

# ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## MYANMAR

31 May 2006

### In Brief

Appeal No. 05AA055; Appeal target: CHF 1,494,811 (USD 1,245,157 or EUR 977,320); Appeal coverage: 76.3%. ([click here to go directly to the attached Annual Financial Report](#)).

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

**For further information specifically related to this Annual Appeal please contact:**

- In Yangon: Dr. Hla Myint, President of the Myanmar Red Cross Society; e-mail: [mrcshs-ec@redcross.org.mm](mailto:mrcshs-ec@redcross.org.mm); Phone: +95.1.383.681; Fax: +95.1.383.675
- In Yangon: Bridget Gardner, Head of Myanmar Delegation; e-mail: [ifrcmm01@redcross.org.mm](mailto:ifrcmm01@redcross.org.mm); Phone: +95.138.3686; Fax: +95.138.3682
- In Bangkok: Bekele Geleta, Head of Regional Delegation; email: [bekele.geleta@ifrc.org](mailto:bekele.geleta@ifrc.org); Phone: +66.2.661.8201; Fax: +66.2.661.9322
- In Geneva: Charles Evans or Sabine Feuglet, Southeast Asia Desk, Asia Pacific Department; email: [charles.evans@ifrc.org](mailto:charles.evans@ifrc.org) or [sabine.feuglet@ifrc.org](mailto:sabine.feuglet@ifrc.org); Phone: +41.22.730.4320/4349; Fax: +41.22.733.0395

### Operational Context

Although Myanmar was not as severely affected as its neighbours by the devastating tsunami, the disaster had a serious impact on some communities along the Myanmar coastline – killing and wounding hundreds of people, washing away houses and inundating crop land. Myanmar Red Cross volunteers were quick to respond by assisting in the evacuation of wounded, providing first aid and participating in community mobilization. Provision of relief supplies and assessments were provided by MRCS national headquarters. This action was supported by the Federation delegation which initially took on a lead coordinating role within the international NGOs and UN organizations. The continued planning and implementation of appropriate responses is outlined in the separate [Tsunami Appeal](#) and remained a priority throughout 2005.

In January 2005 MRCS 8th general assembly appointed a new president and modified membership to both its central council and executive committee. The assembly endorsed the re-organization of the Myanmar Red Cross management into five divisions: training, health, disaster preparedness and disaster response, and communication. All heads of divisions reporting to the executive director. In April, an additional development coordination unit (DCU) was mandated with the responsibility for facilitating capacity building across divisions. Particular focus was placed on organizational development, branch development, youth and volunteer management.

The new president had little previous Red Cross experience but quickly took on the challenge to take the lead of the society and to orient himself on all aspects of the movement and the Fundamental Principles. Both the Federation and ICRC assisted by providing an intensive orientation including briefings in Geneva. The separation of governance and management remained a topic for discussion throughout the year with the president and executive committee continuing to take a firm management lead in all aspects of the society.

In May, Yangon was rocked by a series of bomb blasts targeting two shopping centres and a trade fair. MRCS volunteers were quickly on the scene, including from a nearby school where a youth camp was being held, providing first aid and assisting in the evacuation of wounded to the hospitals. Myanmar Red Cross NHQ assisted by providing medical supplies to the hospitals, supported jointly by Federation and ICRC.

The society also responded to a landslide in division and to a large fire in Yangon. The Myanmar Red Cross readiness to respond to these disasters is evidence to the Society's continuing development in the disaster response area – supported by the Federation in particular through the DM programme.

In the months following the bomb blast, security was tightened in Yangon and across the country. This included restrictions in travel permissions, which hampered the work of many international organizations, NGOs and UN. This was also true for the Federation delegation, but did not affect programmes as much as the Myanmar Red Cross still had full access to all the joint operations.

Some agencies deciding that they could not operate effectively in this environment subsequently closed their operations. 'The Global Fund – to Fight AIDS, Tuberculosis and Malaria' was a significant loss. It terminated a budget of 98.4 million USD for Myanmar leaving a significant short fall in resources. As an initial step Red Cross scaled up support for its the existing TB programme which had been receiving funding from this donor.

On the economic front, there was a sharp rise in fuel prices, from 160 kyats for diesel and 180 kyats per gallon for petrol the price rocketed to 1,500 kyat per gallon. The increasing transportation costs are having a flow-on effect on commodity prices. For many vulnerable communities, this has been a hard blow. In 2005 Myanmar Red Cross did not experience any significant impact but this is expected to affect implementation costs in 2006.

In November, Myanmar attracted world media attention when the government announced that the nation's administrative capital was to move from Yangon to Pyinmanar with immediate effect. By the end of December it remained unclear as to exactly what kind of long-term impact this would have either domestically or internationally – including for the Red Cross. The Ministry of Health (line ministry for Myanmar Red Cross) and the Ministry of Foreign Affairs (responsible for travel and visa requests) are among the government bodies moving away.

The government reconvened the National Convention to draft a new constitution for a third session.

The annual appeal was initially budgeted for CHF 1,494,811. In 2005, the implementation rate of the revised annual Appeal was 98%. Local currency exchange rate fluctuated from 800 Kyat per USD (budget rate) to 1300 Kyat per USD maximum (the expenditure rate) which also had an impact on the implementation rate.

Due to the nature of the extensive ongoing operation, the normal annual appeal activities for 2006-2007 have been incorporated into the [Tsunami revised plan of action 2006-2007](#), with the annual appeal resuming in 2008.

## **Overall analysis of the health and care programme in 2005**

**Goal: MRCS's health and training divisions have the capacity to plan, manage, implement and evaluate effective programmes in a comprehensive and sustainable way.**

**Objective: Through the motivation, training, support and mobilization of the nationwide network of volunteers, the MRCS promotes a healthier and safer environment for the people of Myanmar giving priority to the most vulnerable people and individuals.**

The major health issues in Myanmar are locally endemic communicable diseases such as malaria, tuberculosis, diarrhoea, dysentery, dengue haemorrhagic fever and emerging diseases like HIV. Resources for health are limited especially in remote areas. This is further compounded by difficulties with communication systems, transportation and poverty. In the meantime, access to available free health services is a concern especially in the rural areas, and private sector services are too expensive for most.

The MRCS has an extensive network of branches and volunteers who have expert local knowledge. Through this network, community-based health promotion and disease prevention programmes continued to be developed in 2005. Efforts were made to cooperate with international non-governmental organizations and non-governmental organizations, including regular meetings on issues like avian influenza, HIV and water and sanitation.

In 2005, MRCS health and training division recruited deputy heads of divisions and programme officers to better meet the demands of implementing the community-based health programmes (CBHP) and associated training.

Lack of systematic approaches, including in financial procedures and coordination between divisions, have been some of the challenges of 2005 for both the national society and the Federation delegation. The Federation delegation's capacity to support MRCS in programming was strengthened in July 2005 with extra Federation health delegates recruited to provide technical assistance.

### **Achievements, Constraints and Lessons Learnt**

Expected result 1: There is improved capacity of MRCS health and training divisions to effectively plan, manage, implement and evaluate programmes and activities.

The MRCS health and training divisions benefited from participation in various training and workshops. Issues such as programme management and other areas of technical relevance were addressed over the 2005 calendar year. These were mainly conducted in-country; however, movement partners also supported some MRCS staff to participate in international events. Likewise, facilitators from Federation and within Myanmar were deployed to support these sessions. Workshops in the project planning processes, monitoring and evaluation; leadership training, human resource management, critical thinking in decision making, report writing and behaviour change communication were among the areas covered. Issues related specifically to health included sexuality and gender, HIV, blood donation and injuries related to explosions and burns.

MRCS recruited 11 additional core staff to support the work of the divisions. Both divisions appointed deputy head of divisions for management and coordination support. The health division recruited a water and sanitation officer in September 2005 to support the community-based health programmes. The training division took the decision to form two training teams. To support these expanded human resource structures to work on additional programming additional, equipment such as computers and printers were purchased for the national headquarters office as well as for field teams.

The aftermath of the tsunami prompted the divisions to review their programmes. For example, the health division formed an MRCS task force on public health in emergencies (PHE). The PHE task group had participants from all MRCS divisions in an attempt to reflect the reality of planning for activities as part of disaster management. A responsible focal point was delegated to coordinate this task force. A draft plan with associated budget was also drawn up after consultation with the various stakeholders. Although the process has been quite slow, the avian influenza situation provided a practical example from which to proceed. The plan of PHE in MRCS was submitted to the executive committee in 2005 and is expected to be reviewed early 2006.



*Myikyina Red Cross branch organized a two-day educational session for high school students, which included life skills development such as HIV/AIDS prevention*

In the training division, there were additional community-based first aid training-of-trainers (TOT) conducted and multiplier courses in the tsunami-affected areas of Rakhine, Thanintharyi and Ayerwaddy during the second half of 2005. This training especially targeted teachers and health staff as a strategy for promoting Red Cross first aid skills for students and youth. One interesting innovation was the inclusion of water safety as part of disaster management integration. This was partly in response to the demands for water safety services in tourist areas along the coast. The first TOT was in December 2005 with curriculum for multipliers set to be completed in 2006.

Training curricula were revised after MRCS reviewed and learnt from 2004 activities. Federation health delegates worked with MRCS to promote increased use of participatory training methods and simulation exercises. The need for systematic refresher TOT and creation of a database of volunteers were also identified as. Trainer kits included stationary, basic tools and first aid materials for courses also developed by MRCS, the Federation and the International Committee of the Red Cross (ICRC).

As mentioned previously it remains a challenge for significant productive dialogue to develop between divisions. However, it was possible to see MRCS taking some initial steps towards achieving this in 2005 and also addressing some of the barriers. For example, the development and coordination unit (DCU) and disaster management division worked with the health and training divisions in integrating the various disciplines into training sessions and jointly supporting the MRCS pilot branch development programme.

Expected result 2: There is improved capacity of MRCS branches to effectively manage and implement health and care programmes and activities to respond to locally endemic diseases including malaria, TB and diarrhoeal diseases.

The **community-based first aid programme (CBFA)** is a responsibility of the MRCS training division. The first aid policy, which was approved by the 53rd central council meeting in 2003, was distributed during TOT courses in 2005. This was one strategy to ensure that trainers and branches were all aware of the goals and principles of CBFA training and its relation to Red Cross activities and principles.

MRCS community-based approaches to training programming are designed primarily to develop quality first aid and health care responses and capacities within the volunteer network. The underlying premise is that this will lead to developing the community's capacities to respond during times of disasters and conflict.

In 2005, the scope of the first aid training was broadened beyond the training of Red Cross volunteers. Development of a strong volunteer network with the capacity to provide CBFA in communities will always remain central to the MRCS programme. However, the MRCS has realized that it also has the potential to promote its expertise in first aid training with NGOs, international non-governmental organizations, business enterprises and government departments. Discussions on ways to develop this as a possible fund raiser for the national society will be developed in 2006.

In 2005, first aid training courses were conducted not only by the headquarters divisional staff but also by the local trainers from branches from various states and divisions.

It was only possible for Federation health delegates to undertake monitoring field trips on four occasions in 2005 because of government travel restrictions. These field trips serve to support Red Cross branches by sharing information and assisting integration of Red Cross policies and activities at a local level. Listening to the experiences of the branches and their requests is an important aspect of negotiating appropriate support for planning at national headquarters.



*The Myanmar Red Cross Society held a two-week Community-based first aid training for trainers course in Magwe, over 300 miles north-west of Yangon*

The main lessons learnt from monitoring trips included a definite need for regular refresher training in order to update trainer's skills and knowledge. The refresher TOTs have now been integrated into the 2006 schedule. There will also be steps taken to improve internal communication within branches.

In 2005, it was possible for health delegates to join the NHQ staff in monitoring CBFA multiplier training in four states and divisions: the Northern Shan state in March, Kayin state in May, Bago West division in September and Sagain division in November. These multipliers were conducted by local trainers of MRCS. The trips have been invaluable in ensuring that both MRCS and Federation delegates appreciate the reality of the situation in branches. Suggestions from trainers and branch members were also discussed within the context of each state/division and therefore planning was better focused.

Some simple illustrative examples of the community support for Red Cross included communities donating refreshments during the training as their contribution to the events. In another case, a local business operator supplied all the materials to support Red Cross volunteer plans to construct latrines in the village.

In 2005, materials to support more effective first aid (FA) training and learning were revised by the core trainers and Federation health delegates. Information, education and communication (IEC) materials such as posters, first aid kits for trainers/volunteers, and TOT training kits were produced and distributed. Up to 35 manikins to support training in practical CBFA were provided to branches in states and divisions where CBFA training courses were conducted. Norwegian Red Cross also supported MRCS with a further donation of 500 manikins; however, in December 2005, these manikins were still in customs. MRCS expects that they will be delivered to Red Cross warehousing facilities in early 2006. A distribution strategy and list has been requested from the training division and should also be available in early 2006.

**Keng Tung community-based health project** continued into its third year of implementation in May 2005. The mid-term evaluation (November 2004) and third year plan of action was reviewed in July 2005 by Australian RC, local project staff, MRCS health division and the Federation health team. Federation health delegates were unfortunately only able to visit twice (January and September) in 2005 due to travel restrictions. This naturally resulted in significantly reducing the contacts with the local steering committee, project staff and volunteers in the field. However, project staff were able to participate in workshops, such as monitoring and evaluation sessions and various meetings in Yangon. They took these opportunities to share valuable information for project reporting and planning. Keng Tung has in many senses been a pioneer project for MRCS in terms of implementing health education in rural communities. This has included the use of appropriate IEC materials where the literacy rates are low. All materials used by trainers/peer educators have been translated into the different languages of the project area and peer educators are testing new materials in three new project villages.

In 2005 project staff have observed that the reduction of malaria cases and diarrhoeal diseases is encouraging communities to maintain environmental and personal hygiene practices such as boiling water and hand washing after using the latrine.

Home-based care curriculum was developed by MRCS with technical support from the Federation. Home care training is still required for Red Cross volunteers (RCV) and family members of people living with HIV/AIDS (PLWHA).

The monthly care packs for PLWHAs in Keng Tung have facilitated significant communication between the affected communities and the Red Cross branches. Branches have had greater contact with affected families and through this have been able to work with PLWHA to integrate expertise and experiences of HIV positive people into project planning and implementation. The outcomes of this have included an identification of a need for more health education support. More importantly however, is that the villagers are now demonstrating a greater awareness of HIV which has subsequently reduced the stigma and discrimination previously experienced by PLWHA. It has been possible to

**Impact showcase:** During an MRCS monitoring visit to Keng Tung the villagers explained that initially they were not convinced that the impregnated mosquito nets would be of any use to them. They reported that they have now observed the impact for themselves and witnessed a reduction in the number of malaria cases in their community. Their leaders of the communities are now more confident in the value of the nets. Impregnation of nets has proved itself as a successful campaign to promote malaria prevention in villages.

more effectively address common fears and social issues. Monthly visits and meetings were conducted with project staff and peer educators to share experiences and provide support to each other. In Keng, RCVs have initiated discussions and social gatherings with the project peer educators. HIV positive people are welcome to join but are not necessarily identified according to their HIV status. The impact of this programme is inspiring both within the community and increases the level of motivation of branch staff. The contribution of HIV positive people and their families has already made a marked improvement on identification of needs, planning and evaluation.

MRCS decided to replicate the Keng Tung project using the lessons learnt in the community-based health project. The original programme has been supported by Australian Red Cross and coordinated by the Federation delegation. In May 2005, a CBHP supported by Danish Red Cross was established in three townships in the Mogok ruby and gold mining areas of Mandalay division.

A CBHP project supported by the British, German and Swedish Red Cross in Mong Phyat initiated in 2004 had its approval revoked by ministry of health in October 2005. The original intention was to build on the preparatory phase already completed in 2004. The original plan was that the branches of Mong Phyat and Keng Tung would support and learn from each other. However, by the end of 2005 this plan was suspended as approvals were not given for further development in Mong Phyat, although an alternative project site was offered after the decision was made to suspend the project.

After feasibility studies were conducted in both Rakhine and Magway divisions. A further CBHP is being planned for Magway division with support from the Finnish Red Cross.

#### **Quantitative Data:**

- 2064 bed nets were impregnated (720 bed nets were distributed).
- 380 toilet plastic pans were distributed.
- Blood tests were established seven times.
- Peer education sessions have reached 10,367 youth in Keng Tung.
- Field workers and RCVs have conducted 561 health education discussions covering 11,679 villagers in the targeted vulnerable villages.
- 23,225 condoms were distributed to young people.

**Strengthening prevention of TB project** had been supported by the Global Fund with technical support from Federation. In 2005, the project was implemented by two branches in Yangon division: Thaketa and Mayangon townships. Advocacy meetings with the local authorities took place in October. TOTs were conducted by 80 previously trained RCVs. In 2005, the total TB case detection by MRCS was 213, with a further 292 people referred to health services by trained RCVs.

#### **Quantitative Data**

- Trained RCVs reached 19,788 workshop participants at these townships
- 31,300 people received the pamphlets
- 310 posters were distributed
- The total TB case detection was 213, with a further 292 people referred to health services
- MRCS EC members together with MRCS health division also visited the sites

The **MRCS voluntary blood donor recruitment (VBDR) programme** supports the development of the branches to design and distribute effective IEC materials and mobilize their communities to increase cooperation and support for the national blood bank.

A total of 90 blood donor recruiters graduated from ToTs in RCV blood donor recruiter courses conducted twice in Yangon division and once in Mandalay division. The programme was designed to motivate, recruit and retain voluntary blood donors at each township level. The national dissemination workshop of 36 participants from the states and divisions developed eight recommendations for national guidelines on VBDR.

World Blood Donor Day (WBDD) 2005 was observed in Mandalay by “celebrating your gift of blood” and acknowledging voluntary blood donors, including a “110th time blood donor”. This WBDD ceremony was replicated in three states and one division. School children and youths from primary to general citizen level were awarded prizes for their entries in the poster competition for voluntary, non-remunerated blood donation. This was sponsored by the centenary anniversary of Korea National Red Cross.

### **Quantitative Data**

According to MRCS reports in 2005:

- 623 University students (youth) were blood donors
- 2,969 Red Cross blood donors at township level
- 19,816 IEC materials distributed

The MRCS **outreach prosthetic programme** supported by ICRC identified and referred 330 amputees in Mandalay division, 420 in Hpa-an region and 214 in Yangon division.

Expected result 3: Communities have improved ability to locally endemic health issues including HIV, including care and support, improved health knowledge, and resources to support behaviour change.

The health division continued to support a variety of projects that have been implemented over several years. In 2006, the Federation will support the health division to consolidate these different responses so that the project work is more strategically integrated. It is clear that there is a need to ensure that existing human resources are not stretched beyond their absorptive capacity.

The HIV projects listed below in cooperation with other organizations have provided MRCS with excellent opportunities to learn about working with different target groups and developing appropriate responses. As full responsibility for these projects is handed over to MRCS branches under the MRCS HIV strategy in health programmes, it will be essential to consolidate the monitoring and evaluation of impact as well as providing regular and systematic support for RCVs.

**MRCS-UNICEF prevention of HIV among young people project** covered eight townships in 2005. Youth centres were opened in six townships and 87 young people participated in TOT, providing multiplier training to 6400 youth peer educators. A total of 4,601 peer educators remained active in 2005, reaching a further 32,669 young people in their communities.

**Outreach programme on HIV prevention for truck/bus drivers and their assistants** developed a baseline study on the sexual behaviour in Mandalay and Monywa. Advocacy meetings took place with local authorities, working partners and beneficiaries. Health educators were recruited and trained. This project began in April and in 2005, 9,829 truck drivers and assistants had participated in HIV prevention sessions, 18,381 condoms were distributed, 12,635 pamphlets were distributed. Other IEC materials with key HIV messages included 9,597 pens, 8,980 wallets and 9,895 key chains.

**Youth to youth peer education for reproductive health project** funded by PPF AI was implemented in two townships in Yangon division, two townships in Bago division and one township of Ayeyarwaddy division. This focussed on adolescent reproductive health care, counselling and referral.

According to MRCS reports:

- 23,224 youth participated.
- 1,463 youth were provided with informal counselling
- Youth peer educators referred 1,415 youth for STI treatment/birth spacing services.
- 306 peer education sessions on reproductive health were conducted
- 3,380 youth participants attended these sessions.
- 7,400 condoms were distributed.

Existing support is being phased-out and income generating activities are being implemented to assist with project sustainability in 2006. A mini coffee shop is being established in Yangon division as a pilot income generating venture.

**Outreach programme on promotion of safer sex project** began in four townships in Kayin state bordering Thailand. The objectives are: to promote STI/HIV knowledge of prevention among youth, to promote condom utilization among youth, to systematically work on STI and to reduce stigma and discrimination among PLWHA.

#### **Quantitative Data**

- 11,275 persons participated in 1084 outreach peer education sessions.
- 1,693 peer group discussions are held
- 9,002 people attended these sessions.
- 33 life skills trainings were conducted for 990 Youth Peer educators.
- Eight awareness raising activities and exhibitions are held.
- 819,083 condoms were distributed.
- 28,310 IEC materials (pamphlets, wallets and towers) were distributed to youth.
- 170 STI patients received counselling and
- 155 people were referred to health services.
- Youth Peer educators made 46 follow up visits to health services.

**HIV Community home based care and support project** is a pilot project of by Australian based Burnet Institute. MRCS is an active participant and focuses on home-based care services. Some of the key objectives include reducing stigma and discrimination and promoting the creation of an enabling environment to assist PLWHA. The project is being implemented in one township in Mon state and reaches 60 PLWHAs.

#### **Quantitative Data**

- 31 people received regular follow up medical treatment.
- 36 people received social benefit packages and health education.
- 30 people received social support (counseling and health education).
- 13 people received home treatment (home based care).

#### **Impact**

There are many projects which have just begun but there is some emerging evidence of impact. Through participatory approaches the branches, communities and target groups have built on their existing capacities. There is a greater awareness of health problems, which has in turn led to more effective decision making and a greater ownership of the programmes at a local level. Villagers are identifying their own training needs and avian influenza is one of the areas that have been flagged as in need of more work. Broadly, the experience of peer education and small group discussions is appreciated and is having an impact on the design and delivery of training programmes across the board.

According to some village leaders there is also evidence that construction of fly-proof latrines has reduced the incidence of diarrhoea. Environmental sanitation is significantly improved in the communities of Keng Tong and Mandalay. Many people are now not only using impregnated bed nets in their villages but also understanding and witnessing the benefit.

Due to the TB project's efforts in community-based health projects, more people have become more aware of the need to undertake TB testing and treatments. MRCS continues to collect the necessary quantitative data to substantiate this.

Compared to earlier reports, young people in communities where RCV peer educators are active are also more familiar with proper condom use. MRCS evaluations also point to an observable change in community attitudes towards PLWHA. This is largely due to a better understanding of transmission and non-transmission of HIV within

the communities. There are examples of a commitment from employers not to dismiss HIV positive people and an example of accepting partial cost sharing for treatment of opportunistic infections.

### **Constraints**

MRCS health and training divisions had an especially challenging year in 2005. Recruitment and training of new staff coupled with increased planning demands in branches following the tsunami created a heavy work load for core staff. Towards the end of the year, the necessary pressure to proceed in the PHE programme because of the situation of avian influenza was also evident.

Implementing health programmes and training in Red Cross branches still requires a great deal of support. It is clear that the cultural and language differences within Myanmar create a challenge for public health care workers.

Difficulties in communication and transportation cause problems locally and between branches and headquarters.

Processing of travel permits coupled with travel restrictions for international delegates was an issue throughout 2005. Federation health delegates were only able to participate in 25% of their planned field trips.

In some branches, the availability of skilled personnel has been a problem in implementation of activities.

The selection criteria for participants for CBFA ToTs were not always met and this proved to be a barrier to effective training and implementation.

The number of volunteers has decreased in many townships and the analysis of this is seen to be largely due to socio-economic conditions, need for more effective supervision, need for more incentives as well as competing study commitments of many of the young people.

## **Overall analysis of the organizational development programme in 2005**

**Overall goal: MRCS has developed and strengthened its capacity to be the leading humanitarian organization in Myanmar**

**Programme Objective: Myanmar Red Cross Society has well structured, fully organized, trained and competent human resources at all levels for delivering community based services efficiently and effectively to meet the needs of the most vulnerable in Myanmar.**

The development coordination unit (DCU) and the finance division played a pivotal role in implementing the organizational development programme of MRCS in 2005. The results of the efforts and those of the other divisions have the potential to contribute to all branches within the MRCS.

The branch development programme was initiated in mid-2005 providing technical support to 3 targeted pilot branches. MRCS divisions and the branches collaborated to develop *A Standard Course for Branch Leaders* and *Advanced Course for Branch Leaders*. A series of advocacy meetings for branch leaders was held including preparation advocacy meetings for the additional pilot branches to be included in 2006 program. This was followed by the initial standard course for the branch leaders of the 2006 pilot townships. This has provided the 2006 pilot branches with a full 12 months to implement their development programs. Although very early in the pilot programming it is possible to see some outcomes and even some limited impact from this initiative.

In the process of preparing the annual rReport, the MRCS DCU, the finance division and the Federation branch development delegate, reviewed the OD activities undertaken in 2005 in order to analyse how the 2005 the branches may have already benefited. This review was challenging. Project activities were generally completed on time and some positive outcomes can be identified however it needs to be acknowledged that after such a short implementation period the expected results are only just emerging. For example, the three pilot branches of 2005 made a close link between resource generation and the construction of new branch buildings. Whilst significant effort has already been made to seek land grants for new branch buildings, national headquarters is grappling with

addressing the issue of fundraising. On a positive note, of the initial three pilot branches selected in 2005, one is already proving to be more active and engaged in more community activities due to its participation in the pilot.

Monitoring and evaluation of the branches is necessary to support the achievement of desired results. To address the increasing demand for technical support, MRCS plans to recruit a NHQ based branch development officer and state/division based branch coordinators in 2006. The planned 2006 review will provide a further opportunity to identify achievements and document lessons learned.

As was foreseen in 2004, the consultative process of approving the National Society's Strategic Plan was quite slow. The final phase of ratification will be concluded at the 59<sup>th</sup> *Central Council Meeting* in January 2006 where it has been included on the agenda as *MRCS Strategic Plan 2007-2010*.

In 2005 there was a substantial movement of funds which proved challenging at a number of levels. The finance division was able to introduce several procedures by following the former MRCS financial instructions as well as the generally accepted accounting and auditing Procedures. Supported by the regional finance delegate, computerization of MRCS accounting was completed in 2005. This department is now in a position to support other divisions in terms of processing programme funds and monitoring of working advances. Naturally there is a risk of losing this momentum if the amendments to the *MRCS financial regulations* are too delayed. However, this important development will provide staff and volunteers with clear guidelines. MRCS plans to amend, develop, approve, disseminate and implement the new financial regulations in 2006.

There were no notable financial constraints in 2005. The under spend of approximately 10% of the programme budget was due to less than anticipated spending in implementing activities and fluctuation of the local currency.

### **Achievements, Constraints and Lessons Learnt**

**Expected Result 1:** *MRCS has a clear sense of the strategic direction for the society, what it wants to achieve, and how and with whom it will work to realize its goal of becoming a well functioning NS.*

The consultative process following the approval of the draft *MRCS Strategic Plan 2005-2009* commenced after the 56<sup>th</sup> Central Council in January 2005. It took the whole year to complete the consultative process with the states/divisions as well as the branch leaders. In December, the *Strategic Plan* was included in the agenda of the 58<sup>th</sup> *Central Council (CC)* meeting in January 2006, with the executive committee now presenting it as *Strategic Plan 2007-2010*. Following this approval, the MRCS divisions will prepare operational plans.

Despite the MRCS strategic plan still being finalized this year, the central council decided to shift its development interventions from the headquarters to the branches. Meeting in June 2005, the CC approved the implementation of a branch development programme that covered 17 pilot townships (one from each state/division) and at the same time encouraged the Headquarters to support other MRCS townships.

In the latter part of the year, the DCU was tasked by the president of MRCS to initiate the development of the MRCS volunteering policy. The process was led by the DCU focal person on volunteers and youth who had already participated in the volunteer workshop organized by the regional delegation. The consultation process that led to the final paper was lengthy and participatory. All levels within MRCS were included. Already approved by the MRCS executive committee and the president, this policy needs to be validated by the central committee in its 58<sup>th</sup> meeting in January 2006.

In the last quarter of 2005, the consultation process with branch leaders commenced towards the development of the MRCS youth policy which is expected to finish in mid-2006.

The newly elected MRCS president and the honorary secretary participated in the leadership training course in Geneva as well as the leadership meeting in Manila. MRCS also participated in the general assembly in Seoul. The president's attendance at these events enhanced his understanding of the Myanmar Red Cross and the Movement in general. In 2005, the president has taken a strong leadership role in the national society.

**Expected Result 2:** *Improved operational systems and structures are put in place with well defined roles of governance and management, as well as better programme planning, monitoring and evaluation.*

The MRCS 8<sup>th</sup> general assembly in January appointed a new MRCS president and changed the membership of the MRCS full-time executive committee (EC) to include the MRCS executive director as one of the full-time members. The EC comprises the president, the honorary secretary, the honorary treasurer and a committee member responsible for disaster management. With the move to include the executive director as part of the EC the lines between governance and management are somewhat blurred. The assembly also approved the restructuring of the MRCS creating the divisions: training, health, DPDR and communication.

In April, the Development Coordination Unit (DCU) was established with one focal point for OD and another for volunteers and youth. The unit reports directly to the executive director with interdivisional functions. The establishment of the DCU has potentially created a focus for issues relating to programme integration, branch development, youth, volunteering and capacity building. In December, MRCS initiated recruitment for a human resources officer and a branch development officer at the headquarters. The protocol unit was also established this unit reports to the president and serves as the Federation's communication and liaison link with governance.

Notwithstanding some gaps in the recruitment processes, it is worth highlighting that MRCS leadership exerted considerable efforts to improve recruiting procedures. Other achievements included standardizing salaries for staff with similar levels of responsibility and developing appropriate job descriptions.

With a view to developing MRCS responsibility to support its own staff, the recruitment of branch coordinators took some time as the salary cost-sharing by the state/division had to be agreed first. In December, the posts were advertised with recruitment to proceed in early 2006.

The participation of DCU staff in the regional project planning process (PPP) workshop paved the way for strengthening the project management capacity throughout MRCS. The outcomes of the May PPP workshop for NHQ personnel were further enhanced by a monitoring and evaluation (M&E) workshop in November. This was supported by the regional delegation. The M&E workshop was designed to maximize learning opportunities including transferring knowledge and skills to DCU staff. This design meant that no translation was required for most of the sessions. There were some practical exercises in monitoring and evaluation. M&E will be followed up in 2006 with field based M&E exercises. After successfully facilitating the PPP workshop, DCU conducted the advanced training course for branch leaders. The outputs are initial drafts of branch development plans.

The participation of MRCS personnel in regional activities enhanced capacities at NHQ and deepened their understanding of their role, both at headquarters and branch levels. The OD focal point represented MRCS at the previous two OD fora. This contributed to widening perspectives on various OD issues especially on the specifics of branch development, volunteering and programme management. MRCS has offered to host the 8<sup>th</sup> OD forum planned for August 2006.

MRCS management staff meetings were initiated in the 3<sup>rd</sup> quarter of 2005. This proved to be a possibly effective way of encouraging much needed inter-divisional collaboration. Following the identification of some initial hurdles in 2006, DCU has offered to support these meetings by preparing an appropriate agenda, following up on decisions made and facilitating adherence to a regular meeting schedule.

**Expected Result 3:** *A pilot branch development programme is steadily progressing, including clearly defined elements of youth and volunteer management, gender, and diversity.*

The MRCS branch development began in May with advocacy workshops involving branch leaders. The results of the branch survey report were presented and the MRCS branch development programme introduced. Participants developed criteria regarding the selection of pilot branches. They later took the criteria back to their branches and prepared their nominations for pilot branches. The CC meeting in June selected the pilot branches for this three-

year programme and encouraged NHQ to continue to support other branches not selected for the specific pilot program.

With inputs from all levels of MRCS the DCU worked with the Federation branch development delegate who was recruited in June. DCU developed the curriculum for the *Standard Training and Advanced Training Course for Branch Leaders* which was later tested further developed and implemented. In 2005 standard courses were conducted: first for the 2005 pilot branches and later in preparation for the 2006 pilots. One Advance course was conducted where the output included a draft of Red Cross branch development plans. DCU is now using this as a baseline for monitoring progress. The branch development game, an innovative approach to presenting the issues, was finalized and multiple copies produced for use at branch level.

A series of advocacy meetings with the branch leaders (governance and management) were held to ensure broad support for the branch development program. Realizing the time needed to achieve results in these advocacy meetings, the 2006 pilot branches advocacy meetings with the branch leaders (governance groups) commenced in December, along with the *Standard Course for Branch Leaders 2006 group*. This strategy provided the 2006 pilot townships with lead time to do and submit local branch assessments which will inform the advanced course for branch leaders. The advocacy meetings further provided the opportunity to the branches to interact with the headquarters leaders and clarify or understand better the directions of the national society.

In terms of volunteering, MRCS used to say it has 300,000 active volunteers spread across the 324 branches nationwide. The challenge lies in having no records to back-up the claim, thus, the realization for a need to have a system of volunteer registration and keeping a volunteer database that will also help in volunteer management. In September, the MRCS volunteer registration form was developed, pre-tested, produced and distributed to the townships. It was initially planned to be distributed to the pilot branches but the MRCS leadership decided to distribute nationwide. Every opportunity was taken to disseminate the proper use of the volunteer registration forms. Production of the forms was the easiest component for this project. It is more challenging to distribute the forms to the 324 Red Cross branches but getting the information back to the headquarters is the most challenging.

The introduction of the quarterly reporting system from the branch to the national headquarters, through the DCU, started to resolve the issue. Slowly, information on what the branches are doing reach the national headquarters. The information about volunteers will be retrieved through the quarterly reporting system. The initial reports from the branches were of low quality and lacks depth as well some essential information (such as number of beneficiaries or as to who are the beneficiaries). This led the DCU to contact the branches, clarify the reports and coach the branches in terms of reporting. At the end of the year, the quality of reporting from the branches has significantly improved in terms of quality and quantity, from 1.5% to 17%.

The long process of recruiting the branch development officer (HQ) and branch coordinators (state/division based) culminated with the public announcement of these open positions. Issues were raised on remuneration, sustainability, and local capacity to progressively support the salary of the branch coordinators. As early as October, the issue was discussed with the states/division but it took sometime before the consensus was raised on the amount of salary and the state/division's financial support by year 2.

**Expected Result 4:** *The MRCS is more accountable and credible organization in terms of finance and administration and can mobilize wider support at international, national and local levels.*

Though established very recently, the MRCS finance division led the difficult journey towards better accountability and transparency. Equipments were purchased; additional staff were recruited and trained in Peach Tree, financial software not so complicated but enough to provide the MRCS with its financial requirements. The participation of one senior finance officer in a *Federation Finance Workshop* organized by the regional finance unit contributed to a better understanding of the financial system of the International Federation. With enhanced capacities, the finance division is now in the position to provide regular and more accurate programme fund and working advance monitoring at all levels.

MRCS has a priority to amend the *Financial Regulations* drafted in 2005. Lack of clear financial policies puts a strain on programme implementation and professional relations in any context. Without a standard for universal application within MRCS, deficiencies or procedural lapses will be difficult to address. It is recognized that this has the potential to erode gains made on transparency and accountability.

Financial development efforts were expanded to the branches starting with surveys on branch financial management. A number of branches were visited this year and the survey revealed that financial management significantly varies at the branch level. This situation further highlights the immediate need for MRCS financial Regulations. In the standard course for branch leaders, one of the modules is proper financial management thus introducing the issues of accountability and transparency. Although internal audit was initially viewed as interference to local branch operations, some branches this year approached the finance division requesting assistance in closing their prior year(s) financial statement. This was taken advantage by the finance division by also providing suggestions on how to do proper bookkeeping. Provision of support by the finance division to the branches will be a major activity in 2006 as part of the national society's finance development.

**Impact**

The 2005 implementation of organizational development programme has started to show significant outcomes in branch and finance development.

Under the branch development program, it has been possible to monitor an increase in the number of activities at the community level. Minbu dranch in Northern Myanmar embarked on activities including sanitation, fire prevention, dengue prevention, nutrition and health education in collaboration with other entities in the area. Mingalardon branch participates in HIV awareness projects for bus drivers. Branches continue to advocating for grants of land from local authorities, with Minbu awaiting final approval from the highest authorities in the division. Effective and supportive monitoring and follow-up by MRCS NHQ staff are required to maintain motivation of branch leaders.

One clear impact of the branch development programme is illustrated in Minbu branch. Leaders visited the youth programme of the Meihktila branch which motivated them branch to scale up this programme by proposing a similar programme in Minbu. They have already received community support through donations of books, sports equipment and some cash. The branch are constructing a youth center with the aim of encouraging young people to see alternatives to drug use and engaging in behaviour that makes them vulnerable to HIV infection.

Information received from branches develops some depth after an initial analysis of reports and follow up discussions with branch leaders. In 2006, the reporting formats will be revised following initial review and feedback.

<p><b><i>Minbu Red Cross branch gets innovative</i></b></p>
<p><i>Minbu township is one of the 2005 pilot branches of the MRCS branch development programme. Branch leaders participated in the newly designed standard training course and an advanced course on project planning processes (PPP). A series of advocacy meetings were also held with the local governance of the branch and the division. There was limited material support to the branch in terms of office equipment and supplies.</i></p>
<p><i>A field trip was organized for leaders in Minbu Red Cross branch to review the programmes of Meiktila branch. They learnt how their youth programme was implemented and became aware of the challenges and lessons that had already been learned.</i></p>
<p><i>There was also a systematic effort to increase communication from the branch to the national headquarters.</i></p>
<p><i>At the end of 2005, MRCS has documented the following in Minbu branch:</i></p> <ul style="list-style-type: none"> <li>• <i>a 15% increase in the number of volunteers;</i></li> <li>• <i>430% increase in the number of voluntary blood donors as a result of a more dynamic campaign;</i></li> <li>• <i>a regular monthly meeting of the Branch Executive Committee compared to annual as it was previously</i></li> <li>• <i>The implementation of several new community activities.</i></li> </ul>
<p><i>In collaboration with the township health office, MRCS conducted health education sessions on preventing diarrhoea, HIV/AIDS and malaria. They likewise collaborated with the local health office to promote water and sanitation programmes. The volunteers went around the village to promote fly-proof latrines and, conducted home visits to assist in identifying mosquito breeding environments.</i></p>
<p><i>The community provide in kind donations specifically for supplementary feeding of malnourished children. Red Cross volunteers assist by cooking food and providing a feeding programme for children.</i></p>

The impact of a stronger finance division can be felt within the organization in terms of financial reporting and analysis of programme fund and working advances. However, this is being threatened by the lack of clear financial guidelines, an issue that will definitely be followed up in 2006.

2005 budget implementation rate is 89.33% with the remaining 10% partly accounted for by higher exchange rates than anticipated. Some activities were also implemented at less than the originally anticipated cost. 2006 budgets will be able to be more precise following this learning.

2005 outcomes have had a definite influence on the planning and approach for 2006. For example, the *Advanced Course for Branch Leaders* will be extended by one day to enhance participants understanding of the objectives of the workshops and therefore improved outputs. The approach of initiating the 2007 pilot branches before 2006 closes will be replicated. Closer monitoring of the branch activities in 2006 will be possible especially as there is a broad consensus on the value of branch coordinators at the state/division levels and a branch officer at NHQ.

## Overall analysis of the disaster management programme in 2005

**Overall Goal: The risk of disasters in Myanmar is reduced, coupled with enhanced resilience of the most vulnerable communities and people.**

**Programme Objective: The MRCS capacity in disaster management is strengthened based on its network of volunteers and branch structures and in strategic partnership with the government and other agencies.**

Myanmar was among the countries hit by tsunami at 26.12.2004. The unprecedented scale of this disaster took the humanitarian community by surprise and the situation was no different in Myanmar. One of the greatest challenges was to assess the emergency needs of affected communities. After this was completed the actual scale of the damages and casualties became known. Myanmar only appeared to suffer a comparatively small scale impact compared to its neighboring countries. By taking the lead on coordinating the response of the humanitarian community Red Cross was in placed firmly in the focus of the international media. The perceived lack of independence from the authorities did not help to assure the international community that these assessments were valid.

The Federation country delegation together with UN resident coordinators office will continue to lead the coordination of international agencies responses operations to future responses.

In addition to the impact of the tsunami, Myanmar was faced with several small to mid scale emergencies during 2005. The responsibility for responding to these disasters remained mainly with divisional Red Cross committees. They were able to manage all response operations with support from MRCS NHQ.

Yangon Hlaing township was hit by a large fire on 28 November. Once again MRCS was able to demonstrate the effectiveness and the strength of its volunteer network. Over 500 volunteers from ten different townships participated in the response and relief operation which targeted almost 2,000 families.

The reported tightened security situation by the authorities forced most agencies and NGO/INGOs to scale down their traveling from second quarter of 2005. This had an impact on the travel of the Federation DM delegate who was not permitted to travel for four of the eight planned disaster assessment and response team (DART) trainings.

### Achievements, Constraints and Lessons Learnt

#### **Project 1 - Capacity Building towards "Well Prepared National Society"**

**Objective: MRCS has strengthened capacity to fulfil its role as a leading organization in disaster management with clearly recognized responsibility in a national coordination system.**

MRCS activities to strengthen the capacity of the NHQ and branches with a particular focus on volunteers at all levels focused on the division/state level in 2005. MRCS conducted disaster assessment and response team training (DART) courses. The objective being to raise the capacity of the Red Cross volunteers to respond to disasters as well as be able to prepare, prevent and mitigate against hazards in their local communities. One significant achievement was the participation of local authorities, fire services personal, defence medical services personal, NGOs and INGOs working with Red Cross branches EC members, school teachers etc.

Significant activities during the last quarter of 2005 included WDR2005 launch. This has become an annual event on the Myanmar Red Cross calendar. This event brings together representatives from the humanitarian aid community, embassies and UN agencies.

MRCS disaster management programme is managed by the DP/DR division personnel. They have a long history in disaster preparedness activities in Myanmar. The newly recruited programme coordinator and logistic manager require further exposure to the role of Red Cross as a humanitarian organization. They will also benefit from more training on programme planning and management procedures.

All seven staff members at headquarters as well as the two field officers in the Irrawaddy division (CBDP programme) have been supported comprehensively by the Federation country delegation.

The locally recruited Federation DP officer participated in flood risk management training in October 2005 (Thailand). The objective of his training was to increase the capacity of Federation to support and respond to the needs of the MRCS DM team.

MRCS actively participates in Federation training programs. In 2005 this included the RDMC programme activities. The ninth RDMC meeting held in Bangkok was attended by the MRCS head of division for DM, the EC member in charge of DM and the DM delegate from the Federation delegation. The Federations DM review meeting was also attended by the head of the division of Myanmar Red Cross DM and the Federation delegation's logistics delegate.

An important development in overall disaster management was the number of reports received from the field concerning Red Cross branch activities. DART trained Red Cross volunteers are now reporting more comprehensively and reliably. Distribution of relief items to beneficiaries were made by various township branches. In 2005 Red Cross branches and disaster relief operation activities carried out by the volunteers were reported more systematically to NHQ and relevant states and divisions. The relief activities and information received from the branches were published in MRCS news letters. Even the response activities were well reported. However, day-to-day activities that take place at township branches are not yet being reported at a level that would allow for a good overall picture of all activities initiated in different areas. The DM team will stress the importance of these types of activity reports in coordination with future branch development activities.

Planning processes aiming for more detailed preparedness planning and including contingencies for the most probable emergencies was initiated. This is an inter-agency cooperation. In 2006 MRCS head of DP/DR division will prepare a proposal for EC to advocate for relevant authorities to share their preparedness plans. This is vital if MRCS is to plan their response and preparedness in close cooperation with relevant government departments.

The tracing service unit, included in DP/DR division is technically coordinated, advised and supported by ICRC. The focal persons in the township Red Cross branches are assigned to implement tracing restoring family links programmes, this is the distribution of Red Cross messages to link families separated for reasons such as conflict, detention or natural disasters

## **Project 2 - Strengthening National Disaster Response Mechanism**

**Objective 2:** *MRCS has an adequate response mechanism in place to assist the most vulnerable people in time of disaster in an efficient and swift manner.*

The core of the national network is the Red Cross volunteers at township level. MRCS focuses disaster assessment and response team (DART) training courses on further improving the capacity of this volunteer network. DART courses are conducted to train the Red Cross volunteers at all levels to be able to respond to the impact of disasters in an appropriate manner. In 2005 DART Training courses were conducted in eight states and divisions and more than 350 people were trained. DART standard operation procedures and assessment procedures were highlighted to give a more systematic approach in implementing disaster relief operations.

The MRCS strategy for the development of the DART programme in Myanmar is to continue with group leader training. This second phase was postponed from 2005 and is set to begin in 2006 as all state level training will have been conducted. The objective of these trainings is to increase the variety of skills of RCV to respond to disasters at state/division and township levels.

Production of an MRCS DART training manual as well as a manual for trainers (ToT) has been under reviewed and should be able to be used in time for the DART Leadership training courses in first quarter of 2006.

Linkage and compatibility were strongly promoted in relation to the MRCS's disaster response mechanism and the Federation's response mechanisms at the regional and international levels through Regional Disaster Response Team trainings. In 2005, a team of 5 members from MRCS NHQ were sent to an RDRT training course conducted in Vietnam. MRCS also initiated preparations to deploy a RDRT team of five to the Pakistan operation. This lengthy bureaucratic process was successful in the end, but also served to illustrate that Myanmar is not able to deploy RDRT personnel when there is still a need to follow the usual government travel permit process.

Advocacy for a special process for possible future operations is required. This advocacy should be one of the priorities for the senior DM advisor on the EC as well as senior governance of MRCS. At present, local staff need to apply for their passports and travel permissions a minimum of six weeks prior to departure. This would preclude MRCS from deploying. Regardless of this clear constraint it is still important in terms of MRCS preparedness that MRCS keeps a RDRT roster of skilled professionals. This roster could also be used in DM trainings and in liaison tasks in possible international response operations in Myanmar.

Bago (West) warehouse in Pyay was officially opened in November, 2005. MRCS 18 warehouses were replenished with an adequate level of pre-positioned relief stocks. The Federation supported repair and renovation of the warehouses as required. The planned larger warehouse national survey related to physical conditions and future usage plans was not undertaken as the logistic/construction delegate was redeployed to the Pakistan earthquake operation. Compilation of biannual stock report from states and divisions Red Cross branches continues to be a challenge. Even the relief materials which were distributed to states and division preparedness warehouses were not accurately reflected in the reports returned to headquarters. In 2006 more focus is required on beneficiary selection and reporting. Response trainings need to include participation of representatives from cooperating authorities in the coming year.

Activities in the last quarter included two DART-courses at Bago division and logistical preparations for possible avian influenza response. MRCS and Federation country delegation started purchases of protective gear for volunteer groups involved in possible activities.

MRCS training division implemented water-safety training for trainers in December 2005.

### **Project 3. Participatory Learning and Action for Resilient Community.**

**Objective:** *MRCS can take full advantage of its nationwide grass root structures to promote community resilience to disasters*

Community-based disaster preparedness (CBDP) programme has been implemented in 6 villages in Irrawaddy division by two field officers. CBDP programme as well as other community targeted disaster preparedness activities has been well supported by donors through the coordination of the Federation country delegation. The CBDP programme in Tabaung township will be extended to another two villages. Villages around original target

communities have realized the positive impact of the programme and are willing to replicate participatory approach in order to improve their understanding of disaster preparedness.

Development of community-based disaster management (CBDM) curriculum to train Red Cross volunteers and community participants from states and divisions has been a lengthy process that lacked any momentum in 2005. MRCS conducted a joint review workshop with the focal points from states and divisions in March 2005. A collection of suitable materials for community approaches and further development of programmes was agreed in a cooperation meeting in early December 2005. The first training of trainers is planned to take place in the second quarter of 2006.

The overall challenge for 2006 will be to encourage greater communication, discussion and cooperation between the divisions at MRCS NHQ. This will greatly assist in creating a common planning. The present system does not allow for coordination between different HQ divisions. Issues such as parallel trainings create tensions among key personnel including trainers and volunteer leaders.

The Finance division is working on amendments to the *Financial Guidelines* to ensure that simple practical procedures that harmonize Federation standard finance systems and MRCS official procedures are in place for 2006. This will reduce the workload of programme managers especially when having to field questions related to lengthy and or multi stage projects such as constructions and renovations.

There is a well noted need to get more women and youth participants to disaster management trainings. Special focus has to be given to the preparatory phase of future CBDM programmes, so that gender and age balance is reflecting the target communities.

MRCS has managed to cope with tsunami programmes with standard personnel. This strength was at the same time a constraint to annual programmes as complex planning and review process of Federation required an investment in time and energy for the first half of 2005. Tsunami programmes are closely linked to daily activities of MRCS and scaling up these activities remains the biggest challenge of all. The integration of branch development and other programmes in a way that ensures that different branch level activities are closely linked in support of each other is

### **Impact**

Impact of 2005 programmes is mainly linked to township-level volunteers. Target beneficiaries for the distributions have originally been of low socio economic status or they have lost all their possessions such as in a fire. In cases such as these Red Cross relief has had immediate impact on coping potentials.

DM programme under-spent on the budget for 2005. This is mainly due to constraints on implementation and the carry over of delayed projects from 2004. The tsunami programme for 2005 did require a large allocation of human resources from DP/DR division. A major part of the programming that did not happen in 2005 has already been incorporated in the planning for 2006-2007.

[The annual financial report is below; click here to return to title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

MYANMAR

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA055
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	803'768	348'102	45'748	297'194	0	1'494'811
B. Opening Balance	176'830	70'211	3'037	32'508	-24'154	258'431
Income						
Cash contributions						
Australian Red Cross	89'510				-48	89'462
British Red Cross	67'785			15'817	6'834	90'436
Capacity Building Fund				80'000		80'000
Finnish Red Cross	150'199	12'484				162'683
German Red Cross	222'440		37'423		66'300	326'163
Japanese Red Cross Society	56'675					56'675
New Zealand Red Cross	17'408				26'112	43'521
Norwegian Red Cross		187'500				187'500
Other					283	283
Swedish Red Cross				52'172		52'172
C1. Cash contributions	604'017	199'984	37'423	147'988	99'482	1'088'894
Outstanding pledges (Revalued)						
Finnish Red Cross	19'548	7'783				27'331
New Zealand Red Cross	26'895				62'755	89'650
C2. Outstanding pledges (Revalued)	46'443	7'783			62'755	116'981
Reallocations (within appeal or from/to another appeal)						
Australian Red Cross	-91'067					-91'067
British Red Cross	-66'020			-6'748		-72'768
Capacity Building Fund				-17'229		-17'229
Finnish Red Cross	-95'549					-95'549
German Red Cross	-81'107		-21'151			-102'258
Japanese Red Cross Society	-46'267			-1'394		-47'662
New Zealand Government					-824	-824
New Zealand Red Cross	4'007				-4'007	0
Norwegian Red Cross		-117'520				-117'520
Swedish Red Cross	-17'596			-8'232		-25'828
C3. Reallocations (within appeal)	-393'599	-117'520	-21'151	-33'603	-4'831	-570'703
Inkind Personnel						
Australian Red Cross	12'400					12'400
Finnish Red Cross	82'460	74'400				156'860
Swedish Red Cross				68'613		68'613
C5. Inkind Personnel	94'860	74'400		68'613		237'873
Other Income						
Miscellaneous Income					8'598	8'598
C6. Other Income					8'598	8'598
C. Total Income = SUM(C1..C6)	351'720	164'647	16'272	182'999	166'004	881'642
D. Total Funding = B + C	528'550	234'858	19'309	215'506	141'850	1'140'073

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	176'830	70'211	3'037	32'508	-24'154	258'431
C. Income	351'720	164'647	16'272	182'999	166'004	881'642
E. Expenditure	-501'655	-234'858	-19'309	-215'506	-141'850	-1'113'178
F. Closing Balance = (B + C + E)	26'895	-0	0	0	0	26'895

International Federation of Red Cross and Red Crescent Societies

MYANMAR

Selected Parameters	
Year/Period	2005/1-2005/12
Appeal	M05AA055
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		803'768	348'102	45'748	297'194	0	1'494'811	
<b>Supplies</b>								
Shelter	57'533							57'533
Construction	16'301							16'301
Clothing & textiles		2'192	17'407				19'599	-19'599
Water & Sanitation	12'721	2'236					2'236	10'485
Medical & First Aid	62'566	29'979					29'979	32'587
Utensils & Tools			16'279				16'279	-16'279
<b>Total Supplies</b>	<b>149'121</b>	<b>34'407</b>	<b>33'686</b>				<b>68'094</b>	<b>81'027</b>
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings			24'710				24'710	-24'710
Vehicles	7'671							7'671
Computers & Telecom	24'175	5'430	733		10'106		16'269	7'906
Office/Household Furniture & Ec	5'114	5'606	2'301	8'158	1'653	1'181	18'900	-13'786
Others Machinery & Equipment	2'400							2'400
<b>Total Land, vehicles &amp; equipment</b>	<b>39'360</b>	<b>11'036</b>	<b>27'744</b>	<b>8'158</b>	<b>11'759</b>	<b>1'181</b>	<b>59'878</b>	<b>-20'518</b>
<b>Transport &amp; Storage</b>								
Storage	4'475	577	1'858		40		2'476	1'999
Distribution & Monitoring		119	5'767				5'886	-5'886
Transport & Vehicle Costs	22'468	4'012	176		459	6'468	11'114	11'354
<b>Total Transport &amp; Storage</b>	<b>26'943</b>	<b>4'709</b>	<b>7'801</b>		<b>499</b>	<b>6'468</b>	<b>19'477</b>	<b>7'466</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	430'200	38'709	4		1'070	64'884	104'668	325'532
Delegate Benefits		149'784	99'196		95'814	10'009	354'803	-354'803
Regionally Deployed Staff	232'254							232'254
National Staff		1'147	4'421		1'830	32'272	39'670	-39'670
National Society Staff		74'090	13'320	4'970	25'750	-1'121	117'008	-117'008
Consultants	7'893	4'595					4'595	3'298
<b>Total Personnel Expenditures</b>	<b>670'347</b>	<b>268'326</b>	<b>116'941</b>	<b>4'970</b>	<b>124'464</b>	<b>106'044</b>	<b>620'744</b>	<b>49'603</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	299'954	97'614	35'992		48'107	8'985	190'698	109'256
<b>Total Workshops &amp; Training</b>	<b>299'954</b>	<b>97'614</b>	<b>35'992</b>		<b>48'107</b>	<b>8'985</b>	<b>190'698</b>	<b>109'256</b>
<b>General Expenditure</b>								
Travel	50'409	22'310	785		7'755	1'300	32'150	18'259
Information & Public Relation	107'219	33'385	5'403	4'925	7'835	744	52'292	54'927
Office Costs	38'561	4'999	1'873		484	6'970	14'326	24'235
Communications	13'498	211	193		794	8'180	9'378	4'120
Professional Fees	1'278	442					442	836
Financial Charges	959	-48	79	2	22	-7'836	-7'782	8'741
Other General Expenses		1'557	50		71	594	2'271	-2'271
<b>Total General Expenditure</b>	<b>211'924</b>	<b>62'857</b>	<b>8'383</b>	<b>4'927</b>	<b>16'960</b>	<b>9'952</b>	<b>103'078</b>	<b>108'846</b>
<b>Program Support</b>								
Program Support	97'163	32'207	14'951	1'255	13'718	9'220	71'352	25'811
<b>Total Program Support</b>	<b>97'163</b>	<b>32'207</b>	<b>14'951</b>	<b>1'255</b>	<b>13'718</b>	<b>9'220</b>	<b>71'352</b>	<b>25'811</b>
<b>Operational Provisions</b>								
Operational Provisions		-9'500	-10'639	-1	-1		-20'141	20'141
<b>Total Operational Provisions</b>		<b>-9'500</b>	<b>-10'639</b>	<b>-1</b>	<b>-1</b>		<b>-20'141</b>	<b>20'141</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'494'811</b>	<b>501'655</b>	<b>234'858</b>	<b>19'309</b>	<b>215'506</b>	<b>141'850</b>	<b>1'113'178</b>	<b>381'633</b>
<b>VARIANCE (C - D)</b>		<b>302'113</b>	<b>113'243</b>	<b>26'440</b>	<b>81'687</b>	<b>-141'850</b>	<b>381'633</b>	