

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

Myanmar

Executive summary

The Myanmar Red Cross Society (MRCS) continues to uphold its vision to facilitate community-based activities, led by volunteers - namely in community-based health programming and disaster risk management. The Cyclone Nargis recovery operation continues to be supported by the dedicated effort of MRCS staff and volunteers. This is mirrored in other project-based work across the country and is a tribute to MRCS's continued commitment to deliver services to vulnerable groups. The promotion and investment in MRCS volunteers, who strongly represent the face of MRCS, will continue to be significant. This plan reflects the International Federation's support to strengthen MRCS programmes.

In the area of health and care, the MRCS continues to focus its attention on promoting the health status of vulnerable people and reducing their vulnerability by conducting a range of projects and programmes in various states and divisions of Myanmar. These include activities that will minimize the negative impact on community health in emergencies; reducing HIV vulnerability and its impact on at-risk communities; reducing malaria morbidity and mortality among vulnerable populations, and reduce TB transmission and its impact on communities with high defaulter rates. The MRCS will also continue to contribute to the national blood donor recruitment programme and provide first aid training to Red Cross volunteers as well as teachers and communities in target townships. Also, learning from the high investment into water and sanitation activities through the provision of support in the delta region, MRCS has signalled a commitment to develop a longer-term water, sanitation and hygiene promotion capacity. This is anticipated to take shape in the form of headquarters technical capacity building as well as the integration of water, sanitation and hygiene promotion activities in selected states and divisions.

Since the health forum in September 2007, the MRCS has continued to commit its efforts to move towards a programme approach, particularly in regard to community-based health promotion, HIV and AIDS, and first aid activities. MRCS has made some progress in this respect, including the formation of a technical working group to consider how to adopt the new *community-based health and first aid (CBHFA) in action* model, and move to a broader and more comprehensive approach to injury and disease prevention, and health promotion.

An overarching disaster management plan, which sets out support over the next three years, is being put in place. It will serve to help in the revision of the disaster management policy in 2010. Two key components of support have been outlined: The first, to strengthen MRCS organizational preparedness to respond to disasters. It focuses on continued warehouse maintenance, and stock pre-positioning and stock-keeping as well as enhancing the capacities of national society staff and volunteers. Complementary work will include the revision of the national disaster response teams (NDRT) training curriculum; more specialized training courses provided



Myanmar Red Cross youth volunteers.

Photo credit: The International Federation/Yoshi Shimizu

for national staff and volunteers in various areas such as health in emergencies, logistics, psychosocial support (PSP), and specific needs assessment capacities; as well as the equipping of identified staff and volunteers. 2009 has presented an opportunity to review MRCS disaster management activities and an initiation of integrated cross-sector planning at different levels. MRCS will further facilitate a disaster risk reduction (DRR) process, which will initially focus on a community-based disaster risk management (CBDRM) programme, utilizing experience from regionally adapted guidance materials and tools. There will be follow-up work for climate change adaptation after the climate change orientation workshop held in mid-2009.

The next year will continue to be significant for MRCS in how it manages to harness, and fold learning and increased technical skill into its existing portfolio of programming and further nurture the increased positive profile they have gained through the Cyclone Nargis response and recovery effort. Support for MRCS to grow into a stronger national society following the enormous relief and response effort to Nargis will continue to be a priority. Overall institutional capacity as well as organizational development will be tackled. Key areas for organizational development include further branch development, promotion of integration of youth and volunteers within community programming, financial and human resource development, and continued promotion of principles and values. 2009 is a key year for MRCS to outline how it will manage the balance of Cyclone Nargis and country-wide programming to its best advantage, and periodically review how investment into community activities can be maintained.

To support MRCS in its commitment to a number of targeted vulnerable communities, several partnerships will continue, focusing outside of the delta region. Key multilateral partners include Austrian Red Cross, Finnish Red Cross, Japanese, Red Cross and Swedish Red Cross. The MRCS will also benefit from its longer-term bilateral relations with Danish Red Cross and French Red Cross as well as foster new bilateral partnerships with Australian Red Cross.

The budget for this plan is CHF 1,818,440 (USD 1.76 million or EUR 1.19 million) for 2010 and CHF 2,201,666 (USD 2.13 million or EUR 1.44 million) for 2011.

[Click to go directly to the attached budget summary of the plan](#)

Country context

Myanmar has been rated 135 of 179 countries in the Human Development Index¹. Recent publications confirm that despite improvements in some indicators, the health status of the people of Myanmar remains of concern with noteworthy differences in health and nutrition, depending on where people live². The country has a young population with 28.2 per cent under 15 years of age, an estimated life expectancy at birth of 62 years and an under-five mortality rate of 103/1,000 live births³. There is limited information on the causes of child morbidity but acute respiratory infections, diarrhoea, and malaria are believed to be among the primary causes. Infectious diseases including malaria, tuberculosis and HIV continue to remain a concern in Myanmar for the whole population.

Tuberculosis (TB) is considered a major health problem and Myanmar is recognized as one of 22 high burden countries with TB⁴. This communicable disease is ranked as the third priority disease in the National Health Plan (2006-2011). Estimates suggest 1.5 per cent of the population are infected with TB every year and approximately 100,000 new cases are diagnosed every year, with half being infectious⁵. Malaria also presents a significant problem with approximately 72.5 per cent of the population living in high-risk malaria areas; national statistics indicate over 200,000 laboratory-confirmed cases per year⁶. The prevalence of HIV has been reported to be about 0.7 per cent (387,800) of the adult population aged 15-49 years, and according to UNAIDS, 37,000 deaths annually due to AIDS⁷. The antiretroviral treatment coverage was estimated at four per cent of those in need at the end of 2005.⁸

¹ The HDI index 2006

² PONJA (2008)

³ http://www.unicef.org/infobycountry/myanmar_statistics.html

⁴ Myanmar Country Health Profile 2007 http://www.whomyanmar.org/LinkFiles/Health_Information_Country_Profile.pdf

⁵ Myanmar Country Health Profile 2007 http://www.whomyanmar.org/LinkFiles/Health_Information_Country_Profile.pdf

⁶ http://www.searo.who.int/EN/Section10/Section21/Section340_4024.htm

⁷ UNAIDS Country Situation Analysis 2007 <http://www.unaids.org/en/CountryReponses/Countries/myanmar.asp>

⁸ Myanmar National Strategic Plan on HIV http://data.unaids.org/pub/Report/2006/20070320_myanmar_natl_plan_en.pdf

Health services are provided through the public and private sector with significant numbers of the population relying on traditional medicine. Public health services are centralized at the township level⁹. Generally this comprises a 16- to 50-bed hospital at township level, with one or two station hospitals and four or more rural health centres providing health care services for a population of 20,000-25,000 people. A mid-wife or a community health worker is often the primary resource at sub-rural health clinics. The ministry of health is reported to have 839 hospitals, 86 primary and secondary health centres, 1,473 rural health centres and 6,599 sub-rural health clinics throughout the country. UNICEF estimates that 60 per cent of all visits to health services are to the private sector, with public sector doctors also providing services through private clinics.

Formal social welfare systems in Myanmar are very limited. In this context, community-based responses are an important part of community resilience and coping strategies. In rural areas, 17 per cent of households are headed by women.¹⁰ "Traditions and customs expect a woman to control the purse, to prepare food, make clothing and look after the children." After many natural disasters, women's vulnerability is exacerbated as they continue to maintain the burden of caring for the family as well as the extra burden caused by the loss of traditional income.

While Myanmar is not known as being highly prone to disaster, the devastating effects of Cyclone Nargis in May 2008 which ravaged the Ayeyarwady delta region emphasized the need to maintain country-wide response mechanisms. As such, MRCS is committed to promoting organizational preparedness that is able to go some way towards responding to the effects of natural hazards and increasing community resilience through increased disaster risk reduction activities. Myanmar formally committed itself to key priorities for action identified in the Hyogo Framework for Action (2005-2015). The Myanmar department of meteorology and hydrology has unpublished data that suggests a gradual warming of the Bay of Bengal over the last 40 years. However, it is worth noting that of the 11 severe tropical cyclones to hit Myanmar over the last 60 years, nine have made landfall outside the recently severely-affected delta region. MRCS will continue to roll out its more comprehensive approach to community-based risk management as initiated during 2009. Such an approach will support MRCS to be the first responder to the numerous localized disasters, including fires, storms and floods which affect a large number of households, leaving noticeable effects on many communities.

Additionally, the diversity in Myanmar is reflected in its estimated 170 different ethno-linguistic groups¹¹.

The government has signalled that the general election will take place in 2010. During the period the election is held, there may be some delay incurred in day-to-day activities, and as such, the MRCS' activities may be affected for a period of time.

National society priorities and current work with partners

The MRCS leadership continues to outline the commitment to support communities in building more resilience to cope with disasters and health emergencies while increasing community health practices. The Nargis operation, in particular, provides daily examples of how MRCS is working towards achieving this. The commitment is reflected in MRCS strategic plan 2007-2010 and its vision, which remains unchanged, in supporting volunteer-led community-based services. MRCS will review its strategic plan in late 2009 in addition to having outlined a plan for its review of the legal base. Support to maintain the volunteer spirit will remain an underlying priority in addition to an overall promotion for programmatic integration and coordination, namely between health, disaster management and cross-cutting areas grouped under organizational development. Capitalizing on a monitoring and reporting initiative under the Nargis recovery operation, MRCS will be supported in its review of the overall planning, monitoring, evaluation and reporting (PMER) mechanisms and systems during 2009 to move toward a more efficient and systematic use of monitoring data.

As MRCS delivers the Nargis recovery programming, it will seek to exchange knowledge and good practices with other branches across the country. The branch development programme aims to focus support on a targeted number of states selected from agreed criteria, and promote increased sustainability at some townships. The disaster risk-prone/health vulnerability mapping conducted by MRCS will feed into the development of the branch selection criteria. Much work will be done in 2009, following the branch review, to outline the model which will define the MRCS support in the coming years.

⁹ Townships are typically 100,000 – 200,000 people.

¹⁰ UNDP 2006 Household Poverty Assessment

¹¹ 1984 census (latest), records 69 per cent of the total Myanmar population as Bamar.

The Myanmar Red Cross Society continues to benefit from a number of multilateral and bilateral partnerships, a number of which have been fostered through the Nargis response. Cooperation with the ICRC is maintained, namely in the area of communications and support to prosthesis workshops and training sessions.

Ongoing key multilateral support comes from Finnish Red Cross, Japanese Red Cross and Swedish Red Cross. Discussions and planning to outline MRCS cooperation modalities, which were initiated prior to the Nargis operation, but put on hold during 2009, are expected to resume in 2010, which may take the eventual form of a cooperation agreement strategy.

For the MRCS country-wide commitments, the national society also works with longer term in-country partner national societies: Danish Red Cross supporting community health projects, and French Red Cross supporting disaster risk reduction and recovery operations. MRCS has agreed to a bilateral partnership with Australian Red Cross (who has long supported MRCS) initially in the area of restoring family links (RFL). The RFL unit began with the onset of the Nargis operation, with technical and financial support from the ICRC until March 2009, when they were handed over to MRCS. Following the MRCS Cyclone Nargis partnership meeting in February 2009, the Austrian Red Cross have demonstrated interest in an eventual long term partnership to support capacity building in water, sanitation and hygiene promotion. MRCS continues to maintain important partnerships with UNICEF, UNFPA, UNHCR, and Burnet Institute, the latter organization being involved with MRCS as part of its commitment to the Global Alliance on HIV/AIDS. The national society maintains relations with the ministry of health and of late, with the ministry of social welfare and resettlement.

Secretariat-supported programmes in 2010-2011

Disaster management

a) The purpose and components of the programme

The disaster management programme budget is CHF 298,690 for 2010 and CHF 402,802 for 2011.

Programme purpose: Reduce deaths, injuries and impact from disasters
Programme component: Response preparedness
Component outcome 1: To improve disaster response assistance through organizational preparedness to meet the needs of people affected by disaster in Myanmar.
Programme component: Disaster risk reduction
Component outcome 2: To improve the lives of identified vulnerable communities in Myanmar by increasing community participation in risk reduction activities.

1. Response preparedness

This component has two main scopes. The first being to support the development of the national headquarters and branch staff, and volunteer capacities in response preparedness through training and workshops. Standard policy and procedural documents will be developed in order to ensure quality and consistency of approaches, and the latter will be achieved primarily through consultative reviews and workshops to develop the documents. The second scope will focus attention on enhancing different structural institutional capacities of MRCS, including MRCS national headquarters disaster management division, MRCS's township branches, and the warehouses situated in strategic locations. 2009 has seen the strengthening of communication means since limited or no communications between state/divisions with national headquarters can cause delays in receiving appropriate information on local level events. Therefore, there has been a distribution of telephones to branches considered to be in the most vulnerable areas to support effective early warning and provide information for a planned emergency response.

2. Community-based disaster risk management

Disaster risk reduction will be an overarching systematic and programmatic approach for MRCS, integrating and informing, when feasible, other sector programmes. With the support of the International Federation and through a bilateral partnership with French Red Cross, MRCS is focusing on implementing community and school-based programmes. MRCS has been mustering communities as well as teachers and school children in enhancing knowledge on hazards and related risks alongside basic activities for risk reduction at the community level. MRCS has commenced procurement for early warning equipment for the most vulnerable selected communities and this will be distributed to communities in selected Nargis-affected areas, as well as other parts of the country in mid-2009. MRCS participation will be increased at different interagency coordination forums. Similarly MRCS

will produce different advocacy and awareness materials, including those on climate change in due course. The International Federation is also supporting MRCS to link up with national and regional early warning systems.

Efforts to mobilize communities sustainably bring about a number of opportunities as well as challenges. MRCS has much demonstrated experience in mobilizing volunteers, and the coming months and years will be an opportunity for them to address the use of volunteers to work on a longer term basis with community members. Community-based programming will work to better prepare communities for their own risk management and promote a strengthened approach to community resilience. Core International Federation tools will be utilized, such as vulnerability and capacity assessment (VCA), together with initiation of basic early warning systems, awareness dissemination work as part of the community-level disaster preparedness and mobilization plans. The health and disaster management divisions work closely to conduct joint planning in order to provide a complementary community-based disaster risk reduction (CBDRR) and public health in emergencies (PHiE) programme along with first aid as well as water, sanitation and hygiene promotion. MRCS will further roll out its work with school teachers and children through the school risk reduction programme. The teachers and selected students from selected schools will be trained in disaster risk reduction (DRR) to support achieving the characteristics of resilient communities by increasing the awareness level on different hazards and possible process of risk reduction.

b) Potential risks and challenges

A challenge will be to continue to promote and facilitate community-level involvement and activities within the community-based disaster risk management (CBDRM) programme beyond the point of delivering the initial training. This will require an effort of joint collaboration across MRCS programme sectors, including the volunteering unit. The approach will be rolled out both in the delta and other hazard-prone areas and as such, will require periodic review to ensure that the investment brings about meaningful community participation. The rate of the roll-out will both depend on MRCS continued capacity outside of the recovery operation and agreement of the uptake of such an approach with communities.

Health and care

a) The purpose and components of the programme

The health and care programme budget is CHF 813,524 for 2010 and CHF 1,038,307 for 2011.

Programme purpose: Reduce the number of deaths, illnesses and impact from diseases.
--

Programme component 1: Public health in emergencies
--

Component outcome 1: Target communities are able to reduce the outbreak of communicable diseases during epidemics including those that follow a natural disaster.
--

Programme component 2: Community-based health
--

Component outcome 2: Improved capacity of target communities to reduce the incidence of priority communicable diseases and effectively respond to emergency and life-threatening cases.
--

Programme component 3: Malaria

Component outcome 3: To reduce malaria morbidity and mortality among vulnerable populations in endemic areas.
--

Programme component 4: HIV

Component outcome 4: To prevent further HIV infection among the key population groups at higher risk (i.e. youth and mobile populations), improve the quality of life for people living with HIV and reduce stigma and discrimination associated with HIV and AIDS.
--

Programme component 5: Voluntary non-remunerated blood donation
--

Component outcome 5: MRCS contributes to improving the amount of safe blood available in Myanmar through increased recruitment and retention of voluntary non-remunerated blood donors.
--

Programme component 6: First aid and safety
--

Component outcome 6: MRCS and its nationwide network of volunteers support communities in identifying their health needs and respond effectively with first aid and community-based first aid skills and knowledge.
--

Programme Components:

1. Public health in emergencies (PHiE)

The project has two main components. The first aims to increase the capacity of MRCS and targeted communities in order to reduce the negative impact on public health following natural disasters in states (Rakhine and Mon). The health and disaster management divisions are working closely to conduct joint planning

in order to provide a complementary community-based disaster risk reduction (CBDRR) and PHIE approach to increasing both MRCS and community ability to prepare for a response to the possible threat of a natural disaster.

The second component focuses on strengthening the national society capacity throughout all states and divisions in responding to the onset of human influenza. This will essentially focus on increasing MRCS state and division knowledge of human influenza (such as H5N1, H1N1, and seasonal flu) and strengthening coordination with the ministry of health, in preparation for MRCS to play a supportive role in responding to a potential human influenza pandemic.

Water and sanitation

When Cyclone Nargis hit Myanmar in May 2008, one of the major responses from the International Federation was the provision of technical expertise and equipment for emergency safe drinking water. These resources include water and sanitation ERU10 modules, each comprising a water treatment unit, water storage kit, and water distribution kit. Options are being discussed between the MRCS and the International Federation on how best to utilize this equipment and the MRCS staff and volunteers who were trained; one possible option is to deploy the equipment to other parts of the country in readiness to respond to emergencies, disasters and other hazards.

The Austrian Red Cross are proposing to support the MRCS in implementing water, sanitation and hygiene promotion activities, through support for the development of MRCS emergency response capacity and additionally, funding community-based activities. The head of the health division proposes that the Austrian funding support the provision of improved and new water and sanitation facilities in the same townships and villages to be covered by the disaster management/public health in emergencies initiative mentioned above, thereby building the capacity of the communities and not over-stretching the national society's current capacity. This support from Austrian Red Cross would initially be in a multilateral capacity.

2. Community-based health programmes (CBHP)

A master training of trainers will take place in the last quarter of 2009 which will lead to *CBHFA in Action* being introduced and adopted in target townships and branches. The MRCS plans to review their health and care 2007-2010 operational plan in the last quarter of 2009 where it hopes to reaffirm its commitment to a broader and more integrated approach to planning and implementation of its programmes including *CBHFA in Action*, delivery of first aid initiatives and the national society's commitment to the Global Alliance on HIV.

Presently, the MRCS has three community-based health programmes. Two of these are supported via the International Federation, funded by Finnish Red Cross and Australian Red Cross, and are implemented in Magway and Keng Tung respectively. Both cover a range of health challenges including HIV, health and hygiene promotion, and the provision of improved access to water and sanitation facilities. The programme in Keng Tung, following six years of continual support which has resulted in strengthening the local community capacities to prevent and respond to emerging health concerns ended in June 2009. Australian Red Cross has suggested possible interest in working bilaterally with MRCS in the near future on another community-based health programme. This is slated for further discussion later in 2009.

Danish Red Cross also works bilaterally with MRCS on a community-based health programme which covers six townships in the Mandalay and Sagaing divisions. This programme has a significant HIV component, including prevention activities targeting mine/factory workers, sex workers and men who have sex with men, as well as care and support activities for people living with HIV and their relatives. The programme is also aimed at strengthening community capacity to manage well-known health issues such as TB and malaria. Discussions and capacity assessments are underway to extend Danish Red Cross support to Chin State later in 2009.

3. Malaria

This project has been targeting communities living at high and moderate risk in nine townships and aims to increase the understanding of malaria and the ways in which it can be prevented. By the end of 2009, more than 15,000 households will have been reached with a 100 per cent mosquito net distribution. In 2010, a further 5,000 households will be targeted in five of the nine townships. From 2011 onwards, MRCS will make a proposal to receive five-year funding from the Global Fund in collaboration with WHO to conduct a similar programme in ten townships in Southern Shan State.

4. HIV

The HIV activities funded by the International Federation are based in Mandalay division and Lashio township in Northern Shan State and target mobile truck and bus drivers as well as teaching life skills to youth, and care and

support to PLHIV¹² and their families, and orphaned and vulnerable children. HIV activities are also integrated into community-based health programmes¹³ with the main purpose of improving care and support for PLHIV and their families, as well as to reduce the stigma and discrimination surrounding HIV. The activities in Lashio, which focus solely on prevention and information dissemination for truck and bus drivers is planned to move to Taunggyi in Southern Shan State in 2010. This move has been decided in order to cover a wider audience that presently falls outside of the current catchment area.

5. Voluntary non-remunerated blood donation

The MRCS supports the national programme for voluntary non-remunerated blood donation in seven states and divisions with the aim of increasing the number of new voluntary blood donors and regular long-term donors.

6. First aid and safety

The Japanese Red Cross are committed to providing multilateral funding for three years to support the MRCS delivery of first aid training, including cardio pulmonary resuscitation (CPR) for Red Cross volunteers, teachers and communities in selected states and divisions throughout Myanmar. A mid-term review is scheduled for September or October 2009 which will help to guide the MRCS formulation for future planning. The MRCS also conducts commercial first aid training to a wide range of customers including national and international non-governmental organizations with the potential to expand to private companies.

Tuberculosis (TB)

This programme aims to increase community awareness of TB. The national society supports the ministry of health in assisting people affected by TB to obtain early and complete treatment, and to run activities targeting communities identified as having a high treatment defaulter rate. MRCS is one of the partners of the ministry's direct observation treatment, short course (DOTS) initiative. This has received funding from the International Federation in 2005 through the annual appeal; however, this support will now be met by Nargis operation funding and will target all 13 townships covered by the appeal. The MRCS will continue to support the national TB programme in other selected states and divisions in Myanmar.

b) Potential risks and challenges

Recruiting and retaining competent staff continues to be a challenge. There has been a relatively high turnover of staff at the national headquarters in the past 12 months. This high turnover rate may continue due to ongoing demands placed on staff for support needed in the implementation of the Cyclone Nargis operations as well as the move of the MRCS national headquarters to the country's new capital city.

Organizational development/capacity building

a) The purpose and components of the programme

Programme purpose: Increase local community, civil society and Red Cross and Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development/capacity building programme budget is CHF 550,161 for 2010 and CHF 635,694 for 2011.

Programme component: A well structured and better organized MRCS with more competent human resources at all levels for efficient and effective delivery of community-based services to meet the needs of the most vulnerable in Myanmar.

Component outcome 1: MRCS branch capacities in selected states/divisions/townships are strengthened to take a leadership role in implementing humanitarian activities addressing needs of the local communities.

Component outcome 2: MRCS legal base is reviewed and updated and national headquarters capacity strengthened to assist branches in delivering community-based services efficiently and effectively.

Component outcome 3: MRCS capacity to mobilize, develop and manage Red Cross youth and volunteers in a systematic way is further strengthened.

Component outcome 4: MRCS financial management and resources are strengthened to promote self-reliance and sustainability.

¹² PLHIV (People living with HIV and AIDS)

¹³ The Bilateral Danish community-based health programme (CBHP) based in Sagaing and Mandalay divisions and the Federation-supported CBHP based in Megway division (activities due to start in late 2009)

Component outcome 5: MRCS human resource systems are strengthened to promote improved recruitment, retention and management of staff.

Programme components:

1. MRCS will support and strengthen the capacity of its national network of branches at the state/divisional level and targeted townships. Branch development support will be expanded to cover more branches in 2010 and 2011, following a review conducted in 2009, and branches will be supported to regularly assess vulnerability and capacity, and based on the findings, be supported to take a leadership role in the development and implementation of flexible and responsive programmes in areas where they can demonstrate relevance and impact.

Further promotion of improved coordination between the programme sectors is a priority together with strengthening areas such as dissemination advocacy both internally and externally; branch resource mobilization; and information management. For this, branches will be selected in phases. Supported branches will be selected according to agreed criteria, being defined during 2009. MRCS has also expressed the need for support of construction of branch offices as part of the branch development programme. Many branches currently function from available government offices which affects the independent image of the MRCS. The locations for such offices will need to be determined in discussion with the disaster management and health sectors, to promote increased and more effective coordination, targeting the most vulnerable communities.

2. In April 2009, MRCS outlined an action plan for the revision and update of its statutes including how it intends to consult the International Federation and ICRC in the process. MRCS aims to have its final version of the updated statutes before the end of 2010. This will follow up work carried out during 2007, when MRCS was supported in initiating a process to review and update its legal base, *MRCS Act of 1959*. As part of this process, the Act was translated into English and shared with the joint commission in Geneva for comments and feedback. The feedback was received by end-2007. In the same year, MRCS was guided in the review process through a leadership forum organized to discuss the Federation integrity policy. Following this, a draft of the revised statutes was compiled by MRCS in 2008 for internal discussion within the MRCS leadership. However, due to Cyclone Nargis and the large operations that followed, discussion on the draft was deferred.

Review and update of the MRCS strategic plan is planned to be completed in 2010. The strategy will aim to integrate programmatic issues and support MRCS branches in conducting their humanitarian work with full support. Headquarters will be assisted to facilitate, support and promote regional networks of branches as a means to share knowledge, good practices, resources and technical expertise.

3. MRCS response during the Cyclone Nargis operations demonstrated its capacity to mobilize, organize and deploy volunteers. It also provided an opportunity to identify some of the gaps within MRCS in the management of volunteers. In recognition of the gaps and need for improvement in volunteer management, MRCS will be assisted, based on 'lessons learnt from Nargis' to develop a more coherent and systematic approach to volunteer management. This will include developing a plan of action for the implementation of volunteer policy approved by the MRCS Central Council in 2006. Recruitment, capacity building training, development, supervision and recognition of volunteers will be part of this plan and contribute to promoting the volunteer spirit of MRCS volunteers.

Insurance coverage for just below 7,000 country-wide MRCS volunteers was initiated in early 2009 and a volunteer database to manage volunteer information is being developed to hand over to the MRCS' management in mid-2009. The electronic database will provide MRCS the tool for mobilizing and managing volunteers better.

School and university Red Cross societies will remain as key entry points for volunteers and members. The youth and volunteer development unit will support the school Red Cross development and continue to nurture school children as new Red Cross generations while handing over the key role of youth Red Cross development to the trained Red Cross teachers. Advocacy sessions in schools, universities and institutes for encouraging youth to participate in Red Cross activities remain ongoing.

In 2008 for the first time, the MRCS youth representatives received an opportunity to participate in the General Assembly. Two MRCS youth representatives were supported to attend the World Youth Forum in Solferino. The MRCS youth policy final draft will be approved in the 64th Central Council meeting to be held in July 2009. In 2010 and 2011, MRCS will be supported to clearly define roles for Red Cross youth at different levels of the organization.

4. Between 2007 and 2009, MRCS has been supported by the regional office in enhancing the national society's finance development. In these two years, significant progress has been made in this area. MRCS

financial procedures have been completed as have the regulations approved by the MRCS Central Council in early 2008, and an implementation plan developed which includes developing systems for internal audit.

MRCS implemented these regulations in 2009 and made further progress in finance development with development of an accounting instruction manual for branch offices and finance training plans. A finance project unit within MRCS to manage and report on Nargis operations finance is being developed. This needs to be established and strengthened to speed up implementation and further improve MRCS finance management. Continued participation of the regional finance development delegate will play a key role in the success of the national society's finance development plans.

In the coming years, the national headquarters and branch financial management and reporting systems will be further strengthened and improved to support the decentralization plan of the national headquarters. In 2008 and 2009, MRCS initiated a series of visits to the branches to review their financial management systems. Since many of these visits could not be conducted due to the ongoing Nargis operations, this will now be implemented in 2010 and 2011 with the aim of supporting branches to comply with approved financial regulations and thereby improve branch financial management.

5. In order to attract, retain and effectively manage MRCS staff, the leadership and management will be supported to work towards establishing a staff development plan and system. The system will be integrated within the proposed MRCS human resource policy and procedures initiated in 2007. Following the human resources review conducted in the third quarter of 2008, MRCS has recently re-embarked on facilitating a review and adaptation of some aspects of its human resource system during 2009. This will go some way in the commitment for a standard system to manage all areas of human resources. MRCS has outlined the need for a long-term sustainable policy in relation to remuneration and benefits to staff through eventually adopting a standard approach to salaries and staff benefits. As MRCS has a number of partners from within and outside of the Red Cross Red Crescent Movement, this will be an ambitious task in itself. Likewise, MRCS has outlined the need to develop a human resource plan linked to the eventual phasing out of the Nargis operation, taking into account the legal, financial and management implications of an anticipated reduction in staff numbers.

b) Potential risks and challenges

For MRCS in general, the adequate recruitment and retention of trained staff is a challenge, in part due to the lower rates of salary and/or the disparity of salary scales dependent on the partner agency. As all aspects in organizational development remain cross-cutting, work will continue to disseminate the need for fully integrated planning, programming and inclusion of organizational development support. The upcoming general elections in the country in 2010 may also have some effects on the plans, possibly slowing down implementation and/or postponing some of the plans.

Principles and values

a) The purpose and components of the programme

Programme purpose: Promote respect for diversity and human dignity, and reduce tolerance, discrimination and social exclusion.

The principles and values programme budget is CHF 56,065 for 2010 and CHF 124,863 for 2011.

Programme component: Communication development
Component outcome 1: Communication capacity of national headquarters and selected branches is developed to deliver timely support to the vulnerable with particular focus on emergency responses, and maintain a high public profile and positive image for MRCS.
Programme component: Dissemination
Component outcome 2: Promotion of key national and global advocacy programmes, and humanitarian programming incorporating Movement principles and values in Myanmar, through ongoing communications work.

The MRCS's humanitarian values programme continues to be supported by both International Federation and ICRC. The focus on advocacy and promotion of the national society's humanitarian work, and the values and principles of the Red Cross Red Crescent Movement will continue to be prioritized. In 2009, MRCS received support and entered into a bilateral agreement with the Danish Red Cross for a project on using mass media for health promotion. Australian Red Cross has also extended support to the restoration of family links programme for the next five years. Both these projects will as of now, be led by the communication division of MRCS.

MRCS will be supported in strengthening its linkages with the local and international organizations and media to maintain a positive image for the national society both in emergencies and during normal times.

Programme components:

1. In the coming years, the MRCS communication division will be supported to work closely with the disaster management division to strengthen MRCS communication, particularly during disasters. To achieve this result, communication capacity at the headquarters will be enhanced with the recruitment of adequate human resources and the provision of communication equipment as well as through the training of staff (both at headquarters and selected branches) in communication and reporting during emergencies. The expected outcome is that the national society is able to proactively advocate on behalf of the vulnerable and be able to mobilize adequate support to meet their needs. For this, systems and procedures to strengthen internal and external linkages to maintain a positive image for the MRCS will be developed.

MRCS will be assisted in developing an information management system. The MRCS website was activated in 2008-2009. This will be further developed and more regularly updated to strengthen MRCS communication with different stakeholders. MRCS also has plans to organize information campaigns through volunteers and media, for its events and in emergency situations. These plans will be supported by organizing appropriate technical support from the region.

2. MRCS will work with volunteers, branch members, communities and local authorities to promote the Fundamental Principles and Values of the Red Cross Red Crescent Movement. MRCS will continue to develop a pool of trainers at the state/division and township levels with the skills and capacities to organize and conduct dissemination activities. An estimated 600 volunteers will be targeted to participate in induction and orientation training on the Red Cross Red Crescent Movement and its Principles and Values in 2009. Related humanitarian values issues including non-discrimination, diversity and inclusive programming will be addressed through the disaster management and health programme sessions. In coordination with ICRC, MRCS will also be supported to initiate work on reducing the misuse of the Red Cross emblem. These issues will also form part of the basic, standard and advanced courses for branches under the branch development programme. This will assist with implementation on a more regular and structured basis.

To guide the programme sectors and branches in integrating dissemination programmes, a training-of-trainers manual on dissemination will be developed. MRCS will also be supported in reviewing existing dissemination materials and update these before printing, and make available sufficient number of materials to targeted branches.

b) Potential risks and challenges

Funding is currently secured for communication development in the Nargis-affected area through the emergency appeal. This will enable the communications unit to have an increased role through the disaster management programmes. It is important that such support and dissemination benefit other areas across the country and funding is limited to support this. As such, the International Federation has encouraged a level of integration of support through programmes to ensure that the communications role can be supported. The ICRC and the Danish Red Cross will continue to support MRCS communications.

Role of the secretariat

The secretariat's budget for its support role is CHF 100,000 for 2010.

a) Technical programme support

A high level of technical support from International Federation delegates and facilitated consultancies as well as partner national society visits have been made available as part of the Nargis operation which ultimately benefit overall MRCS development. The provision of technical and management support remains a priority of the International Federation as part of its role in supporting MRCS manage the Nargis operations in addition to balancing the commitment to their country-wide projects. As MRCS has seized on the possibility to emerge from the high-profile Nargis operations as a stronger national society being more able to effectively run high quality community programmes in other parts of the country, the International Federation is working intently to promote and support a management and operational plan for this. This area of work, largely seen as the transition planning initiated in late 2008, will continue hand-in-hand with the Nargis operations and factor in both the steps for eventual closing of operations as well as the Nargis operational learning to be folded into MRCS strategic and operational plans. The International Federation will support MRCS in reviewing their strategic plan 2007 – 2010 in late 2009. This will be a significant time for MRCS to reflect on their overall commitments and outline their

future direction, including their longer term commitment to the delta. The focus on overall organizational and branch development will continue with a renewed emphasis through the International Federation, on integrated service delivery. A priority within service delivery is to revisit some of the identified organizational weaknesses prior to the Nargis operations with the view of challenging them during the delivery of Nargis, such as financial management and report writing.

In the country-wide plan, support will be available primarily through the health, disaster management and organizational development delegates. While there is a potential to capitalize on such technical capacity to build MRCS capacities, the focus looks set to remain on the Nargis operation until the end of 2009. As such, it continues to be important to work with MRCS in identifying where cross-linkages can be made and a transition process has been established with MRCS leadership and management to support this process during 2009. MRCS will continue to need technical support to manage an eventual exit from the high level of Nargis operations and support will continue to be available from the Federation Southeast Asia regional office in Bangkok. It is expected that a transition, including an exit plan for operations, will be identified during 2009 with an emphasis on how MRCS operations in the delta will be informed by the overall strategic approach of the national society.

Technical support is provided to define the overall approach in the area of disaster management. The disaster management delegate is supporting the response preparedness and community risk management programmes, promoting and facilitating the link between policy and delivered community activities. The disaster management review conducted in April 2009, outlines a structural approach to the MRCS operational plans and a disaster management policy will be supported in 2010. Ongoing support will be available for adapting training manuals, support the re-establishment of a country-wide national disaster response team (NDRT) and response systems through an MRCS emerging contingency plan. Support in the areas of shelter and SPHERE standards will be offered and supported by the regional and zone offices.

The health and care delegates provide technical support to the further development and elaboration of community-based health and first aid (CBHFA); specifically using learning from the community activities under the Nargis response to strengthen community practices in targeted areas. Both health and disaster management divisions will work together to support and promote integrated delivery of public health in emergencies. MRCS will be supported to facilitate a health forum later in 2009 with the intention of inviting key partners to participate, paving the way for MRCS to revise their health strategy. Water and sanitation elements will be gradually introduced with the support of in-country and regional expertise.

Supporting MRCS to review and outline a streamlined approach to an overall monitoring and reporting system will continue to be a priority. This will capitalize on both a review conducted pre-Nargis and the investment of a Danish Red Cross-supported consultancy under the Nargis recovery operations.

The organizational development support and emphasis on an overall capacity building approach will continue to be significant. Support will be provided through the organizational development delegate, expected to begin by September 2009, and the high involvement by the regional and zone offices. Support will be facilitated on strategic planning, cooperation modalities, finance and human resource development, volunteering and overall good practice approaches to branch development and transition from large-scale emergencies.

Permission to travel to MRCS project activities outside of Yangon continues to be granted, albeit, that the request takes up to ten weeks for approval. This brings about its own limitations for the International Federation to provide regular monitoring support and provide technical input into project development. In the Nargis-affected area, this is tempered by the fact that the International Federation's three locally-employed field officers at headquarters level travel continuously to the field and are important links to the hubs for programme coordinators, while coordinators and their MRCS counterparts at headquarters are also able to communicate with technical teams in the nine hubs via email thanks to Internet installations set up recently. While Internet connectivity faces disruptions, it still serves as an important channel of communication. For country-wide activities, project staff are increasingly spending time visiting project sites to increase the level of monitoring and support available from headquarters.

b) Partnership development and coordination

Coordination meetings take place on a monthly basis with the three in-country bilateral partners: Danish Red Cross, French Red Cross and Japanese Red Cross. Work will continue to promote harmonized approaches to working with MRCS, with partners being committed to overall capacity building of the national society. This will be further effectively encouraged through MRCS commitment to review partnership cooperation models during 2010. The International Federation will continue to work with Movement and external partners, on the existing commitment, to enable joint support for specific interests. Areas outlined include disaster risk reduction (DRR), community-based health approaches and organizational areas for capacity building, namely branch development

and human resource and volunteer development. Following the Cyclone Nargis partnership meeting held in Yangon, Myanmar in February 2009, the MRCS leadership agreed that the next meeting with partners should be scheduled during the first months of 2010. The positive relationships with its partners remain a key priority and the schedule and location of the 2010 meeting will be discussed later in 2009.

MRCS continues to nurture and manage a number of bilateral and multilateral partnerships. This includes strong relationships with external agencies, particularly UNICEF, UNFPA and Burnet Institute who all work with the national society in regard to delivering HIV projects in various areas throughout Myanmar. The Mentor Initiative has also partnered with MRCS by increasing technical expertise in malaria. The Austrian Red Cross has indicated their interest in assisting the national society to further invest and build capacities in the area of water and sanitation through technical and financial investments. The International Federation has provided the MRCS with much support in the field of water and sanitation throughout the delta region. Likewise, ICRC has been working with the MRCS to provide water and sanitation in Dedaye township and the sub-township of Amar which were hit by Cyclone Nargis, and have also provided training and provision of information, education and communication (IEC) materials for PHAST¹⁴. This has increased capacity of the national society staff which will reap benefits for any future water & sanitation initiatives throughout the country.

The Danish Red Cross is working with the MRCS on a new project which will provide health education through the mass media. The International Federation also provides support through the regional communications delegate based in Bangkok. The project started in 2009 and is for an initial two years.

c) Representation and advocacy

The International Federation continues to be involved in bi-weekly inter-agency standing committee (IASC) and sector cluster meetings, also regularly held in the delta. The coordination structure of the cluster system will transform into the new structure of the recovery coordination centre during 2009 and the recovery working groups described in the Post-Nargis Recovery and Preparedness Plan. This consolidated structure, along with a revised format for information sharing and meetings, has been developed to better respond to the recovery phase of interventions in the Cyclone Nargis-affected areas. MRCS is being supported and encouraged to directly participate and be represented during inter-agency forums, which, in 2009, has included the OCHA-facilitated IASC country-wide contingency planning process. MRCS is increasingly involved in sector forums and the continued exchange of information on services and activities will be promoted. ICRC continues to support the MRCS efforts in advocacy and dissemination activities both at headquarters and the branch level, which are expected to increase through targeted dissemination activities across the country with support of volunteers as well as the G1¹⁵s and 2IC¹⁶s.

Promoting gender equity and diversity

MRCS will be supported to address issues related to gender equity and diversity. The MRCS programme divisions generally consider gender balance in terms of selecting Red Cross volunteers for training and implementation of programmes. In terms of delivering Nargis programmes, consideration for women has been consciously promoted in a number of ways: composition of village tract recovery committees (*see First Year Report – page 6 for more info*); pond rehabilitation activities in the water and sanitation programme include the provision of access to cleaned ponds for the benefit of women who predominantly collect water for the home; women feature significantly in the men/women ratio for cash-for-work project beneficiaries. Work remains for 2010 and 2011 to address how MRCS works with and promotes gender diversity among its staff, volunteers and community members participating in Red Cross activities. Both the branch development programme and the transition process will contribute towards this. Work will be supported both through the human resource development and volunteer recruitment to seek ways to promote an increased involvement of women in MRCS work. Through the Nargis recovery operation and early warning preparedness, communication messages have been adapted to better contextualize information for community users. MRCS will continue to be encouraged to promote equity and diversity to key decision-making positions.

Quality, accountability and learning

MRCS is committed to and has initiated work to develop an overall programme approach focusing both community-based health and first aid (CBHFA) and community-based disaster risk management (CBDRM) on

¹⁴ PHAST (participatory hygiene and sanitation transformation) is an approach to increase community ownership and participatory planning of water and sanitation initiatives).

¹⁵ Grade 1 staff officers of Red Cross Brigades – these officers hold the highest rank in the volunteer system of the states and divisions, and are members of the MRCS state & division supervisory committees.

¹⁶ The second-in-command who is the leader of a township Red Cross volunteer brigade

increased community-level activities, which will improve their way of working as a national society, with increased effective programmes based on beneficiary needs. A concerted effort towards accountability to beneficiaries in the Nargis operation is evident in the installation of information boards and mail boxes in villages, together with the complaints or appeal procedure for beneficiaries to use if needed.

There has been a significant investment into reviewing and developing a comprehensive monitoring and evaluation approach, as part of the Nargis recovery effort - supported by Danish Red Cross. Such a process, while initially focused on improving the monitoring and reporting of activities within the delta, will in time also serve as a capacity-building initiative which benefits MRCS's overall approach to improved planning and reporting. Furthermore, the monitoring and reporting support will enable MRCS to demonstrate the impact of its recovery operations through an identified resilience profiling. Some of the key tools have already been taken up for use with MRCS in its work outside the delta. Further work will commence in 2009 to capitalize on learning generated from the monitoring and reporting systems utilized for the recovery activities with the objective of supporting MRCS to develop a strengthened overall monitoring system. Again, MRCS will benefit from its membership in the Global Alliance on HIV which will promote a harmonized monitoring and reporting system.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> • Myanmar Red Cross Society: Dr Tha Hla Shwe, president, e-mail: mrcs-pres@redcross.org.mm, phone: +951 383 681, fax: +951 383 685. • Federation country office, Myanmar: Bernd Schell, head of country office, e-mail: ifrcmm01@redcross.org.mm, phone and fax: +951 383 686 383 682. • Federation Southeast Asia regional office, Bangkok: ph: +662 661 8201 fax: +662 661 9322 <ul style="list-style-type: none"> ○ Alan Bradbury, head of regional office, email: alan.bradbury@ifrc.org, ○ Andy McElroy, regional programme coordinator, email: andy.mcelroy@ifrc.org, • Federation Asia Pacific zone office, Kuala Lumpur, fax: +603 2161 0670: <ul style="list-style-type: none"> ○ Jagan Chapagain, deputy head of zone, email: jagan.chapagain@ifrc.org, phone: +603 9207 5700 ○ Penny Elghady, resource mobilization and PMER coordinator, email: penny.elghady@ifrc.org, phone +603 9207 5775 	

[<map below; click to return to title page>](#)

MAAMM002 - Myanmar

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	14,500	207,218	50,528			272,246
Land, vehicles & equipment	3,000	2,604	5,000			10,604
Transport & Storage	52,000	14,779				66,779
Personnel	106,240	171,640	316,057	21,512	93,500	708,949
Workshops & Training	83,285	233,249	111,261	6,620		434,415
General Expenditure	20,250	131,155	31,555	24,289		207,248
Depreciation						
Contributions & Transfers						
Programme Support	19,415	52,879	35,760	3,644	6,500	118,199
Services						
Contingency						
Total Budget 2010	298,690	813,524	550,161	56,065	100,000	1,818,440

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	14,500	173,177	50,528			238,205
Land, vehicles & equipment	5,000		5,000			10,000
Transport & Storage	66,535	24,458	8,535	8,535		108,063
Personnel	195,240	398,837	379,597	76,052		1,049,726
Workshops & Training	64,396	230,534	108,261	6,620		409,812
General Expenditure	30,949	143,811	42,453	25,540		242,753
Depreciation						
Contributions & Transfers						
Programme Support	26,182	67,490	41,320	8,116		143,108
Services						
Contingency						
Total Budget 2011	402,802	1,038,307	635,694	124,863		2,201,666

