disaster operation, the MRCS calls on its staff and volunteers to assist in the provision of relief, health and recovery activities for the affected population. In doing so, the disaster management division at the national headquarters coordinates operations under the direction of the society's executive committee. The disaster management division works closely with other MRCS national headquarters departments, as well as with branches in the states and divisions, and external partners.

At the branch level and under the direction of the state and divisional MRCS supervisory committee, staff and volunteers work in cooperation with the local authorities, local non-governmental organizations and community members, in disaster response.

The operation will provide the MRCS with strategic opportunities to build a revised legal base for its activities, with a clearer national mandate to operate within its environment. It is planned that these issues and possibilities will be addressed in future stages of the operation, through discussions with the relevant authorities to achieve this new positioning for the national society, and as such, comprises part of the longer-term organizational development and capacity building agenda.

#### *Health*

The MRCS supported 1.76 million beneficiaries in 2007 through existing programmes – this is a reflection of the society's capacity to manage and implement community-based health activities on a significant scale.

## Capacity of the International Federation

Prior to the cyclone disaster, the International Federation had a well-established but relatively small country office based in the city of Yangon. This has now been strengthened through the deployment of short and long-term delegates to assist the MRCS with the implementation of the operation. The International Federation has been present in Myanmar since 1993, and has good relations with the national society and authorities.

At present, the country office is supported by a team of 22 delegates in the fields of operations management, health, water and sanitation, relief, shelter, logistics, recovery, livelihoods, coordination, organizational development, and finance. Support to MRCS staff in the hub offices is being provided initially by a number of Regional Disaster Response Team (RDRT) members from the region, who will later be replaced by international field delegates. As the process of applying for and granting of visas for longer durations is under review by the authorities and the Tripartite Core Group (established to coordinate the response and comprising the Government of Myanmar, ASEAN and the United Nations), the size of the in-country team will continue to vary. In addition to the International Federation's human resources, French Red Cross and Danish Red Cross representatives are supporting the MRCS within the overall operation.

Sister national societies within Southeast Asia, as well as other partner national societies, have generously contributed towards the needs of the operation and have indicated further support.

## Communications and advocacy

The communications capacity of the MRCS is relatively limited, although the national society has an energetic record in communicating internally and with communities, on issues of vulnerability.

During the operation, the International Federation's communications unit will concentrate on key messages of progress and vulnerability, as well as work with the national society's monitoring and evaluation unit, to communicate key milestones and lessons learnt to reduce vulnerability. The in-country International Federation team will support this effort. The secretariat, through its Geneva and Kuala Lumpur-based media officers, will continue to handle significant ongoing media interest in the disaster.

Hundreds of interviews have already been given to media outlets in every continent: from global giants such as BBC World, to more community-based media. It has helped to profile the tremendous work of MRCS staff and volunteers, as well as highlight to a global audience, the issues of success and vulnerability within Myanmar, including the ways in which global civil society can help people in Myanmar, such as through the International Federation's global network of 186 national societies.

## Budget summary

[\*<Click here for the revised emergency appeal budget>\*](#)

Thomas Gurtner  
Director  
Coordination and Programmes Division

Bekele Geleta  
Secretary General

## 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:**

- Federation zone office in Kuala Lumpur:
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## **REVISED APPEAL BUDGET SUMMARY**

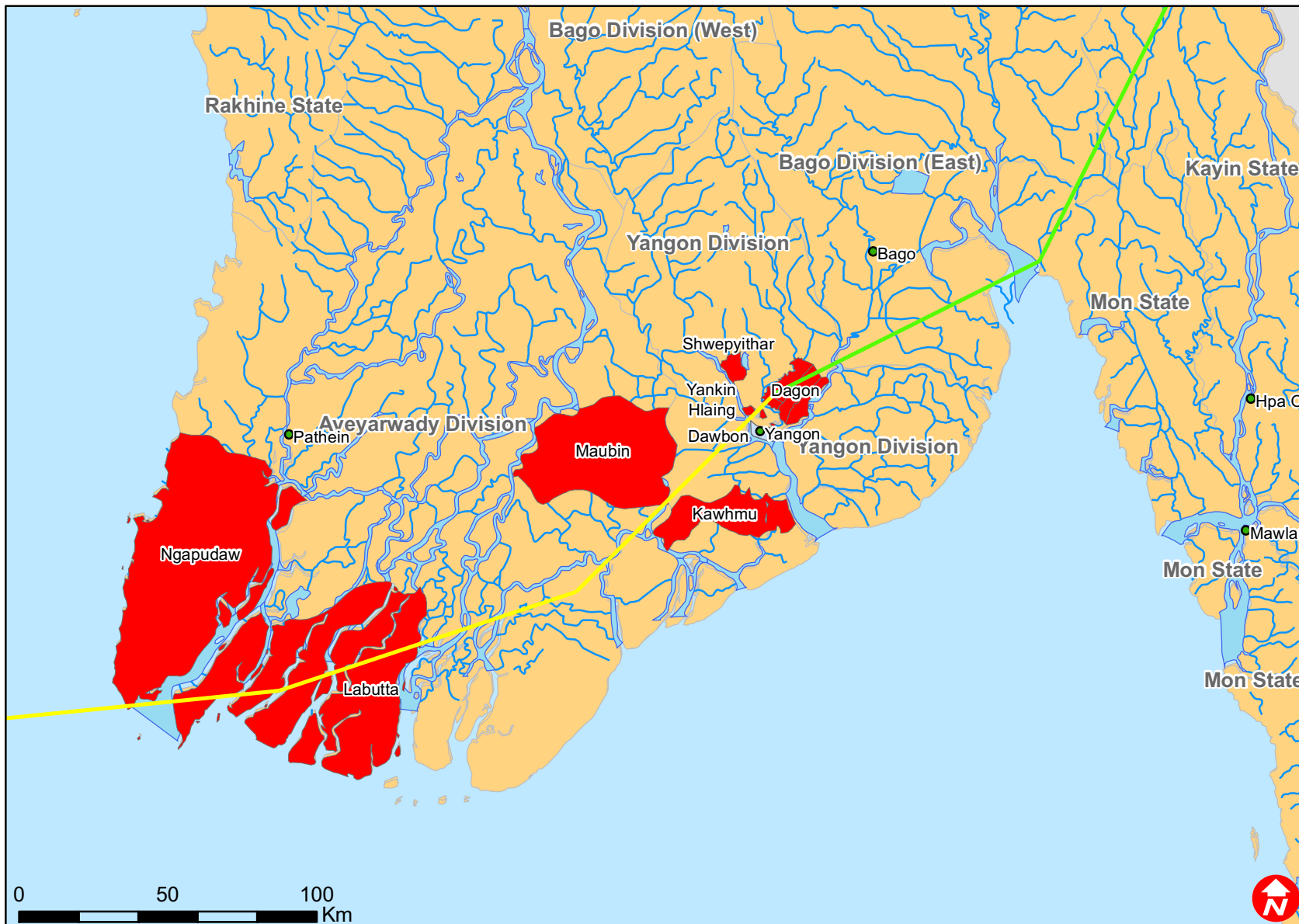
Myanmar : Cyclone Nargis

MDRMM002

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	12,144,000	11,500,998	643,002
Clothing & Textiles	2,832,000	3,382,646	-550,646
Food	3,000,000	0	3,000,000
Seeds & Plants	0	1,071,000	-1,071,000
Water & Sanitation	5,500,000	4,477,520	1,022,480
Medical & First Aid	2,345,457	888,500	1,456,957
Teaching Materials	0	236,000	-236,000
Utensils & Tools	2,696,800	8,270,571	-5,573,771
Other Supplies & Services	2,935,529	12,206,324	-9,270,795
<b>Total Relief Needs</b>	<b>31,453,786</b>	<b>42,033,559</b>	<b>-10,579,773</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Vehicles Purchase	500,000	0	500,000
Computers & Telecom Equipment	458,325	311,675	146,650
Office/Household Furniture & Equip.	65,000	82,250	-17,250
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	300,000	146,000	154,000
Distribution & Monitoring	1,010,000	2,200,000	-1,190,000
Transport & Vehicles Costs	5,036,000	3,647,710	1,388,290
<b><u>PERSONNEL</u></b>			
International Staff	4,650,000	5,847,741	-1,197,741
Regionally Deployed Staff	90,000	93,000	-3,000
National Staff	1,176,900	610,300	566,600
National Society Staff & Volunteers Support	3,105,600	5,552,000	-2,446,400
Consultants	102,000	118,500	-16,500
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	84,000	6,139,558	-6,055,558
<b><u>GENERAL EXPENSES</u></b>			
Travel	622,240	926,600	-304,360
Information & Public Relations	8,500	684,000	-675,500
Office running costs	559,000	224,000	335,000
Communication Costs	185,700	324,800	-139,100
Professional Fees	0	20,000	-20,000
Financial Charges	0	180,000	-180,000
Other General Expenses	15,000	37,000	-22,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	3,435,758	4,809,214	-1,373,456
<b>Total Operational Needs</b>	<b>21,404,023</b>	<b>31,954,348</b>	<b>-10,550,325</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>52,857,809</b>	<b>73,987,907</b>	<b>-21,130,098</b>
<b>Less : Available Resources</b>		<b>40,083,497</b>	
<b>Net Request</b>	<b>52,857,809</b>	<b>33,904,410</b>	



# Myanmar: Tropical cyclone



- Most affected
- Provinces