

# Tsunami two-year progress report: Myanmar



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  
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*Boat-building in progress*

## Executive summary

In Myanmar, the tsunami killed 61 people and affected between 10,000 and 15,000. The Myanmar Red Cross Society (MRCS) as the country's leading disaster response organization demonstrated its reach and effectiveness distributing relief to 3,000 people, providing first aid to many more as well as putting families in touch with missing loved ones. Once the initial rush was over the national society contemplated the need to be better prepared in future for emergencies and pre-positioned 8,500 family sets ready for quick distribution.

The disaster demonstrated to the national society the need for scaled-up community initiatives to reduce vulnerability, particularly around pre-existing plans in health and hygiene promotion, water and sanitation, community-based disaster management as well as new initiatives around water safety and life-guard training.

MRCS, with its strong tradition of committed and effective volunteers, undertook to further build the competency of

its key resource and this has been apparent in all programme approaches.

Essentially for MRCS, the tsunami operation has been and remains an opportunity to reinforce its competency in strong areas as well as to fill gaps revealed by its past performance.

During 2006, the tsunami recovery strategy was incorporated into the established capacity building support provided to MRCS. Programmes are fully funded for 2007. The capacity building support falls within a broad framework incorporating:

- Disaster risk reduction
- Sustainability
- Community participation
- Communication & advocacy
- Quality & accountability
- Coordination & collaboration
- Organizational development
- Organizational learning

It is unclear what impact the major changes within the national society leadership in October 2006 will have on programme implementation around the tsunami operation. The Federation stands ready to support, advise and mentor the new leadership to maintain their national society's existing momentum and hopefully even increase the potential impact of programming.

## Background/Operational context

Myanmar remains a country vulnerable to natural disasters. This was amply demonstrated on 28 April 2006 when Cyclone Mala struck many townships in the Rakhine state and Ayeyarwaddy divisions. Once again MRCS was central to the response. The cyclone was the most destructive to hit the region in 50 years. USD 6.7 million worth of damage was reported to industrial infrastructure alone. The cyclone was just one of many

hazards. The Department of Meteorology and Hydrology reported 200 earthquakes in 2004 and more than 300 in 2005. In January 2006 alone, there were 28 tremors.

The government's release of new Cooperation Guidelines for International Organisations, INGOs, and NGOs created much discussion. The impact of these guidelines has yet to be fully realised. Initial reaction from the international community, led by the UN, has generally been that an understanding of humanitarian principles needs to be safeguarded especially in terms of independence and impartiality.

Indeed, Myanmar remains a challenging context in many respects because of a myriad of internal and external factors. In March 2006, MSF France announced that 'due to protracted difficulty in project activities implementation' it was closing its offices in Myanmar. Such developments make the MRCS' role as a leading humanitarian actor in the country – with nationwide reach – even more crucial. For many organizations, access to programme areas remains a genuine issue, especially in the eastern states.

In 2006 world attention was drawn to Myanmar as Ibrahim Gambari, the UN undersecretary general for political affairs visited the country. He was the first senior UN official permitted to visit for over two years. Mr Gambari met with senior government officials and was also allowed rare meetings with Aung San Suu Kyi. In a statement, UN Secretary-General Kofi Annan said that this was a 'potentially important opportunity to assess developments in the country first hand, and to see what more can be done, including by the United Nations....' Mr Gambari briefed the UN security council after his initial visit, only the second time that Myanmar has been a subject of such a briefing.

In addition, both the European Union and United States made separate decisions to extend sanctions against Myanmar for another year. Meanwhile, a UN report announced a significant drop in opium poppy cultivation worldwide (22% in 2005) and attributed the decline to cutbacks in the three main source countries of Myanmar, Laos and Afghanistan. The report announced: '*Within a few years, Asia's notorious Golden Triangle, once the world's narcotics epicentre, could become opium-free.*'

On the administrative front, ministries finalized the move to the new capital of Naypyidaw signalling the end of Yangon's 120 years as the principal city. The MRCS branch near the new capital is already acting as a useful communication link for MRCS headquarters and Movement partners.

The international media continued to report extensively on the concerns of UN human rights investigators and NGOs regarding the continuing stream of Myanmar refugees arriving in border camps in neighbouring Thailand.

The cost of living continued to rise in Myanmar. Public servants welcomed an announcement of increased government salaries in 2006. However, the Asian Development Bank noted that an eightfold increase in fuel prices and a rise in tax revenues have 'prompted higher prices for some basic commodities'.

## Achievements and challenges

### Health and Care

Probably the most significant legacy of the tsunami programming within the first two years has been MRCS' growing competence and confidence in relationship management of partners in respect to the significant humanitarian challenges facing the country.

One current example of this is the national society's public health in emergencies (PHiE) task group. This was initiated in 2005 in the wake of the tsunami to focus on preparation for a potential avian influenza pandemic. It consolidated input from a variety of actors, including government ministries (health and livestock/veterinary issues), WHO, ICRC, Danish Red Cross and other INGOs.

When a threat of an avian influenza outbreak emerged in Mandalay and Saigain divisions, MRCS was integral to the response. One aspect of this was the distribution of 1,000 sets of personal protection equipment to Ministry of Health workers on the ground in the affected areas. Additionally, MRCS organised the avian influenza forum and trained core disseminators in public health in emergencies from 17 states/divisions. RC volunteers were mobilized in all 325 townships throughout Myanmar for distribution of information, education and communication (IEC) materials.

### Key facts and figures

- Immediate relief distributed to 3,060 beneficiaries
- Fishing boats and nets provided to 47 families
- 15,367 people have received water safety and lifeguard training Active volunteer count now stands at 25,000 with a male to female ratio of 13:10

Because the threat of a pandemic remains, the development of longer term initiatives to respond to emergency health situations, such as avian influenza are still being considered, including relevant health trainings and pre-positioning of emergency health kits.

The unprecedented opportunity to work and share perspectives with several partners as a result of the tsunami has sharpened the sense in MRCS that good work was being done but not being captured as well as it should be.

One example of this *not* happening - and a change towards being a better learning organization - is the aftermath of the community-based health care (CBHC) project in Keng Tung. Based on lessons learnt in an Australian Red Cross-supported evaluation and experience from Danish Red Cross (DRC), another, re-modeled CBHC project will be initiated in two townships of Magway division. This will receive the support of Finnish Red Cross.

The tsunami highlighted the need for better community awareness and training in basic water safety and life guard training even in non-disaster times – both along the coast and in riverside communities. Australian Red Cross mobilized training materials to support this initiative. Impressive numbers have been trained as ToTs: 17 in water safety (target 108); and 543 in CBFA (681 target). A total of 15,367 people have received multiplier training on CBFA (target 19,442).

The RCRC's expertise in integrated psychosocial support to affected populations has been brought to bear in Myanmar too and the MRCS organized the first psychological support programme training in July 2006. Regional good practice and approaches have been outlined by the Federation's SE Asian regional delegation in Bangkok. The national society is using this in stress management brochures, posters and a manual that have all been translated into Burmese.

One challenge is the procurement and distribution of materials in support of programmes. For instance, currently the MRCS training division is purchasing and distributing printed materials (books, leaflets, handouts, posters) and first aid kits for trainings and branches all year round. It has been recognized that the logistics unit needs to be strengthened to take over such a responsibility. Coordination of MRCS divisions by the logistics unit through procurement and distribution procedures would significantly increase quality, decrease costs and support effective MRCS health programming and training

### **Disaster Management**

One of the principal influences of the tsunami on MRCS has been a strengthening of its realization that investment in community readiness pays dividends in terms of saved lives and less suffering.

The tale of one MRCS volunteer, who stood firm in the face of the devastating April 2006 tornado, has illustrated how this lesson, clear in the aftermath of the tsunami, continues to be institutionalized – and realized – down to branch level.

U Aung Moe Cho is a living example of the difference that can be made: an MRCS volunteer for 10 years and now a

hero to his community, he helped his neighbours through the most terrifying experience of their lives.

On the night in question, Cho's prompt actions helped protect his neighbours after the storm, which damaged 300 buildings, ripped through Hlaing Thour Yar township, in Yangon division.

'His professionalism and presence of mind were terrific,' said the U Tun Wai, deputy in charge of disaster management in the affected region. 'Cho raised the alarm, via our integrated communications system with the local authorities and police, and immediately went to calm the community and lead efforts for them to evacuate to safer areas.'

Panic was prevented, particularly at a nearby factory where workers streamed out, frightened and dazed. Cho took the lead in calming those most traumatised before additional help arrived from other trained Red Cross volunteers and the authorities.

Disaster preparedness is too often discussed only in the wake of an emergency, which points to a distinct lack of readiness. The story of U Aung Moe Cho represents a welcome change, clearly demonstrating the benefits of the time and effort MRCS has spent working with volunteers to make them better prepared to support their communities in dealing with hazards. The experience of the tsunami operation has been a significant influence in moving the national society further in this direction.

Another example of strengthening national society preparedness is the training of participants from six states/divisions to be part of disaster assessment and response teams (DART). Training has focused on building team leaders' capacities to train their own response groups as well as key MRCS volunteers and their cooperation counterparts from the local authorities. One initial output is summed up by MRCS HQ head of disaster preparedness/response: 'We have never seen such comprehensive reports as the ones emerging as a result of the DART training.'

Although the above cases of the MRCS volunteer and the initial success of the DART training are encouraging, there remains a clear need to develop expert teams in disaster-prone areas to work in unison with national headquarters. The DART programme in the township level response group training is in its second phase. The final first phase induction courses for division level partner authorities and key volunteers were conducted early 2006; the second phase started with training of trainer trainings in August 2006. MRCS will be able to implement 16 of the originally planned 68 trainings. There are many reasons, including the need for the headquarters to ensure that proper financial procedures are followed, which is a challenge. With Federation support the MRCS is being assisted to work on issues related to financial

development, especially ensuring that resources reach the branches.

Six villages in Tharbaung and Hinthada townships in the Ayeyarwady delta have developed their own disaster preparedness plans. This pilot programme is contributing to the development of a new approach to community based disaster management. The main objective is to enhance preparedness and response capacities of vulnerable communities.

The impact on evolving attitudes within MRCS was demonstrated clearly during the response to cyclone Mala in April 2006. MRCS and the Federation promptly coordinated with the World Food Programme, UNICEF, World Vision and others, all of which contributed to a better response to support people affected. Needs assessments were linked and damage reports and requests for assistance were shared. This kind of coordination is now happening almost automatically after disasters with key organizations seeking to harmonize approaches within the first hours.

A countrywide warehouse network is essential in a country the size of Myanmar where transport is difficult. On average MRCS receives requests to assist approximately 10,000 families made vulnerable due to disasters. Immediate relief was distributed to 3,060 beneficiaries as part of the tsunami response. The Federation is now assisting the MRCS in the procurement of 10,000 family kits for future emergencies as part of the disaster management programme.

After the tsunami MRCS has reviewed logistic capacities of the headquarters and plans to establish a second logistic hub in Mandalay. The Mandalay division warehouse is in good condition. There is a plan to ensure that the present building is renovated to support Mandalay as a logistics hub by renovating the existing premises.

## Recovery

The immediate recovery needs of those affected by the tsunami have been met in terms of shelter, food, water and sanitation. MRCS and the Federation also provided fishing boats and nets to 47 families during 2005 and two water transport boats in July 2006. There have also been some significant constraints. The recovery programme which has focused on Kaing Thoug island - the area which had greatest impact from the tsunami - included a plan for the construction of a sea wall and renovation of the school building. One lesson has been that on certain matters of non-Red Cross core competency, it is better to seek external advice from organizations with more expertise. This was one issue that emerged around the sea wall construction project, which is now progressing as a result of objective assessments by external consultants

and the short term engagement of a suitably qualified consultant in Yangon to assist with construction.

## Organizational Development

From 2005-2006, MRCS implemented organizational development and capacity building initiatives aimed at becoming a *Well Functioning National Society*.

For the first time, an **MRCS strategic plan 2007-2010** with a corresponding **2007 operational plan** was developed, providing the national society with clear directions in the next four years.

In mid-2005, a pilot **branch development** programme was implemented assisting the headquarters to provide branches with more direction and support to enable them to provide increasing assistance to the most vulnerable. Seventeen pilot branches were identified and currently headquarters support is being intensified in nine pilot townships. The capacity of 27 volunteer managers to lead the pilot branches was further developed with specially designed *standard and advanced training courses for branch leaders*. MRCS initially recruited eight branch coordinators for the states and divisions. These locally recruited positions have been designed to ensure that the local branches gradually take more responsibility for the cost of the salaries. This is a welcome sign of increasing cooperation between the headquarters and the states/divisions. A timeline on how the branches would assume financial responsibility has been drawn up and will be monitored and evaluated. A HQ-based branch development officer has also been recruited to provide coordination and support. To maximize the benefits and learning of the programme, each pilot branch 'adopted' five nearby townships to scale up the potential impact to ultimately benefit 68 more branches. The branch development programme has also resulted in scaling up of community activities in the pilot branches and supported the conceptualization of other projects such as malaria prevention, and youth projects.

Efforts to update the MRCS financial regulations continue with the NS making moves to improve **transparency and accountability**. The 2003, 2004 and 2005 financial statements were externally audited for the first time and the accounting system is now fully computerized.

While all MRCS divisions are engaged in **capacity building**, the MRCS development coordination unit (DCU) initiated an intensive **monitoring and evaluation training** across divisions involving 18 national staff. The challenge lies in mobilizing them in 2007 to engage in practical project evaluation. The introduction of the **volunteer registration system** in 2005 enhanced **volunteer management** in the areas of recruitment, training, mobilization and recognition. The active volunteer count now stands at 25,000 with a male to female ratio of 13:10. This process allowed for MRCS to

have a clearer idea of its available human resources as it was previously estimated that MRCS had 300,000 volunteers. Awaiting final approval from appropriate government agencies is the **volunteering policy** which will form the development of a **human resources strategy**. The **internal reporting** mechanism was also strengthened with the introduction of forms and guidelines for branches. The branch reporting rate has now increased to 17% from 5% before 2005. Although there is clearly room for improvement in both quantity and quality it is important to acknowledge that the number of reports received has more than tripled in a relatively short period. Further and important work is currently being undertaken to maximise the use of the reports.

MRCS' credentials as a credible and effective relationship manager continued to grow particularly in 2006. The regional organizational development forum in June was followed by the NS 3<sup>rd</sup> partnership meeting in October and there are plans to host another regional forum on voluntary blood donor recruitment in December. These 'international' meetings require ministerial approval before they can proceed, an indicator of the growing gravitas of the national society vis-à-vis the government, particularly when international partnership is concerned. National society development in this respect has been clear since the tsunami struck. This scenario extends to the pilot branches. In the absence of their own branch office they are sometimes housed in ministry of health or township police offices. Five branches have effectively advocated with local authorities resulting in official land grants. Construction of offices is already underway for three branches. The establishment of separate local Red Cross offices will help to improve the image of MRCS in the community.

These developments are indicators that the MRCS is a **'learning organization'** that is open to ideas and change. Examples of this – which occurred in part because of the experience of the tsunami operation – were: (i) engagement with Somali Red Crescent, a fellow tsunami affected country, to exchange approaches and lessons, particularly in regard to community based first aid, disaster management and branch development; (ii), the way MRCS opened up to international partners at its October 2006 partnership meeting. The Federation head of delegation reflected back to the meeting that few, if any, partner national societies present in the room would be so open and allow such scrutiny of their own national society; (iii), engagement with Philippine National Red Cross to exchange approaches and lessons in the development of the MRCS Red Cross youth programme; the sharing by DCU of their branch monitoring comprehensive report that includes issues across divisions in a forum attended by all heads of HQ division; and (iv), the current effort of MRCS to develop case studies of income generation projects to identify lessons learned, key success factors, and challenges to inform on-going and future income generation projects.

## Coordination with other partners and stakeholders

**Red Cross and Red Crescent Movement Coordination:** The Federation has worked with MRCS to maximize the impact of sister society support. The challenge has been – and continues to be – ensuring that this support is not merely a series of separate 'projects' but is more strategic, making a wide-ranging and lasting difference. The Federation further developed this concept during an evaluation of community based health programming, supported by Australian Red Cross. There are many lessons across Myanmar in terms of better approaches to programming and it is clear that a systemized approach to capture these experiences needs to be prioritized. MRCS continues to work with the Federation and partner national societies to ensure that it is not disavowed of the many learning opportunities that have arisen during the tsunami operation.

ICRC has significantly reduced its presence in Myanmar after difficulties in being able to implement its protection work and consequently the tracing programme is being wound down. ICRC support to MRCS programming continued however through CBFA, special first aid for war wounds and the ongoing and successful orthopedic programme. Engagement will continue with the Federation with ICRC hosting a series of facilitated in-services with MRCS' new executive committee and senior management around areas of common interest to the Movement. These sessions were initiated with the previous executive committee and devoted to international humanitarian law (IHL) and the Fundamental Principles. Future topics are planned to include the Seville Agreement and the Integrity Policy.

MRCS has displayed an admirable willingness to be open to new ideas and engagement when working with external partners, such as the government, UN agencies and other actors. The tsunami operation has been a catalyst for some of this evolution of thinking. One example was the MRCS enlistment of a local engineer from the department of irrigation to improve the design of a sea wall being constructed as part of the recovery programme (see above).

The tsunami operation has contributed to MRCS being a more effective partner to government in addressing the major humanitarian challenges facing the country. The national society has been requested to support the development and review of several major initiatives, including the National HIV and AIDS programme which in turn fed into the national society's own approach to HIV/AIDS and the development of preparedness/response to a potential avian influenza pandemic. Collaboration with the National Blood Service is also increasing, especially in terms of the concept of voluntary blood donor recruitment.

A proposed measles campaign, coordinated by UNICEF with substantial American Red Cross funding support has been postponed until 2007. MRCS had been approached to support the social mobilization component.

The support of the international community to Myanmar continues to change in nature. With the shortfall created by the withdrawal of the Global Fund to Fight AIDS, TB and Malaria (GFATM), several governments combined efforts and initiated the Three Diseases Fund. MRCS and the Federation provided perspectives on how this support may best be administered to respond to the unmet needs related to HIV and AIDS, TB and malaria. MRCS also remained active down to branch level in relation to WHO-led initiatives responding to TB.

### **Cross-cutting issues**

The national society's commitment to a stronger approach around programme planning, implementation, monitoring and evaluation has been evident especially since 2005. At the October 2006 partnership meeting, this issue emerged as a dominant theme for all present.

It is important to acknowledge that MRCS has been working on the issues even before this event. An innovative approach to 'live' learning around good practice in the programme cycle was the cornerstone to a project of peer to peer youth education in HIV and AIDS. This was mentored with technical support from the Federation and other partners. Within the national society, the development coordination unit has been acting as the catalyst for better approaches in this regard.

In general, approaches to programming and partnership (as discussed elsewhere) are strengthening, but maintaining momentum is crucial.

### **Outlook**

For 2007 at least, the tsunami programme in Myanmar is fully funded so resources is not the principal issue. Better ways of working, including learning from past partnership and cooperation experiences and maintaining MRCS' clear move to greater accountability are two of the main challenges.

Within the national society itself, the new leadership established in October 2006 is very experienced. The Federation will support this new leadership to further unleash the emerging potential of MRCS as the pre-

eminent humanitarian organization within Myanmar. The Federation's country delegation will be taking the lead Movement role in providing this support and will mobilize resources and expertise from various components of the Movement. The ongoing issue of access to deliver programme to the most vulnerable communities will remain a priority.

### **Learning from relationships to strengthen future approaches**

The MRCS has learned many lessons from past relations; of which partnership is one form. The tsunami operation has in many respects accelerated this learning. Partnerships are ideally based on equality, long-term commitment, and an attitude of mutual learning and respect.

In 2007 and beyond, MRCS will undoubtedly continue to approach this issue from a position of 'humble confidence'. It has a lot to offer partners: reach to vulnerable communities, volunteers, local knowledge, and respect. Significant partners such as the Burnet Institute and UNICEF have achieved much because of MRCS' unique comparative advantage. The MRCS in expressing and promoting its role as auxiliary to government has the potential to present itself as independent as well as being an important humanitarian actor. The acid test remains as always if the national society has freedom to make decisions to support vulnerable people and has the freedom of access to these communities.

Like so many other national societies MRCS is faced with the challenge of resisting too many demands from partners all wanting to use an established set of resources. Partner agendas need to appreciate and support MRCS and be careful that the imperatives of partners do not overwhelm the capacity of the national society. There are some lessons to be learnt on this.

MRCS plans to make better use of its local insight and contribute to future partnership by inputting understanding on why certain issues are the way they are in Myanmar. This is a complex context that requires careful guidance from the MRCS

The cooperation agreement strategy (CAS) process has been accepted and as confidence and commitment grows it has the chance to be used as a tool to promote even better approaches to cooperation. It has the great potential to be a tool to promote more programmatic approaches.

## Contact information

For further information specifically related to the tsunami operation please contact:

### In Myanmar:

- Myanmar Red Cross Society: Dr. Hla Myint (president); email: [mrcshs-ec@redcross.org.mm](mailto:mrcshs-ec@redcross.org.mm); phone: +95.1.383.681; fax: +95.1.383.675
- Bridget Gardner, Head of Federation Delegation; e-mail: [ifrcmm01@redcross.org.mm](mailto:ifrcmm01@redcross.org.mm); phone: +95.1.383.686; fax: +95.1.383.682
- Bekele Geleta, Head of Federation Southeast Asia Regional Delegation; phone: +66 2 6618201; mobile: +66 18215495; email: [bekele.geleta@ifrc.org](mailto:bekele.geleta@ifrc.org)

### In Geneva:

- Johan Schaar, Special Representative for the tsunami operation; phone: +41.22.730.4231; fax: +41.22.733.0395, email: [johan.schaar@ifrc.org](mailto:johan.schaar@ifrc.org)
- Gert Venghaus, Southeast Asia Regional Officer (Myanmar, Thailand, Malaysia); phone: +41.22.730.4258; fax: +41.22.733.0395; email: [gert.venghaus@ifrc.org](mailto:gert.venghaus@ifrc.org)
- Lesley Schaffer, Tsunami Grants Officer; email: [lesley.schaffer@ifrc.org](mailto:lesley.schaffer@ifrc.org)
- Matthew Cochrane, media and public relations officer, phone: +41.22.730.4426; Mobile: +41 79 308 9804; email: [matthew.cochrane@ifrc.org](mailto:matthew.cochrane@ifrc.org)

### In Kuala Lumpur, Asia Pacific Service Centre - phone: +60.3.2161.0892; fax: +60.3.2161.1210

- Igor Dmitryuk, Head of Regional Logistics Unit, ext. 600; email: [igor.dmitryuk@ifrc.org](mailto:igor.dmitryuk@ifrc.org)
- Umadevi Selvarajah, Head of Regional Finance Unit, ext. 140; email: [umadevi.selvarajah@ifrc.org](mailto:umadevi.selvarajah@ifrc.org);
- Jenny Iao, Head of Regional Reporting Unit, ext. 300; email: [jenny.iao@ifrc.org](mailto:jenny.iao@ifrc.org)

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