

# Emergency appeal



International Federation  
of Red Cross and Red Crescent Societies

## Myanmar: Cyclone Nargis

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

This Emergency Appeal seeks CHF 52,857,809 (USD 50.8 million or EUR 32.7 million) in cash, kind, or services to support the Myanmar Red Cross Society to assist 100,000 families for 36 months. The Emergency Appeal will cover the provision of life-saving assistance and short-term relief for 6 months, as well as the medium and longer-term recovery needs that will arise over a longer-term period.

A Preliminary Emergency Appeal of CHF 6,290,909 (USD 5.9 million or EUR 3.86 million) was issued on 6 May 2008 to support the Myanmar Red Cross Society to assist 30,000 families for 6 months. The Preliminary Appeal has been revised and adjusted upwards, in consideration of the humanitarian needs assessed, and of the possibility of delivering high quality disaster response and recovery programmes. To date, more than CHF 17 million has been received in cash and kind contributions to the appeal, with more funding indicated.

CHF 200,000 (USD 190,000 or EUR 123,000) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support the Myanmar Red Cross Society to immediately start assessments of the affected areas, and distribute relief items. Un-earmarked funds to replenish DREF are encouraged.



Shouldering the load: Red Cross volunteers carry the burden of expectation in an often grim landscape (International Federation)

This appeal reflects the International Federation's humanitarian commitment and ability to scale up support to Myanmar Red Cross Society (MRCS) to meet the huge needs as a result of Cyclone

Nargis. It also takes account of various operational constraints as well as seeks to build on in-country capacity and consolidate national society ways of working and expertise.

This revised appeal gives a stronger indication of work within priority areas, building on the preliminary emergency appeal launched on 6 May. However, there remains a significant need to be flexible in light of the challenges around this operation. Myanmar has not experienced a calamity of this scale in living memory nor is the country used to such a high level of international interest and offers of support.

Similarly, the national society, despite its many strengths such as volunteer passion and commitment, does not have the experience or capacity to deal with a catastrophe of the magnitude of Nargis. In light of this, partners are requested to maintain their sensitivity to the probable significant constraints during this operation. In view of this situation, it may be a possibility that this operation requires a further revision to reflect the evolving situation in the coming months.

In addition, it is requested that if the operational constraints prove too difficult to overcome in the case of Cyclone Nargis, that partners agree that the resources pledged could be re-negotiated for use in other related programming.

This operation is complex and challenging but there are issues to report that signal cautious optimism. It must be stressed that operational realities on the ground are subject to change. Meanwhile, the challenge is for the International Federation and its members to apply their many years of international disaster response/recovery experience and remain focused on utilizing the most appropriate means to best meet the humanitarian needs. This appeal builds on the following capacities in place:

- 27,000 committed volunteers, supported by 258 staff, the majority of whom are in the national headquarters from MRCS who continue to put aside personal loss and suffering to help family, friends and neighbours survive and recover from Cyclone Nargis,
- An excellent team line-up of International Federation personnel in key positions in Yangon;
- An International Red Cross Red Crescent Movement effort that has thus far been working well given the constraints;
- A relief pipeline is running effectively given the logistical constraints with 180 tonnes of international relief delivered by 16 May;
- MRSC ability to shift to emergency mode and simplify otherwise complicated bureaucratic procedures;
- A national society that is established through a local branch network in the delta, with capacity and volunteers in place (although obviously hit by Nargis) and with some experience of dealing with international involvement in a disaster (i.e. the 2004 tsunami).

However, there are considerable challenges that are affecting the operation, including:

- The logistics challenges are huge with communications limited, all relief items currently coming by air to Yangon airport, sea/road access (presently under assessment) are currently not practical options, and there is still unknown capacity for local procurement;
- Unfortunately still limited impact on the ground, given the scale of the disaster;
- While distributions are picking up there are still many areas that are not being reached and will likely not be reached by other international agencies;
- Information from distribution points and with regards to beneficiary lists is limited;
- Assessments involving international staff are still limited in geographic scope to inner Yangon and delegates are being asked not get out of their vehicles (the one exception being the head of country office's support to an assessment mission by the MRCS president to the delta);
- Given the limited number of visas being issued, there is the likelihood that only a limited number of international staff will be able to play an in-country support role. In relation to this, the MRCS president has issued a letter to supporting partners providing guidance to sister national societies on sending delegates to Myanmar and has expressed a clear request for longer-term, appropriately skilled delegates to be put forward for consideration to support the

operation.

Taking account of all the above, one of the principal strategic pillars of this operation is the intention to significantly strengthen MRCS's capacity and to train Myanmar nationals in all aspects of the operation. This will require a valuable investment of time but is so far the most feasible option. Partners are requested to support this creative approach in terms of the deployment of goods and equipment.

This approach is in line with the shift in strategic thinking away from 'traditional approaches' that operational managers consider key to strengthen the probability of operational success. The move entails recruiting and training nationals in Yangon in basic relief management who are then deployed to ten agreed hubs in the delta, each hub serving one to three MRCS branches. Once on site, each team of two would then recruit and train two more (i.e. total of four per hub) to manage the relief operation from the delta. Initial discussions have begun with a local training company and several suitable university graduates have expressed an interest.

Many partner national societies have already made contributions to the appeal: American Red Cross/American government, Australian Red Cross, Austrian Red Cross, Belarusian Red Cross, Belgian Red Cross/Belgian government, British Red Cross, Canadian Red Cross, Red Cross Society of China - Hong Kong branch and Macau branch, Danish Red Cross/Danish government, Finnish Red Cross/ Finnish government, French Red Cross, Hellenic Red Cross, Icelandic Red Cross, Irish Red Cross. Japanese Red Cross, Korean Red Cross, Luxembourg Red Cross/Luxemburg government, Netherlands Red Cross, New Zealand Red Cross, Norwegian Red Cross/Norwegian government, Portuguese Red Cross, Qatar Red Crescent, Singapore Red Cross, Slovak Red Cross, Spanish Red Cross/Spanish government, Swedish Red Cross/Swedish government, Swiss Red Cross, Taiwan Red Cross Organization, United Arab Emirates Red Crescent and Vietnam Red Cross Society. Contributions have also been received from ECHO, the Andorra, Estonian, Italian and Monaco governments and Total Oil Company. The International Federation, on behalf of Myanmar Red Cross Society, would like to thank all partners for their very quick and generous response to this appeal.

This operation is expected to be implemented over 36 months, and will therefore be completed in May 2011; a Final Report will be made available by July 2011, three months following the end of the operation.

[\*\*<click here to view the attached Emergency Appeal Budget>\*\*](#)

[\*\*<click here to link to a map of the affected area>\*\*](#)

[\*\*<click here to view contact details>\*\*](#)

## Situation

Tropical Cyclone Nargis (which means daffodil in Urdu) struck the mid-south of Myanmar on 2 May. A consequent storm surge (reportedly 3.5 metres in many areas and occasionally 7 metres in some parts- important to note that this is different to a tsunami) caused the most loss of life rather than the cyclone per se. On flat land this phenomenon can be – and has been – devastating. While technology allows cyclones to be 'seen' in terms of wind speed and rain potential, storm surges are much more difficult to predict.

The latest official figures as of 15 May are 43,328 lives lost with 1,403 injured and 27,838 people missing. According to the UN, it is estimated that 2.5 million people are affected.

As this appeal is launched, the International Research Institute for Climate Change and Society, based out of Columbia University in New York, and a partner of the International Federation, is monitoring the increased rainfall on the Ayeyarwady delta.



A typical scene of destruction 30 kilometres from the centre of Yangon. (International Federation)

The potential seriousness of this is obvious with hundreds of thousands of people about to spend their 14th night in the open or makeshift shelters. If the rain comes, the water has nowhere to go as the ground is already saturated and those affected have virtually no means of shelter as their homes are in tatters. If this bad weather occurs it will constitute another development in evolution of this operation, necessitating an adjustment in the strategic approach.

## Red Cross Red Crescent action

As always in such terrible times it was the local Red Cross volunteers, backed up by MRCS staff in Yangon, who were helping people hours before the international audience learnt of the tragedy through the television and newspapers. As reported in the eyewitness account of the International Federation's Myanmar head of country office, the only international humanitarian worker thus far given official permission to visit the Ayeyarwady delta, the Red Cross effort has been heroic in the face of such a tragedy.

'Across rural areas, people have volunteered to work as first aiders despite having lost their homes. Four or five volunteers gave basic first aid to 200 people a day, and at the end of the day they had no homes to go back to,' she reported.

The MRCS has a nationwide network of 324 branches and an on-the-ground presence in most of the affected areas. Its national roster includes 17,800 first aid volunteers, 20 people trained in psychosocial support (PSP), 95 people with water safety skills such as lifesaving, and 1,230 disaster action response team (DART) members trained in assessment and relief activities.

MRCS, supported by the International Federation, has distributed basic relief including pre-positioned shelter and family kits to address emergency shelter needs and other household items. In addition, rice, water and water purification tablets, blankets and clothes have been distributed. A first shipment of International Federation tarpaulins that reached the town of Myaungmya was used to cover the roof of the town's hospital, almost completely blown off during Cyclone Nargis.

However, there have been setbacks with an initial boat-load of relief for 1,000 people being lost after the vessel struck a submerged tree trunk.

Informal psychosocial support (PSP) has also been given, particularly in temporary shelters where thousands of families have gathered waiting for support to rebuild their lives (MRCS has pre-existing capacity and this will be built upon during the operation outlined below).

The work of the Myanmar Red Cross has been supported by that of the International Federation and its member national societies. A number of national societies are supporting the efforts of the MRCS by deploying personnel and assets to the field:



A Myanmar Red Cross volunteer forms part of a human chain loading a truck with drinking water for distribution to displaced people in Yangon. (International Federation)

- The International Federation has deployed field assessment and coordination team (FACT) and regional disaster response team (RDRT) to gather information and develop a plan of action for the operation and to promote a coherent and unified response. There are five FACT members (Danish, Australian, German, Japanese and Spanish) and two RDRT (Malaysian) currently in Myanmar. The remainder of the joint FACT/RDRT is integrated into the Bangkok office and is working in support of team members in the field to coordinate information and prepare this revised appeal.
- The French Red Cross has sent a water emergency response unit (ERU), the first consignment of which arrived on 12 May. A regional delegate working for the French Red Cross arrived in Yangon on 13 May.
- The Malaysian Red Crescent deployed three staff (two of which are RDRT-trained) at the request of the Malaysian government. They have been integrated in the International Federation's logistics unit and will support it for the next ten days. This is in addition to the two Malaysian Red Crescent members mobilized as part of the initial RDRT deployment.
- The Red Cross Society of China has sent a delegation to MRCS along with small quantities of relief items.
- The British and Swiss Red Cross deployed a logistics ERU.
- The German and Austrian Red Cross deployed a water and sanitation ERU.

- The Australian Red Cross deployed a health delegate to support the FACT/RDRT team and who traveled to Yangon on 15 May.
- Two Japanese Red Cross delegates will support operations and be deployed on 16 May.

The International Federation facilitates coordination activities for the Movement and supports information sharing mechanisms, coordination, and security assessments so that national societies working internationally participate in the coordination framework established by the Myanmar Red Cross and the International Federation.

## The needs

Information drawn from on-site assessments and through secondary data indicates that the six divisions of Myanmar were affected by Cyclone Nargis. Most of the affected communities have not received emergency assistance at all and will require the support of the Red Cross Red Crescent. The International Federation and its member national societies will focus their assistance on the most vulnerable, the majority of whom are expected to include women, children, the elderly, people who are physically and mentally challenged, and/or living with chronic illness.

**Table 1: Number of Townships Affected**

District	Total no. of townships	Total townships assessed to date
Yangon District	45	36
Ayeyarwady	26	16
Bago (East)	14	14
Bago (West)	13	13
Mon State	10	10
Kayin	7	7
<b>Total</b>	<b>115</b>	<b>96</b>

Cyclone Nargis and the ensuing tidal surge caused severe damage to the main water sources along the coastal areas. These sources, mainly open water ponds, were contaminated by solid waste, dead bodies, and/or salt water resulting from the tidal surge. The flooding had a severe impact on the existing drinking water supply and sanitation systems, as water distribution networks, wells, springs and hand pumps were washed away or damaged. Due to this damage, the affected population does not have access to clean drinking water. As a result of this, there is an urgent need for potable water and water purification tablets/household filter systems, until distribution systems are restored or rehabilitated.

Cyclone Nargis only compounded existing vulnerabilities in health. Indeed, Myanmar ranks 129 out of 177 countries on the latest UNDP Human Development Report Index. Health statistics indicate low life expectancy (57.8 years for men and 63.5 for women), high infant and under five mortality rates (75 and 105 per 1,000 live births respectively). Access to health services was difficult prior to Cyclone Nargis, and following the disaster, health facilities with inadequate equipment, supplies and capacity, were overburdened with patients. The affected people living in temporary shelters are also at high levels of health risk, given overcrowding, lack of cooking facilities, and in absence of personal hygiene and sanitation items.

A large number of people have lost or are missing family members causing serious mental stress in both children and adults. All affected people have gone through a horrific experience even if they have not lost close family members and the need for psychosocial support, and care for the MRCS volunteers, is a high priority. The MRCS will focus its support on the provision of first aid and psychosocial support, on preventive action and upon request, on supporting some of the 80 health centres in the affected area.

Cyclone Nargis seriously damaged an area known as the "rice bowl" of Myanmar. Government of Myanmar reports confirm that Cyclone Nargis has destroyed an estimated 2.43 million acres of rice paddy fields which produces approximately 1.9 million metric tonnes of rice annually. Some 240,000 cyclone affected households are engaged in agriculture as their primary livelihood and now only source of income. Once a rice exporting area, many farmers in the Ayeyarwady region now produce rice at levels close to subsistence due to the impact of population growth, climate related disasters and the slow introduction of modern methods of farming. Significant short, medium and longer-term food security and livelihood impacts can be expected, not only for the inhabitants of the Ayeyarwady delta and surrounding areas, but also for the broader population of Myanmar. In addition to farming, a host

of other important livelihoods have been disrupted by the cyclone including fishing, small businesses, services and trading.



Displaced: hundreds of thousands of people have been displaced following the destruction of their homes. There are fears of outbreaks of disease as water levels remain high. (International Federation)

### The proposed operation

The main needs are: distributions of basic relief items (such as tarpaulins, mosquito nets, jerry cans, kitchen sets, hygiene and family kits, and shelter kits), emergency health care, psychosocial support, emergency shelter, water, sanitation and hygiene promotion, food security and livelihoods. The plan of action below is particularly sensitive to the rising threat of health problems and communicable diseases.

The Yangon-based team (including some members of FACT/RDRT) has prioritized operational areas based on impact maps and increasingly detailed assessments. This has been strongly supported by the FACT/RDRT operations centre in Bangkok. As such, an appropriate and realistic plan of action has emerged in what will continue to be testing circumstances.

The assessment team has identified the priority sectors below and respective objectives and activities. Three distinct phases of the operation have been established:

**Phase 1:** Acute and short term; up to six months: Focus on survival needs, epidemic prevention and control and scale-up to meet needs for a larger target population while laying the groundwork for early recovery.

**Phase 2:** Medium term; 6 to 12 months: Focus on enhancing operational efficiency and effectiveness for MRCS delivery of services to vulnerable people, volunteer base, and management/branch structures.

**Phase 3:** Longer term 12-36 months: Focus on development/expansion of community-based programmes and activities, and ongoing assessment to identify and support affected households not achieving recovery.

The operation implies a significant scaling-up to reach more families and communities. The MRCS is well positioned to meet an increased caseload of needs, but it requires ambitious, yet realistic and sensitively planned, assistance from the International Red Cross Red Crescent Movement and non-Movement partners. MRCS' unique position in terms of humanitarian mandate, national volunteer base, reach across the country into communities often difficult to reach for other institutions, and its role as auxiliary to the government enables it to provide for larger short, medium and long term needs in the affected areas. This, however, will require a systematic and measured expansion of activities that does not weaken the national society's volunteer base through over-ambitious programming nor risks failure and/or exhaustion of its human resource. It is critical that this operation builds on long term running programmes, the national society's mandate and realistic capacity.

As such, a considered approach has been developed to scale-up (and then down again) without harm. Many lessons have been learnt in recent years about the pressures that can be placed on a national society and the damage that it can suffer as a result of major disaster operations with significant international support. Any organization that experiences going through a massive scale-up and scale-down of operations is vulnerable to damage in both its structure and its culture.

In this International Federation appeal in support of the Cyclone Nargis operation, both strategic and operational lessons will be applied to support a successful operation that meets humanitarian needs while minimising harm to and fostering sustainable growth for MRCS.

Close attention is being paid to lessons from the 2004 tsunami operation in particular. Two key studies are providing particular guidance from an organisational development perspective.

**Lessons in 'organizational development in emergencies':** The strategic organizational development framework for the operation (see [flow chart](#) annexed to this appeal) is drawn from the 2004 tsunami experience. Once activities in the operation are agreed in both the response and recovery phases, the appropriate implementation mechanisms are then determined as well as their life cycle.

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

For other activities, more temporary implementation structures will be adopted to allow the required scale-up and eventual scale-down to occur without damaging MRCS's development or adversely affecting its current systems. As time goes by, some of these activities will cease. Others may be taken over by the MRCS in the future. The strategy for all activities is being carefully considered.

**Lessons in volunteering in emergencies:** MRCS volunteers have already been recognized as the 'humanitarian heroes' of this operation by the International Federation's head of country office. This culture of volunteering, however, could be vulnerable if poor volunteer management practices are implemented over the next three years. Lessons from disaster operations in Indonesia, Pakistan, Philippines and Papua New Guinea around managing volunteer newcomers; avoiding volunteer burnout; providing psychosocial support; and dealing with issues of financial compensation etc will be integral to this operation.

**Focus on local capacity:** In addition, this operation is underpinned by the strategic decision to concentrate on the use of local capacity, with support of MRCS headquarters and a skeleton international staff in Yangon. This takes account of the constraints in place for the use of large numbers of overseas support staff for this operation. For instance, in terms of the water, sanitation and hygiene promotion aspect of the plan, local engineers have been identified as well as MRCS volunteers

appropriate to work on incoming water and sanitation ERUs. From today (16 May), ten engineers from a local company are due to be available for training, with up to 30 on staff later.

**Logistics:** As already mentioned the logistics challenges for this operation remain huge but the team on the ground, in Kuala Lumpur and Bangkok are working hard to overcome the challenges. The primary tasks of the logistics capacity on the ground in Myanmar are:

- Initially to carry out reception of air freight (and subsequently, sea and road freight) of relief goods, arrange warehousing and transportation to distribution points.
- Liaise and coordinate actions with other key actors to ensure that the logistics operation uses all information to be as efficient and effective as possible.
- Assess the possibilities for local procurement of some relief items. All procurement, local and international, mentioned in this emergency appeal will be carried out following International Federation procurement procedures.

The Kuala Lumpur Regional Logistics Unit (RLU) has been able to deploy one logistics delegate (supported by RDRT members) and continues to work on the mobilization of relief items through in-kind donations, pre-positioned stocks owned by national societies in Kuala Lumpur and Dubai RLU warehouses, and further regional and international procurement from International Federation and other suppliers.

A detailed and up-to-date mobilization table is available on the International Federation's Disaster Management Information System (DMIS). The International Federation will be working on mobilizing specific relief items to respond to needs in the field, and donors must coordinate with the Kuala Lumpur Regional Logistics Unit (RLU) regarding outstanding needs. Shipping instructions and mobilization guidelines will be provided to donors from Kuala Lumpur RLU, with a Consignment Tracking Number issued prior to shipping any goods to the operation. Procurement of goods and transport can be arranged through the RLU.

**Goal of the operation: The overall goal of the operation is to restore and improve the lives and livelihoods, and basic living conditions of communities affected by the Cyclone Nargis disaster.**

When a major disaster strikes, it is not only causes serious loss of life and property but also takes away and threatens the livelihoods and future of those who have survived. The operation is guided by the International Federation's Global Agenda Goals and seeks to provide:

- Relief to meet the basic needs of those most affected by the cyclone in a timely manner; and
- Recovery support to strengthen the resilience of the most vulnerable people in the cyclone affected areas.
- Capacity building of MRCS to strengthen its short, medium and long-term human resource base and overall operational effectiveness.

The achievement of these objectives will be measured against the activities and intended results described in the sectoral objectives below. The sectoral objectives have been mapped out over time, using three indicative "phases":

**Objective 1 will be achieved in the acute and short term phase (0 to 6 months):** The focus of the operation will be on meeting survival needs, on preventing and controlling disease outbreaks, and on scaling up to meet the needs of the larger target population whilst laying the groundwork for early recovery. Including elements of recovery in relief, such as the distribution of seed and tools, will help ensure a smooth transition to long-term sustainability. There will also be a focus on well-managed mobilization of new volunteers and staff within MRCS to meet the first scaled-up needs of the operation.

**Objective 2 will be achieved in the medium term phase (6 to 12 months):** The focus during this phase will be on enhancing the operational efficiency and effectiveness of MRCS public services, volunteer base, and management/branch structures. This phase may be extended as detailed assessments are conducted.

**Objective 3 will be achieved in the long term phase (12 to 36 months):** The focus of this phase will be on developing and expanding community-based programmes and activities, on MRCS capacity building, and on providing ongoing support to vulnerable Cyclone Nargis affected households which are not achieving successful recovery.

Whilst relief and recovery interventions will start early and overlap in time, they will complement each other in substance.

The operation is described below under five operational sectors: relief, emergency health and care and psychosocial support, water and sanitation, emergency shelter and food security and livelihoods support. Key programme support functions including logistics, communications and reporting, planning, monitoring and evaluation, have been mainstreamed throughout the sector activity plans outlined below:

- The proposed operation was designed using an integrated and holistic approach.
- The proposed operation was designed using a recovery-based approach.
- The proposed operation will target the most vulnerable but will make assistance available to those who need it the most, regardless of whether they were or were not directly affected by Cyclone Nargis.
- The proposed operation will be implemented through a community-based approach, which is participative in nature and which allows beneficiaries to identify their own needs assessment, design the assistance provided and evaluate its impact.
- The operation will be implemented in coordination with other actors, and will give priority to needs in those areas where other humanitarian actors do not reach.

<b>Relief distributions (basic non-food items)</b>	
<p><b>Objective 1: (Acute and short term phase 0 to 6 months):</b> To ensure that up to 100,000 cyclone affected families receive a package of food and non-food items (NFI) immediately, to help preserve their physical and mental well-being, human dignity and further deterioration of the humanitarian situation whilst preparing the ground for longer term recovery activities (provision of base line data etc.)</p>	
<p><b>Expected results</b></p> <ul style="list-style-type: none"> <li>• MRCS will distribute a one off basic NFI package consisting of blankets, jerry-cans, mosquito nets, kitchen sets, hygiene parcels and other identified assistance to 100,000 cyclone affected families over the next six months.</li> <li>• MRCS will transport and distribute food aid assistance on behalf of other humanitarian agencies (beneficiaries to be identified)</li> </ul>	<p><b>Activities Planned</b></p> <ul style="list-style-type: none"> <li>• Relief items are being sourced from in-kind donations, pre-positioned stock in the Kuala Lumpur and Dubai regional logistics units, and the remainder, a balance of international and local procurement following International Federation procurement procedures.</li> <li>• Immediate recruitment of MRCS volunteers in order to scale up the humanitarian response.</li> <li>• On-going needs assessment and community surveys at the field level.</li> <li>• Identification of specific beneficiaries to be included in relief activities in the affected locations.</li> <li>• Identify community targeting and distribution modalities.</li> <li>• Coordination with other key humanitarian actors.</li> <li>• Establishment of distribution plans in order to inform logistics planning and community liaison.</li> <li>• Registration of identified beneficiaries.</li> <li>• Identification of suitable distribution sites.</li> <li>• Coordination and liaison with affected community leadership and relevant authorities.</li> <li>• Distribution of items to selected beneficiaries (such as 200,000 jerry cans, 200,000 blankets, 100,000 hygiene parcels, 75,000 mosquito nets, 20 rolls of tarpaulin).</li> <li>• Monitoring and beneficiary satisfaction surveys.</li> </ul>

- Re-assessment of humanitarian needs.
- Evaluation of lessons learned to inform future planning.

**Objective 2: (medium term 6 to 12 months):** Ensure that food insecure households in the Ayeyarwady Delta continue to receive regular food assistance whilst refocusing MRCS programming towards recovery (to include livelihoods and food security) and disaster risk reduction activities in order to mitigate the possible effects of the 2009 cyclone season.

Expected results	Activities Planned
<ul style="list-style-type: none"> <li>• Up to 20,000 families continue to receive food assistance in order to maintain an acceptable level of nutritional intake.</li> <li>• A number of hazard specific communities are identified for disaster risk reduction activities (early warning/ cyclone preparedness).</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of food insecure households.</li> <li>• Identification of specific hazards within communities and development of programming to respond.</li> <li>• Replenishment of MRCS relief stocks for 10,000 households at strategic regional warehouses (including 20,000 blankets, 20,000 jerry cans, 10,000 hygiene parcels, 10,000 mosquito nets and 50 rolls of tarpaulin).</li> <li>• Establishment of MRCS cyclone emergency response plan.</li> <li>• Identification and training of key disaster response personnel.</li> <li>• Conduct vulnerability and capacity assessment in target communities.</li> <li>• Ensure integration of other sectoral programming into disaster management (e.g. water sanitation and health and care).</li> </ul>

**Objective 3: (longer term 12- 36 months):** Enhance and expand scope and geographical coverage of MRCS disaster management capabilities.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• MRCS is the premier non-governmental agency for disaster management in Myanmar in terms of scope of coverage and quality of services, and is the preferred partner for international agencies responding to emergencies in Myanmar.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance MRCS contingency stocks to increase to cover up to 20,000 households.</li> <li>• Increasing community participation in disaster risk reduction programming and management.</li> <li>• Advocacy with the authorities for enhanced MRCS role in disaster response awareness at the community level.</li> <li>• Enhance and improve MRCS logistics capacity to support field operations.</li> </ul>

### Community-based health and first aid

**Objective 1 (acute and short-term phase 0 to 6 months):** To reduce the number of deaths, illnesses and impact from disease and public health emergencies.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• 950 MRCS volunteers (50 per 19 townships) are mobilized in the disaster affected areas to provide health services.</li> <li>• MRCS volunteers have received appropriate induction and health technical skills training including water and sanitation and psychological support.</li> <li>• 200 first aid posts established and supported by MRCS with back up from</li> </ul>	<ul style="list-style-type: none"> <li>• Set up and arrange facilities for 200 first aid posts.</li> <li>• Refresher training for existing volunteers in 19 townships (380 volunteers).</li> <li>• Recruit and provide introduction and targeted health related training to new volunteers from 19 townships (total 570 volunteers).</li> <li>• Procure basic first aid materials for first aid posts (200).</li> <li>• Procure additional kits to replenish initial supply (400).</li> <li>• Procure inter-agency emergency basic health kits</li> </ul>

township medical officers.

- Pregnant women are equipped with take-home basic delivery items.
- Access of affected population to basic health services is ensured and the referral system is in place in cooperation with department of health.
- 80 health centres have received equipment and supplies and are functioning under the ministry of health.
- Increased awareness of prevention and danger signs of common illnesses for 100,000 households.
- MRCS has contributed to supply of safe blood for priority patients.
- Reduced malaria (and dengue) morbidity and mortality.
- Reduced transmission of HIV, and care and support provided to people living with HIV and AIDS and their families.
- TB patients complete treatment regimen.
- People with special needs and chronically ill are identified and supported.
- Procurement and distribution of safe delivery kits (480) to pregnant woman from first aid posts.
- Procurement and distribution of mosquito nets (25,000).
- The first aid post volunteers provide community-based health promotion, patient referrals and transportation, support to immunization activities.
- Voluntary blood donor recruitment supported by MCRC volunteers.
- HIV prevention; care, treatment and support; stigma and discrimination activities are supported by MRCS volunteers (including provision of 'care packet').
- MRCS volunteers follow up TB patient compliance at community level.
- Deployment of selected modules and/or healthcare ERU (2-4) to support exiting health system.
- Training of MRCS and department of health local staff to use ERU equipment as required.
- Establish a monitoring and evaluation system involving volunteers and regular field visits by MRCS staff.

**Objective 2 (medium term 6 to 12 months):** To reduce the number of deaths, illnesses and impact from disease and public health emergencies.

**Expected Results**

**Activities planned**

- | Expected Results   | Activities planned  |
|--|---|
| <ul style="list-style-type: none"> <li>• Target groups have access to basic first aid and have increased awareness related to prevention and danger signs of common illnesses.</li> <li>• 2,945 MRCS volunteers trained in community-based first aid including 95 trainers (in addition to the 950 volunteers mobilized in the initial phase of the operation).</li> <li>• Pregnant women are equipped with take-home basic delivery items.</li> <li>• MRCS has contributed to supply of safe blood for priority patients.</li> <li>• Reduced malaria (and dengue) morbidity and mortality.</li> <li>• Reduced transmission of HIV, and care and support provided to people living with HIV and AIDS and their families.</li> <li>• TB patients complete treatment regimen.</li> <li>• People with special needs and chronic illness are identified and supported.</li> <li>• Basic health care ERU is incorporated into the MRCS/ministry of health assets and services.</li> </ul> | <ul style="list-style-type: none"> <li>• 3 CBFA training of trainers workshops for 19 townships (five volunteers per township).</li> <li>• 5 community-based first aid multiplier trainings conducted in 19 townships each with 30 volunteers.</li> <li>• Continuation of running and supplying the first aid posts.</li> <li>• First aid post volunteers provide community-based health promotion, patient referrals and transportation, support to immunization activities</li> <li>• Voluntary blood donor recruitment supported by MCRC volunteers.</li> <li>• Volunteers follow-up patients on TB treatment.</li> <li>• Procure and distribute mosquito nets (according to needs).</li> <li>• HIV prevention; care, treatment and support; stigma and discrimination activities are supported by MRCS volunteers.</li> <li>• MRCS volunteers follow up TB patient compliance at community level.</li> <li>• MRCS/International Federation phase out basic health care ERU activities.</li> <li>• Monitoring activities involving volunteers and regular field visits by MRCS staff.</li> </ul> |

**Objective 3 (longer term 12-36 months):** To reduce the number of deaths, illnesses and impact from disease and public health emergencies.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• The MRCS capacity in emergency health is strengthened.</li> <li>• The capacity on MRCS in community-based health and first aid is increased.</li> <li>• First aid posts are functioning as part of regular MRCS branch activities.</li> <li>• The health promotion and disease prevention activities continue through regular community based health and first aid activities.</li> <li>• Reduced malaria (and dengue) morbidity and mortality.</li> <li>• Reduced transmission of HIV, and care and support provided to people living with HIV and AIDS and their families.</li> <li>• People with special needs and chronic illness are identified and supported.</li> <li>• MRCS has contributed to supply of safe blood for priority patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate first aid post activities into MRCS branch regular health activities in coordination with the local health care system (ministry of health).</li> <li>• Trained community-based volunteers have regular activities in 19 townships integrated in the local branch activities.</li> <li>• Refresher of new health volunteers in community-based health and first aid activities under the normal MRCS training structure.</li> <li>• HIV prevention; care, treatment and support; stigma and discrimination activities are supported by MRCS volunteers.</li> <li>• Continue to support training and activities of MRCS health related programs (public healthy in emergencies, HIV and AIDS, TB, malaria and voluntary non- remunerated blood donor recruitment).</li> <li>• Monitoring activities involving volunteers and regular field visits by MRCS staff</li> <li>• External evaluation.</li> </ul>

**Psychosocial support (PSP)**

**Objective 1 (acute and short term phase 0 to 6 months):** Address the immediate psychosocial needs of the population affected by Cyclone Nargis by providing PSP-related relief and through PSP training of MRCS volunteers and local key persons in PSP including monks and nuns

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• All volunteers involved in the operation are supported, identified and protected by using Red Cross Red Crescent t-shirts, caps, pens, paper, etc.</li> <li>• 500 communities in six divisions have received and are using a PSP community kit.</li> <li>• 500 radios are included in the community PSP kit and are being used for information and education.</li> <li>• 25,000 families in six divisions have received and are using a family PSP kit.</li> <li>• Booster PSP training of 20 PSP volunteers in Myanmar has been carried out and this training is linked to activities in the field.</li> </ul>	<ul style="list-style-type: none"> <li>• Red Cross Red Crescent t-shirts, caps, pens, paper, etc. distributed to a number of volunteers. This includes leaflets on worker care and self support.</li> <li>• 500 community PSP kits purchased, packed and distributed to collective centres, community centres or village leaders</li> <li>• 500 radios purchased and distributed.</li> <li>• 25,000 family PSP kits purchased, packed and distributed to the most vulnerable families.</li> <li>• Booster training for 20 PSP volunteers (three days).</li> <li>• Basic PSP training of 15 volunteers and people invited from each targeted community (teachers, monks, nuns, etc.) from each of the four affected divisions (five days).</li> <li>• Contact with key monasteries and monks established.</li> <li>• Provision of psychological first aid by volunteers to affected community members.</li> <li>• Information sessions facilitated by volunteers dealing with their psychological reactions and grieving process, giving information on psychological reactions following disasters.</li> </ul> <p><i>(Details of activities will be confirmed in due course.)</i></p>

<ul style="list-style-type: none"> <li>• 10 volunteers and community representatives from six divisions (total 60) have been trained in PSP and this training is linked to activities in the field.</li> <li>• MRCS is cooperating with monasteries in supporting the population emotionally especially in conducting funeral ceremonies.</li> <li>• Selected communities receive psychosocial support services.</li> </ul>	
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**Objective 2 (medium term phase 6 to 12 months):** Address the intermediate needs of the population by ensuring cultural and spiritual support, and livelihood possibilities for vulnerable groups, and further PSP training and support to schools.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• Two theatre groups have been engaged and have started to perform in six divisions.</li> <li>• 15 volunteers and community representatives (teachers, monks, nuns, etc.) from six divisions (total 90) have been trained in PSP and are active in the field.</li> <li>• Continued cooperation with monasteries.</li> <li>• Communities empowered to make decisions about activities that will enhance psychosocial well-being.</li> <li>• Vulnerable groups (people living with HIV/AIDS, disabled, single headed households, etc.) have received appropriate support.</li> <li>• Support to a number of schools in renovating/establishing playgrounds.</li> <li>• Support to a number of schools with drawing paper and pens for children – and information leaflets and posters related to health (PSP and hygiene).</li> </ul>	<ul style="list-style-type: none"> <li>• Two theatre groups has been identified, contract/formalities (travel permit, etc.) finalized and performances have started.</li> <li>• Basic PSP training of 15 volunteers and people invited from the community (teachers, monks, nuns, etc.) from each of the six affected divisions</li> <li>• Cooperation with key monasteries continues.</li> <li>• Continued assessment of community resources.</li> <li>• Key beneficiaries for psychosocial support identified and engaged in relevant and purposeful social activities.</li> <li>• Community mobilization meetings conducted where communities make decisions about appropriate activities that will benefit the entire community.</li> <li>• Identification of schools for the programme by gap analysis in cooperation with UNICEF, purchase/production of material and goods.</li> </ul>

**Objective 3 (longer term phase 12-36 months):** Integration of PSP into most MRCS training and facilitate the recovery process by using drama and support creativity for children.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• Two theatre groups have been engaged and develop performances with PSP and health promotion messages.</li> <li>• PSP is integrated in all training activities in MRCS.</li> <li>• Continuation of the PSP livelihood support programme</li> <li>• Continued support to schools - renovating/establishing school playgrounds and material for children</li> </ul>	<ul style="list-style-type: none"> <li>• The two theatre groups develop performances addressing key health and psychosocial messages and perform in all six divisions.</li> <li>• Key relevant livelihood areas identified.</li> <li>• Beneficiaries for PSP livelihood support identified.</li> <li>• Identification of schools for the programme by gap analysis in cooperation with UNICEF, purchase of material and goods.</li> </ul>

### Emergency shelter

#### Objective 1 (acute and short term phase 0 to 6 months):

Procure and distribute emergency shelter kits to 40 per cent of cyclone-affected families (40,000 internationally sourced shelter kits).

Status of population in temporary shelters to be assessed and shelter kit distribution adapted to serve this potentially vulnerable group.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• 40,000 households receive an emergency shelter kit.</li> <li>• Vulnerable groups are targeted and tracked.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate recruitment of MRCS volunteers to conduct assessments and implement operational activities.</li> <li>• Detailed assessment on vulnerable groups.</li> <li>• Development of tracking system for beneficiaries.</li> <li>• Identification and costing of available resources.</li> <li>• Distribution plan and methodology.</li> <li>• Procurement and distribution emergency shelter kits.</li> <li>• Preparation of design for phase two.</li> </ul>

#### Objective 2 (medium term phase 6 to 12 months):

Procure and supply appropriate *sheltering* materials to support 60,000 cyclone affected families - population to re-establish shelter/housing based on damage assessment. Provide technical assistance to identify safe and durable building practices.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• 60,000 households have received shelter support to re-establish housing at place of origin. Assuming houses are built by house owner as existing constructions are wooden or of bamboo frames with bamboo mats as filling and grass as roof cover.</li> <li>• Vulnerable households from the first phase will be re-assessed.</li> <li>• Awareness raised on improved building techniques (e.g. to protect from rain, wind</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed assessment including categories of damage.</li> <li>• Depending on the assessed capacities and needs of the affected communities, appropriate shelter support will be designed.</li> <li>• Introduction of shelter as one of the disaster mitigation activities of MRCS.</li> <li>• Identification of beneficiaries - Focus on the most vulnerable groups: households headed by women, those with no access to regular income, or without valid land tenure).</li> <li>• Identification and costing of available resources</li> <li>• Distribution plan and methodology.</li> </ul>

and floods).	
<p><b>Objective 3 (longer term phase 12-36 months):</b> Divided into two parts: (i) 12-24 months: continue phase 2 (not included below), and (ii) 24-36 months: Identify vulnerable households who have not achieved reasonable status of recovery and provide additional support (included below). Monitor and evaluate the situation.</p>	
Expected Results	Activities planned
<ul style="list-style-type: none"> <li>Households who have not achieved reasonable status of recovery identified and supported (assumption of 5,000 households).</li> <li>Post-disaster population assessed and need for ongoing programmes identified (assumption of 1,000 households).</li> <li>Design and implementation of a disaster risk reduction programme to be defined.</li> <li>MRCS pre-positioning of 30,000 emergency shelter kits as part of future preparedness.</li> </ul>	<ul style="list-style-type: none"> <li>Further distribution of targeted shelter materials.</li> <li>Post-disaster programme impact assessment.</li> <li>Assessment of the situation and the design of a programme according to needs and capacities.</li> </ul>

### Water, sanitation, and hygiene promotion

<p><b>Objective 1:</b> To ensure that the risks of waterborne and water-related diseases have been reduced through the provision of safe water, adequate sanitation and hygiene promotion and education to 100,000 households for six months.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>The access to sustainable safe water and adequate sanitation facilities has improved for 100,000 households.</li> <li>The understanding of household water treatment methods among the affected population has increased.</li> <li>Hygiene practices among the target population have improved.</li> </ul>	<ul style="list-style-type: none"> <li>Immediate recruitment of MRCS volunteers to conduct assessments and implement operational activities.</li> <li>Assessment of the existing situation with a view of the availability of adequate quantities and quality of drinking water; to treat, provide and distribute potable water as well as provide basic hygiene services through two water and sanitation emergency response units. These units can cater for approximately 55,000 people.</li> <li>Provision of potable water to 40,000 families in the affected area with water purification systems - water filters.</li> <li>Provision of water purification tablets for household water treatment for 60,000 households.</li> <li>Provision of jerry cans to 100,000 households, see <i>Relief Budget and plan</i>.</li> <li>Provision of appropriate sanitation for 5,000 families.</li> <li>Training of MRCS staff/volunteers in water and sanitation practices and methods.</li> <li>Training on proper use of water purification tablets, disinfection chemicals, boiling of water, and</li> </ul>

	<p>household filtration capability.</p> <ul style="list-style-type: none"> <li>• Hygiene promotion training for at least 7,000 households</li> <li>• Emergency participatory hygiene and sanitation transformation (PHAST) sessions on safe use of water and sanitation facilities.</li> <li>• Establishment of a monitoring system for hygiene improvement and development of safe water supply and sanitation.</li> <li>• Increase in the capacity of MRCS in hygiene promotion.</li> <li>• Establishment of structures on all levels for the continuation of safe hygiene promotion.</li> </ul>
<p><b>Objective 2:</b> To ensure that the risk of waterborne and water-related diseases has been reduced through provision of sustainable access to safe water and adequate sanitation as well as hygiene promotion and education to 100.000 families in the Cyclone Nargis-affected region for six to 12 months.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities among the affected population has improved.</li> <li>• Access to adequate sanitation facilities among the affected population has improved.</li> <li>• The health status of the population is improved through behaviour change and hygiene promotion activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute water purification tablets to 50,000 families</li> <li>• Conduct a Training of Trainers in participatory hygiene and sanitation transformation (PHAST).</li> <li>• Local procurement of materials and equipment for latrine construction.</li> <li>• Training of 50 community based-volunteers on PHAST and Federation water and sanitation software.</li> <li>• Design and implementation of a hygiene promotion campaign within the affected population focusing on behaviour change and targeting 100,000 families in the affected areas. This campaign is to be linked with the health promotion campaign.</li> </ul>
<p><b>Objective 3:</b> The risk of waterborne and water-related diseases has been reduced through provision of a sustainable access to safe water and adequate sanitation as well as hygiene promotion and education to 100.000 families in Cyclone Nargis-affected region for 12 to 24 months.</p>	
Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Access to sustainable safe water and adequate sanitation facilities among the affected population has improved.</li> <li>• The health status of the population is improved through behaviour change and hygiene promotion activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Handover of duties to local water authorities.</li> <li>• Coverage of areas in need with ongoing distribution of water purification tablets (WPT) and other activities.</li> <li>• Ongoing project with local staff and expatriate supervision and assessments.</li> </ul>

## Food Security and Livelihoods

**Objective 1: (phase 1: acute and short term phase 0 to 6 months)** To provide timely and effective food and livelihood relief to 100,000 Cyclone Nargis-affected households, and to assess, plan and commence implementation of early food security and livelihood recovery activities.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• Continuous and increasingly detailed assessment of relief to meet early recovery needs for food security and livelihoods.</li> <li>• A food security and livelihoods strategy as part of a Recovery Strategic Plan for the operation agreed within four months of the disaster.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate recruitment of MRCS volunteers to conduct assessments and implement operational activities.</li> <li>• Detailed assessments, analysis and strategic planning for food security and livelihood interventions, and as part of an integrated programming approach to relief and early recovery (including baseline survey)</li> </ul>

**Objective 2:** To provide effective food security and livelihood assistance (substitution and re-establishment) to up to 50,000 Cyclone Nargis-affected households as part of an integrated approach to early recovery programming.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• The distribution of appropriate productive assets to 50,000 households within the first 12 months following the disaster.</li> <li>• Food security and livelihood assistance is delivered as part of an integrated approach to early recovery programming (linked to or combined with Red Cross Red Crescent shelter, health and water and sanitation interventions).</li> <li>• Continuous and increasingly detailed assessment, planning, monitoring and evaluation of recovery needs for food security and livelihoods.</li> <li>• A food security and livelihood strategy as part of a Recovery Strategic Plan for the operation is reviewed and revised within 12 months of the disaster.</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement, distribution, monitoring and evaluation of productive assets for livelihood re-establishment (e.g. farming machinery and tools, draught animals and small livestock, seeds/seedlings, fishing boats and nets, food storage and processing equipment, handicraft and small business tools and equipment, market and community assets rehabilitation, etc.)</li> <li>• Detailed assessments, analysis and strategic planning for food security and livelihood interventions as part of an integrated programming approach to early recovery and recovery (including research into community coping mechanisms, livelihood sector studies, case studies and longitudinal surveys)</li> </ul>

**Objective 3: (long term phase 12-36 months):** To provide effective food security and livelihood assistance (strengthening and diversification) to up to 25,000 Cyclone Nargis-affected households as part of an integrated approach to recovery programming.

Expected results	Activities planned
<ul style="list-style-type: none"> <li>• The completion of appropriate food security and livelihood-strengthening projects for around 25,000 households within the three years following the disaster.</li> <li>• Food security and livelihood assistance is delivered as part of an integrated approach to longer term recovery programming (linked to or combined with Red Cross Red Crescent or partner shelter, health and water and sanitation interventions).</li> <li>• Continuous and increasingly detailed assessment, planning, monitoring and evaluation food security and livelihood interventions (including programme impact evaluation).</li> <li>• A food security and livelihood strategy as part of a Recovery Strategic Plan for the operation is reviewed and revised annually and includes clear objectives and outputs for MRCS capacity building in these sectors.</li> </ul>	<ul style="list-style-type: none"> <li>• Planning, implementation, monitoring and evaluation of food security and livelihood strengthening and diversification projects (e.g. home gardening, small enterprise development, access to credit, vocational and skills training, livelihood sector studies, community assets and infrastructure rehabilitation, etc.)</li> <li>• Procurement, distribution, monitoring and evaluation of productive assets</li> <li>• Detailed assessments, analysis and strategic planning for food security and livelihoods interventions as part of an integrated programming approach to longer-term recovery and disaster risk reduction (including research into community coping mechanisms, livelihood sector viability studies, beneficiary impact case studies and longitudinal surveys)</li> <li>• Training, coaching and support to MRCS in technical competencies and project cycle management (including vulnerability and capacity assessment, participatory rural appraisal, market assessment, cash transfer programming, etc.)</li> </ul>

### Coordination and partnerships

At both country and regional level, the International Federation has been an active member of inter-agency standing committee (IASC) coordination efforts, and various cluster meetings as well as representing MRCS and all member national societies at various ambassadorial and ministerial briefings. There has been full participation in relevant IASC and cluster meetings at Geneva and New York levels. The International Federation has taken a clear role to support the MRCS in its coordination of the Movement partners in support of this operation (see section on Federation capacity).

The Federation has taken on the role of convener of the shelter cluster, with support from UNHCR in response to the huge needs on the ground. OCHA has welcomed this commitment. A strong direction has already been provided in-country as well as at regional level on this issue. Along with standardizing specifications for a common shelter kit as the primary item of shelter relief assistance, the cluster is also addressing the issues of temporary resettlement and the promotion of safe shelter. Two specialists from the International Federation secretariat's shelter department have been leading the support effort from Bangkok, while FACT and other in-country team members have been supporting the process in Myanmar.

Cooperation with ICRC thus far has been excellent, in general, and on specific issues such as water and sanitation capacity and warehouse space, at all levels (country, regional and Geneva). ICRC will remain a key partner throughout this operation.

## **Capacity of Myanmar Red Cross Society (MRCS)**

**Disaster management:** MRCS has long experience in emergency response and has recently moved towards a more holistic approach to disaster management including strengthened preparedness, contingency planning and support of community risk reduction. Some of the value of that shift has been seen in the early response to Cyclone Nargis with pre-positioned shelter kits (comprising tarpaulin and tools) and family kits (comprising clothing, and cooking utensils) being distributed from warehouses.

MRCS has many years experience in humanitarian activities and is one of the country's leading humanitarian organizations. This was shown during its response to the Cyclone Mala disaster of 2006 and Cyclone Rakhine of 2004, albeit much smaller undertakings than this operation. The national society focuses its work via three core strategies to: promote health; prevent diseases; and render services to those who are in distress. Its overall humanitarian objective is 'to alleviate human suffering'.

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

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

To meet the challenge of effective disaster response, MRCS acknowledges the value of preparedness. It has developed a capacity building programme to strengthen skills and resources of its staff and volunteers at national, state and division, and township levels. This enables it to respond to the need of the affected populations at all times. Disaster assessment and response teams (DART) have been established at national headquarters and in all 17 states and divisions, including the five affected by Cyclone Nargis. The establishment of DART at the township level will further strengthen the capacity of MRCS disaster response for the future.

In addition to the development of skilled human resources across the country, MRCS has also been involved in the contingency planning with authorities and other agencies, which included the pre-positioning of stocks used in this emergency. MRCS is cognizant of the need to pre-position food and non-food relief items for prompt dispatch in times of disaster and has warehouses in all 17 states and divisions supported by centralized logistics systems.

**Health:** MRCS supported 1.76 million beneficiaries in 2007, indicating that the national society has existing programmes and the capacity to manage and implement community-based health activities on a significant scale. According to 2007 figures, MRCS reports 24,000 volunteers trained to provide health-focused services. Many of these would be solely trained in community-based first aid (CBFA).

In terms of community-based water and sanitation, MRCS has some experience through existing programmes but capacity is limited.

Key health issues to consider during the operation are:

- Basic water and sanitation programming, including hygiene promotion and environmental health, remains a priority. This includes the restoration of water and sanitation facilities in health facilities and schools.
- Prevention of diarrhoeal diseases particularly among children; basic preventive messages, access to safe water and sanitation, and access to re-hydration in the case of dehydration due to diarrhoea is vital.
- Lower respiratory infections kill many children and these children are at high risk in crowded situations. Basic hygiene and 'danger symptoms' in children need to be highlighted in messages.

- Continuation of services in support of people who are receiving HIV or TB treatment: MRCS health volunteers can play a key role in reaching people at community level because the volunteers are from the communities and know their people. The volunteers also know who are the most vulnerable, who have disabled children, who is pregnant, etc. Volunteers can also help transport/refer people to relevant health facilities.
- Pregnant women needing an ante-natal check up – potentially high risk pregnancies may not be spotted.
- Secure access to safe blood wherein MRCS continues to support donor recruitment.
- Access to basic drugs needs to be quickly assessed via knowing the extent of damage to health facilities. This is not a regular activity of MRCS but will be considered if a gap is identified.
- Provision of basic first aid, including materials needed to re-fill kits.
- Psychosocial support (PSP) at the community level as the most painful losses experienced are those of people rather than property or possessions. A major lesson from the tsunami operation was not to forget about this aspect of support. MRCS has had a training of trainers in psychosocial support programming and there is a core group of an estimated 46 trained people who potentially can be mobilized.

### **Capacity of the Federation**

The International Federation has a well-established, if relatively small, team in-country, based in the city of Yangon. The International Federation has been present in Myanmar since 1993 and has good and frank relations with the national society and authorities. The head of country office is supported by a health delegate, and an organizational development delegate as well as an able local team. The size of the in-country International Red Cross Red Crescent Movement team varies daily but does at the time of the appeal writing, stand at 23, including pre-established French Red Cross and Danish Red Cross representatives, who have long-term bi-lateral programmes supporting MRCS.

The International Federation has taken a clear role in-country to support MRCS in coordinating Movement resources and personnel. This is based on the good relationship established between the International Federation team and MRCS in-country, and with relevant authorities. This has facilitated Red Cross operations on the ground and has been maintained through regular meetings and information flow. The International Federation teams across all levels (in-country, regional, zone and Geneva) have provided key guidance and information to all Movement partners on a regular basis (through written information, email and phone conference calls) to ensure they have the latest information and guidance about how best to support and work in relation to this operation.

Sister national societies within Southeast Asia (including Malaysian Red Crescent and Thai Red Cross) as well as partner national societies present in the region (including American and German Red Cross, in addition to Danish and French Red Cross already mentioned) have indicated support. Several members across the wider International Federation network have also been proactive in seeking information and avenues of appropriate support to MRCS and its work with affected communities.

The Southeast Asia regional office, based in Bangkok, is the first line of outside support, under a head of office with a team including specialists in disaster management, health, human resources, planning and communications. Secretariat colleagues in the Asia Pacific zone office in Kuala Lumpur (primarily in disaster management, logistics and resource mobilization) and Geneva are also coordinating support.

### **Communications and advocacy**

The communications capacity of MRCS is relatively limited although the national society has an energetic record in communicating internally and with communities around issues of vulnerability. During the operation, the communications unit will concentrate on key messages of vulnerability as well as work with the national society's monitoring and evaluation unit to communicate key messages and lessons learnt to reduce vulnerability. The in-country Federation team will support this effort. The secretariat will continue to handle the huge media interest in the disaster.

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

## Budget Summary

See attached budget (Annex 1) for details.

Thomas Gurtner  
Director,  
Coordination and Programmes Division

Markku Niskala  
Secretary General

[Appeal budget and map below; click here to return to title page](#)

## How we work

*All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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## REVISED APPEAL BUDGET SUMMARY

Myanmar:Cyclone Nargis

MDRMM002

	ORIGINAL	REVISED	VARIANCE
<b><u>RELIEF NEEDS</u></b>			
Shelter	1,800,000	12,144,000	-10,344,000
Clothing & Textiles	150,000	2,832,000	-2,682,000
Food	0	3,000,000	-3,000,000
Water & Sanitation	0	5,500,000	-5,500,000
Medical & First Aid	0	2,345,457	-2,345,457
Utensils & Tools	1,200,000	2,696,800	-1,496,800
Other Supplies & Services	1,200,000	2,935,529	-1,735,529
<b>Total Relief Needs</b>	<b>4,350,000</b>	<b>31,453,786</b>	<b>-27,103,786</b>
<b><u>CAPITAL EQUIPMENT</u></b>			
Vehicles Purchase	280,000	500,000	-220,000
Computers & Telecom Equipment	10,000	458,325	-448,325
Office/Household Furniture & Equip.	0	65,000	-65,000
<b><u>TRANSPORT, STORAGE &amp; VEHICLES</u></b>			
Storage - Warehouse	50,000	300,000	-250,000
Distribution & Monitoring	100,000	1,010,000	-910,000
Transport & Vehicles Costs	500,000	5,036,000	-4,536,000
<b><u>PERSONNEL</u></b>			
International Staff	372,000	4,650,000	-4,278,000
Regionally Deployed Staff	30,000	90,000	-60,000
National Staff	50,000	1,176,900	-1,126,900
National Society Staff	50,000	3,105,600	-3,055,600
Consultants	0	102,000	-102,000
<b><u>WORKSHOPS &amp; TRAINING</u></b>			
Workshops & Training	0	84,000	-84,000
<b><u>GENERAL EXPENSES</u></b>			
Travel	30,000	622,240	-592,240
Information & Public Relations	0	8,500	-8,500
Office running costs	30,000	559,000	-529,000
Communication Costs	30,000	185,700	-155,700
Other General Expenses	0	15,000	-15,000
<b><u>PROGRAMME SUPPORT</u></b>			
Programme Support - PSR (6.5% of total)	408,909	3,435,758	-3,026,848
<b>Total Operational Needs</b>	<b>1,940,909</b>	<b>21,404,023</b>	<b>-19,463,113</b>
<b>Total Appeal Budget (Cash &amp; Kind)</b>	<b>6,290,909</b>	<b>52,857,809</b>	<b>-46,566,899</b>
<b>Less Available Resources</b>		<b>17,600,348</b>	
<b>Net Request</b>	<b>6,290,909</b>	<b>35,257,461</b>	

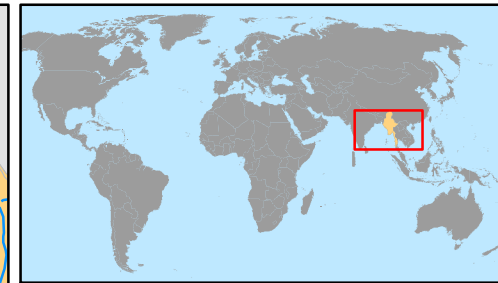
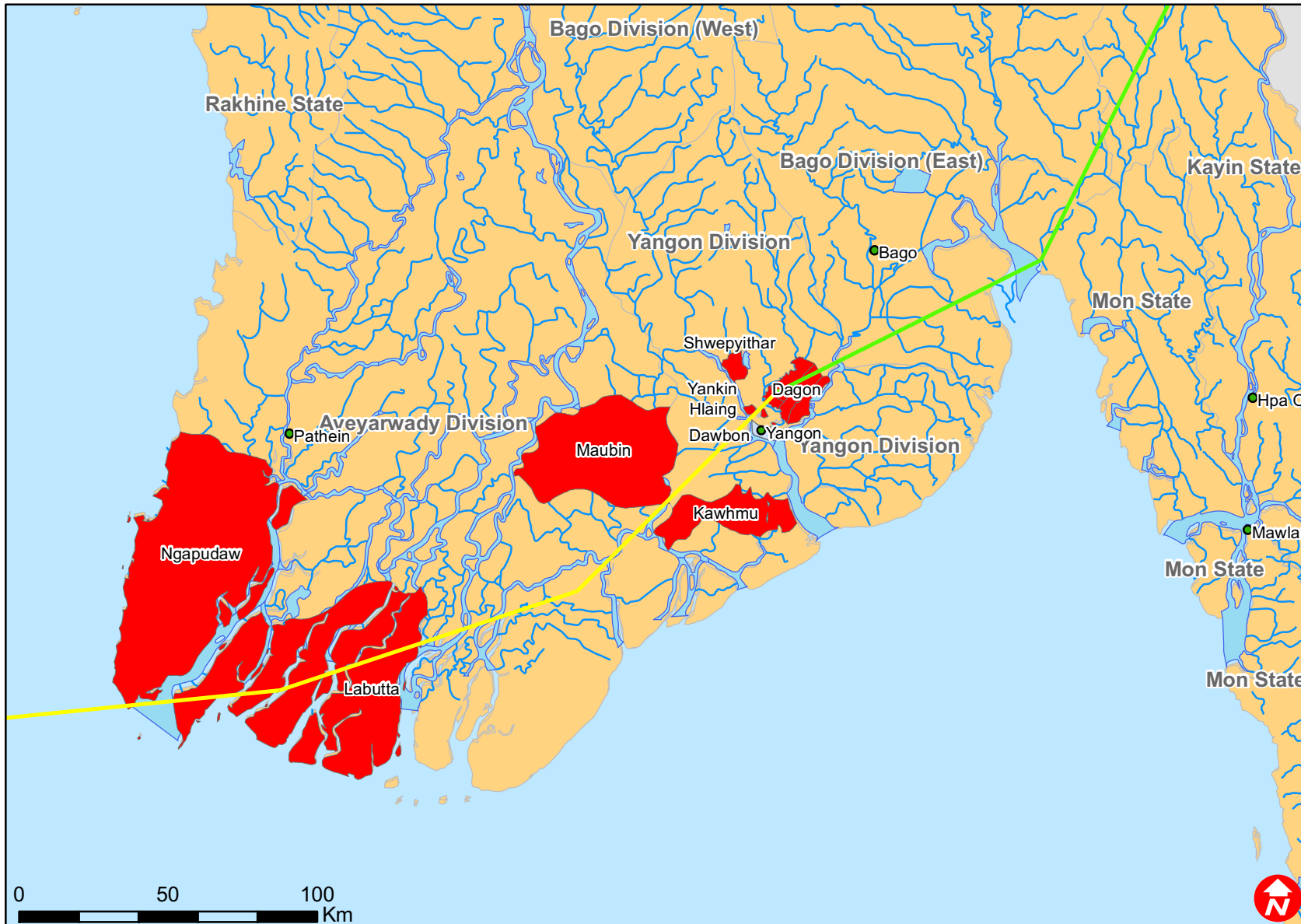
## Scaling up without harm:

### A strategic organisational development framework for the Cyclone Nargis operation in Myanmar





# Myanmar: Tropical cyclone



- Most affected
- Provinces