

ANNUAL REPORT



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

MYANMAR

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This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.45/2001

Appeal Target: CHF 943,078 (USD 581,000 / EUR 645,000)

Operational Developments

By year's end, direct dialogue between the Myanmar government and the National League for Democracy (NLD) was under way. Eight of the 40 NLD offices in eight townships of Yangon division were allowed to open in June. Regular communication between NLD offices and their national leadership resumed for the first time in many years, although the content of the dialogues was not made public. During his 6th visit to Myanmar, in an attempt to speed up reconciliation, the UN Secretary-General's special envoy held talks with senior government officials and with Aung San Suu Kyi.

In response to this change in the political climate, a parallel shift occurred in the position of the United States and Britain towards the Myanmar government; positive steps were taken to facilitate direct dialogue. At the ASEAN Regional Forum (ARF), the European Union voiced its approval of the changes made, since they represented hopeful signs for a political settlement in Myanmar. The EU also said it would review options for the resumption of humanitarian assistance, which was indeed followed by an announcement on 21 September that it would provide US\$ 2 million for health care and other projects in Myanmar. The funds were channeled through ECHO to non-government organizations in Myanmar for a one-year period. Japan and Australia, using constructive engagement policies, also increased their support in line with the change process that developed throughout the year. In December the Chinese President paid his first official visit to Myanmar since 1985, in an effort to develop the bilateral relationship between the two countries.

In this context of political change, in August the heads of nine UN agencies based in Yangon appealed to the international community for increased humanitarian aid to Myanmar. They stated that the most recent figures showed that the total annual overseas development aid provided to Myanmar represented the equivalent of US\$ 1 per capita, compared with US\$ 35 for Cambodia and US\$ 68 for Laos, and that denying basic humanitarian assistance caused unnecessary suffering in the short-term, and also had long-term negative effects.

With regard to human rights, the UN special rapporteur submitted an interim report on the situation in Myanmar to the UN General Assembly in August, presenting the positive aspects of the political transition in Myanmar. In his report, he emphasized that Myanmar needed financial aid to help its socially vulnerable and internally displaced people, and that humanitarian aid was essential. A high-level ILO team visited Myanmar in mid-September and carried out a three-week assessment of forced labour and human rights abuses. This was the first time that a foreign mission had been granted such freedom of movement in

Myanmar. The findings were submitted at a meeting of the ILO's governing body in Geneva in November. In the report, the team expressed cautious optimism about progress made towards eradicating forced labour and estimated that the situation would continue to improve. This was welcomed by the Myanmar government as a fairly balanced report. In light of ILO sanctions against Myanmar over the issue of forced labour, at the time of writing, the government was debating whether or not to allow the ILO permanent representation in the country.

Economic events:

Myanmar experienced unprecedented weather in 2001. According to the Department of Meteorology, for the first time in a century, no storm occurred in the Bay of Bengal up until the end of August. The unusual weather patterns and the gradual rise in average temperatures were attributed to global warming. There were torrential rainfalls, particularly from July to September, in northern Shan and Kachin states, which caused floods and landslides.

However, the monsoon was generally regarded as a good one, with rainfall above normal figures, producing optimum conditions for paddy farmers. The rice harvest in 2001 was estimated at 13 million tonnes, compared to 12.5 million tonnes in 2000. Out of the 13 million, 10 million was reserved for local consumption and for the following year's seeds. Other crops were also expected to have better harvests than last year - beans and pulses were expected to reach 2.5 million tonnes this year (up from 2.2 million tonnes in 2000) and maize, 530,000 tonnes (a 47 per cent increase over 360,000 tonnes in 2000).

Despite the bumper harvests, many people suffered from price hikes for fuel, commodities and services. The foreign exchange rate increased, which devalued the Myanmar currency, and continued to fluctuate at 700-740 Kyats against the US dollar, despite government efforts.

Objectives, Achievements and Constraints

The modestly-sized delegation (two expatriates and two national staff), with support from the regional office in Bangkok and working closely with a strong ICRC delegation, continued to work principally in the area of organizational development, and also in health, humanitarian values and disaster preparedness programming.

Disaster Response

Although not covered through the 2001 Annual Appeal or an Emergency Appeal, the delegation assisted the Myanmar Red Cross Society (MRCS) in its response to two disasters and in the ongoing reintegration programme in Rakhine province.

Achievements

1. Flooding

During the early hours of 2 June 2001, the Mongdaing reservoir dam burst, leading to severe flooding in the townships of Meiktila, Wundwin and Ma Hlaing, some 67 kilometres south of Mandalay and 560 kilometres north of Yangon. Approximately half of the population was affected by the floods in some way.

The MRCS immediately requested assistance from the International Federation for nearly 4,000 homeless people in three townships (based on a preliminary assessment of those affected). MRCS volunteers, working together with local police and the fire department, helped rescue 800 people from the floodwaters. The society provided 2,100 articles of clothing, 2,000 cakes of soap and some medical supplies including syringes and gloves from the central stock in Yangon, as well as fresh water. A number of people sustained soft tissue injuries during the floods, and MRCS volunteers were able to administer first aid to them.

Red Cross volunteers also assisted with the distribution of food provided by the government, private donors and AMDA (Association of Medical Doctors of Asia).

After further detailed information was collected, the MRCS and the Federation identified 750 of the most vulnerable families affected by the flooding in Wundwin, Meiktila and Ma Hlaing townships, and provided emergency relief supplies in the form of food, containers, blankets, plastic sheeting for shelter, protective clothing, water containers and water purification tablets.

Responding to an MRCS request, the Federation Secretariat released Sfr 50,000 to support a MRCS/Federation relief operation. The Australian Red Cross later received US\$ 65,000 from Oxfam Australia to assist in the relief operation and to fund urgently needed capacity-building workshops for MRCS disaster response and preparedness.

The first Federation relief operation took place on 1 and 2 July in cooperation with Meiktila, Wundwin and Ma Hlaing township Red Cross societies, their volunteers and local authorities. It covered the most vulnerable families targeted in nine Meiktila villages, 10 Wundwin villages and one village in Ma Hlaing. The MRCS and the Federation conducted monitoring activities in August and September after the first relief operation and decided to implement a second one through further assistance in the rehabilitation phase - distribution of additional food and clothing, a safe drinking water system, sanitation materials and the repair of a small wooden bridge. A private donation from a Japanese Red Cross member covered expenditure of almost US\$ 5,000. This operation began on 24 October in two villages in Wundwin, one village in Ma Hlaing and two villages in Meiktila townships.

An evaluation workshop for the flood operation was held on 5 to 6 November to review the relief operation and share experiences and lessons learnt. Participants included three township Red Cross societies and their volunteers, relevant INGOs and government departments. In December, the country and regional delegations organized and facilitated a three-day disaster management training and workshop, inviting representatives of 17 Red Cross states/divisions, concerned government departments and staff of the national headquarters. The facilitators were a DR delegate from the regional delegation, a disaster medicine specialist from the regional health unit (RHU), a DP professional from the Integrated Community Disaster Planning Programme (ICDPP) in the Philippines Red Cross, a DP professional from the Indonesian Red Cross, the head of delegation and an ICRC cooperation delegate. The subjects covered a wide range of topics, with the participants showing particular interest in the introductory sessions, including the practical case studies from the Philippines and Indonesia.

2. Fire disaster

On 23 December 2001, a large-scale fire occurred in Meik township, Thanintharyi division. Three deaths were recorded, and more than 2,500 families (10,000-15,000 people) were affected. The number of target families was 2,200 (based on an early damage assessment figure).

The Federation and the MRCS responded by dispatching six people from national headquarters with nearly 2,200 relief packages loaded on three trucks to Meik township to carry out relief distributions. The families affected were accommodated in over 20 separate camps, most of which were established on the premises of monasteries in Meik city from 2 to 10 January. About 50 local Red Cross volunteers worked daily with the team in conjunction with local authorities. The relief goods were comprised of 17 non-food items (clothes, blankets and kitchen utensils) and four food items (rice, cooking oil, salt and cans of sardines). Of the other INGOs and UN aid agencies, only World Vision conducted its own relief operation.

3. Repatriation/Reintegration

The MRCS/UNHCR integrated assistance programme for the most vulnerable people of the returnee communities in northern Rakhine state continued, though with a reduced level of support from the Federation in 2001.

Since 1995 MRCS has provided assistance to extremely vulnerable individuals (EVI's) through activities such as income generation, vocational/skills training, as well as repatriation and emergency assistance. However, in 2001, MRCS activities focused exclusively on vocational skills training as an integral part of the UNHCR Magsaysay project (one that coordinates adult literacy and vocational skills development), and these were carried out as planned. Although the MRCS attempted to implement more Red Cross-oriented projects for health and disaster education through capacity building of local branches, its achievements were limited. MRCS health education was only partially implemented by the EVI project team. Four hundred latrines were constructed by the MRCS national headquarters and Red Cross branches with assistance from the Australian Red Cross (ARC), however, project implementation and management was poor. Community based disaster preparedness (CBDP) could not be fully implemented due to a lack of funds. However, a CBDP project proposal was submitted to UNOPS in northern Rakhine state and by year's end, the project was under way. The Federation's community development delegate, who provided technical assistance to the programme, completed her mission in April 2001.

Constraints

In light of the disaster situation in Myanmar, gathering independent information for needs assessments was particularly challenging. Stronger cooperation and coordination mechanisms, particularly between stakeholders and local authorities, was clearly necessary.

Disaster Preparedness

Considerable progress was made following the organizational review conducted two years ago. In May 2001, the MRCS disaster preparedness and response (DP/DR) division was formally established. An organizational chart, staff job descriptions, and working rules and procedures were drafted by the head of division and the Federation's delegation before approval from the executive committee (EC). A series of job interviews were then conducted and four new posts were filled by existing MRCS staff with salary support from the DP/DR programme. Due to the two natural disasters in 2001, the DP/DR division spent most of its efforts on relief operations. The newly established DP/DR division took the opportunity to learn the Federation's procedures for emergency response. When not engaged in relief operations, the DP/DR division worked on other issues such as the MRCS' DP policy, the establishment of an emergency disaster response team, and CBDP activities, such as participatory learning and action training.

Objective 1 To develop a new MRCS disaster preparedness policy, clarifying the society's roles and responsibilities in the national disaster preparedness plan, and its relationship to other relevant organizations and government departments.

Achievements

The MRCS and the Federation organized and launched the 2001 World Disasters Report at a seminar on 25 September to present the report to stakeholders. The MRCS also carried out preliminary work on developing a new disaster preparedness policy to:

- share a common understanding on the nature and trend of world disasters and the continuing changes necessary for assistance;
- enhance a more mutual and collaborative relationship with the stakeholders;
- encourage formal/informal networking among concerned parties for DP/DR planning and activities in Myanmar.

The Federation facilitated five presentations attended by the MRCS and members of government departments including Relief and Resettlement, irrigation, Meteorology and Hydrology and the fire department.

The regional disaster response officer (RDPO) visited the MRCS from 11 to 12 October to discuss DP policy and disaster management issues with the DP/DR division. He later formulated a DP/DR management training plan, inviting representatives of 17 states/divisional Red Cross societies and relevant government departments to attend a workshop. The training workshop was facilitated by the regional disaster response delegate, the ICRC's cooperation delegate, and the head of the Myanmar delegation. This was the first cooperation activity between the regional, country and ICRC delegations in organizing disaster management training in Myanmar, and it proved that such a workshop could provide a significant contribution to the formulation of the new MRCS DP/DR policy early next year.

The head of the DP/DR division attended the first Regional Disaster Management Cooperation meeting held in Malaka from 9 to 12 August, and the second in Danan from 13 to 18 November.

Constraints

Due to the relief operations, only limited progress was made on DP policy.

Objective 2 To increase the capacity of people to cope with the effects of disaster through the development of a CBDP strategy and the establishment of a well-trained Red Cross volunteer network.

Achievements

Based on September's revised plan of activities, the programme coordinator visited the two pilot villages in Hinthada and Tabon townships (T/S). He discussed the CBDP process and the participatory learning and action (PLA) training workshops with village leaders, Red Cross T/S officers and Red Cross volunteers. Workshops in the pilot areas were implemented in December and as a result, PLA teams were formed at both national headquarters and in the pilot areas. PLA practice in the field was scheduled for the following January.

Constraints

CBDP officers at T/S level were identified, but had not yet been approved by the MRCS national headquarters.

Objective 3 To establish an emergency disaster response team (EDRT) at national headquarters and in selected CBDP pilot areas.

Achievements

The need for an EDRT to improve the MRCS' disaster response was recognized and shared by EC members and management staff as a result of experiences in the last two relief operations as well as the evaluation workshop on disasters and the DM training workshop. The Federation's Appeal for 2002 included a plan to start forming an EDRT at the national headquarters level.

Constraints

Relief operations caused some delays.

Objective 4

To improve communication and coordination mechanisms between the national headquarters and at grassroots level.

Achievements

Activities aimed at improving communication and coordination mechanisms have not yet commenced. However, the flood relief operation provided an example of improved communication and coordination, particularly in the area of MRCS reporting.

Objective 5 To improve the functioning of the national society's 18 warehouses and ensure replenishment with relief goods/materials.

Achievements

A representative of the DP/DR visited and assessed six warehouses in Yangon, Mandalay, Myikyina, Sittway, Kayin and Ayeyarwady states/divisions in November to replenish relief goods. The MRCS and the Federation formed a procurement committee, carried out the necessary tender process for relief goods procurement and purchased 2,900 sets of relief packages (each consisting of 17 items). This procurement was financially supported by the Australian Red Cross. However, out of the 2,900 sets, 2,200 were distributed to the fire-affected families in Myeik, Thanintharyi division, where a major fire broke out in December.

Constraints

For the implementation of prompt and effective disaster response, an appropriate stock of relief goods and regular replenishment was necessary. During the flash floods operation, the first relief distribution was carried out four weeks after the disaster occurred due to the availability and confirmation of external assistance. However, goods were distributed to the fire victims in Myeik within 10 days of the fire. This highlighted the importance of funds/materials/human resource mobilization and time management for future disaster response and preparedness.

Humanitarian Values

In general, performance was limited in this area during the reporting period. The information and dissemination division (IDD) was not yet fully established and by year's end, three posts had not been filled. The head of division assigned a Red Cross volunteer to work on the bimonthly MRCS newsletter which was published regularly and distributed to branches.

Objective 1 To increase the communications capacity of MRCS national headquarters by restructuring its information and dissemination division.

Constraints

Due to delays in recruiting staff, there were no activities to increase capacity building of the division during this period. In cooperation with the ICRC, the Federation's delegation tried to resolve the issue by the end of 2001, but no progress was made.

Objective 2 To publish and distribute a MRCS pamphlet, a newsletter and a magazine (free of charge for the first six months).

Achievements

The bimonthly newsletter was brought out from May onwards and was welcomed by 325 Red Cross branches across the country. Articles have included the flood relief operation in Meiktila and Wundwin T/S, the celebration of the Nightingale Award, the renovation of national headquarters and the training center, first-aid training programmes, and Red Cross volunteer Activities.

Constraints

Constraints included a shortage of human resources in the information and dissemination division and staffing delays.

Health and Care

An estimated 40 per cent of Myanmar's population (according to UNDP estimates) did not have access to a safe drinking water supply, while 57 per cent had no access to sanitation, and 52 per cent had no access to health services. Life expectancy at birth was 60 years (1998). The mortality rate of children under five was 113 per 1,000. The major causes of mortality of children under five included diarrhoea, acute respiratory infections, measles, and malnutrition. Such appalling statistics led the WHO to place Myanmar in the least developed category according to health indicators.

Communicable diseases accounted for high morbidity and mortality rates, while vector borne diseases were highly prevalent, particularly malaria. The incidence of dengue fever also increased, and an outbreak occurred in Myanmar in 2001.

Water borne diseases were also a major cause for concern. Inadequate sanitation, lack of safe water and poor hygiene practices contributed to the spread of such diseases throughout Myanmar.

While hygiene-related health issues were a major concern, in 2001 Myanmar was also in the midst of an HIV epidemic. UNAIDS estimated that 530,000 people were living with HIV, with an increase in the HIV prevalence rate of blood donors in the country. Sentinel surveillance of blood donors was carried out in Yangon and Mandalay from 1992 onwards.

First Aid

Primary health care was a key component in Myanmar's National Health Plan. The Ministry of Health, UN agencies, NGOs, INGOs and the private sector worked in collaboration to improve the health situation of both urban and remote communities. Community participation was strongly promoted because of limited access to public health services. First aid and community based first-aid training of community volunteers was therefore an important factor in helping to disseminate health messages and preventive measures.

Capacity of the national society in the health sector

In September 2000, a health delegate joined the country delegation, the first such posting since the Federation commenced operations in Myanmar in 1994.

Organizational Structure

The MRCS has been in a transitional stage of organizational redevelopment for the past two years. Although not formally established, the MRCS health division worked with partners such as the UNICEF-funded HIV/AIDS Youth to Youth Peer Education project, an FPIA-funded (Family Planning International) reproductive health project and the UNHCR-funded community development project. The MRCS also continued to participate in an ICRC-funded orthopedic programme responsible for fitting amputees with prostheses.

Organizational Management

Although MRCS was constrained by management problems and outdated office systems and procedures, some progress was made over the year.

Objective 1 To strengthen the capacity for the MRCS to design, develop and evaluate effective community health promotion materials appropriate for specific target communities.

Achievements

Following a twelve-month internal consultative process, the MRCS produced the first draft of the new five-year Strategic Health Direction. The initial strategy for each section was

developed by a small working group. This was then considered by a large working committee (including all members of the EC) and revised accordingly. A small group, comprising the EC and senior health staff, reviewed the draft. It was then sent to four parties for comment: UNICEF, FPIA (two major health donors), the Federation's regional office and the ICRC.

The key components of the five-year health direction are as follows:

- *Capacity Building (Health)* with particular emphasis on developing a well-functioning health division (developing training and office procedures), clarifying roles and responsibilities of the health division, and the development of a health policy/plan.
- *Hygiene and Sanitation Promotion* with particular emphasis on the health promotion capacity, IEC development and sustainable behavioural development and change in vulnerable population groups throughout the country.
- *First aid* with First Aid policy, training (monitoring and evaluation), supplies and a reporting system being priorities.
- *HIV/AIDS and Reproductive Health* with its key focus being on care, support and counselling for people living with AIDS (PLWAs), behavioural change and development for at-risk groups in high prevalence areas, and expanding coverage of reproductive health services to rural areas.
- Blood donor recruitment with a focus on developing a system for registering, monitoring and supporting blood donors, as well as education and counselling.

The MRCS actively participated in the Federation's appeal process that was designed to support their strategic health plan. After much consideration, it also agreed to a future staffing structure by appointing a head of the health division to separate governance from management. These discussions formed part of the strategic health planning process. Provision for staff was made in Appeal 2002, and the MRCS recognized that it must contribute to staff salaries in the short to medium term.

The MRCS received invitations to attend a range of capacity building and technical workshops in health at the regional level. These included the health management course at Mahidol University, participating in the Asian Red Cross and Red Crescent task force, and the regional Blood Donor Recruitment Group. The country delegation facilitated a process to ensure that the most suitable candidates from within the health and training divisions attended, to support the capacity building in health initiatives.

Constraints

Overall the capacity building process was hampered by a lack of human resources and management expertise within the MRCS. Donor-funded projects (UNICEF, UNHCR, FPIA) received preferential treatment as the MRCS had full management and contractual obligations for these projects. Conversely, in 2001, the Federation did not fund any health programmes delivered by the health division.

The ability to write programme proposals and analyze strategic options was somewhat limited. This reflected the general situation in a country where planning was highly centralized, and few people had experience in such areas.

The present MRCS staff salary scale was extremely low compared with INGOs, the UN agencies and the private sector.

Objective 2

To improve the health status of targeted communities in Myanmar through their participation in identifying and prioritizing information and health education needs.

Achievements

The MRCS participated in a range of small-scale HIV activities throughout the year. Work commenced on a Red Cross HIV brochure containing basic facts about HIV/AIDS and

possible options for RCVs to work in HIV/AIDS at the village level. This was essential in overcoming the lack of knowledge of HIV/AIDS and the Red Cross Movement among volunteers.

MRCS and its Red Cross volunteers actively participated in the Federation's regional HIV/AIDS comic strip competition and the winner received coverage for this in *The Myanmar Times* (a local newspaper published in English and Burmese). RCVs also participated in the World AIDS Day balloon campaign releasing 5,000 balloons across the country.

Although MRCS planned to send two HIV-positive patients to the Home and Community Care conference in Chiang Mai, this was not approved by the government. This experience prompted the MRCS to again raise the issue of HIV/AIDS with the minister for health, as well as raising the profile of the Red Cross.

The minister for health was kept informed on the direction of the MRCS, which focused heavily on raising the profile of the Red Cross as a potential provider of HIV/AIDS programmes and services to sufferers. Over the year, the EC became increasingly committed to building a health profile throughout the country.

Constraints

The major constraint was, again, the lack of management capacity and expertise to integrate and coordinate small scale projects into ongoing MRCS activities, such as the HIV/AIDS peer education and reproductive health project, funded by external donors. The health division worked on stand-alone donor-funded projects, none of which were Federation supported. The training division, however, was responsible for the first-aid programme funded by the Federation.

Objective 3 To strengthen the capacity of the headquarters training division, by having a full complement of staff within the first two months of the programme.

Achievements

By year's end, staff requirements were almost complete, with only one vacancy for an instructor still outstanding. Staff attended several capacity-building initiatives, including PLA training to augment their community-based knowledge. Discussions were also held on the introduction of a staff performance system.

Constraints

Experienced first aid trainers were in short supply. Staff on the project would have benefited from additional training in general programme management and reporting.

Objective 4 To develop a training centre with complete training materials within the first three months of the programme.

Achievements

The training centre was opened by the minister for health during the first half of 2001 and was the venue for a series of community-based first aid programmes as well as private training sessions.

Constraints

Additional training materials were required at the centre. Delays in receiving text books and mannequins hampered the quality of training, especially in CPR.

Objective 5 To develop a CBFA training strategy to assist the most vulnerable communities with self-help health measures.

Achievements

In the process of developing the MRCS strategic health plan, a first aid strategy, incorporating CBFA, was formulated. As part of the strategic planning process, an analysis of health materials available in Myanmar was made. Staff were given the opportunity to exchange views on how effective existing materials could be at the grassroots level.

Constraints

Community representation at the grassroots level was a key component of CBFA programmes. Although it was difficult to say whether or not MRCS organizational structure was truly representative of the community, it did have a broad volunteer presence and a network at the grassroots level.

Objective 6 To update the training of first-aid and CBFA training instructors and Red Cross volunteers.

Achievements

In 2001, the training division conducted three first-aid training of trainers courses (two-week course) in Yangon and Mandalay, and four CBFA courses in Lashio, Pha-an, Loikaw, and Shan state.

A total of 188 male and 86 female Red Cross volunteers passed the first-aid courses. Sixteen Red Cross volunteers were unsuccessful, so additional training was provided. The Federation facilitated a better gender and more representative ethnic mix. The content of the training was evaluated in a questionnaire at the end of the sessions.

Constraints

Due to the delay in establishing a training division, programme implementation was somewhat behind schedule.

Objective 7 To develop a first-aid curriculum for primary school Red Cross groups, and to modify teaching materials.

Achievements

A draft textbook for primary school Red Cross activities was produced containing: a portrait of Henry Dunant, the Red Cross emblem, the Nightingale Award, the history of the Red Cross in schools, Red Cross poems, the MRCS, the human body, injuries, prevention of diseases and first aid. A total of 6735 primary school children attended the course from January onwards. The courses were conducted in 19 townships across five states/divisions, including Yangon, South Shan, Rakhine, Magway and Ayeyarwady. Primary school teachers, as well as children, welcomed the activity.

Constraints

Integrating and coordinating this programme with first-aid training was a challenge over the year.

Objective 8 To develop a monitoring system in the training division.

Achievements

An informal three-day evaluation of the 2001 programme was undertaken. Issues discussed included how staff could better prepare for training courses, how to improve the selection criteria so that first-aid participants were truly representative of the community, and how to modify the evaluation of first-aid training programmes so that the MRCS could adapt the courses to better meet participants' needs. One of the key factors that emerged was that training alone was not enough, and that additional monitoring and support systems initiated by headquarters was necessary.

Constraints

A shortage of human resources including management/planning capacity were the main reasons why a regular monitoring system was not implemented.

Organizational Development

The MRCS showed its commitment to the OD process and its willingness to accept the facilitation and support of the Federation through 2001. Although the existing structure, ambiguity regarding responsibilities, a paucity of human resources and a weak financial base often impeded the OD process, progress was achieved, one step at a time. A review of the MRCS statutes commenced, staffing issues were partially resolved in the information, dissemination and health divisions, and the MRSC actively participated in the Appeal process. In Appeal 2002-03, the OD task force identified three new areas/projects to be tackled and added them to the OD programme for 2002. These included an income generation project, a year-long study of branch development and a youth programme.

Objective 1 To review and revise the MRCS' statutes, develop a clear and documented policy on the structures and responsibilities of the governing and management bodies, and to improve the links between the MRCS headquarters and the state/divisional branches.

Achievements

The MRCS OD task force, ICRC and the country delegation commenced a review of the society's statutes (last revised in 1979). The OD task force was comprised of MRCS members including the treasurer, ICRC cooperation delegates, and the head of the Federation's delegation in Myanmar. All regularly attended the weekly meetings on statutes, held from August onwards. Guided by other national society statutes, and particularly by those of the Cambodian Red Cross, the OD task force achieved a great deal of progress in the drafting of the new MRCS statutes in 2001.

Constraints

Disaster response and other activities slowed the progress of the statute review process.

Objective 2 To outline a clear, well-documented human resource development programme to ensure that the MRCS develops existing staff resources and recruits new staff for essential programmes and support services.

Achievements

The Federation assisted the MRCS in conducting an assessment of human resources at its headquarters. New staffing requirements, as well as existing human resources, were mapped out. An updated organizational chart, reflecting changes in organization and management structure was approved by the EC, and a revised staffing plan was announced in April. Four new posts in the DP/DR division at headquarters and six new posts in the training division were filled by members of the existing management staff. One external candidate was selected as budget controller in the finance division, and job specifications were revised for headquarters staff where appropriate.

The newly established health division also proposed three new posts - a head of division and two programme managers. By year's end, job descriptions and working procedures were underway according to the MRCS' strategic health plan. However, staffing for the information and dissemination division (to become the "communications division" from 2002) was delayed, and three posts were not filled by the end of 2001. English and computer training courses begun in September were completed in December. These targeted a small number of existing staff expected to join the communications and the international relations divisions in the near future.

Constraints

Constraints included a lack of qualified and experienced manpower at MRCS headquarters and salary support issues.

Objective 3 To develop and implement a clear and well-documented policy on budgeting and accounting procedures.

Achievements

The MoU clarified the roles and responsibilities of MRCS and the Federation's delegation, and established the context and support for the development of a clear policy and procedures concerning budgeting and accounting.

Constraints

Through 2001, monthly heads of divisions meetings and divisional cash requests did not occur regularly, but rather on an ad-hoc basis. This often impeded the process of monthly financial reports and timely cash requests.

Coordination and Management

Objective 1 To coordinate development and relief assistance, and lead the process of developing a Cooperation Agreement Strategy (CAS) for the MRCS.

Achievements

The country delegation worked with MRCS for the flood relief operation in Meiktila, Wundwin and Ma Hlaing townships from July to December. An evaluation workshop was facilitated by the Federation. In addition, a disaster management training workshop was organized for capacity building of the MRCS' disaster response in cooperation with the regional disaster preparedness and response unit.

A health strategy plan (five-year plan) completed in December, will make a significant contribution to the CAS process as well as other programme areas. Coordination between Myanmar, Bangkok, and Kuala Lumpur to support delegates was maintained throughout the year. Both the emergency appeal and Appeal 2003-03 were the efforts of sound team work in the region.

Objective 2 To work closely with both the MRCS and ICRC to ensure a well-coordinated and integrated approach when assisting vulnerable people and communities.

Achievements

A weekly meeting on statutes has enhanced the relationship between MRCS and the ICRC. The country delegation worked with the ICRC on the Appeal process, exchanging opinions and together revising drafts of the Appeal 2002, particularly in areas such as the first-aid programme, conflict preparedness and capacity building. The ICRC cooperation delegate often attended first-aid training and DP/DR-related meetings.

Constraints

It was unclear who was responsible for health cooperation in the ICRC. A range of options were considered to enhance information exchange regarding ICRC-led health programmes.

Objective 3 To manage the Federation's country delegation in Myanmar.

Achievements

The delegation held weekly meetings to discuss issues regarding various programmes, including financial transactions, regional/Geneva management information, the weekly work schedule, and travel and living situations, including security.

Constraints

Weekly meetings were not always held regularly due to conflicting activities/schedules.

Objective 4 To raise funds for MRCS operations.

Achievements

The British, Norwegian, and Swiss Red Cross societies and UNDP all expressed renewed interest in funding activities in Myanmar and the MRCS. The ICRC also agreed to provide financial support for the MRCS OD process and training programme.

Constraints

Constraints included a lack of skill and initiative in the MRCS' own fund raising activities. The MRCS and the country delegation particularly emphasized fund raising in Appeal 2002.

Objective 5 To represent the Federation and the Red Cross/Red Crescent Movement in Myanmar.

Achievements

The Federation's country delegation organized the launching of the World Disasters Report (WDP) 2001 and a DP seminar jointly with the MRCS. All the participants, including the international community and government officers, welcomed the report. The Nightingale Award was well covered by the Myanmar media as were HIV/AIDS-related activities. The health delegate and the head of delegation attended UNICEF and WHO sponsored conferences and human rights-related meetings organized by the UN. The country delegation was also a regular participant at INGO meetings.

The delegation

The Myanmar delegation was comprised of the head of delegation, a health delegate and two local staff (finance officer and administration officer).

Monitoring and Evaluation

The head of the country delegation facilitated monthly meetings to monitor various programme activities/progress and share experiences and learning in development management. The regional technical unit (RTU) participated in the monitoring process by visiting Myanmar on a quarterly basis and by providing effective input. During 2001, a RDPO and an OD review team were introduced. The MRCS provided monthly financial reports, monitored by the country delegation, which formed the basis of quarterly financial reports to donors.

Lessons Learned

During 2001, there were three major activities/progressions in the MRCS' programme implementation. The first of these concerned the strategic health plan. Although this was a time-consuming process, the MRCS formulated a health plan and health programmes for Appeal 2002-03. Secondly, there were the flood and fire relief operations which demonstrated the abilities and heightened capacity of the MRCS' disaster relief team. Thirdly, the implementation of various programmes commenced. Differences of temperament and varying degrees of progress among the divisions needed more realistic interventions and coaching to implement activities.

Conclusion

In 2001, many positive changes took place within the MRCS; however, although developmental tools and strategies were put in place, a lack of follow up was sometimes a constraint. Steady progress was made on the health programme and the MRCS demonstrated its capacity in DM through the successful implementation of a number of relief operations.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.45/2001 Myanmar

Period: year 2001

Project(s): MM000, MM002, MM005, MM160

Currency: CHF

I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	943,078				
less Cash brought forward	187,564				
TOTAL ASSISTANCE SOUGHT	755,514				
<u>Contributions from Donors</u>					
Australian Govt.via Australian Red	3,248				3,248
Australian Govt.via Australian Red	14,347				14,347
Australian Govt.via Australian Red	401				401
Australian Govt.via Australian Red	1,773				1,773
Australian Red Cross (DNAU)	17,588				17,588
Australian Red Cross (DNAU)	10,573				10,573
Australian Red Cross (DNAU)	59,968				59,968
Japanese Red Cross (DNJP)	15,616				15,616
Japanese Red Cross (DNJP)	141,450				141,450
Japanese Red Cross (DNJP)	70,725				70,725
New Zealand Red Cross (DNNZ)	35,590				35,590
Australia				58,808	58,808
Japan				78,850	78,850
TOTAL	371,281			137,658	508,939

II - Balance of funds

Opening balance	187,564
CASH INCOME Rcv'd	371,281
CASH EXPENDITURE	-323,675

CASH BALANCE	235,170

Appeal No & title: 01.45/2001 Myanmar

Period: year 2001

Project(s): MM000, MM002, MM005, MM160

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction		6,509			6,509	-6,509
Clothing & Textiles	54,180	546			546	53,634
Food/Seeds		2,484			2,484	-2,484
Water		1,590			1,590	-1,590
Medical & First Aid		3,181			3,181	-3,181
Teaching materials		601			601	-601
Utensils & Tools	12,150					12,150
Other relief supplies	5,670					5,670
Sub-Total	72,000	14,911			14,911	57,089
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles		16,163			16,163	-16,163
Computers & Telecom equip.	2,288	115			115	2,173
Medical equipment						
Other capital expenditures	14,931	9,971			9,971	4,960
Sub-Total	17,219	26,249			26,249	-9,030
<u>TRANSPORT & STORAGE</u>	26,827	5,004			5,004	21,823
Sub-Total	26,827	5,004			5,004	21,823
<u>PERSONNEL</u>						
Personnel (delegates)	300,731	85,595		137,658	223,253	77,478
Personnel (local staff)	85,246	67,176			67,176	18,069
Training						
Sub-Total	385,977	152,771		137,658	290,429	95,547
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	4,108	467			467	3,640
Travel & related expenses	32,424	14,643			14,643	17,781
Information expenses	31,137	4,197			4,197	26,940
Administrative expenses	56,251	57,541			57,541	-1,290
External workshops & Seminars	213,397	1,095			1,095	212,301
Sub-Total	337,316	77,943			77,943	259,373
<u>PROGRAMME SUPPORT</u>						
Programme management	63,592	22,437			22,437	41,155
Technical services	19,036	6,718			6,718	12,318
Professional services	21,111	7,452			7,452	13,659
Sub-Total	103,739	36,606			36,606	67,132
Operational provisions		10,190			10,190	-10,190
Transfers to National Societies						
TOTAL BUDGET	943,078	323,675		137,658	461,333	481,744

Consumption rate: Expenditures versus income 91%
Expenditures versus budget 49%