

Annual report



International Federation
of Red Cross and Red Crescent Societies

Myanmar

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This report covers the period 1 January to 31
December 2008



A total of 16,815 people have received information on tuberculosis prevention in three states or divisions, thanks to the support provided by Red Cross volunteers. (Photo: Myanmar Red Cross Society)

In brief

Programme summary:

November marked the six-month anniversary of Cyclone Nargis. As the relief operations come to an end, the Myanmar Red Cross Society (MRCS) was able to report on its increasing focus on the early recovery phase of the response to the cyclone. The national society continues to focus on the development of appropriate infrastructure to support the response in the Ayeyarwady delta. However, there has also been a clear but gradual repositioning of programming and promotion among partners to ensure continued support for various humanitarian issues faced in the rest of the country.

Implementation outside of the cyclone-affected area has been understandably affected; however, there is renewed interest in the planned reviews, namely the disaster management review; a logistics capacity assessment, including warehousing issues in the country; and a branch development review. The Myanmar Red Cross articulated that it is committed to trying to build broader capacity through the Nargis response, and a process has been initiated to map out the issues to be tackled through a subsequent Nargis transition planning process.

There is some cause for cautious optimism that the successful implementation of the humanitarian action within the delta will provide a positive climate for further humanitarian engagement across the country.

Although the planned implementation of many activities was disrupted by the necessity of responding to the large-scale disaster, it is because of the success of pre-existing MRCS community-based approaches that many activities could continue throughout the country relying on the commitment of local supervisory committees and

volunteers.

Disaster management

The impact of major hazards will be reduced through more effective disaster response based on evaluations and reviews of current practices. Wider disaster risk reduction initiatives will be strengthened further by enhancing the national society capacity, particularly in human resources at all levels, as well as by producing or revising relevant documents and existing practices in order to implement the disaster risk reduction initiatives effectively. Besides awareness-raising about hazards, vulnerabilities and risks at community level will be one of the priorities in order to enhance the coping capacity of the communities. Emergency response capacity will be improved by pre-positioning relief stocks in strategically located warehouses and strengthening logistics capacity.

Health and care

Health and care initiatives continue to remain a large and important component of MRCS activities to promote and improve conditions for vulnerable community members. Communicable diseases including dengue, malaria, diarrhoea and tuberculosis remain a persistent challenge within the country. The three key areas of activity identified in previous years continue throughout 2008, namely: public health in emergencies, community-based health promotion, and community-based first aid (CBFA).

Organizational development

While most of the organizational development work continued to focus on the Nargis operation, the national society clearly recognized the need to maintain the momentum of its annual programme implementation. Priorities for organizational development under the Nargis response have been to support the MRCS with the scale-up of human resources for the operational hubs in the delta and at the national headquarters. Other priorities included addressing volunteer-related issues and supporting MRCS finance development. The regional finance development delegate has visited twice to work with the MRCS on financial management and a visit by the regional organizational development delegate in September supported the initiation of a process to clarify an organizational development strategy related to Nargis. The latter also followed up with a subsequent visit in December to further map out issues to address as a part of a Nargis transition planning process during 2009. MRCS organized volunteer training to support the cyclone recovery assessment plans and field visits with the country office and MRCS finance teams to review the operations.

The 2008-2009 annual plan was revised in August and the appeal planning process for 2009-2010 was completed in September. The primary focus has been on branch development in the states and divisions not affected directly by Cyclone Nargis. An external review of the branch development programme is planned, with field visits to the pilot townships to monitor ongoing support.

Humanitarian values

The national society has been promoting its work with vulnerable communities and humanitarian values through various activities and programmes. Red Cross dissemination sessions targeting Red Cross members, volunteers, government representatives and military officers have been conducted, while a video documentary titled *Myanmar Red Cross in Action* which pays tribute to the tremendous dedication of volunteers, and launched at the end of November. Local media visits and visits from different partners have also been facilitated to visit the cyclone-affected areas over the past several months.

There was increased cooperation and coordination, and more discussions between the International Federation, ICRC and Danish Red Cross during 2008 to support Myanmar Red Cross Society's communication and humanitarian values programme plans. A unit for the restoration of family links (RFL) was set up at the headquarters and selected townships to assist displaced populations in Nargis-affected areas. Two representatives from the MRCS participated in the 2nd regional forum on international humanitarian law in Manila, with the support of the ICRC. The MRCS is also currently in discussion with Danish Red Cross in-country to initiate a project on 'using mass media for health promotion'.

Financial situation: The total 2008 budget is CHF 2,635,860 (USD 2.3 million or EUR 1.75 million) of which 108 per cent is covered. Expenditure overall was 63 per cent.

[<Go directly to the financial report>](#)

Our partners: The MRCS has received valuable support from the following partner national societies: Australian Red Cross/government, British Red Cross, Danish Red Cross, Finnish Red Cross/government, German Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross/government,

Norwegian Red Cross, Swedish Red Cross/government, and Taiwan Red Cross Organization. It also works closely with UNDP, UNHCR, UNICEF, UNFPA and the Burnett Institute. With reference to government authorities, the society has fostered close relationships with the ministry of health, and the ministry of social welfare, relief and resettlement.

The MRCS has also received support from the national disaster management offices of the government, local and international non-governmental organizations (NGOs), ICRC, civil society, communities and local authorities.

On behalf of the Myanmar Red Cross, the International Federation would like to thank all partners and donors for their contributions and support in response to this appeal.

Context

By the end of 2008, it became clearer that Myanmar has a unique opportunity, following the post-Nargis successes, to optimize humanitarian aid opportunities beyond the delta and advocate for resources to address humanitarian and development needs throughout the country. The existence of sanctions and restrictions on aid has proven highly challenging in efforts to meet the needs of vulnerable communities for a long time.

Since mid-2008, humanitarian access to the country has improved markedly, with visas and travel permits approved over relatively short periods of time. The response to Cyclone Nargis has provided an opportunity for humanitarian advocacy that goes well beyond the delta. According to UN statistics, 90 per cent of the population lives on less than 65 cents per day, with more than a third of children under five malnourished.

Commitments to respond to issues beyond the immediate disaster zone are currently being considered by some donors, with the focus on the long-term goals of raising socio-economic standards. The international Crisis Group has called upon governments not to impose further punitive measures affecting vulnerable groups while the international community works with Myanmar to mitigate the humanitarian situation in the country. There is increasing pressure to substantially expand aid for sustainable human development by committing to a common set of operational principles and to work with the Myanmar government to establish a formal consultative mechanism.

Progress towards outcomes

Disaster management

The MRCS and its thousands of volunteers were able to respond to a large-scale disaster by initially relying solely on previous training and their own capacity. This proved to be a very worthwhile investment that clearly demonstrated the impact of all the training undertaken. Myanmar is not usually considered a disaster-prone country, in comparison to some of its neighbours such as Philippines and Indonesia. Small to medium-scale hazards in the past and now the ravages of Nargis in 2008 have highlighted the need for effective disaster preparedness/response as well as disaster risk reduction initiatives in-country. The MRCS is accordingly strengthening its response system. Similarly, it is focusing on enhancing community capacity to cope with disasters at a local level. The developments towards contingency planning are ongoing and constitute a milestone in promoting systematic effective disaster response.

Overview

The MRCS executive committee worked with the disaster management division in response to requests from its branches for equipment and basic infrastructure to respond to disaster. To supplement the hardware, the division coordinated with other colleagues in MRCS to provide training in areas such as water safety. In the latter part of the year, a series of eight community-based disaster management training sessions were also conducted in the Nargis-affected area as well as in other states and divisions. Approximately 280 township level volunteers were trained.

At the MRCS disaster management review workshop earlier in the year, branches highlighted the necessity to keep the volunteers safe when they are engaged in disaster response while the MRCS reviewed its procedures and made appropriate changes. This included considerable work done on researching the possibility of insurance for volunteers engaged in disaster management activities. This work was realized by year-end and was coordinated with the International Federation's organizational development delegate for both Federation and other MRCS divisions engaging volunteers.

It was the intention of the International Federation and the MRCS to finalize the MRCS contingency planning in this half of the year. The support of national and government bodies in assisting the MRCS to establish a clear role, and a clearer idea of expectations and responsibilities during times of disaster, were well underway even before Cyclone Nargis hit the delta. A follow-up consolidation workshop planned for August 2008 had to be postponed due to the response imperatives following the cyclone and will be rescheduled for mid-2009. It is well worth noting that investment in this contingency planning significantly assisted the MRCS response to Nargis, with many former MRCS workshop participants now working together with MRCS colleagues in the reality of a disaster response operation.



The MRCS has seen a significant physical improvement in warehousing capacity and management as a result of rapid scale-up needed for the Cyclone Nargis response. This has been achieved with the support of the International Federation's logistics unit, and will stand the national society in good stead in the face of future disasters. (Photo: International Federation)

Prior to the Nargis response, the MRCS initiated the development of an emergency operation manual. It is the intention of the International Federation and the MRCS to finalize the manual in connection with the development of the contingency/response plan during 2009.

The MRCS has procured and pre-positioned non-food relief items around the country. The pre-identified warehouses are now stocked with disaster preparedness stock for 10,000 households. The pre-positioning and warehousing of the non-food relief items has been well organized. Currently, through the integrated use of available resources and opportunities, disaster preparedness (DP) stocks have been enhanced. With family kits supported through the annual appeal and the Nargis disaster preparedness stocks, there are now 25,000 kits in-country. During 2009, MRCS plans to strategically position an additional 10,000 household family kits and 15,000 shelter kits.

Partnerships

The MRCS and the International Federation have been in discussions with other humanitarian organizations about reprinting the code of conduct (see [Contributing to Longer-term Impact](#) below for detailed information).

Various smaller MRCS warehouses around the country have been surveyed with the assistance of multilateral support provided through national societies such as Norwegian Red Cross, Swedish Red Cross and Taiwan Red Cross Organization. Through discussions between the MRCS, UNICEF and the International Federation, small-scale renovations are taking place and UNICEF will assist by providing relief supplies with appropriate items for supporting women and children left vulnerable by future disasters. These will be pre-positioned in certain parts of the country using available MRCS warehousing space and allowing for small-scale income generation through a modest rental agreement. Following a review undertaken by UNICEF in the post-tsunami period, there are now plans to streamline this rental agreement - the changes will be negotiated over the next few months with MRCS.

Following Nargis, the MRCS has agreed to work with French Red Cross along the vulnerable coastal area to develop disaster risk reduction (DRR) programming. This plan is being developed by French Red Cross and is expected to be shared with partners in the near future.

Outcomes/Expected results

Programme component: Disaster response

- Impact of major hazards (cyclones; flash floods; landslides; fires) across Myanmar is reduced through timely emergency response measures.

Programme component: Disaster preparedness

- Improved MRCS emergency response capacity through strengthened institutional mechanisms and national disaster preparedness and response provision.

Programme component: Disaster risk reduction

- Strengthened MRCS capacity to support disaster-prone communities and reduce their vulnerability through timely information and preparedness measures.

- Improved MRCS capacities to raise awareness of hazards and community capacity to act effectively during disasters.

Achievements

The MRCS has continued to focus on providing support to the people affected by the cyclone, although in the latter part of the year, there was a clear but gradual shift to move back to standard operational support as well. The MRCS has been seen as a key organization in the national response to Nargis, particularly in its capacity as auxiliary to the humanitarian arm of the authorities. This development has affirmed the national society's reputation as an effective national responder. The ability of the MRCS and its thousands of volunteers to respond to such a large-scale disaster demonstrated the impact of previous investment in training and development undertaken over the last few years. Later, this was supplemented by the Red Cross Red Crescent Movement's additional support in setting up logistics pipelines and providing much-needed high volume relief items. The support of the International Federation and the many national societies who offered assistance has been well-documented and acknowledged by the authorities, the UN system and the international humanitarian community. Agreements have also been developed with several partners for longer-term support (see [Working in Partnership](#) below for more information).

In the second half of the year, major donors conducted evaluation and monitoring visits and the feedback from these donors has been very positive. A main point observed by donors is the valuable role that volunteers played particularly at the outset of the response, with several donors surprised by the fact that besides carrying out relief work for the Red Cross Red Crescent Movement, MRCS volunteers provided support to so many international NGOs and other agencies. It is with great pride that these volunteers are acknowledged by the Movement through ceremonies and certificates of appreciation.

Training was conducted in community-based disaster risk management (CBDRM) which included both the training-of-trainers and the multiplier training sessions. Training-of-trainers was focused specifically for the township volunteers while multiplier training was supported at the community level. To strengthen and systematize the quality of the CBDRM training, the MRCS initiated the process to develop the CBDRM manual, which will be completed in 2009.

Constraints or Challenges

The unprecedented scale-up of the MRCS has included the disaster management division and the recruitment of a new head for the disaster management division, following the retirement of the previous manager in June. The country office also recruited a new disaster management delegate at the end of the year. This move seeks to continue the focus for these two focal points to bring the disaster management team together to plan the key activities under the disaster management commitments and work with other partners to deliver the expected results. The experience of the new disaster management head of division gained from his previous position in the Ministry of Social Welfare Relief and Resettlement combined with that of the new DM delegate who possesses DM experience gained through his own national society of the Nepal Red Cross, present an opportunity to provide a wide range of support to the MRCS.

Health and care

Programme component: Public health in emergencies (PHiE)

Specific Objective

The MRCS's capacity to carry out emergency health care services is increased, and appropriate services are implemented in vulnerable communities in 16 villages of eight townships, in three states/divisions (Rakhine, Tanitharyi and Mon).

Outcomes/Expected results

- Vulnerable communities are prepared for potential epidemics through surveillance, prevention and control measures, supported by the branches.
- The effective and coordinated emergency health care response of the MRCS is strengthened and integrated.
- Timely basic emergency health care support for affected communities is facilitated through MRCS branches.

Achievements

Earlier in the year, prior to Cyclone Nargis, the MRCS began a process of preparing for the possibility of further outbreaks of avian influenza in poultry and was planning to discuss ways in which the national society at both headquarters and branch levels could assist the joint effort coordinated by the government of Myanmar to respond

in the event of a human influenza pandemic. Unfortunately, due to Nargis, this particular project was put on hold. Other factors for the suspension were that the project officer for public health in emergencies left the MRCS as did the deputy head of health responsible for public health in emergencies. However, a programme field officer was appointed in January 2009 and a new deputy head of health has now been appointed and will start working in March 2009. With the new deputy in place, discussions on both the MRCS role in avian influenza prevention and the role that the national society will plan in a human influenza pandemic will take place.

The MRCS will continue to work in close collaboration with the ministry of health and the ministry of agriculture on planning and implementation.

Community-based health programmes

Programme component: HIV and AIDS

Outcomes/Expected results

- Improved knowledge, attitude and practice concerning HIV infection amongst key population groups such as young women and men, and mobile populations.
- Reported improved quality of life for people living with HIV (PLHIV) through MRCS-managed care, support and treatment services.
- Reported improved community acceptance of people living with HIV and their families.
- Measurable improvement in the capacity of Red Cross volunteers, community members and support groups to implement effective and prioritized responses.

Achievements

Preventing the spread and reducing the impact of HIV remains a key area of work of the MRCS. Besides integrating HIV/AIDS into their community-based health projects, the MRCS also conducts HIV/AIDS specific projects which include the following:

1. Mandalay community-based HIV/AIDS prevention, care and support

This project covers three townships in Mandalay division (Aung Myay Thazan, Mahar Aung Myay and Pyi Gyi Tagon) and has two specific target groups – youth aged between 14 and 25, and people living with HIV (PLHIV) and their families. During this reporting period, the following activities were conducted:

- Four training of life skill and peer educators workshops (seven days per workshop) were conducted in Pyi Gyi Tagon township. A total of 120 youth attended the workshops, bringing the total number of peer educators working in Mandalay to 360.
- Red Cross volunteer peer educators have conducted focus group discussions in their respective villages through with village youth groups, women's groups, men's groups, monks, village leaders and other respected village members. The cumulative number of people reached by peer educators giving HIV/AIDS information in 2008 now totals 5,280.
- Of the 360 peer educators, a total of 36 received a six-day home-based care and counselling training. These village-based Red Cross peer educators regularly visit households of people living with HIV (PLHIV), to provide advice and counselling, as well as friendship and care packs. A total of 75 PLHIV and their families are receiving assistance through this project, with an average of 25 PLHIV per township.
- The project staff participated in a meeting with people living with HIV (PLHIV) and staff of the national AIDS programme (NAP). The meeting facilitated an exchange of information and a sharing of experiences, and gave PLHIV a chance to raise concerns and suggest some moderate changes to the way the Red Cross volunteers conduct home-based care visits. In particular, they requested that volunteers refrain from wearing conspicuous T-shirts or use other materials that display logos relating to HIV. An important outcome of the meeting was the agreement with the NAP that PLHIV will actively participate and contribute to MRCS activities, including becoming involved in planning, design and reviews of care and support programmes.



A home-based care training session conducted in August. To date, a total of 360 peer educators have been trained in Mandalay. (Photo: MRCS)

In addition, 70 people (50 men and 20 women) were referred for voluntary counselling and testing for HIV, all of whom had negative results.

2. Outreach programme for the prevention of HIV/AIDS

Red Cross volunteers have continued to provide important information about HIV/AIDS to drivers and their assistants at the busy bus and truck terminals in Mandalay and Lashio town in Northern Shan State. During 2008, the volunteers conducted a further 516 HIV awareness sessions, reaching a total of 5,501 people who received information about HIV and AIDS. There is still some work to be done on reviewing the impact of this work and how effective the dissemination has been, but the figures are impressive.

During these sessions, 25,800 condoms were distributed along with towels (2,818) and hats (2,367) bearing messages about HIV. A total of 77 people were referred by Red Cross volunteers to health facilities for voluntary counselling and testing for HIV, following these informal sessions.

The MRCS participated in the World AIDS Day at one of the bus and trucker station where they had an information booth which included games and quizzes, this was well attended by trucker and bus drivers and assistants, condoms and small prizes which carried a logo relating to HIV were given. In addition the MRCS provided posters and leaflets (only a few leaflets were available, perhaps more could be provided next year) to the coffee and tea bars in the station and handed out "red ribbons" to customers and passers by. Everyone seemed to enjoy the days activities.

Programme component: Malaria

As part of a branch development initiative, the MRCS initiated a project in nine townships (Hpa-an, Zeegone, Minbu, Madayar, Thibaw, Kyeikmayaw, Than Tlang, Moekaung and Meisat), throughout nine states and divisions to combat the high incidence of malaria. This was in response to a request from Red Cross branches in 2007 for a project to tackle the incidence of malaria which had been identified as a major health risk in their townships.

A commitment was made to assist 202 villages (about 15,000 households among a population of 85,000 people) to reduce the incidence of malaria. A total of 27 MRCS volunteers from these branches participated in an initial training session, after which they completed data collection and needs assessments in order to better understand their respective community's awareness of malaria and appropriate preventative measures.

Outcomes/Expected results

- Misconceptions about malaria are reduced among targeted communities.
- 100 per cent utilization of impregnated treated nets (ITN) in targeted communities.
- Red Cross volunteers effectively manage malaria prevention activities with community participation.

Achievements

Apart from health talks conducted by Red Cross volunteers and small group discussions on malaria education in their communities, little progress was made in implementing this project during the first three quarters of 2008. This is almost entirely due to occurrence of Cyclone Nargis which resulted in the project officer being seconded to assist in relief activities; existing mosquito nets were also diverted to the relief effort. However, there was a revision of the plan and budget, and a two-day review and forward planning workshop was conducted in late November.

The workshop provided an opportunity to discuss further action needed to facilitate the distribution of mosquito nets. Following the workshop, 4,800 long-life treated mosquito nets were sent to the townships¹. An order to purchase a further 11,000 was made in December, and these will be distributed in March or April 2009.

There is optimism that this project will now be successfully implemented and that before the rains commence in May/June 2009, at least 85 per cent of households in targeted villages will correctly understand the causes of malaria, its signs and symptoms, how to prevent malaria the importance of rapid response and early referral. It is also hoped that 100 per cent of households will have received mosquito nets distributed through the project, with at least 85 per cent correctly using and caring for them.

Programme component: Tuberculosis (TB)

The MRCS is conducting a *stand alone* TB project in three states/divisions of Myanmar (Yangon, Ayeyarwady and Bago West).

¹ In keeping with WHO recommendations and in agreement with the health ministry, there is a move to replace impregnated treated nets (ITNs) with long-life treated nets. ITNs need to be treated every six months while long-life treated nets are treated once in factories during manufacturing and will last for up to five years

Outcomes/Expected results

- Increased numbers of people suspected of being infected with TB are referred to a health facility in a timely period.
- Decreased number of treatment defaulters resulting in increased TB treatment completion.
- Increased community awareness related to TB.

Achievements

Red Cross volunteers are providing support and education on TB in six townships (Tharkayta, Mayangone, Hlaing, Dalla, Twantay and Thingangyun).

During 2008

- 3,454 patients from the six townships were monitored by Red Cross volunteers who conduct twice-monthly home visits
- 23 people with TB who defaulted on the treatment were traced and referred to their nearest health facility.
- 361 people with TB symptoms were referred for sputum microscopy.
- 400 care kits were provided to patients in their homes and a further 200 kits to patients at the Aung San TB Hospital, making a total of 600 distributed this year.
- Red Cross volunteers also provided health information on TB to 13,730 people, sessions were conducted in villages and took advantage of National Immunization Days and school health education sessions
- In December, refresher training for 30 Red Cross volunteers (five from each of the six townships in the Yangon division) was conducted, the topics covered TB prevention and care, communication skills and psychosocial support. Those trained volunteers will now go on to coach other volunteers working in their townships.

Related programme: Community-based health development – Magway

Outcomes/Expected results

- Improved awareness, knowledge, and attitude in responding to local priority health issues among selected communities and youth groups of Pwintphyu and Natmauk townships in Magway division.
- Improved referral and access to health care services for common diseases and priority health concerns.
- Village health support groups have been established and community health initiatives in response to health priorities, including access to water and sanitation facilities, implemented.
- The Magway division Red Cross is strengthened and functioning in support of selected Red Cross townships in community-based health project management and branch development.

Achievements:

Ten villages in each township (including one urban ward in Natmauk) are now included in the project. Baseline data has been collected (i.e. house-to-house questionnaires, focus group discussions, village mapping and seasonal charting)

Community-based first aid has been used as an entry point to the target communities and more than 30 community Red Cross volunteers have been trained in first aid, and health and hygiene promotion in each village. Unfortunately, several of the volunteers selected in 2008 in both township villages have dropped out or left the area due to study and work commitments. Also worthy of note is that the same number of volunteers is trained, no matter the size or geographical coverage of the community. The ratio of women to men volunteers is:

- Natmauk = 63 per cent women to 37 per cent men
- Pwintphyu = 45 per cent women to 55 per cent men

To date, in the ten villages selected in 2007, 27 per cent of the households have received latrines and 18 per cent, rubber boots. The project has purchased 2,700 long-life treated nets and is in the process of buying 3,000 latrine pans and pipes, and 1,750 rubber boots (for snake bite protection). The distribution of these items is scheduled to take place from March to May 2009.

In order to identify the most vulnerable households, project staff and village volunteers have collected detailed information on all households in each village. This will be useful when it is time to distribute mosquito nets, latrine pans and rubber boots.

Village volunteers have been involved in health and hygiene education and promotion activities. Topics covered malaria, snake bite prevention and first aid, acute respiratory infection (ARI), TB, HIV/AIDS and hygiene promotion including prevention of diarrhoea.

Project staff from Natmauk have been trained in participatory hygiene and sanitation transformation (PHAST); however, this training has not yet been conducted for the project staff in Pwintphyu. Project staff from both townships have requested further training on participatory hygiene and health promotion skills.

The village of Thahmonegone (855 households) and the urban ward of Myoma (302 households) in the Natmauk township have received improved water supply. The recent review conducted in November-December 2008 highlighted the need for water supply to be provided in two additional communities: Yayboke Gyi village in Pyintphyu (population of 2,235) and Watchoke village in Natmauk (population of 1,849). Further assessment needs to be conducted.

A mid-term review which was conducted by an external consultant in November-December 2008 concluded that “despite the fact that the project has been operating for less than two years, there is already clear evidence of changes in knowledge, attitudes, behaviours and community resources”². In particular, there has been an increased understanding in the following areas:

- Knowledge in all of the health and hygiene topics covered under this project has increased.
- The attitude towards People Living with HIV (PLHIV) has improved with evidence of less fear and discrimination.
- An improvement in people’s understanding of TB has increased with 89.1 per cent knowing how TB is transmitted; prior to project implementation, this was only 49 per cent.
- The practice of thorough hand washing with soap after defecation and before eating has increased,
- An increase in the demand of mosquito nets was also noted. In addition, some households are treating their nets.
- There is an increase in latrine use, and many households have improved the type and quality of their household latrines.
- More farmers are now wearing boots to protect against snake bites and there is a marked improvement in correct first aid treatment and early referral to appropriate health services for snake bite victims directly leading to the reduction of fatalities.
- Red Cross community volunteer capacity to give appropriate first aid has had positive results.

The Finnish Red Cross continues to support the Magway project and will work with MRCS and the Myanmar country office to outline an additional three years of support (2010- 2012) to support additional capacity building through the community-based health programme. Support will also be channelled to the development and roll out of training through the revised community-based health and first aid (CBHFA) manual.

Related programme: Community-based health development – Keng Tung

Outcomes/Expected results

- Rural communities are better resourced and trained in community health, HIV and first aid.
- Trained peer educators from vulnerable rural communities in three village tracts provide community health information.
- Community people living with HIV/AIDS (PLWHA) support groups are established.
- Keng Tung Red Cross staff are resourced and trained to effectively manage the programme.

Achievements

During this reporting period, 108 Red Cross peer educators (PE) provided HIV information to a total of 10,809 people including taxi drivers, construction workers, labourers and community members. They also distributed over 94,812 condoms, mostly in urban areas; some were also distributed to people in rural villages. A total of 20 people living with HIV/AIDS (PLWHA) were also provided with monthly food packs and 17 others were referred for voluntary counselling and testing for HIV. According to reports, PLWHA feel comfortable contacting project staff for help, advice and assistance. However, due to inadequate funding, the project staff cannot always provide the help they would like to be able to give.

The project also referred 27 other individuals with a range of suspected illnesses including TB, malaria and sexually transmitted infections (STI). Added to this, 373 units of blood were donated by project staff and Red Cross volunteers in response to various emergencies.

Project staff also provided first aid training to 200 high school students and 30 auxiliary midwives.

² Copy of the mid-term review will be available from the MRCS and International Federation country office – presently awaiting final revisions.

This project is now in the process of phasing out. Discussions have been held with the project staff and initiatives are now being developed to address the following:

- Establish a transport system within the community to ensure that villagers needing medical assistance (urgent or chronic), can reach the health centre for treatment and support. This can be done by negotiating with the communities and identifying individuals who will commit to transporting people either for free or for a pre-determined small amount of cash or barter trade.
- Set up a “buddy system” for chronically ill people such as PLHIV, TB, and the elderly.
- Set up the direct observation treatment service (DOTS) within the communities to support people infected by TB and/or HIV.
- Discuss with township medical officers how they can continue to supply condoms at distribution points established by the MRCS and communities. Distribution points comprise condom boxes made available at taxi stands, bars, shops, and other such facilities. These condoms are free of charge for people requiring them.
- Strengthening the peer-to-peer groups so that they continue to support each other
- Conduct additional training on the importance of and care for mosquito nets, ensuring that communities know where and how to get the tablets to re-impregnate their nets. This project distributed nets that need treatment every six months.
- Establish a small revolving micro-credit system for PLHIV (including cash totalling CHF 1,000 as a start-up).

The project officer and health delegate visited Keng Tung in early December to monitor the activities and assist the project's field staff in planning for the implementation of the above activities. The 2009 plan of action includes an additional six months' support with funding from the Australian Red Cross. The health delegate is in discussion with MRCS health division on future commitments to the project and possibilities for providing good practice guidance to other MRCS branches involved in community-based health and first aid (CBHFA).

Programme component: Voluntary non-remunerated blood donor recruitment

The MRCS supports the government of Myanmar in the recruitment of voluntary blood donors in selected townships in three states/divisions of Myanmar (Yangon, Mandalay and Ayeyarwady).

Outcomes/Expected results

- Increase in voluntary non-remunerated blood donors recruited and retained.
- Reduction in transfusion-transmissible infections identified in donated blood organized by the MRCS.
- Expanded MRCS participation in voluntary blood donor recruitment.

Achievements

A National Blood Donor Day was celebrated in December. A ceremony was held at the University of Nursing, attended by some 635 blood donors. During the ceremony, 150 mosquito nets were presented by the MRCS to those donors who had donated 50 units or more; the national blood centre also presented these donors with medals. In addition, information, communication and education (IEC) materials, T-shirts, bags and towels were also distributed by the national blood centre to donors and recruiters as a show of appreciation.

As part of the celebrations, 30 Red Cross volunteers from various branches helped in a mass blood donation ceremony in December on the Myanmar National Blood Donation Day. Up to 500 units were collected at Shwedagon pagoda; previously, 200 units were also collected at Baymaung market.

Throughout the year, Red Cross volunteers have been conducting various activities to promote blood donations in Yangon, Bago and Mandalay.

Programme component: First aid and safety

MRCS conducts first aid, water safety and life saving, and community-based first aid training to teachers, Red Cross branch officers and volunteers throughout various states and divisions of Myanmar.

Outcomes/Expected results

- Trained volunteers continually assess community needs and adapt support accordingly.
- Red Cross volunteer knowledge of community-based first aid (CBFA) remains current and Red Cross volunteer interest is maintained to continue supporting their communities.
- Red Cross volunteers collaborate with communities in preparation of managing disasters and emergency responses.

Achievements

The community-based first aid (CBFA) training programme is implemented nationwide through the network of trained volunteers from local branches. Four CBFA (training of trainers) courses for 134 participants from three states and divisions - Shan (East) State, Shan (North) State and Sagaing division - were conducted by the staff of training unit together with RCV trainers from the states and divisions.

- Throughout the 17 states and divisions of Myanmar, trained Red Cross volunteers conducted CBFA training for a total of 4,981 individuals from their villages
- The programme trained 68 teachers as first aid instructors from two states and divisions.
- Teachers trained by the MRCS both in 2008 and previous years went on to teach basic first and safety to 3,107 pupils in 2008
- The national society also conducted commercial first aid training for 445 individuals

In commemoration of the World First Aid Day, 2008, a 14-day first aid instructor course was organized in Mandalay division at Pyin Oo Lwin township for 36 Red Cross volunteers from the seven townships of Pyin Oo Lwin, Tha Beik Kyin, Madayar, Kyauk Sae, Tut Kone, Kyaukbadaung and Taung Thar.

The MRCS has been implementing CBFA since 1995 and has expanded widely with coverage to all states and divisions. In order to measure its achievements and impact, the MRCS conducted a review of the programme in three states/divisions (Kyaing Tong, Shan (East) State; Laputta, Ayeyarwady division and Minbu, Magway division). An external reviewer who is a retired professor of the psychology department of the University of Yangon was selected to lead the review process. The review took place between March and November as it was delayed due to Cyclone Nargis and the added work demands placed on the training unit.

The review team met with State Red Cross supervisory committee members, Red Cross volunteers, CBFA and first aid trainers, trained community volunteers and community leaders. They also held focus group discussions with community members.



Community members in Magway discuss health awareness issues as part of the community-based health and first aid programme. (Photo: MRCS)

A summary of results from the above monitoring and review activities include:

- The CBFA project is welcomed by the various township medical officers and there is a sense of ownership from the township Red Cross steering committee
- There was appreciation expressed for the CBFA training and those trained agreed that they had learnt how to provide first aid.
- Trained volunteers and some community members report an increased ability to respond to accidents by giving appropriate first aid.
- Both the review and monitoring trips indicated that the selection of volunteers trained in CBFA may need to be improved, due to volunteers leaving after training.
- The timing and location of the training of community volunteers could benefit from a more flexible approach such as: training in the communities as opposed to the townships; and splitting the training period over a longer time as many of the trainees cannot attend full-day training due to work commitments.
- Additional information, education and communication (IEC) materials, guidelines and other support materials need to be provided to the volunteers trained from the villages.
- Options can be explored on how to promote trained community volunteers to reach more households after multiplier training. This includes the possibility of volunteering a few hours each month, depending on their willingness and availability to pass on key messages that they learnt. This would require follow up support from the branch office.

Related programme: Capacity building in health

The national society was under a great deal of pressure through 2008, least due to the efforts needed to scale-up in the Nargis operation. These efforts include the deployment of many MRCS staff to the operation, thus temporarily but necessarily, suspending their normal activities within the MRCS. As a result, several projects planned for 2008 have experienced understandable delays with activities being postponed or cancelled.

Nevertheless, MRCS remained committed to the CBFA and CBHFA programmes, and maintained a level of implementation of activities to a number of states and divisions. The challenge ahead for MRCS is to balance the capacity required to maintain key health activities within the delta region while resuming and strengthening existing activities. MRCS remains committed to the move from 'project to programme' basis, and is set to focus on this during 2009 and define how this should be supported.

Organizational development

Programme component: Branch capacity building

Outcomes/Expected results

The capacity of MRCS branches is strengthened to take a leadership role in implementing humanitarian activities, in addressing the needs of local communities in accordance with the principles and values of the Movement.

Achievements

Branch development remained a priority for the MRCS during 2008 in terms of identifying the approach and the challenges for this. Branch coordinators had met in December 2007 on the latter discussion and a follow-up to this gathering was planned for May 2008 but had to be postponed due to cyclone Nargis.

However, one national meeting of all branch coordinators and representatives from the states and divisions was conducted in early November to discuss the progress and challenges of the branch development programme. The meeting discussed an integrated capacity building approach for the future as well as some of the lessons learnt from the Nargis response. The meeting saw the active participation of the MRCS health and disaster management divisions as well as the society's executive committee members.

The external review of the branch development programme of the progress of various branch development interventions since 2005 was discussed with the MRCS leadership and planned to start in early 2009. The scope of the review will include an assessment of the impact of branch building constructions; income generation support to selected branches; salary support to branch coordinators in the pilot townships; and the malaria project initiated in nine townships as an outcome of branch development support. The review is expected by the end of March 2009 for review and discussion. The construction of four branch buildings in Loikaw, Kyaikmayaw, PhaAn and Moekaung has been completed and the financial settlements are expected to be completed before the end of the year. In the fifth township, Zeegone, the national headquarters is looking into delays that have occurred in the completion of the work.

In October, a visit was conducted to Kyauk Phyu township. The township had received support for income generation and branch building construction in 2006 through the branch development programme. The township branch is now seeking additional support to further strengthen its income generation potential. MRCS has also conducted separate visits to the PhaAn and Kyaikmayaw townships during this reporting period to monitor progress of branch building construction. A branch visit to Thanintharay Myeik township was carried out at the end of November to monitor ongoing activities and to review the income generation support channelled through the headquarters. Initial feedback was positive, and the branch has already managed to refund 50 per cent of the loan through the income generation project.

Programme component: National headquarters capacity building

Outcomes/Expected results

The MRCS national headquarters' capacity is strengthened to assist branches in delivering community-based services efficiently and effectively, to meet the needs of the most vulnerable in Myanmar.

Achievements

The MRCS/International Federation organizational development (OD) teams supported the recruitment of a total of 39 headquarters staff (16 men and 23 women) and approximately 200 staff members in the Delta region (29 women and 71 men) for Nargis field operations by the end of the reporting period. In addition, recruitment for several headquarters positions under the Nargis operation and replacements for a number of vacant positions were initiated. The MRCS organizational development team provided support to the cyclone hubs for the recruitment of certain levels of staff in the field. Two induction courses for the newly recruited staff were organized and conducted in Yangon, and a third course planned for November/December. The International Federation's support to the human resource scale-up process also received active support from the in-country Danish Red Cross office, particularly in the initial emergency phase of the operation.

Rules and regulations for the Nargis operation staff have now been developed and are currently under discussion. During the peak of the emergency response, the organizational development team participated in the weekly operations meeting and monthly meetings for hub managers and 2ICs (head volunteers who are the second-in-

command of pre-existing MRCS structures in townships). The organizational development team had also facilitated sessions on the project planning process (PPP) for health officers and sessions on organizational development and volunteering for logistic officers.

An 18-month action plan for the review of MRCS statutes was developed in July, with the help of a consultant, a former MRCS employee who was in Myanmar to support MRCS cyclone operations. The plan was discussed with the chairman of the MRCS review committee and it was agreed that the MRCS legal advisor play a more active role in the review process. The plan has been shared with the International Committee of the Red Cross (ICRC) country office. The legal advisor was supported to participate in the legal advisors meeting in Geneva. The MRCS intends to take up the statute revisions in early 2009.

Programme component: Youth development

Outcomes/Expected results

Greater numbers of young women and men participate in MRCS activities as beneficiaries, service providers, and partners in management and evaluation.

Achievements

The MRCS executive committee is committed to youth development. This was initiated early in the year when the MRCS highlighted the importance of youth participation in its programmes in February by inviting youth representatives to participate in its central council meeting and general assembly held in February/March. Although the participants only had observer status, the event represented the first time that the youth had been invited to these meetings and was therefore, considered to be a significant step forward in MRCS youth development.

In March 2008, three advocacy sessions attended by 40 representatives from 20 universities were conducted in the Mandalay division. The sessions were addressed by the MRCS president.

Additionally, MRCS is committed to providing external exposure for more youth representatives. The youth and volunteer coordinator represented the MRCS at the organizational development forum held in Manila, Philippines, in February. The MRCS was represented at the 10th Asia Pacific youth gathering meeting in Thailand held from 1-7 September. The MRCS youth director also participated in the regional youth directors meeting in Viet Nam, where a video was presented on MRCS youth action in Mon state.



Volunteer development and management are priority areas being strengthened by the Myanmar Red Cross Society. (Photo: MRCS)

A youth membership drive was initiated through health talks and a blood donation exercise in Mawlamyine township in October, targeting over 500 university students. There has been a substantial increase in the number of registered youth blood donors in the country - from 73 in 2007 to nearly 440 in 2008. At the Thaninthrai division, the state branch organized a 15-day youth camp with its own funding - 155 youth members, under 16 years of age, from 10 townships participated in the camp.

Programme component: Volunteer development

Outcomes/Expected results

Volunteer management efforts are strengthened through systematically evaluated processes.

Achievements

The year started with the development of a volunteer movement diary for branches to record and support volunteer work. Branches were encouraged to register all volunteers in an effort to improve volunteer management. This was emphasized at the 62nd central council meeting held in February 2008. The updated figures from the branches are pending.

The volunteer policy developed in 2006 and distributed by the headquarters in 2007, is currently being discussed at the branch levels.

In April, 17 states and divisions reported that a total of 349 volunteers actively participated in various Red Cross programmes and activities, assisting about 15,811 beneficiaries. The assistance included relief after fires and disasters, emergency first aid, health and care, and community development work.

Preparations are underway to conduct a review of the overall MRCS volunteer programme with reflections on volunteer mobilization and support for volunteers during the Nargis operation before the end of the year.

The focus for volunteer development and management has been on the volunteers participating in the Nargis operation. The strategy is to use opportunities in the operation to better clarify MRCS volunteer policies and approaches. Volunteer allowance paid to volunteers to cover their incidental costs in the Nargis affected area were reviewed and discussed together with the MRCS organizational development unit, the regional organizational development delegate and MRCS at the end of the year.



Red Cross volunteers meet with villagers in Lashio during a first aid awareness campaign. (Photo: Myanmar Red Cross Society)

Updated guidelines for supporting volunteers participating in the recovery operations have been drafted and discussed with partners and internal stakeholders. Discussions and planning for the creation of a volunteer database, initially to be used in the delta, commenced in December. An insurance scheme for both volunteers in the cyclone-affected areas as well as non-affected areas has been drafted in consultation with the International Federation's volunteering units based in Kuala Lumpur and Geneva. The scheme was launched at the beginning of 2009 and approximately 6,700 MRCS volunteers will be covered.

During the emergency phase of the cyclone operations with technical support from ICRC, the MRCS developed a plan to mobilize over 1,500 volunteers from non-affected townships to support volunteers working in the affected townships in the delta region. The MRCS volunteering unit also facilitated sessions on volunteering in emergencies during a public health in emergencies (PHiE) training session and conducted a two-day training on 'recruitment of volunteers' targeted at volunteer leaders from the 13 townships covered by the Nargis operation. Letters of condolence were sent to families of volunteers who had lost their lives during the cyclone, as were letters of recognition to volunteers who worked during the emergency phase of the cyclone operation.

Programme component: Finance and resource development

Outcomes/Expected results

MRCS headquarters and branches have well-developed financial management procedures that are routinely followed to promote self-reliance and sustainability, as well as assistance from potential donors.

Achievements

The updated financial regulations for the MRCS developed with the support of the regional office were fine-tuned in February, then endorsed by the executive committee and approved by the central council in February/March. The next stage comprising the development of a long-term finance development plan for the MRCS which will include the strengthening of branch financial management was under discussion at the time that Cyclone Nargis hit.

The MRCS head of finance, participated in the Southeast Asian regional finance directors' forum in Singapore, hosted by the Singapore Red Cross Society and facilitated by the International Federation's Southeast Asia regional office based in Bangkok. This meeting provided an opportunity to discuss issues related to finance development, and accounting software in use at different national societies, among others.

The cyclone operation has provided the MRCS with an opportunity to test these regulations by implementing them at hub offices set up in selected townships for the Cyclone Nargis operation. Guidelines for the hubs were developed with the support of the regional finance development delegate. The aim is to integrate the guidelines into branch finance procedures in the long term.

The regional finance development delegate made two visits during this reporting period to work with the country office's finance unit in support of the MRCS to set up financial management systems at the cyclone hubs. Financial

guidelines for the hubs which will feed into the financial guidelines for MRCS branches over the long-term were developed, and one training session was conducted for hub finance officers. One joint International Federation-MRCS field visit was conducted to support hub finance issues.

Constraints or Challenges

Strategically, creating a balance between implementing the Nargis operation and annual programme plans is a continuing challenge. Another challenge also lies in getting qualified and competent candidates to support the MRCS human resources scale-up plan and fill existing vacancies.

Humanitarian values

Programme component: Communications development

Outcomes/Expected results

Develop the communications capacity of the national headquarters and selected branches, and create strong internal and external linkages, particularly during emergencies, to deliver timely support to the vulnerable, and maintain a high public profile and positive image for the MRCS.

Achievements

The communications division was in discussion with the International Federation's country office on the development of a communications development plan for the MRCS. A server was procured. One of the aims of the MRCS is to strengthen its communication with its various branches, the Red Cross Red Crescent Movement partners, and other internal and external stakeholders. Following the cyclone response, training plans for communication focal points in states and divisions were reviewed and a proposal made on the need for an information management team at the headquarters.

In June, the MRCS procured and installed a Broadband WiMAX connection which gives better speed and allows more users to access the Internet. The Intranet has also been installed at the headquarters and recruitment took place for an IT administrator at the national headquarters. This has contributed to increasing the efficiency of internal communications and information sharing within the headquarters and with branches which have Internet connections. A reporting officer at the headquarters who will coordinate reports from cyclone hub offices and affected townships was appointed in October.

Up to 4,000 copies of the MRCS News Journal were printed and distributed in October. The journal includes news on township Red Cross activities, the Nargis operation in affected areas and an article highlighting the transition from relief to recovery under the Nargis operation.

A media trip to the cyclone-affected affected townships of Twantay and Kawhmu was organized in August. Media trips to selected affected areas (in the Yangon and Ayeyarwady divisions) for delegates from the International Federation's Asia Pacific zone office in Kuala Lumpur, the regional office in Bangkok, and partner national societies have also been organized. The trips focused on volunteer capacity; the achievements and effectiveness of relief distributions; the lives of beneficiaries after the cyclone, and the challenges that remain in the affected areas. A 14-minute video documentary which pays tribute to the tremendous dedication of Red Cross volunteers in the Nargis operation is being finalized. It will be shared internally within the MRCS and with external partners.

Another key responsibility of the MRCS communications division has been to compile and prepare internal reports for the MRCS leadership and ministry of health. The recruitment of the reporting officer is expected to strengthen the capacity of the division in this regard. A first meeting for hub reporting officers was organized in Yangon with the support of the International Federation's reporting unit, to familiarize officers with field reporting templates recently rolled out, and to get an update on reporting progress and challenges in the field.

Programme component: Dissemination of Movement principles and values

Outcomes/Expected results

Through its ongoing communications and promotion of key national and global advocacy programmes, the MRCS promotes humanitarian programming, incorporating Movement principles and values in Myanmar.

Achievements

Red Cross Red Crescent Movement principles and values were promoted through training support provided to approximately 2,380 school Red Cross members during the year. The members included teachers, Red Cross volunteers, military officers (including retired military officers in the veterans' association) and approximately 55 newly recruited national society staff. Additionally, in the latter part of the year, principles and values training was targeted for 4,730 school teachers and about 240 community members in the Dagon (North), Dala, Shwe Pyi Tha

and Kyunchunkone townships in the Yangon division, and 90 Red Cross leaders from 22 townships in the Sagaing division.

The sessions covered the Movement history, principles and values, emblem and International Humanitarian Law, as well as planning for the future.

Two exhibitions were organized in February and March at Nay Pyi Taw, the capital of Myanmar. The first comprised an exhibition within the Armed Forces Day Exhibition 2008. The second exhibition was held in commemoration of the 62nd MRCS central council meeting and 9th general assembly from 28 February to 1 March. Here, the MRCS displayed activities conducted for five programme areas according to its strategic plan: organizational development, health and care, disaster management, humanitarian values, and financial resource development.

The MRCS has also conducted awareness campaigns through print and electronic media. In February and March, Red Cross spots and Red Cross songs were aired over Myanmar Radio and FM Radio, targeting about 70 per cent of the country's population. Three first aid television spots were aired over two national television channels. In addition, the MRCS received good coverage in the local print media during the general assembly through interviews given by the president and the honorary secretary. One edition of the MRCS journal was also published, providing information internally within the MRCS.

Coordination continues between the MRCS, the International Federation and the ICRC on MRCS programmes on Red Cross principles and values. At least three formal meetings were held during the reporting period to coordinate support for the MRCS.

The restoring family links unit (RFL unit) was formally set up in August with financial and technical support from the ICRC. The Red Cross restoring family links service was initiated in the field during the first few weeks of response to Cyclone Nargis. It involves the collection of *Anxious for News* messages (from individuals or families looking for missing family members), and *Safe and Well* messages (from the cyclone-affected who were separated from their families). Up to the end of October, 2,640 inquiries were received and 62 family members reunited.

In September, the MRCS engaged in a discussion with the ICRC, seeking feedback on a draft manual on regulations relating to the use of the emblem, flag and logo of MRCS. The society will develop a second draft incorporating ICRC feedback and input; this draft will be shared with Red Cross supervisory committees at state and division levels for their feedback.

Constraints or Challenges

Compiling and preparing internal reports for the MRCS leadership and government offices is a key responsibility of the communications division. This has taken up a lot of the time and effort of existing staff members.

The need to strengthen communication within the MRCS has increased further in view of the Nargis operation which requires hardware support, additional human resources and capacity building.

In line with this expanding need, the successful promotion of Red Cross principles and humanitarian values across all sector programmes will require discussion and good coordination.

Working in partnership

The MRCS continued to develop and strengthen its numerous partnerships. A number of new partners, both from the Red Cross Red Crescent family and external agencies, have increasingly wanted to engage with MRCS through the Cyclone Nargis response. The multilateral and bilateral support that the national society received during the recent disaster response provided an insight into the support available through the Movement.

MRCS continues to be supported multilaterally by its long term partners, such as Australian Red Cross, Finnish Red Cross, Japanese Red Cross and Swedish Red Cross.

During the first half of the year, national societies such as Australian Red Cross, Finnish Red Cross, Japanese Red Cross, Norwegian Red Cross, Swedish Red Cross and Taiwan Red Cross Organization continued to provide support to the MRCS in the delivery of long-term programmes. Following Nargis, the MRCS saw the potential for other national societies such as American Red Cross, Austrian Red Cross and German Red Cross to develop alliances and mutually productive long-term partnerships in disaster management. It is hoped that the increased interest in MRCS as a potential partner will extend beyond the cyclone-affected areas and into other areas of the

country that are in great need of humanitarian assistance. Valuable long-term bilateral support from the Danish Red Cross and French Red Cross also continues.

Regular movement coordination meetings continue to take place and issues being discussed go beyond Nargis-related challenges and opportunities; possibilities and areas of interest outside the Nargis operations are constantly given consideration.

The French Red Cross continues to promote its initiatives in disaster risk reduction and recently requested the International Federation to support an exploratory workshop on the concepts behind DRR in other areas of the country beyond the Ayeyarwady delta.

The Danish Red Cross has returned its focus of support to community health initiatives in the north of the country and explored possibilities for the development of media campaigns, calling on expertise from Danish Red Cross headquarters staff.

The Australian Red Cross and Finnish Red Cross respectively continued to support community-based health projects in Megway and Keng Tung.

The Japanese Red Cross confirmed its three-year commitment to work multilaterally, in support of MRCS community-based first aid (CBFA) initiatives. This will allow the national society to have some funding security in order to programme more effectively over the medium-term. Additionally the Japanese Red Cross pledged its support for broader MRCS disaster preparedness measures, namely towards financing the recommendations arising from a logistics capacity assessment planned for 2009 and to review the national disaster assistance response team (DART) training.

The Swedish Red Cross continues to support the national society in a variety of ways including a recent announcement of ongoing support for 2009. Support for the positions of the organizational development delegate and the regional finance development delegate has contributed greatly to response over the last few months, and is also a valuable contribution to longer-term sustainability.

Delegations of partners from various national societies have visited Myanmar in relation to the Nargis response; their interest in this context has created opportunities and a 'spotlight' on potential areas. These will be followed up at the forthcoming partnership meeting scheduled for early 2009. That will be a time to discuss future potential areas across Myanmar programming as well as to review the progress of the Nargis operations.

Contributing to longer-term impact

It is clear that the annual appeal activities were slowed and there was necessarily a large-scale diversion of resources due to the response requirements of Nargis. What is equally clear, however, is the fact that the contributions and activities under Nargis are greatly contributing to the long-term impact on national programming. Issues such as increased support for logistics and logistics training with 'real time' review possibilities, has seen MRCS develop capacities that were previously a challenge to institutionalize.

The work being reinforced in disaster risk reduction (DRR) planning and implementation of the community-based disaster risk management (CBDRM) is clearly designed for longer-term impact, based on the direction and planning of the national society. The MRCS commitment under disaster risk reduction will continue to include support for both Nargis and broader programming under the annual appeal.

Previous reports have highlighted the proven impact of the investment in first aid training for volunteers. MRCS will take the opportunity in the next year to continue support for community-based first aid in addition to strengthening the community-based health and first aid (CBHFA) promoting on-going health awareness promotion at the community level. In the aftermath of the cyclone, thousands of people were treated at MRCS first aid stations around the delta, and carried by stretcher to any available medical support or assisted in reaching safe shelters. This experience has provided an impetus for further work in this area, as well as associated health responses.

The potential contribution to longer-term impact will be a key component of upcoming reviews related to Nargis, disaster management approaches (including the review of the Nargis response conducted in December), community-based health responses and other evaluations that are planned over the coming months.

The initiatives related to the Sphere guidelines, their translation into the local language, and the role that the MRCS is keen to play in supporting the printing and distribution of these translated guidelines, will provide the foundation for future support in disaster response and a recognition of minimum standards.

The [code of conduct](#) for the Red Cross Red Crescent Movement and non-governmental organizations in disaster relief which was printed by the MRCS in 2006 and translated with the support of the ICRC and the International Federation, is now being requested by other humanitarian agencies keen to have a Myanmar version distributed, shared and disseminated more widely within the country.

Looking ahead

The MRCS Cyclone Nargis partnership meeting will be hosted in Myanmar in February 2009. This meeting provides an opportunity to update partners on MRCS commitments and current programmes in addition to the potential to foster further longer term partnerships. This will be an excellent opportunity to develop a shared understanding of the best way forward.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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