

Annual report



International Federation
of Red Cross and Red Crescent Societies

Myanmar

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CBDRM multiplier team members at Shar Taw Village of Pakokku township (Photo: IFRC)

In brief

Programme summary

Myanmar Red Cross Society's (MRCS) work in 2009 was marked by the endeavour to define a clearer process of transition from the large-scale relief and recovery operation following the devastating Cyclone Nargis in May 2008 towards increasing support to the vulnerable population in other regions in Myanmar. The focus of the National Society continued on the demanding recovery operation reaching up to 100,000 families in the Ayeyarwady delta with programme activities in health, psychosocial support, water and sanitation, shelter and livelihoods. However, major efforts have been undertaken to review its engagement in various programme components in health, disaster management and organizational development. The recommendations from these reviews and the lessons learnt from the Nargis operation aim to strengthen the branch structure with its volunteer network, moving from first aid and community-based first aid (CBFA) programmes into community-based health and first aid (CBHFA) in action; supporting beneficiaries more effectively in response to local disasters; and increasing the coverage of its community-based disaster risk management (CBDRM) and disaster risk reduction (DRR) activities.

Disaster management

MRCS has made headway with a revised plan of action highlighting response preparedness and community-based disaster risk reduction programming from the beginning of 2009. A disaster management (DM) review has been completed earlier in the year which outlines key priorities in disaster management. The National Society completed the warehouse assessment and selected five warehouses for upgrading during the year. A "lessons learnt" workshop was conducted with the involvement of all concerned from field and headquarters to review MRCS response to local disasters in 2009.

MRCS has completed its own disaster response contingency plan which will be constantly updated, participated in developing the inter-agency standing committee (IASC) country-wide contingency plan, and strengthened its links to the governmental contingency plan which is known as standing order. Similarly MRCS took part in a task force to develop the Myanmar action plan on disaster risk reduction, and was engaged in the first climate change sensitization workshop.

Health and care

The health division of MRCS has been the first sector which has reached the objective of merging its programme approach in the Nargis-affected delta region and the approaches used in other parts of the country. The first aid and CBFA concept to build skills and capacities of Red Cross volunteers, used country-wide as an entry point to communities, was reviewed in the last part of the year, and recommendations fully support the commitment of MRCS to move into the *CBHFA in action* approach in the coming years. A MRCS CBHFA technical working group was established earlier in the year, followed by a CBHFA sensitization workshop in September, and the translation of all CBHFA manuals and guidelines into the Myanmar language which will be finalized in the first quarter of 2010.

Many project activities in community-based health, malaria prevention, combat of TB, HIV and AIDS, and blood-donor recruitment continued as stand-alone projects with the objective to integrate them into CBHFA programming in the future. Water and sanitation activities have not only been major activities in the Ayeryarwady delta but the newly established water and sanitation unit has already extended its target area into the Magway community health project.

Organizational development

With a new organizational development (OD) delegate arriving in August and following country office discussions with the National Society, the delegate was integrated into their organization in November. The MRCS has agreed that the OD delegate will support internal discussions on issues relating to organizational development, and offer guidance to the MRCS management and leadership. A key component is to facilitate discussions between MRCS and the IFRC country office in an effort to agree on a shared understanding of the "platform of reality" that is the National Society. The Federation country office is committed to working closer with MRCS and believes it important to mutually agree on the situation, context and influencing factors to better focus the Federation's support.

The country office recognizes that the MRCS needs time and space for internal dialogue and discussion in order to reach internal consensus on the way forward. The heavy demands of the Nargis operation have naturally impacted on this. The OD portfolio remains broad with key areas of support to MRCS being to review its organizational and supporting structure, notably: legal and strategic base, branch support, volunteer management; financial and human resource development, sustainability, and the relocation of MRCS headquarters to the new capital Nay Pyi Taw. The OD delegate is taking the lead on the Cyclone Nargis transition plan with a counterpart from MRCS. This process will highlight opportunities and challenges for MRCS's future.

Humanitarian values

With an increase of dissemination sessions on the promotion of Red Cross Red Crescent Fundamental Principles and knowledge on the Red Cross and Red Crescent Movement and the reproduction of a large variety of IEC material, MRCS has taken advantage of a solid funding situation which was possible through contributions from the Cyclone Nargis operation budget. New initiatives to disseminate key messages through the production of videos and posters in various health-related areas have been started with the support of partners.

Financial situation: The total 2009 budget has been revised from CHF 1,700,374 (USD 1.57 million or EUR 1.12 million) to CHF 1,722,751 (USD 1.69 million or EUR 1.14 million). Coverage is 144 per cent while overall expenditure for 2009 is 80 per cent.

[Click here to go directly to the attached financial report.](#)

See also [operations updates](#) for the Cyclone Nargis operations (MDRMM002).

Our partners: MRCS continues to benefit from a number of multilateral and bilateral partnerships.

Under this appeal, contributors include Australian Red Cross/Australian government, Austrian Red Cross, British Red Cross, Finnish Red Cross/Finnish government, French Red Cross, German Red Cross, Japanese Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross and Swedish Red Cross/Swedish government.

For MRCS's country-wide commitments, the National Society continues to benefit from in-country partner national societies. Danish Red Cross supports community health projects, including a mass media project in the area of health, and the establishment of a monitoring and evaluation framework mainly in the Nargis operation; while French Red Cross supports disaster risk reduction and Nargis recovery operations. Australian Red Cross established an in-country presence during the year to support MRCS in the area of restoring family links (RFL) and follow up on the Keng Tung community health project. Additionally, Austrian Red Cross provides multilateral support to MRCS to develop water and sanitation capacity. MRCS continues to maintain important partnerships with UNICEF, UNFPA, UNHCR and Burnett Institute, and has fostered close relationships with the Ministry of Health, and the Ministry of Social Welfare and Resettlement. The Cyclone Nargis operations appeal details further bilateral support for the delta region.

On behalf of Myanmar Red Cross Society, IFRC would like to thank all partners and contributors for their response to this appeal.

Context

Through 2009, the humanitarian organizations in Myanmar have focused on covering the enormous recovery needs in the Ayeyarwady delta and neighbouring regions as a consequence of Cyclone Nargis in May 2008. More recently, core interest is now shifting to vulnerable communities in other parts of the country as vulnerabilities have been reduced significantly in the disaster-affected Ayeyarwady delta. The ongoing sanctions and restrictions, however, hamper the efforts undertaken by the humanitarian community, despite all the efforts on advocacy undertaken.

The effect of a lack of long-term sustainable funding to improve the situation of hundred of thousands of poor people in Myanmar is exacerbated by restrictions on visa and travel permits from the Government of the Union of Myanmar for international organizations to access parts of the country. As the situation has become more difficult in the last months of the year, expectations are low that this situation will significantly change before the general elections, announced for 2010, are concluded and a new government has taken responsibility.

In this situation, it is even more important to build the capacity of local organizations, and MRCS, with its network of branches and volunteers, is best placed to take up an even more important role to address the vulnerabilities and to scale up activities. More cooperation with other local organizations and local authorities is needed to positively impact the health situation, to prepare for and to mitigate the effects of disasters and to engage even more widely in disaster risk reduction efforts and climate change adaptation.

Progress towards outcomes

Disaster management

Overview

MRCS has made major steps to return to normality, to address country-wide disaster hazards and to prepare for future small-scale and larger disasters despite the ongoing heavy involvement in the Nargis recovery operation. As preparedness for disaster response has gained increasing involvement over the past decade, the National Society is moving strategically into disaster risk reduction and climate change adaptation with the aim of becoming an important stakeholder in the years to come. Within the development of the next MRCS strategic plan, lessons learnt from the Cyclone Nargis operation will play a crucial role in the capacity to respond to large-scale disasters as well as in the extent to which other elements of the recovery programme in shelter and livelihood approaches become an integral part of the National Society recovery spectrum. Integration of community-based activities in disaster management and health are still a challenge and need more attention to effectively address vulnerabilities in many parts of Myanmar. Activities under the Nargis recovery programme were further linked with general disaster management activities using funds from both appeals to reach wider disaster management goals.

Programme component: Response preparedness

Outcomes/expected results: Improved disaster response assistance through organizational preparedness and institutional development to meet the needs of those people affected by disaster.

A disaster management review process was conducted at the beginning of 2009 to review the overall disaster management commitments, current programming and potential opportunities brought about through the large-scale response operation and ongoing Nargis recovery programmes. As important recommendations have already been taken up during the recent months, more emphasis on the strategic orientation of MRCS is urgently needed.

During the year, MRCS went through disaster management resource mapping process to understand the gaps in line with hazards, possible risks as well as vulnerabilities at states and division this year. The following areas were considered for disaster management resource mapping: availability of warehouses and ambulances; trained human resource capacity e.g. regional disaster response teams (RDRT), disaster assessment and response teams (DART), vulnerability and capacity assessment (VCA), SPHERE standards, CBDRM facilitation and logistics.

MRCS has capacity to stock around 15,000 family sets, especially non-food items at their 20 warehouses situated in 20 different strategic locations. A logistics capacity assessment, which focuses on reviewing current warehouse capacities and management and communication systems, was completed in September. Based on the assessment report, MRCS has focused on five priority warehouses to upgrade by the end of the year. Discussion with UNICEF continues in a joint warehouse management training, and support to further upgrading warehouses in addition to the immediate repair work was provided for two warehouses (Kyauk Phyu and Botataung).

MRCS mobilized disaster preparedness (DP) stocks in response to various disasters affecting the country throughout the year. This included floods, fires, strong winds, small tornadoes and landslides. MRCS distributed relief packages to a total number of 1,184 affected households across 34 areas in ten townships affected by these disasters. The disaster preparedness stock standardization process was completed and the following standard stock items have been included: tarpaulins (2), kitchen utensils (one set), longyi for men (one piece), longyi for women (one piece), blankets (2), mosquito net (one net), shirt (one piece), short trousers for boys (one pair), skirt and blouse for girls (one piece each). Furthermore, MRCS installed telephone facilities at the 13 most hazard-prone and vulnerable township branches with the objective of improving communication use and coordination between headquarters and different states and divisions. An information technology (IT) communication workshop was conducted to train participants on communication procedures, coordination and reporting during emergency as well as in normal times. MRCS has translated IFRC communication guidelines in the national language to further familiarize these to township-level volunteers.



Disaster preparedness stocks at MRCS Magway State Division Branch warehouse. (Photo: IFRC)

At the end of the year, a review workshop was conducted to institutionalize the lessons learnt from the response in local disasters during 2009 with participation from all levels of the National Society. The review meeting reflected on MRCS systems for response and the role of headquarters and branches, with a view to further build a strengthened and coordinated response capacity. This reflection will lead MRCS to develop their standard operating procedures (SOP) in case of local disasters.

MRCS completed translation of the Sphere manual into the national language. The manual is now being printed and copies will be available following its launch in the year ahead.

The MRCS national multi-hazards contingency plan was completed during the year involving lengthy consultations with other divisions as well as Red Cross partners in-country. The contingency plan covers the following sectors: coordination, information management, restoring family links (RFL), relief, emergency shelter,

health services, water and sanitation, logistics, finance and administration. MRCS is planning to formalize this document during the first quarter of 2010, and a desktop simulation is planned during the same timeframe.

In addition to the MRCS national society plan, the UN Office for the Coordination of Humanitarian Affairs (UN-OCHA) facilitated and coordinated a country-wide contingency plan involving the major international humanitarian organizations in the country. MRCS has been identified as a partner in the health, water and sanitation, shelter, and camp management sectors. The IFRC country office reviewed the inter-agency standing committee (IASC) shelter response plan to align it with its global commitment to become the emergency shelter cluster convener during major disasters.

Three more MRCS staff members (one programme coordinator for CBDRM, one programme coordinator for response preparedness and one GIS officer) have been recruited and trained during the year. The GIS officer is responsible for updating mapping of MRCS disaster management capacity as well as hazards. The officer will maintain a database of trained MRCS human resources, and also act as focal person for the MRCS country-wide multi-hazards contingency plan. Presently the MRCS disaster management department consists of six staff members at its core structure.

Programme component: Community-based disaster risk reduction

Outcomes/expected results: Increased resilience of individuals and communities reducing their vulnerabilities to disasters

To scale up the national society's community-based disaster risk reduction programme, MRCS carried out a hazard mapping and ranking at state and divisional level as well as township level. MRCS completed hazards mapping of all states and division levels, and 53 townships during 2009. The information will help to design disaster management activities to further enhance the coping capacities of the most vulnerable communities, and to take communities and school-level activities as entry points to build safer communities.

MRCS, as a task force member, was involved in developing the Myanmar Action Plan on Disaster Risk Reduction (MAPDRR)¹. MAPDRR is the government response document in line with the Hyogo Framework of Action (HFA). Standing Order² is the Government of Myanmar-related plan for disaster response activities and MRCS, during this year, has been identified as a partner along with other respective government authorities.

Prior to Cyclone Nargis, MRCS was supporting community-based risk reduction activities, primarily through the CBDRM programme. Considering the lessons learnt from the Cyclone Nargis operation on CBDRM programming, the National Society initiated the review of its CBDRM implementation approach as well as relevant manuals to scale up for better preparedness and mitigation initiatives at community level. The CBDRM manual was revised, placing increased emphasis on mobilizing communities. Linked to this, the facilitator handbook has been reviewed and updated. CBDRM programme implementation guidelines were developed and have already been applied in practice. A total of three CBDRM facilitator courses were conducted over the year with a total of 108 participants (54 men and 54 women) from six states/divisions trained and funded under the Cyclone Nargis operation and the annual support plan. Up to 112 communities in 53 townships of six states/divisions were reached by end-2009. Table 1 shows the geographical locations of the CBDRM programme.

Brief descriptions about CBDRM programme geographical locations					
	Division/States	Number of Townships	Number of targeted communities for CBDRM-2009	Number of targeted communities from the support of Cyclone Nargis Operation	Number of targeted communities from the support of Annual appeal
1	Ayeyarwady	16	41	37	4
2	Rakhine	8	13	0	13
3	Yangon	8	17	17	0
4	Magway	7	17	7	10
5	Mandalay	7	9	4	5
6	Sagaing	7	15	7	8
	Total	53	112	72	40

¹ Awareness generation, Basic early warning as well as community mobilization are identified roles for MRCS.

² MRCS is member of Inter-Ministerial Coordination Committee for disaster management and Advisory Committee for Natural disasters

MRCS mobilized the selected communities to form CBDRM teams (30 volunteers in each team, 50 per cent were women). The CBDRM multiplier team was trained on the process of implementing the CBDRM programme as well as VCA tools for hazards and capacity mapping. Hand mikes and stretchers were provided to communities. Hand mikes helped communities to strengthen their existing early warning system whereas stretchers help to transport the most vulnerable in case of disaster or in day-to-day accidents.

The selected communities developed seasonal calendars; identified focal persons for early warning and evacuation places and routes; and generated awareness activities by using information, education and communications (IEC) materials recently produced by MRCS headquarters. During training sessions, participants also identified available local resources at community level to mitigate the impact of disasters. An emergency handbook on “Do-s and Don’t-s” during emergencies has been published and distributed to selected CBDRM communities as well as township branches. A total of 3,360 community volunteers directly and more than 60,000 community members indirectly were benefiting from this programme. For 2010, 84 new communities from mainly five states and divisions will benefit from the CBDRM programme together with a newly initiated school-based disaster risk reduction programme targeting 20 schools in Shan State and Nargis-affected townships.

A one-day orientation workshop on climate change adaptation was conducted in June. A total of 36 participants attended, including MRCS heads of division, as well as the national society’s executive committee members. A senior officer from the Red Cross and Red Crescent climate change centre, based in The Hague, Netherlands, facilitated the session along with an external national facilitator from the meteorology and hydrology department in Yangon. MRCS is considering how this area can be mainstreamed into its ongoing programming. Two orientation workshops are planned for next year to target Red Cross volunteers in states and division as well as townships.

MRCS recently translated two documents produced by the IFRC Southeast Asia regional office in Bangkok: the VCA guidelines and the regional DRR framework. While the VCA guidelines have been printed and distributed to targeted townships and the CBDRM team leader, the DRR framework document is being printed. Table 2 shows the descriptions of IEC materials produced and distributed by MRCS in 2009.



The handover of early warning tools to the community-based disaster risk management (CBDRM) multiplier team leader at Pan Tau Village of Mindon Township (Photo: IFRC)



VCA Mapping at Shar Tau Village of Pakokku Township. (Photo: IFRC)



Information, education and communication materials developed and produced by MRCS during 2009. (Photo: IFRC)

	Name of Material	Category	Target groups	Purpose
1	Vulnerability and capacity assessment (VCA) guidelines	Handbook	CBDRM facilitators and MRCS trainers as well township branches and CBDRM team at community level	To promote the VCA tools in MRCS planning and implementation process
2	Community-based civil society disaster risk reduction pictorial handbook	Handbook	CBDRM (facilitators), selected school teachers, MRCS staff and volunteers, as well township branch, community and school-going children	To raise awareness on potential hazards (accidents, health and natural disasters) and respective measures to reduce their impact at local level.
3	CBDRM manual	Handbook	CBDRM (facilitators), CBDRM-team at community level	To scale up the MRCS CBDRM programme
4	Four natural hazards (fires, floods, earthquakes and storms)	Poster (large size), pamphlet (A4-size), leaflet (3-fold)	CBDRM (facilitators), selected school teachers, MRCS staff and volunteers, as well township branches, CBDRM team at community level as well as community members.	To raise awareness on four natural disasters common in Myanmar and respective measures to reduce their impact at local level.

A two-day CBDRM team leader workshop in November discussed the impact of the CBDRM programme and updated the participants from 53 townships on the revised CBDRM manual and new implementation guidelines. Feedback included the challenges around volunteer recruitment and retention and the need to further strengthen linkages to MRCS branch activities.

MRCS staff members participated in several regional events including the DRR framework development workshop in Indonesia; the DRR practitioners workshop and the relief to recovery workshop, both organized in Thailand; logistics training in Kuala Lumpur; and the RDRT training with focus on water and sanitation in Indonesia.

The disaster management delegate led the process in identifying how cross-cutting community-level disaster risk reduction (DRR) components are mainstreamed into ongoing Nargis recovery programming. More detail is given in the Cyclone Nargis operation updates.

Achievements:

- Three CBDRM training-of-trainers sessions were completed with a total of 108 multipliers from Rakhine, Sagaing, Yangon, Magway, and Mandale as well as Ayeyarwady division.
- MRCS reached 112 communities from 53 townships, as planned in 2009, under the CBDRM programme. A total of 3,360 people were trained on the CBDRM process and possible basic activities as counter-measures of related risks from the potential hazards and vulnerabilities.
- Some 10,000 pieces of information, education and communication (IEC) material on local disasters (floods, storms, earthquake and fires) have been distributed among communities to raise awareness. It is expected that around 275,000 people benefited from these materials.
- MRCS responded to a range of local disasters and distributed relief assistance to 1,184 households from the available disaster preparedness stocks
- The logistics capacity assessment focusing warehouses was completed. Altogether 20 warehouses were covered in this assessment. Five warehouses have been upgraded as planned during 2009.
- The MRCS disaster management division has increased its number of staff members from three to six to match the needs of ongoing disaster management work.
- The MRCS position has been defined in the Myanmar action plan for disaster risk reduction as well as its position has been secured in the government's standing order and IASC response plan.

Constraints or challenges

MRCS headquarters is facing the ongoing challenge to cope with the volume of work which is generated under the annual appeal coverage and the Cyclone Nargis recovery operation. Follow-up on recommendations from review workshops and field monitoring visits as well as the disaster management review is hampered by the daily absorption on activities under the Nargis recovery operation which detracts from disaster management countrywide activities and support. Regular communication with township branches is a challenge and standard operation procedures are not well known or not closely followed. Besides this, time-sharing of disaster management division colleagues between the new capital and MRCS headquarters in Nay Pyi Taw is also a constraint to reserve sufficient time to develop future strategies and plans.

Looking ahead, MRCS will undertake an internal review of its role in disaster response, facilitated by the disaster management delegate. This will further feed into the update of the contingency plan with lessons learned from Cyclone Nargis and 2009 relief responses, the revision of disaster management policy as well as the further development of standard operating procedures. MRCS will continue to consider recommendations from the disaster management review, such as strengthening national disaster response teams (NDRT) to improve a coordinated response effort and to move into a two-year cycle for CBDRM to facilitate most vulnerable communities to become more resilient.

Health and care

Overview

The nationwide network of volunteers is the basis of MRCS health activities and this is obvious in numerous health-related activities both in and beyond the Cyclone Nargis-affected areas. The national society has reemphasized its efforts in making communities healthier and providing a safer environment for the most vulnerable in the country. Health activities focusing on community-based health, first aid and psychosocial support in the Ayeyarwady delta have been aligned with health approaches in other states and divisions, with first steps taken towards moving in the *CBHFA in action* approach within the next two years. This will be an important step in implementing the MRCS leadership commitment to have a *programme* rather than a *project* approach in the future. The development of a new health strategy as part of the new MRCS strategic plan 2011-2015 has been postponed to late 2010.

Access to safe water and hygiene facilities in Myanmar is lacking for a large proportion of the population. During the Nargis operation, MRCS started to engage in the production and distribution of clean drinking water, the construction of family latrines, and hygiene promotion. In less than 18 months, MRCS has built up a strong water and sanitation team who has started recently to address water and sanitation problems in other health-related projects, aiming to include this sector in the upcoming new MRCS strategic plan 2011-2015.

Programme components in MRCS

Health and care activities remain a large component of MRCS efforts to promote and improve conditions for vulnerable communities. The MRCS health team is now working on three main programmes, namely:

- Public health in emergencies,
- Community-based health promotion including voluntary blood donation, TB, malaria, HIV and AIDS; and,
- Community-based first aid/first aid and safety

Programme component: Public health in emergencies (PHiE)

Outcomes/expected results:

- Red Cross staff and volunteers have the capacity to respond to potential epidemics in six states and divisions prone to natural disaster (Yangon, Ayeyarwady, Rakhine, Tanintharyi and Mon)
- MRCS is an effective member of the government of Myanmar's national plan for response to the threat of a human influenza pandemic
- High risk groups⁴ are knowledgeable in the avian influenza virus and its symptoms, and can take measures to prevent the spread from poultry to humans in targeted townships in three states and divisions (Magway, Yangon and Ayeyarwady)⁵

⁴ Refers to back yard poultry farmers and wet market/poultry store holders)

⁵ MRCS originally planned to conduct avian influenza (AI) awareness training in six states/divisions; however, owing to the late appointment of a PFO and the current heightened threat of a human influenza pandemic, the national society has decided to only

The human influenza preparedness and response plan of MRCS which revised in the first part of 2009, and subsequently approved by the Ministry of Health in August, was the guiding document for all activities undertaken to respond to the acute threat. Existing training and IEC materials related to PHiE have been collected for assessment and used for the development of an updated training manual, a tool kit and the revision of IEC materials. PHiE workshop curriculum and tools were developed by IFRC and MRCS health teams, applying methodologies from recently published guides and manuals⁶.

The materials were tested by the MRCS training department who conducted a community-based first aid training-of-trainers course for six townships from Rakhine state with a total of 36 participants. The materials collected to date are sourced from IFRC, the Ministry of Health, UN organizations and various NGOs working in PHiE. Starting with a workshop in Yangon in June focusing on MRCS health staff and selected Red Cross volunteers, a series of further workshops in Nya Pyi Taw, Mandalay and Yangon division were conducted throughout the year, targeting nearly 500 participants from MRCS, the Ministry of Industry, and universities. In collaboration with UNICEF and WHO, MRCS printed 40,000 new influenza prevention pamphlets and 10,800 posters, and distributed IEC materials in all 17 states and divisions. MRCS also printed 9,000 posters and 48,000 pamphlets in December to be distributed to states and divisions in January 2010.

The preparedness plan focuses on closed communities (schools, urban areas, internally displaced persons [IDP] camps, health institutions) and high risk groups⁷ in targeted states and divisions. In particular, MRCS has conducted five PHiE capacity building workshops for 140 Red Cross volunteers in 35 townships from six states and divisions (Yangon, Rakhine, Tanintharyi, Mon, North and Eastern Shan states and divisions) from May to December. Criteria for the selection of the 35 townships from the six states, included country border areas and highly populated areas. Monitoring and supervision visits to ten townships in Yangon division were organized in December.

The capacity of MRCS was strengthened by appointing a new deputy head of health division as the focal point for PHiE, and a programme officer in early 2009. PHiE staff attended the workshop on 'Strengthening community-based management of AHI' in Yogyakarta, Indonesia. The workshop focused on the school-based project for introducing change in bio-security practices for community backyard farmers and their families. MRCS intends to embark on similar activities by educating teachers on AHI prevention to reach school children who take these messages home to their families and communities. MRCS is exploring the opportunity to integrate this into their existing Red Cross school curriculum. MRCS health coordinator for the Nargis Operations also attended the HELP course in Japan.

The review of the MRCS contingency plan included the additional procurement of personal protection equipment (PPE). Up to 1,460 sets of PPE including apron, goggles, gown, boots, disposable cap, and surgical gown as well as 10,000 soaps, 4,220 N95 masks, 30,000 surgical masks, and 100 emergency kits have been pre-positioned in 20 warehouses in 17 states and divisions from September to December.

Programme component: Community-based health promotion

Outcomes/expected results:

- The health status of people living in selected townships is improved and their susceptibility to communicable diseases is permanently reduced.
- Improved referral and access to health care services for common diseases and priority health concerns.

Magway community-based health project

Based on the mid-term evaluation review from late 2008, the MRCS leadership, project staff and IFRC decided to revise the current action plan and budget of the Magway community-based health project. The project team agreed on main activities to be focused on community-based hygiene promotion and disease prevention with provision of 1,350 mosquito nets for pregnant women and children under five years of age. Additionally, MRCS decided to include and develop a water and sanitation element within the project, such as construction of latrines for selected villages (19 villages and one ward) and provision of new water sources for one village from each township.

target AI awareness where they are currently conducting community-based health programmes (i.e. Megway and the Nargis-affected states of Ayeyarwady and Yangon)

⁶ CBHFA in action and epidemic control manual for volunteers

⁷ International travellers and traders, under 50 years of age, pregnancy, patients who have other disease, such as asthma, respiratory disease, cardiovascular disease, diabetes, HIV/AIDS, and morbid obesity etc,

With renewed commitment from Finnish Red Cross to continue funding this project for three more years, the objectives and logframe were revised together with the project staff. The project staff also received booster training in latrine construction and household water quality testing in Yangon. Work plans were updated which included assistance of the community volunteers in their monthly plans of action such as participating in health talks and discussions, monitoring of latrine construction and latrine use, and participating in mosquito net distribution and use. Other activities of the project staff included assisting communities to develop village health committees and help them to organize their community action plans⁸. MRCS water engineers from the Nargis operation assessed the situation on the ground and supported the project staff and Red Cross volunteers in the implementation of water and sanitation related project components, assessment and using of proper monitoring formats. Over the last months, technical support was continued to train project staff and volunteers on water and sanitation assessments, monitoring and supervision of water and sanitation activities.

After detailed assessments, two villages were selected - Yebokegyi village in Pwint Phyu and La/Tagondine village in Natmauk - one from each township for the construction of new water supplies system. Additionally the water and sanitation team conducted training on the construction of appropriate latrines for a total of 26 project staff and Red Cross volunteers. The trained volunteers constructed model latrines in two townships (20 villages) and a total of 50 latrines were constructed to enable local communities to multiply latrine construction. Plans have developed for the distribution of latrine pans and pipes for communities where demonstration and training has been conducted.

A three-day capacity building, financial and programme management training sessions for G1⁹, project staff, and volunteers took place in respective townships in October. The MRCS deputy head of finance contributed to the workshop in terms of the MRCS working advance and financial reporting system. With regard to the integrated programme approach and better understanding of the project cycle management, MRCS invited G1 from Magway to attend the *CBHFA in action* sensitization workshop in the last quarter of 2009. In addition, the Magway project team participated in the HIV peer education standard workshop. During the peer education sessions, the team members learned about the management and coaching systems for the peer education programme from other project teams. In November, MRCS and IFRC health staff jointly conducted monitoring and review field trips to the Magway project. The delegate organized a hands-on session for community mobilization and prepared an action plan with community members.

Achievements:

- Carried out on weekly basis, 160 health education sessions were organized by project staff and village tract health committees in target villages (19 villages and one ward) from the respective townships. The communities welcome these health talks, and find them interesting and useful in improving their health knowledge.
- As many as 2,700 long-lasting impregnated mosquito nets and 3,000 rubber boots/latrine pans and pipes were distributed in target villages in June, according to detailed information of each household in the target villages collected by project staff.
- Two tube wells were finished: one in Yebokegyi village in Pwint Phyu, and another one in La/Tagondine village in Natmauk.

Keng Tung community-based health project

This project was phased out in June 2009 following six years of investment and partnership with Australian Red Cross. Since the project commenced in March 2003, the project has been implemented in five urban wards with a total population of 45,000 and three rural village tracts in Keng Tung township, and reaches a total number of 30 rural villages from three village tracts, Loi Mwe, Mong Khun and Yang Kha with an estimated combined population of approximately 10,000. After June 2009, township Red Cross committee members continue to promote health and water and sanitation activities in collaboration with local NGOs and authorities. In July, MRCS sent communication officers to Keng Tung to conduct beneficiary interviews¹⁰.

Achievements:

- 108 peer educators provided HIV information to taxi drivers, construction workers, labourers and community members. Up to 20 people living with HIV (PLHIV) were also provided food packs and some people were referred for VCCT¹¹ for HIV.

⁸ Includes clean-up activities, reducing vector breeding sites, establishing refuse sites and disposal, participating in identifying beneficiaries to receive mosquito nets and latrine pans and pipes, identifying which health topics to be discussed, organizing referral systems, etc.

⁹ Grade 1 are volunteer leaders on state and division level

¹⁰ IFRC health, final Keng Tung report in July 2009

¹¹ Voluntary confidential counselling and testing

- Two water storage tanks have been constructed in Upper Pan Kha village and in Lower Pan Kha village; both are fed by a gravity system. Each of the villages has pledged to contribute to the cost of these new water systems up to 40 per cent of the total costs.
- The project staff also provided first aid training to 30 motorcycle taxi drivers.

Programme component: Voluntary blood donation

Outcomes/expected results: Increased numbers of regular voluntary non-remunerated blood donors

A blood donor recruitment review meeting was organized in April and attended by 30 participants from MRCS headquarters and branches, the national blood centre and regional hospital representatives. The review was facilitated by the head of the blood donor service of Singapore Red Cross. The objectives were to promote improved coordination and collaboration between the Red Cross and the Department of Health and to share experiences within and outside the Yangon area in order to strengthen the link between Red Cross donor recruiters and the national blood centres with the aim of increasing the number of regular blood donors. The main outcomes from the meeting included the need to determine the targets to be reached¹²; improve the current donor data base; identify key audiences to be targeted for recruiting donors; and develop improved mechanisms for supporting and mentoring of trained Red Cross recruiters. As a follow-up to the meeting, roles and responsibilities between the different stakeholders have been clarified and a future work plan worked out which prioritizes scaling up of blood donations and the increase in the number of trained recruiters.

In collaboration with the National Blood Bank, the MRCS blood donor recruitment working group met six times in 2009 and conducted campaign activities. It was reported that 800 new blood donors were recruited by Red Cross volunteers in several states and townships including Dagon University and Thanhlyin Cooperative College. Although 186 Red Cross volunteers from Yangon, Mandalay, universities and colleges attended donor recruitment training and learnt how to conduct education sessions, caring, maintaining motivation and retention for donors, 96 volunteers dropped out, leaving only 90 volunteers to continue managing recruitment activities. Regarding the difficulties of volunteer retention, MRCS has conducted an assessment on the reason of dropping out for the 96 volunteers recently and is in the process of analyzing the results to come up with a revised action plan for volunteer management.

Due to the shortage of blood donor recruiters, MRCS organized advocacy and coordination meetings on voluntary blood donor recruitment programme for blood safety in October. G1 and 2IC¹³ from 17 states and divisions attended the meeting. A representative from the national blood bank was invited and made a presentation on the current situation of blood donors in Myanmar. The medical officer mentioned a high prevalence rate of HIV (four per cent) and Hepatitis B and C (eight per cent) have been found from regular donors, so there is an obvious need to recruit new blood donors through the Red Cross volunteers. Considerations regarding a more systematic approach, timing, registration system, training and education on a regular basis have to take place.

The blood bank at the Yangon General Hospital is under renovation funded by the Thai government through Thai Red Cross. Two youth donors attended the International Forum Club 25 and Health Promotion in June in Nairobi, while two other youth donors participated in the 5th Youth Donor Club Camp in December in Singapore. Senior staff attended the 7th regional blood donor recruitment workshop in Jakarta, Indonesia.

Programme component: Tuberculosis (TB)

Outcomes/expected results: Improved MRCS capacity to address TB-related care and support leads to increased community awareness about TB.

The community-based TB project focuses on training and supporting Red Cross volunteers in conducting health talks to inform people about TB and explain the importance of completing effective TB treatment. Out of 250 Red Cross volunteers trained since 2005, 35 volunteers are still active; these trained volunteers provide psychosocial support, health talks and TB home care kits (which include hygiene items, cereals, and multivitamins) to clients and their families.

Throughout the year 1,331 potential TB cases were referred for diagnosis and treatment, of which 1,039 tested positive and are now receiving directly observed treatment short-course (DOTS) treatment from the national TB centre and home visit support from the Red Cross volunteers. The national TB centre has asked the volunteers

¹² The number of units needed each month

¹³ Grade 1 (G1) and Second-in-charge (2IC) are volunteer leaders on state/division and township level

to follow up on 25 defaulters, these were traced and referred to health facilities, all of these have now resumed their medication and are receiving continued support from MRCS. This year, to date, the national TB centre has been able to discharge 513 patients from their care and support programme as they have all successfully completed their treatment and made a full recovery. However, there have been 15 fatalities as a direct result from illness as these suffered severe complications or other underlying medical conditions. Myanmar is attaining a treatment success or cure rate of 85 per cent, an internationally set target. This project has been aimed at six townships in Yangon under the annual appeal since 2005. In 2010, the TB project will be phased out except for in the township of Thingangyun, and all TB activities are planned for integration into the CBHFA in action programme components.

In addition to direct support of TB patients, Red Cross volunteers provided TB clients, their families and communities with health information, often taking advantage of occasions such as National Immunization Day and school health education sessions. In 2009, they reached a total of 38,950 persons. In addition, during the ceremonies for World TB day, held in project townships, 55 TB home care kits donated to Aung San TB hospital¹⁴ and 177 kits, to TB patients themselves. Under the new application cycle with the Global Fund for Aids, Tuberculosis and Malaria (GFATM), MRCS is in partnership with the Ministry of Health's national TB programme starting in 2011.

The deputy head of the health division attended the Global TWG (TB) meeting in Beijing, China where standard TB indicators were presented. MRCS will now adopt these agreed TB indicators. The deputy head also attended the global TB meeting in India organized by WHO in November.

Programme component: Malaria

Outcomes/expected results: Improved attitude and behaviour concerning malaria through the adoption of preventative measures with 100 per cent (revised to 80 per cent through planning) utilization of insecticide-treated nets (ITNs) in targeted households¹⁵.

With the commitment to move forward with the *CBHFA in action* approach within MRCS, discussions have started how to move the malaria prevention programme which has been ongoing in nine townships in nine states and divisions; namely, Mongset (Shan East), Htantalan (Chin), Minbu (Magway), Thibaw (Northern Shan), Mogaung (Kachin), Medayar (Mandalay), Hpa An (Mon), Kyaikmayaw (Mon), and Zeegone (Bago). The project aims to provide long-lasting mosquito nets to 80 per cent of the households in the target villages with the aim of reducing the number of circulating anopheles mosquitoes. Under the new application cycle with the Global Fund for Aids, Tuberculosis and Malaria (GFATM), MRCS is partnering with the Ministry of Health national malaria programme starting in 2011.

Regular monitoring trips have been conducted by the MRCS project field officer (PFO) which included meetings with some of the households that received nets. Knowledge of the causes of malaria and the importance of nets in preventing malaria has increased within the communities, and there is high appreciation from the recipients of the mosquito nets. The township malaria prevention committees have also conducted regular monitoring trips and highly appreciated the interventions provided by MRCS. A workshop for Red Cross volunteers on malaria prevention, treatment and care of patients in the village level was also conducted. MRCS will continue household monitoring on the use of mosquito nets in 2010, applying the same monitoring formats as used in the Cyclone Nargis health recovery activities.

Achievements:

- 560 community-based Red Cross volunteers who have been trained in malaria prevention and the use and care of mosquito nets have conducted talks and small group discussions in villages reaching a total of 16,000 households.
- Altogether 11,000 long-lasting impregnated nets (LLIN) and some 15,000 impregnated malaria tabs have been distributed to the selected households with children under five years of age or pregnant women.

¹⁴ Aung San TB hospital admits patients with either multi-resistant TB or those with underlying medical conditions or those with severe complications of TB

¹⁵ The project covers nine townships from nine States and Divisions that the Ministry of Health reports as having a high incidence of malaria

Programme component: HIV and AIDS

Outcomes/expected results:

- Improved knowledge, attitude and practice concerning HIV infection amongst key population groups (youth and mobile populations)
- Improved access to effective care and support for people living with HIV (PLHIV) and their families.
- Reduced stigma and discrimination associated with HIV
- Strengthened capacity of the community and Red Cross volunteers to deliver an effective HIV programme

The continued focus on Cyclone Nargis-related health activities together with a wide range of MRCS activities in the health and care sector, made it hard to put recommendations for moving further into programming rather than continuing the project-oriented approach. The outcome of a HIV peer education workshop in April led to a follow-up workshop in October, supported by the regional IFRC HIV advisor. The workshop which included Red Cross and non-Red Cross partners (including Danish Red, Cross, IFRC, UNICEF, UNFPA and Burnet Institute) aimed to increase understanding on peer education standards and project cycle management including standard indicators, and the reporting and monitoring system.

Achievements:

- 180 peer educators with 'life-skills training' regularly conduct informal talks and discussions about HIV with friends and relatives in three townships, especially high risk areas (with HIV prevalence rate over one per cent). Up to 45 Red Cross volunteers have also been trained in home-based care. These 45 volunteers, (15 in each township), visit the homes of people living with HIV and AIDS (PLHIV) weekly to provide health information and training as well as offering support and friendship.
- A total of 158 PLHIV received nutrition support, such as cooking oil, canned tuna, dry beans, cereals and sugar, and medical services. Thirteen families of people who had died of AIDS-related illnesses received assistance for funeral costs. In addition 24 PLHIV with opportunistic infection were provided with assistance to visit their health centre for diagnosis and appropriate treatment
- In the outreach programme on HIV and AIDS prevention to highway bus and truck drivers, 18 trained Red Cross volunteers conducted health education sessions every Saturday. Some 252 sessions were conducted and 3,669 people reached during these sessions. Up to 22,214 condoms and IEC materials such as posters and pamphlets (8,520), caps (2,560) and other items with short messages: 'Your choice is your life, use condoms', were distributed to people at bus and truck terminals. This project covers three townships in Mandalay division (Aung Myay Thazan, Mahar Aung Myay and Pyi Gyi Tagon) and also Lashio township in Lashio, Northern Shan state.

The project focuses on three specific target groups – youth aged between 14 and 25, truck and bus drivers and their associates, and people living with HIV (PLHIV) and their families. The MRCS works in co-ordination with the National AIDS Programme (NAP). Under the same programme, a total of 86 targeted people were referred to voluntary confidential counselling and testing (VCCT) services.

- On the training side, refresher training was offered to 36 Red Cross volunteers working in HIV prevention projects, one MRCS HIV project officer attended the HIV ART meeting and ICAP meeting in Bali, Indonesia in August; and three MRCS HIV officers (two funded by Danish Red Cross, and one by IFRC) attended the HIV master trainer workshop in Bangkok.

A number of recommendations made during the lessons learnt workshop, follow-up visits and project reviews will be analyzed during a HIV review planned for February 2010. This will involve all senior staff working in the HIV sector in order to come up with improved implementation of HIV activities in accordance with MRCS's membership of the Red Cross Global Alliance on HIV. This includes:

- Forming a steering committee for the Global Alliance on HIV to include all partners and donors, as recommended in the Global Alliance on HIV programme document.
- Translation of all Global Alliance programme documents and formats to ensure staff become familiar with them and the peer standards
- Appointing a HIV programme manager position in MRCS to be co-funded by partners to ensure that regular meetings are held between projects to update on implementation, share lessons learnt and resources, and to provide updated reports.

- Looking at ways to harmonize HIV project areas for a more programmatic approach with common reporting and monitoring tools
- Strengthen MRCS's representation in external forums such as HIV technical working groups

Programme component: First aid and community-based first aid (CBFA)

Outcomes/expected results:

- MRCS first aid programme guidelines and policy are updated and implemented in branches.
- All state and divisional Red Cross levels are prepared to implement a first aid and community-based health and first aid (CBHFA) programme by December 2010.

First aid and community-based first aid (CBFA) training continues to be a core activity of MRCS. MRCS leadership has embarked on a clear commitment to move into community-based health and first aid in action (CBHFA) within the next strategic plan 2011-2015 of the national society. A CBHFA sensitization workshop was conducted in late 2009 with participation from the Ministry of Health and major Red Cross and non-Red Cross stakeholders working jointly with MRCS in health and care programmes. A health forum planned for early 2010 will further look into steps to be taken to move on with the CBHFA approach and to develop a roadmap for the years to come.

A comprehensive mid-term review was conducted in October using an external consultant team travelling to Kayah state and Ayeyarwady division. The methodology used included focus group discussions, in-depth interviews, informal discussions with local authorities and Red Cross volunteers and community members. The report was finalized at the end of November and the recommendations are being further analysed. The aim of the review was to determine the extent to which CBFA has had an impact in the implementation of first aid. In addition, an external consultant from Japanese Red Cross Society has undertaken a technical review of the first aid training course and will participate in a first aid instructor refresher course.

The main recommendations from both reviews can be grouped as follows:

Organizational set-up of the first aid/community-based first aid programme

- Full integration of the programme and a higher degree of ownership by MRCS in the day-to-day management of the programme is encouraged. Better coordination and collaboration between the CBFA programme and other related projects and programmes is needed.
- To avoid excess workload within the MRCS health division, similar projects and programmes should be integrated using a programmatic approach.
- The administrative, financial and operational system within MRCS should be revised with clearer roles, responsibilities and job descriptions for all staff in every division.
- Communication between MRCS headquarters and the township Red Cross offices need improvement.
- Monitoring and supervision system should be mainstreamed and Red Cross volunteers more incorporated in this process; the use of existing monitoring formats for training needs further attention

Training and IEC materials

- Training curriculum and duration of training need to be adjusted and considered for modification and revision to maintain quality and standards.
- The timeframe for the validity of the training certificate should be limited and regular refresher training courses for the first aid and community-based first aid trainers should be organized to maintain their skills and update their knowledge.
- The selection criteria for multiplier-training participants should be carefully set, particularly in the areas where incentives are given.
- A sufficient number of IEC materials such as flip charts, pamphlets and posters should be made available to all Red Cross volunteers for further dissemination of health knowledge in the communities.
- The school Red Cross programme should be extended as students as well as teachers are well-positioned to disseminate first aid/community-based first aid (CBFA) knowledge and first aid safety. CBFA programme activities should also be scaled up to reach more remote areas where vulnerabilities are generally high.
- In some areas where ethnic groups do not understand the national language, IEC materials need to be translated into the local dialect.

Sustainability of Red Cross volunteers

- Instructor/trainer teams should be developed at the state and division as well as township levels to better support existing active Red Cross volunteer trainers and be able to better substitute those who withdraw from the existing trained active volunteers
- It is recommended to better motivate Red Cross volunteers to ensure higher volunteer retention. Ways and means should be explored to reduce volunteer dropouts in all townships.
- The MRCS headquarters should consider the guidelines for nationwide fundraising campaigns to generate their own funds and to develop business plans at all levels. Efforts need to be made for the development of commercial first aid which is one of the best income generation activities for MRCS.

Achievements:

- A series of first aid and CBFA training sessions have been conducted during the year in several states and divisions; among them, in Kayah state (instructor course for 31 school teachers from seven townships), in Rakhine state (safety and CBFA training of trainers for 36 participant from six townships), in Shan state (multiplier training for CBFA) and in Chin state (multiplier training for basic first aid for high school children) where a total of 30 community members have received CBFA training, and 990 school children were trained in basic first aid.
- The training unit also conducted commercial first aid courses for other NGO staff, business company staff, national and international airline staff. Up to 1,122 participants¹⁶ have been trained.
- Responsibility for training has been further decentralized to states and divisions as the support from the training unit at the national headquarters has been reduced from four to only one trainer. The aim is to build more training capacity at branch level and limit the support from national headquarters to the quality aspects and monitoring.
- The CBHFA coordinator attended a lessons-learnt CBHFA workshop in Jakarta in October to conceptualize the challenges involved in moving towards a CBHFA approach in the Myanmar context. Two MRCS health staff attended the master training for CBHFA organized by the IFRC regional health team in April this year.
- The translation process for the CBHFA in action manual is ongoing and is to be finished by April 2010. The CBHFA technical working group which has been established in the second half of 2009 is organizing monthly coordination meetings, involving the disaster management division and the development coordination unit.
- The learning from the monitoring and evaluation framework introduced for all sectors of the Nargis operation including health, water and sanitation and psychosocial support will be used to build up similar systems in all other health-related projects in the coming year.

Constraints or challenges:

- Delays in the payment and clearance of working advances for the different projects often delays activities being conducted and work plans being achieved. Discussions are underway between the IFRC and MRCS with regard to providing further training and support to assist the various project staff in improving their financial management skills.
- Limited time for the MRCS senior management to follow-up recommendations from reviews and lessons-learnt workshops and to provide focused attention to manage, monitor and develop the projects funded under the annual appeal as the demand from the Cyclone Nargis recovery activities is still high.
- There is a need to improve the reporting and monitoring skills and formats in order to capture more detailed information and to ensure that “double counting” is avoided. Revision of some of these formats is now taking place and it is anticipated that this will also help programme officers and township coordinators to improve their ability to support their volunteers including helping them to develop their own work plans.
- Turnover of project staff at field and headquarters level is critical within the MRCS health division. The remaining personnel has been compelled to take over further duties as human resource procedures are slow to replace staff leaving MRCS. Often senior staff members are required to fill the gap which makes it highly challenging in allocating enough time for supervision and coordination.

¹⁶ This activity is not funded by IFRC

Organizational development

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

While the MRCS remains committed to supporting the beneficiaries of the Cyclone Nargis, some institutional focus and capacity has returned which has been used to consider a number of broader issues facing the National Society. The OD portfolio remains broad with key areas of support to MRCS being to review its organizational and supporting structure, notably: legal and strategic base, branch support, volunteer management; financial and human resource development and sustainability.

MRCS has begun the staggered relocation of the new headquarters to Nay Pyi Taw – this will have ongoing implications as the headquarters functions are split between both locations. It is possible that a significant number of staff will choose not to relocate. The National Society believes that implementation of the current strategic plan (the first in more than 50 years) was limited due to the relief and recovery activities in response to Cyclone Nargis. Nevertheless, MRCS leadership have agreed to prioritize the strategic plan review for the second half of 2010.

MRCS has gained much experience from the Nargis operation. Its standing in Myanmar has been greatly enhanced and importantly, MRCS feels proud of its achievements. The National Society recognizes a number of key issues in scaling up its activities and is requesting organizational development support in their potential resolution. Key issues include

1. Defining a common community-based approach to deliver services to the vulnerable which is realistic and appropriate to the Myanmar context
2. Defining the appropriate operating structure to support township branch and community-based activities.
3. Reconciling the MRCS objectives with the scale of the organization which includes national headquarters, state and divisions (17), districts (64) and township branches (325)
4. Revising the current branch development programme following recognition that the current support is not having the desired long term impact.

The period saw the introduction of a new organizational development delegate to support MRCS. His first priority has been to establish relationships with key members of the National Society and gain a practical understanding of their “Platform of Reality”. Ten weeks into his mission, MRCS invited the organizational development delegate to be “embedded” within the National Society. This has proved to be a positive step with the National Society confirming its satisfaction with this arrangement. IFRC recognizes the demands placed on the National Society and seeks to support internal dialogue and consensus building within MRCS. Many of the issues are cross-cutting by nature and will feed into the constitutional review, strategic and transition plan.

Promoting gender equity and diversity

During 2009, MRCS was supported in addressing issues related to gender equity and diversity. MRCS generally maintains a good gender balance and diversity among staff, volunteers and beneficiaries. In the coming years, MRCS will be encouraged to expand this to key decision-making positions as well, at the governance and management levels. MRCS leadership is already aware of this and will be supported in addressing this while pursuing revision of the MRCS statutes. MRCS will also be supported in implementing recommendations from the various reviews and evaluations conducted in the past, and this will be a key issue to be addressed in all future training, monitoring visits, reviews and recommendations in the coming years.

Outcome/expected result 1: MRCS’s branch capacity is strengthened to take a leadership role in implementing activities addressing the humanitarian needs of vulnerable communities

In order to strengthen MRCS, a branch development programme was initiated in 2005, and reviewed from late 2008 to April 2009. The review outlined a number of recommendations.

The National Society believes that while worthwhile, the sustainable impact of the branch development programme fell short of expectations. The future plan 2010-2011 is to support branch development in a further three townships; Mandalay Division - Pyin Ma Na township; Chin State - Hah Kha township; and Sagai - De Pae Yin township. IFRC is committed to working closely with MRCS to maximize the sustainable impact of this

initiative. In particular, organizational development will seek to fine tune the programme to be more relevant to the Myanmar context.

An area of priority has been the recognition that interdivision cooperation and shared planning needs to be improved. IFRC will support the internal communication and coordination within the National Society to ensure better integrated programming. Importantly the National Society recognizes the need to revisit the goals of the branch development programme. Originally it was hoped that the pilot programmes would lead to a replicable model that could be used across the country – despite considerable effort, this has not been achieved. The National Society is considering the role of township branches and the potential to redefine a minimum branch structure and agreed outputs. This will give clearer focus to various levels of the National Society to support the vulnerable at community level.

Outcome/expected result 2: Strengthen the MRCS legal base and headquarters capacity to assist branches in delivering community-based services efficiently and effectively to meet the needs of the most vulnerable in Myanmar

MRCS reconfirmed its commitment to reviewing and updating its statutes during the partnership meeting held in February 2009. This process was further supported in August by a joint IFRC/ICRC mission from the zone offices. MRCS has completed its first draft revision which is currently being internally circulated and reviewed within the National Society. While noting the commitment from all parties, it is realistic to expect that the Myanmar general election in 2010 will greatly influence the timing of any revision process. Should timing be inappropriate during 2010, discussion will be undertaken to prioritize the development of standard operating procedures.

The organizational development support to MRCS on the legal base review will consider linkages to the 'lessons learnt from Nargis' and issues identified in the ongoing transitional planning process initiated in January 2009.

Outcome/expected result 3: MRCS's volunteer management is strengthened and youth participation as beneficiaries, as service providers, and as partners in management of MRCS activities is increased

The relevance of the MRCS volunteer insurance scheme (for 6,715 individuals) has been evident with two claims having been processed - one being the unfortunate death of a volunteer in October. As earlier advised, the volunteer database is now operating although complications with the custom-built system have meant that the database is operating on a less sophisticated but more appropriate Excel-based programme. Input of Nargis volunteer data is ongoing and information is already processed from non-Nargis areas. The data input is likely to take several months to complete.

The MRCS volunteer management team completed the activities as outlined in the 2009 appeal. However it is recognized that youth and volunteer activities can be more effective if better coordinated with other divisions on health and disaster management. During the October central council meeting, the MRCS youth policy was approved and will be distributed and disseminated in 2010. This is a great first step in providing greater definition and structure to the youth and volunteers activities of MRCS.

Strengthening school and university Red Cross continues to be a major activity. The discussions focused on opportunities to promote health talks, voluntary blood donor motivation, and organization of blood donation camps. Participants were also given standard first aid boxes, Red Cross Red Crescent Movement diaries, identification cards, and vests for youth volunteers. It will be a focus of the 2010 programme to better link the university and school activities back to the township branch (being the core structure implementing structure of the National Society).

Outcome/expected result 4: MRCS financial management and resources will be strengthened to promote self-reliance and sustainability

Retention and recruitment of MRCS finance staff has been the major challenge throughout the year creating bottlenecks for various financial procedures. A project cell for the operations is taking shape. However the overall finance division structure and financial systems need to be further strengthened to meet the needs of MRCS throughout the country.

In January, an accounting instruction manual for hub offices was developed to assist the finance officers in accounts management. This is a useful manual which can be replicated at the MRCS branches as well. The formal introduction of the new procedures was made in October with the support of the regional finance

delegate. Computerization of hub accounts is in process with the software package having been identified and purchased. MRCS is on track to go live in January 2010.

The Myanmar country office has been working with all MRCS headquarters divisions to review the efficiency of and understanding for the working advance system used by the National Society. MRCS has been challenged by an ongoing turnover of staff in the finance division, due to uncompetitive salaries and internal movement between posts. Such a turnover has hindered MRCS' ability to maintain updated records and data entry which has resulted in a number of delays and untimely reporting. MRCS has given much attention to ongoing financial management during the reporting period and is working to clear all reports by the end of 2009 and reinforce financial MRCS regulations. The country office remains supportive and will provide any additional support required for this process, including financial training and project cycle management to the technical divisions.

The MRCS head of finance division undertook a tsunami field study to Indonesia in April followed by a national society finance directors meeting in June in Bangkok.

Outcome/expected result 5: Support MRCS in development of human resource (HR) policies, systems and procedures leading to an eventual development of human resource management

In order to attract, retain and effectively manage MRCS headquarters staff, the leadership and management will continue to work towards establishing a human resource policy and a development plan for MRCS staff. Guidance was provided by the human resources delegate and MRCS drafted a development plan. Unfortunately the period also saw the resignation of the second MRCS human resources administrator within one year. A new MRCS human resources officer is being recruited.

The executive director of MRCS recently returned from the human resources workshop in Geneva. This experience has further motivated MRCS to prioritize and tackle the need for urgent human resource development.

The National Society has initiated orientation workshops for hub and headquarters staff, and is currently reviewing the final draft MRCS code of conduct.

Achievements

- Facilitation of a Movement visit to Myanmar by the regional ICRC cooperation delegate and the zone organizational development coordinator to discuss the legal base revision.
- Volunteer database operating and facilitated claim for two Red Cross volunteers under the insurance scheme.
- Further collaborative efforts for branch support, which have focused on integrated service delivery. Discussions still ongoing.
- MRCS prioritization and understanding of clearing working advance reports to strengthen financial management.

Constraints or Challenges

All activities under the area of organizational development require reflection and space for internal dialogue and consensus on planning the way forward. The challenge of securing this meaningful space for dialogue continues with the need to balance delivery of operational activities and day-to-day projects. Nevertheless, increasing time is available and priorities for cross-cutting areas of development are defined, which take into account the key institutional questions generated out of the transitional process. The high-turn over in staff is an additional challenge and this coupled with the move of the MRCS HQ to the new capital will require a collective effort to address the outlined areas for institutional development.

Humanitarian values

Outcome/expected results: Extend cooperation and coordination for more visibility and greater support for the vulnerable

MRCS's humanitarian values programme implementation, led by MRCS communication division, is supported by the Federation annual appeal, the Federation Cyclone Nargis appeal and ICRC. In 2009, the focus of MRCS communication and humanitarian values has been in the Nargis-affected townships. The regional office in Bangkok has been providing some technical support for communication development. During the reporting

period, MRCS also developed partnerships with Australian Red Cross and Danish Red Cross to support its communication plans both in and outside Nargis-affected areas. Additional staff members have joined the communications division including an information officer and two dissemination officers.

The annual appeal budget for 2009 also contributed to the overall communications budget.

Expected result 1: Develop communication capacity of headquarters and selected branches particularly during emergencies, to deliver timely support to the vulnerable and, maintain a high public profile and positive image of MRCS

During the reporting period, information and communication packages were developed for internal and external audiences. The activities are numerous and of good quality with the specific activities being outlined in the previous two programme updates.

The communication division continues to assist in the information, education and communication (IEC) material production of other divisions. Recently the Red Cross Red Crescent Movement brochure was updated and 300,000 copies printed. The MRCS website showcases the activities of the National Society and effort will be made to provide varied and fresh content in 2010. It is particularly important that MRCS is supported to define the role and size of the MRCS communications division once MRCS transitions post-Nargis to a less donor-rich environment. Capacity building of the communications division on one hand needs to be considered in terms of long term sustainability; otherwise a heavy (professional) structure could create a long-term burden for MRCS.

Daily and monthly internal reports continue to be produced for submission to the Ministry of Health, under which comes MRCS.

Expected result 2: Dissemination of Red Cross Red Crescent principles and values and promotion of Red Cross fundamental principles within MRCS as well as externally

During 2009, approximately 3,700 people benefited from MRCS dissemination activities in advocacy and dissemination throughout the country. A newsletter explaining the cash-for-work programme under the Cyclone Nargis operation was also distributed to various partners and stakeholders.

Approximately 450 families and 12 children were reunited through the restoration of family links (RFL) programmes supported by ICRC. In April 2009, recognizing its important role in reuniting separated families, MRCS has entered into a bilateral agreement with Australian Red Cross for continued support for RFL for the next year. The RFL tools package has been completed and the RFL concept paper has been developed and distributed to divisions. The MRCS RFL coordinator attended the *focal points for RFL* meeting in Bangkok in August.

IEC materials for branches and the dissemination handbook with 57 attractive illustrations for primary schools were developed and printed. The lack of dissemination materials about the Red Cross Red Crescent Movement and its principles and values were identified at local branches during field visits. The dissemination toolkit, comprising a facilitator's guide and flipchart, was developed. One hundred copies were delivered and feedback asked from facilitators.

Capacity at the MRCS headquarters is still limited, considering the quantity of the work to be carried out, in spite of the recruitment of additional staff through partner national society support.

Achievements:

Major activities in the reporting period included dissemination about the Red Cross Red Crescent Movement, principles and values, the development of information and dissemination packages, work on improving internal reports and reporting systems, the activation of the MRCS website, and restoring family links.

Working in partnership

Inspired by the efficient and effective programme implementation of the Cyclone Nargis operation, many partners within the Red Cross Red Crescent Movement and external partners in the UN system and other international NGOs are looking to expand the cooperation with MRCS or seek new partnerships.

Substantial multilateral support through the IFRC appeal is provided by Swedish Red Cross, who has been for many years, a most reliable contributor to organizational development activities. Australian Red Cross and Finnish Red Cross, respectively, continue to support community-based health projects in Magway and Keng Tung while Japanese Red Cross assists in first aid and community-based first aid (CBFA) programmes. Most recently, German Red Cross and New Zealand Red Cross have made funding available to support the annual appeal and longer-term programming.

Danish Red Cross continued to be an in-country partner in the community health activities in Mandalay division and has been active in supporting the health and communications department to develop health messages for TV and radio spots. Danish Red Cross communication experts from the headquarters facilitated a workshop in August. Valuable assistance was provided by the Danish Red Cross office, the country representative in Lao PDR and various consultants to develop a monitoring and evaluation framework for the Nargis operation. These lessons learnt will be utilized on a wider scale as it is planned that the capacity of MRCS-trained monitoring and evaluation staff be used in all other project areas.

French Red Cross is close to ending its support of the Cyclone Nargis operation by April 2010 but continues to provide expertise and funding to MRCS in disaster risk reduction in six coastal states and divisions; programme assistance which is guaranteed for another five years. Canadian Red Cross has recently begun working in cooperation with French Red Cross as presently, a new memorandum of understanding for bilateral programming is in progress. French Red Cross has multilaterally contributed to the MRCS/IFRC disaster management programme and is working closely with the Federation disaster management delegate.

Australian Red Cross is engaged in the strengthening of the restoring family links (RFL) unit of MRCS and is continuing the support MRCS received from ICRC in the past, especially in relation to conflict situations. The new engagement of Australian Red Cross will extend the scope of the RFL activities to natural disaster situations as well as mitigation. Austrian Red Cross has committed itself to supporting the newly established water and sanitation unit with the longer-term objective to develop a bilateral programme with MRCS.

In the Cyclone Nargis recovery operation, a close bilateral partnership has been embarked upon with Japanese Red Cross Society which participates in the school reconstruction programme in the Ayeyarwady delta and has a delegate based in-country. Numerous other Red Cross and Red Crescent societies, namely Malaysian Red Crescent Society, Singapore Red Cross, Taiwanese Red Cross Organization, Thai Red Cross and Magen David Adom support various reconstruction projects on an bilateral basis to build rural hospitals, health centres, schools, multipurpose buildings and the rehabilitation of the blood bank in Yangon. Regular monitoring visits have taken place during the year by representatives of most national societies mentioned above.

Regular Movement coordination meetings between partner national societies working in Myanmar and ICRC have been organized under the leadership of IFRC, most recently MRCS are organizing an additional coordination meeting among all Red Cross Red Crescent Movement partners in-country.

Contributing to longer-term impact

It is a continuous challenge for all MRCS staff to return to their previous routine in support of the activities under the annual appeal and to tie in with the plans developed in early 2008 before the cyclone hit the country, while major focus remains on the implementation of the Cyclone Nargis recovery operation. The move into a programming approach, especially for the health sector as agreed during the Health Forum in late 2007, only recently regained momentum, as the MRCS leadership is committed to developing the *CBHFA in action* approach after a sensitization workshop was conducted in the second half of the year. The recently finalized review on the first aid and community-based first aid programme gives some clear recommendations in this direction.

Community-based disaster risk management (CBDRM) and disaster risk reduction (DRR) activities have been reinforced recently, longer-term contingency plans elaborated and the climate change adaptation process has been introduced to the senior management of MRCS. The MRCS commitment under DRR will continue to include support for both Nargis and broader programming under the annual appeal.

The establishment of a water and sanitation unit within the Nargis operation has already impacted the community health programme in Magway division and will be further utilized in other community health projects where water, sanitation and hygiene problems are identified. As the water and sanitation programmes of the Nargis operation slowly come to an end, the capacity built will be more available in other disaster situations and

for longer-term programmes. Austrian Red Cross has committed to supporting the development of this new strategic direction which will be reflected in the next MRCS strategic plan.

The National Society has largely benefited from the strengthening of its logistics services related to the Nargis operation, as procurement procedures, warehousing and fleet management, among others, have been streamlined, and new guidelines and procedures introduced and tested. The skills and capacity built within the relief and recovery operations will have positive long-term impact in support services to all other activities. The same applies for new financial procedures and new financial software which have been developed over the year with support of the regional finance development delegate, and are now ready to be introduced in other projects as well.

The monitoring and evaluation as well as the accountability framework introduced during the Nargis operation has also been identified to contribute to more effective and efficient humanitarian work undertaken by MRCS with long-term impact. The learning still has to be captured more systematically but there is a clear willingness to become more professional. Last but not least, the transition process will have its own long-term impact not only on the structure of the National Society but also on the programmatic approach MRCS will include in their next strategic plan 2011-2015.

Looking ahead

The MRCS partnership meeting is organized in Bangkok, Thailand in March 2010. This meeting provides an excellent opportunity to give a further update on the ongoing Cyclone Nargis recovery operation and its transition plan. It also serves to inform partners on MRCS commitment to future programming, especially in community-based health and first aid (CBHFA) and disaster risk reduction. Longer-term partnerships to support these programmes are needed in the years to come so as to build on the increased capacity gained during the Cyclone Nargis operation.

How we work

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

Global Agenda Goals:

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

Contact information

For further information specifically related to this operation, please contact:

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- Federation Southeast Asia regional office, Bangkok (phone: +662 661 8201; fax: +662 661 9322)
 - Alan Bradbury, head of regional office, email: alan.bradbury@ifrc.org
- Federation Asia Pacific zone office, Kuala Lumpur:
 - Jagan Chapagain, deputy head of zone office, phone: +603 9207 5700, email: jagan.chapagain@ifrc.org
 - Penny Elghady, resource mobilization and PMER coordinator, phone: +603 9207 5775, email: penny.elghady@ifrc.orgPlease send all funding pledges to zonerm.asiapacific@ifrc.org

[<financial report below; click here to return to title page>](#)

International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Annual Report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	305,697	783,481	507,271	15,408	110,893	1,722,751
B. Opening Balance	221,443	479,129	335,737	10,906	5,663	1,052,878
Income						
<u>Cash contributions</u>						
Australian Red Cross		33,414				33,414
Australian Red Cross (from Australian Government)		-8,160				-8,160
Austrian Red Cross		323,000				323,000
British Red Cross			0			0
Finnish Red Cross		9,784				9,784
Finnish Red Cross (from Finnish Government)		55,443				55,443
French Red Cross	50,382					50,382
Germany Red Cross				0		0
Irish Red Cross		-0				-0
Japanese Red Cross		88,329				88,329
Netherlands Red Cross (from Netherlands Government)	7,454					7,454
New Zealand Red Cross	53,569					53,569
Other			31,309			31,309
Sweden Red Cross			0			0
Sweden Red Cross (from Swedish Government)		258,922	162,751	5,178		426,852
C1. Cash contributions	111,405	760,732	194,061	5,178		1,071,376
<u>Outstanding pledges (Revalued)</u>						
Finnish Red Cross		-9,774				-9,774
Netherlands Red Cross			14,879	56,539	17,854	89,272
Netherlands Red Cross (from Netherlands Government)	7,439					7,439
Other			98,451			98,451
Taiwan Red Cross Organisation			-26,870			-26,870
C2. Outstanding pledges (Revalued)	7,439	-9,774	86,459	56,539	17,854	158,518
<u>Inkind Personnel</u>						
British Red Cross		20,680	69,647			90,327
Germany Red Cross					92,933	92,933
C5. Inkind Personnel		20,680	69,647		92,933	183,260
<u>Other Income</u>						
Services					12,584	12,584
C6. Other Income					12,584	12,584
C. Total Income = SUM(C1..C6)	118,844	771,638	350,167	61,718	123,372	1,425,738
D. Total Funding = B + C	340,287	1,250,767	685,904	72,624	129,034	2,478,616
Appeal Coverage	111%	160%	135%	471%	116%	144%

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II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	221,443	479,129	335,737	10,906	5,663	1,052,878
C. Income	118,844	771,638	350,167	61,718	123,372	1,425,738
E. Expenditure	-220,038	-641,455	-417,236	-12,265	-89,003	-1,379,998
F. Closing Balance = (B + C + E)	120,249	609,312	268,668	60,359	40,031	1,098,619

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A		B						A - B	
BUDGET (C)		305,697	783,481	507,271	15,408	110,893	1,722,751		
Supplies									
Construction - Facilities/Infrastruc			2,774				2,774	-2,774	
Construction Materials	14,392							14,392	
Clothing & textiles	6,000		50,275				50,275	-44,275	
Food	5,103		5,858				5,858	-756	
Water & Sanitation	62,313		13,304				13,304	49,009	
Medical & First Aid	25,620		22,027	2,883			24,909	710	
Teaching Materials	37,859							37,859	
Other Supplies & Services	39,351	4,323	2,229				6,551	32,799	
Total Supplies	190,637	7,097	93,692	2,883			103,672	86,965	
Land, vehicles & equipment									
Land & Buildings			1,315		7,930			9,244	-9,244
Vehicles	7,030								7,030
Computers & Telecom	21,664		7,781	5,202	2,825			15,807	5,857
Office/Household Furniture & Equipm.	6,874		2,802	100	5,083		616	8,601	-1,727
Others Machinery & Equipment	-616		321	205	90		-616	-0	-616
Total Land, vehicles & equipment	34,952	12,218	5,507	15,927			0	33,653	1,299
Transport & Storage									
Storage	49,650		3,343	68				3,412	46,238
Distribution & Monitoring	54,001		51,045	10,269	6			61,320	-7,319
Transport & Vehicle Costs	10,644		484	4,202	1,953			6,639	4,005
Total Transport & Storage	114,295	54,872	14,540	1,959			71,371	42,924	
Personnel									
International Staff	487,193		57,046	53,894	238,201	345	102,083	451,569	35,624
National Staff	31,154		-3,588	1,425	3,996	14	-14,704	-12,857	44,011
National Society Staff	214,347		1,461	106,285	31,775	6,468		145,989	68,359
Other Staff Benefits				7,933				7,933	-7,933
Consultants	19,497		1,117	7,369	2,219			10,705	8,793
Total Personnel	752,191	56,036	176,906	276,192	6,826	87,379	603,338	148,853	
Workshops & Training									
Workshops & Training	363,566		45,795	185,543	49,621	6,864	300	288,123	75,443
Total Workshops & Training	363,566	45,795	185,543	49,621	6,864	300	288,123	75,443	
General Expenditure									
Travel	61,857		8,940	16,413	8,555	5	988	34,901	26,956
Information & Public Relation	69,011		1,631	58,377	9,915	5,863		75,786	-6,774
Office Costs	29,064		4,181	9,680	12,297	233		26,391	2,673
Communications	853		3,291	872	132		665	4,960	-4,107
Professional Fees	2,991			1,038				1,038	1,953
Financial Charges	76			4,415	41		15	4,471	-4,396
Other General Expenses			22	52	46	0	-89	32	-32
Total General Expenditure	163,853	18,066	90,848	30,986	6,101	1,580	147,580	16,273	
Programme Support									
Program Support	103,256		14,375	42,704	22,593	797	-255	80,214	23,042
Total Programme Support	103,256	14,375	42,704	22,593	797	-255	80,214	23,042	
Services									
Services & Recoveries				3,706				3,706	-3,706
Total Services				3,706				3,706	-3,706
Operational Provisions									
Operational Provisions			11,579	28,010	17,075	-8,324		48,341	-48,341
Total Operational Provisions			11,579	28,010	17,075	-8,324		48,341	-48,341

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Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A								B	A - B
BUDGET (C)		305,697	783,481	507,271	15,408	110,893	1,722,751		
TOTAL EXPENDITURE (D)	1,722,751	220,038	641,455	417,236	12,265	89,003	1,379,998	342,753	
VARIANCE (C - D)		85,659	142,026	90,035	3,143	21,890	342,753		