

# Programme Update



International Federation  
of Red Cross and Red Crescent Societies

## Myanmar

Appeal No. MAAMM002

14 December 2009

This report covers the period  
1 July 2009 to 31 December 2009



A Red Cross volunteer presents vitamin tablets to an elderly villager in Hti Hpar village in Kungyangon township in July.  
(Photo: Daw Zin Mar Myint/Myanmar Red Cross Society)

## In brief

### Programme summary:

The Myanmar Red Cross Society (MRCS) has been able to further capitalize on areas of work undertaken during the first six months of 2009, when MRCS resumed sectoral activities in states and divisions outside of the Cyclone Nargis-affected area. Prior to Cyclone Nargis striking the coastal region of the Ayeyarwaddy delta in May 2008, MRCS had a number of ongoing projects as well as programmatic and institutional commitments to further strengthen the national society's capacity, which subsequently needed to be placed on hold for the majority of 2008. Together with the resumption of project activities in late 2008, support has been provided to MRCS throughout 2009 to enable initial reflection on how the large-scale operation has impacted MRCS. This has culminated in further defining the areas for development which MRCS headquarters and branches will collectively address moving into 2010. The expected result being: MRCS will have a more defined and commonly understood framework for how they manage community-based services, motivate volunteers and address prioritized activities in disaster management, health and care as well as key areas for institutional development. Nargis recovery activities are ongoing, supported through the hub structures, enabling MRCS headquarters staff to slowly refocus on the capacity building approaches of their activities.

### Disaster management:

MRCS completed the logistics capacity assessment, initiated in the first half of the year, by the end of August. The objective was to review country-wide warehouse capacities and systems management. This has led to a plan of action for maintenance, renovation and systems improvement in five warehouses during 2009. MRCS has responded to local disasters in the delta (such as small tornado damage) and in other states and townships. MRCS will be supported to review its local response capacity, reflecting on the 2009

responses, together with a revisiting of the completed disaster management review (April 2009), for a stronger understanding and plan for preparedness and response capacities. Work to address the MRCS contingency plan remains and discussions have been shifted to beginning of next year.

Work in targeted improved community resilience has been ongoing throughout the year. The given reporting period has included dissemination of the revised community-based disaster risk management (CBDRM) manual and guidelines. A CBDRM training-of-trainers (ToT) enabled facilitators to receive an orientation on the new guidelines in November. Up to 110 communities have been targeted in 2009 through CBDRM facilitators and initial monitoring reports that communities have an increased understanding of local risks in which they play a role in establishing self-identified early warning systems.

#### **Health and care:**

The MRCS health division has continued its efforts in balancing the many health and first aid activities in the delta with its ongoing projects across the country. The health commitments with Red Cross and non-Red Cross partners are extensive, and MRCS has dedicated time to start to define its work under the community-based health and first aid (CBHFA) approach. An MRCS CBHFA technical working group has continued to meet since April 2009 followed by a CBHFA sensitization workshop in late September. The CBHFA manual will be fully translated into the local language by the end of the year, and learning from its long-term community-based first aid (CBFA) is being generated through Nargis and country-wide reviews. As adopting the CBHFA approach requires a collaborative and multi-sectoral approach, further internal planning time is required to review its current community-based first aid activities with the view for establishing how to contextualize CBHFA in the Myanmar context. A number of reviews have been supported in late 2008 to help address this.

#### **Organizational development:**

The portfolio of organizational development remains broad with key areas of support to MRCS to review its organizational set up, considering with all the opportunities and challenges brought about by the Cyclone Nargis response. Notably, this includes volunteer motivation and management; financial and human resource development, calling on the experiences of paid staff and established operational structures and systems in the delta area; sustainable branch support; review of the legal base and a mid-term strategic review. The organizational development delegate arrived in August and will provide cross-cutting support and guidance to MRCS, including their objective to review and strengthen the national society's organizational development function. The latter areas of organizational development are complementary but nevertheless need meaningful space to review. As such, prioritization is ongoing. The scheduled strategic review will be re-scheduled in 2010 and attention will be given to two or three significant multi-sectoral areas of development.

**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 136 per cent while expenditure from January to October 2009 is 62.9 per cent of the total 2009 budget (see [attached financial report](#)). The financial report from January to December 2009 will be issued with the 2009 annual report by April 2010.

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, Irish Red Cross, Japanese Red Cross, New Zealand Red Cross, and Swedish Red Cross/Swedish government.

For the Myanmar Red Cross country-wide commitments, the national society continues to benefit from in-country partner national societies: Danish Red Cross supporting community health projects, including a mass media project in the area of health and French Red Cross supporting disaster risk reduction and Nargis recovery operations. Australian Red Cross established an in-country presence during the reporting period to support MRCS in the area of restoring family links (RFL). 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, the International Federation would like to thank all partners and contributors for their response to this appeal.

## Context

Recovery activities continue in the Nargis-affected area. While a number of agencies had planned to continue support in the delta area, not all will be able to maintain a presence due to funding constraints<sup>1</sup>. There is the anticipation from a number of agencies operating in the delta that they can look towards the MRCS to inherit and incorporate additional activities which have been initiated. This expectation will be an ongoing challenge for MRCS, which remains committed to ensuring that support reaches beneficiaries of the Nargis operation. This will need to be balanced against their own capacities and need for institutional development.

The gradual move of the MRCS headquarters to the new capital of Nay Pyi Taw (NPT) has continued during the reporting period. A rotation of management staff has continued with MRCS ensuring that they were able to maintain key staff in Yangon for cooperation of activities with partners. The final move of staff is expected to begin in January 2010, with the exception of key operational staff who will temporarily remain in Yangon to support Nargis activities. The move is expected to reduce the level of interaction between MRCS and its partners for ongoing programme development.

With the upcoming governmental elections in 2010, it is anticipated that travel for international personnel could be restricted in certain parts of the country. This will bring an additional constraint of not being able to carry out complementary monitoring visits, assessments and coaching for project development. To overcome this, the International Federation will continue to promote capacity building of MRCS staff to strengthen the project monitoring information and services provided to communities.

## Progress towards outcomes

### Disaster management

#### **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

The MRCS has made some headway in increasing its response preparedness capacities during the reporting timeframe. This builds on work conducted in the first half of the year, in which MRCS revisited and defined its country-wide initial preparedness planning and commitments. A part of this was to conduct a country-wide assessment of the MRCS-held warehouse, to review both the conditions and location (including positioning and accessibility) as well as outline the warehouse management support required. The assessment of 20 warehouses commenced in April and was completed by MRCS logistics at the end of August. Five warehouses have been selected for initial upgrade work in 2009, particularly in physical renovation/maintenance, warehouse management, equipment and communication. MRCS intends to stock pile some 5,000 family packs as disaster preparedness stocks at these warehouses, located in Myitkyinar, Kachin State; Sagaing, Sagaing Division; Mawlamyaing, Mon State; Sittwee, Rakhine State; and Patheingyi, Ayeyarwady Division. Subsequent support additional warehouses will commence in 2010.

MRCS undertook a process to review and agree on standard items for disaster preparedness stock to be locally purchased. This involved a discussion on logistics procedures and review of the use of formally held and purchased stock. The relief review of Cyclone Nargis, conducted in December 2008, fed into this which included community feedback on the use and relevance of distributed items during the emergency phase. MRCS has decided to include the following standard stock items: tarpaulins (2), kitchen utensils (one set),

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<sup>1</sup> To promote further international funding for Myanmar, support is being developed through a multi-year funding mechanism, Livelihoods and Food Security Trust (LIFT), to cover increased agricultural production, diversification of income sources, improved nutrition and hygiene and increased food security. The LIFT is a five-year fund for USD 100 million from ten donors. The funding covers both delta and non-delta areas. LIFT supports actions for community-based activities and targeting vulnerable groups.

longyi for men (one piece), longyi for women (one piece), blanket (2), mosquito net (one net), shirt (one piece), short trousers for boys (one pair), skirt and one blouse for girls (one piece).

MRCS mobilized local resources in response to various disasters affecting the country between June and October. 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.

As a measure to strengthen communication between MRCS branches and with headquarters, a total of 13 telephones have been installed in Red Cross township branches throughout the year. Therefore, the following disaster-prone areas will have this facility:

State/Division	Townships
Kayin State	Paan Township, Kyainseikgyi Township, Kawkareik Township
Ayeyarwady Division	Dedaye Township, Paypon Township, Myanaung Township
Sagaing Division	Depaeyen Township
Kachin State	Mogaung Township
Tanintharyi Division	Myeik Township
Magway Division	Mindon Township, Minhala Township Branch, Kyauk Phyu, Minhala
Rakhaine State	Kyauk Phyu Township Branch
Bago Division	Pyay Township

To better maintain current information generated by hazards, vulnerability and capacity assessments (HVCA), a GIS officer was recruited in October to maintain a hazards database. The relevant IT equipment and software has been purchased and the newly recruited GIS officer is undergoing training with the Myanmar country office database officer, based in Yangon. To ensure ongoing technical support, MRCS has adopted the *ARC View 9.3* software package as it is compatible with that of the country office. Additional IT equipment has been purchased for the disaster management division to ensure a fully functioning unit.

Both the learning experiences from the Cyclone Nargis operations together with response to local disasters in 2009 is one of the topics during a five-day communication training on disaster management in November. Invitees will include MRCS headquarters management and staff and selected G1s<sup>2</sup> as well as 2IC<sup>3</sup>. A total of 42 participants, from six townships, will reflect on MRCS systems for response and role of headquarters and branches, with a view to further build a strengthened and coordinated response capacity. This reflection will take into account the contributions in warehouse capacity building, strengthened communication networks and increased MRCS headquarters capacities. Discussions remain underway on the MRCS contingency plan. In addition, the MRCS is part of a completed interagency standing committee (IASC) country-wide contingency plan. MRCS has been identified as a partner mainly in the health, water and sanitation, shelter, and camp management sectors. The International Federation finalized the IASC shelter response plan as its part of global commitment along with MRCS. In addition, MRCS has been involved as a task force member along with other partners to develop the Myanmar action plan on disaster risk reduction (MAPDRR). MAPDRR is the government document.

MRCS continued to support the translation of the Sphere manual into the local language. The manual is now being printed and copies will be available following its launch towards the end of 2009.

#### **Programme component: Disaster risk reduction**

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

The MRCS community-based disaster risk management (CBDRM) manual was finalized in July. This document has been translated and distributed to MRCS community-based disaster risk management (CBDRM) facilitators at township-level for reference in their work with targeted communities. Similarly implementation guidelines for CBDRM have been finalized. Both documents benefit the township CBDRM facilitators and communities as a whole. MRCS is making regular follow-up visits to targeted CBDRM communities through the mobilization of staff and volunteers together with township branches. More than 20

<sup>2</sup> Grade 1 Staff officers of Red Cross Brigades – these officers hold the highest rank in the volunteer system of the states and divisions, and are members of the MRCS State and Division Supervisory Committees.

<sup>3</sup> The second-in-command who is the manager of the township structure i.e. Red Cross Volunteer brigade. The head (or first-in-command) of the RCV brigade is the Township Medical Officer (TMO).

communities have prepared proposals to explore possibilities for further MRCS support. The proposals are being reviewed with MRCS with a view to establishing some follow-up possibilities.

In 2009, a total of 110 communities from 52 townships were identified; these communities participated in the CBDRM programme, linked to preliminary state/divisional level hazards mapping exercise 25 conducted in February this year. Of the 110 communities, 38 comprise communities from the 28 townships of six states/divisions targeted under the annual appeal, with the rest supported through the Nargis operations appeal. To ensure a review of the approach, five-day CBDRM multiplier courses were conducted for community volunteers from 12 targeted communities of 11 townships, from six states/divisions. This was in addition to similar training sessions conducted for 26 communities in the earlier half of the year. Community volunteers comprised village leaders, teachers and youth members. The training has enabled participants to identify hazards and subsequently increased their understanding of the need to develop counter-measures such as early warning systems, evacuation routes, evacuation shelters, and generating awareness at local levels. Through monitoring, it has been demonstrated that trained participants have been able to engage communities to develop community-level plans and increase community mobilization to reduce the impact of disasters. A CBDRM workshop in November discussed the use of the manual and guidelines with the facilitators and specifically reviewed their roles and responsibilities. Feedback included the challenges around volunteer recruitment and retention and need to further strengthen linkages to MRCS branch activities. This feedback is being channelled into broader discussions about MRCS work within community programmes.



MRCS volunteers, who are a part of community-based disaster risk management committee in Rakhine State, November 2009.

A total of 360 community volunteers (180 men and 180 women) from 12 communities were trained in the reporting period. A total of 3,300 people, including those in Nargis operations areas, were trained during this year under CBDRM multiplier courses from 110 communities from 52 townships.

Up to 15 townships organized events to celebrate UN International Strategy for Disaster Reduction (UNISDR) Day on the second Wednesday in October. Township branches distributed information, education and communication (IEC) materials, repeated VCA exercises of targeted communities, organized community mass meetings to generate awareness on hazards and possible measures to reduce the risks at community level. Altogether some 7,000 people from all 16 township areas took part in the events of the day.

Looking forward, MRCS will work with partners in 2010 to review the CBDRM approach and further promote active involvement of state and township volunteers, and community members, where feasible. A new initiative in school-based disaster risk reduction is planned for next year, targeting school-going children as well as teachers. This will also require increased MRCS collaboration between divisions and revisiting data systems as well as encouraging follow-up monitoring after training has been conducted.



Poster developed under CBDRM on support communities should flooding occur.

In aid of early warning systems, MRCS procured equipment to be used by MRCS volunteers as part of early warning preparedness. Equipment includes hand microphone sets and stretchers as requested by communities during different monitoring trips. One microphone set and one stretcher is allocated for each of the 38 communities targeted under the CBDRM programme. The items are scheduled to be distributed and

reach communities by the end of the year. Importantly, focal persons for early warning alerts have been identified by the communities. To complement the ongoing work around early warning measures, MRCS has produced information, education and communication (IEC) materials. An emergency handbook on *Do's and Don'ts* during emergencies has been published and distributed to targeted CBDRM communities as well as township branches. Posters and pamphlets increase local understanding of what communities can do in times of floods, storms, landslides and fires. The materials are scheduled for distribution to targeted schools and CBDRM communities by the end of the year.

The MRCS has translated and printed two recently produced documents from the Federation Southeast Asia regional office in Bangkok. The first document is a vulnerability and capacity assessment (VCA) guideline, and second is the regional disaster risk reduction (DRR) framework. The documents are to be distributed to a number of targeted township branches to use in their work with communities before the end of the year.

The disaster management delegate has led the process in identifying how cross-cutting community-level disaster risk reduction (DRR) components are mainstreamed into ongoing Nargis recovery programming. The components are part of the International Federation's global community safety and resilience framework. They comprise the following:

- Risk assessment, and identification and the establishment of community-based early warning and prediction
- Community-based disaster preparedness
- Advocacy, education and awareness-raising

The sector coordinators of MRCS and Federation are leading the integration of the DRR components by following the process as mentioned in Cyclone Nargis [operation update no. 26](#).

A one-day orientation workshop on climate change 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.

In September, three participants attended the DRR practitioners' workshop in Thailand with the support of the Federation regional office in Bangkok. The objective was to further develop an understanding of disaster risk reduction with organizations in the Southeast Asia region. Similarly, in November, one MRCS staff and one Federation in-country staff participated in logistics training in Kuala Lumpur, with the support of regional logistics unit at the Asia Pacific zone office based in Kuala Lumpur. Also in November, three national society staff participated in the regional disaster response team training with a water and sanitation specialization, supported by the regional office in Indonesia.

### **Achievements:**

- Three CBDRM training-of-trainers (ToT) sessions were completed reaching a total of 90 beneficiaries from Rakhine, Sagaing, Yangon, Magway, and Mandale as well as Ayeyarwady division.
- MRCS reached 110 communities from 52 townships, as planned in 2009, under the CBDRM programme. A total 3,300 people were trained on 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, landslides and fires) have been distributed among communities to raise awareness. Target audience is expected to be 275,000 people.
- MRCS responded to local disasters and distributed relief assistance to 1,184 households.
- The logistics capacity assessment was completed and five warehouses have been selected for upgrading in 2009.
- The MRCS disaster management division has increased its number of staff members to match the needs of ongoing disaster management work.

### **Constraints or challenges**

As with MRCS headquarters in general, the ongoing challenge is to balance the pace of work with Nargis recovery operations. A high level of activities conducted generates information, feeding into how MRCS can strengthen its activities across the country. Nevertheless, the disaster management division continues to be absorbed by Nargis recovery programming, which temporarily detracts from disaster management country-wide activities and support. Priorities continue to be set accordingly.

Looking ahead, MRCS will undertake an internal review of its role in responses, facilitated by the disaster management delegate. This will further feed into the contingency plan coupled with lessons learned from Cyclone Nargis and 2009 relief responses, and the revision of disaster management policy as well as possible standard operating procedures. MRCS is considering recommendations from the disaster risk reduction review, such as a national disaster response team (NDRT) to improve a coordinated response effort.

## Health and care

**Programme objective:** Through the motivation, support and mobilization of its nationwide network of volunteers, MRCS promotes a healthier and safer environment for people of Myanmar giving priority to the most vulnerable communities and individuals. The capacity is increased through scaling up first aid, health/hygiene promotion (proactive health), psychosocial and water and sanitation activities.

### Programme components in MRCS

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

- Public health in emergencies
- Community-based health promotion
- First aid and safety

### Moving from a project to programmatic approach

The MRCS community-based health and first aid (CBHFA) technical working group, formed in March 2009, has continued to meet throughout the year. The objective of this group is to consider a standardized structure, and monitoring and evaluation system to move to a broader and more comprehensive approach to injury and disease prevention and health promotion.

To help review the impact of investment into the MRCS community-based first aid (CBFA), reviews have been conducted of existing health projects, such as first aid and safety (training unit), malaria, community-based health development project (Keng Tung, Magway areas), HIV care and support and blood donor recruitments. All information will be available by the end of the year and will generate learning to feed into the CBHFA approach of MRCS.

A *CBHFA-in-action* sensitization workshop was conducted from 29 September to 1 October, and included internal discussions with G1s from 17 states and divisions. The workshop was intended as an orientation for the CBHFA-in-action approach for MRCS stakeholders, including representatives from partner national societies (PNS), WHO, UNICEF, and other partner organizations. The workshop was attended by the regional health delegate in Bangkok to support facilitation.

The translation process for the CBHFA-in-action manual is going well. MRCS established a translation team within the MRCS CBHFA technical working group to involve monthly coordination meetings within the national society including disaster management (DM) division, organizational development (OD) division, youth and volunteer management unit.



Community volunteers in Bogale township engage children in proper handwashing, in September. (Photo: Thomas Myint Ngwe/Myanmar Red Cross Society)



A volunteer hard at work during the construction of a water tank in Kapanan village in Bogale township, in July this year: Trained volunteers are part of water and sanitation teams in all nine hubs in Nargis-affected areas. The teams represent the elevated capacity of the Myanmar Red Cross Society in the water, sanitation and hygiene promotion sector. (Photo: Si Thu Tun/Myanmar Red Cross Society)

### Support to water and sanitation development:

Discussions have continued with MRCS executive committee members regarding the development of water and sanitation expertise in the MRCS. Pending visas, Austrian Red Cross is scheduled to visit Yangon, Myanmar in early December to support a feasibility study for water and sanitation development. In the meantime, MRCS is looking to recruit a senior water and sanitation officer to support this development and conduct preliminary assessments, as possible. This baseline assessment result will be used to initiate further planning. Additionally, following lessons learned since Cyclone Nargis in 2008, UNICEF has approached MRCS who has agreed to undertake capacity building for emergency water and sanitation. MRCS and UNICEF will provide practical water, sanitation and hygiene (WASH) in emergency training for selected government line ministries and NGOs who are able to provide effective WASH responses in future emergencies.

### 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, Magway, Tanintharyi and Mon)
- The MRCS is an effective member of the government of Myanmar's national plan for response to the threat of a human influenza pandemic, thus establish a new influenza preparedness and response plan 2009<sup>4</sup>
- High risk groups<sup>5</sup> 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 Ayeyarwaddy)<sup>6</sup>

The MRCS human influenza preparedness and response plan was revised, finalized by MRCS and subsequently approved by the ministry of health in August. The preparedness plan targets closed communities (e.g. schools, urban areas, internally displaced persons-IDP camps, health institutes) and high risk groups<sup>7</sup>, in key identified states and divisions. MRCS has conducted public health in emergency workshops for 140 Red Cross volunteers in 35 townships from six states and divisions (namely, Yangon, Rakhine, Tanintharyi, Mon, North and Eastern Shan states and divisions) during the reporting period. Criteria for the selection of 35 townships from six states, included country borders as well as highly populated areas. In addition, MRCS programme officers conducted health education related to human influenza at Dagon University and the ministry of industry in Yangon which 500 officers and students attended.

The MRCS contingency plan included the review of stocks held and additional procurement to maintain 1,460 personal protection equipment (PPE) sets, including apron, goggles, gown, boots, disposable cap, and surgical gown, with 10,000 soaps, 4,220 N95 masks, 30,000 surgical masks and 100 emergency kits. Stocks are being pre-positioned in 20 warehouses in 17 states and divisions from September to October.

<sup>4</sup> New Influenza preparedness and response plan, IFRC Myanmar and MRCS, August 2009

<sup>5</sup> Refers to backyard poultry farmers and wet market/poultry store holders)

<sup>6</sup> The MRCS has decided to mainly target avian influenza awareness where they are currently conducting community-based health programmes (i.e. Magway and the Nargis-affected states of Ayeyarwady and Yangon)

<sup>7</sup> 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,

In collaboration with UNICEF and WHO, MRCS has printed 40,000 new influenza prevention pamphlets and 10,800 posters distributed in 17 states and divisions in September. The International Federation country office supported MRCS in developing the PHiE workshop curriculum and tools, applying the CBHFA-in-action materials and epidemic control for volunteer manuals.

In September, the MRCS health coordinator attended the 'HELP course' in Japan.

### **Programme component: Community-based health**

#### **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**

A mid-term evaluation review, conducted late in 2008, was reviewed by the MRCS leadership and management during September. This led to an internal MRCS review of progress in the Magway project. The meeting, held in early September, was also attended by the International Federation/MRCS headquarters health division, the Magway G1 and two project coordinators, and two assistant coordinators working on the project. The meeting led to an agreement to review and revise the current action plan and budget<sup>8</sup>. The project team agreed main focus activities were community-based hygiene promotion and disease prevention with provision of 1,350 mosquito nets for pregnant women and children below five years of age. Additionally, on the basis of the review, MRCS decided to increase a water and sanitation element within the project. This includes provision of latrines for target communities including 19 villages and one ward, supported through MRCS demonstrations by the water and sanitation team, and provision of new water sources for one village from each township. The Federation Nargis operation water and sanitation coordinator has provided support to MRCS to help them review additional water and sanitation support to the Magway project, including support from two water and sanitation engineers working on the Nargis operations team. The following is a summary of activities and plan of action decided upon by MRCS:

The water and sanitation team conducted training in the branch office for project staff and Red Cross volunteers from two townships: Pwint Phyu and Natmauk. Training was focused on water and sanitation assessments and the monitoring and supervision of water and sanitation activities. Detailed water and sanitation assessments were carried out with the support of water and sanitation engineers, project staff and Red Cross volunteers in the 20 project villages in these two townships. Yay Podgying village in Pwint Phyu township and Taung Oo village in Natmauk township were selected for construction of a new water supply system through deep tube wells and overhead storage tanks. The water and sanitation team conducted training on the construction of appropriate latrines for Red Cross volunteers and project staff. In total, 26 staff members and volunteers were trained on the construction of latrines. Following training, Red Cross volunteers constructed demonstration latrines in 20 villages in two townships; as a result, a total of 50 latrines have been built and local community members trained in methods of latrine construction. Plans have been developed for the distribution of latrine pans and pipes to communities where demonstrations and training have been conducted. The plan is cover a total of 1,500 beneficiaries with this approach in the present phase.

Finally, the team was trained in developing latrine construction and usage monitoring forms for household level surveys. These assessments are ongoing in the villages where latrine pans and pipes were distributed in 2007 and 2008 under the same project. A follow-up visit in November this year has been planned.

On identifying delays with the Magway project, staff and project volunteers received refresher training and coaching to ensure increased understanding of project management (including financial reporting). A three-day capacity-building financial and programme management training for G1 officers, project staff, and Red Cross volunteers took place in respective townships on 21-23 October. The team was joined by the MRCS deputy head of health. The MRCS deputy head of finance was invited to present on MRCS working advances and the financial reporting system.

To ensure an exchange of information and an improved awareness of integrated approaches, the MRCS invited G1 officers from Magway for the community-based health and first aid (CBHFA) in action sensitization workshop from 29 September to 1 October. The Magway project team participated in the Federation co-facilitated HIV peer education standard workshop on 12-16 October. A field monitoring review took place in

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<sup>8</sup> 3<sup>rd</sup> and 4<sup>th</sup> quarters, 2009 - Magway project revised budget and action plan for 2009, MRCS health, September 2009

November with the Federation health delegate. The latter will organize a hands-on session for community mobilization and an action plan with community members.<sup>9</sup>

Finnish Red Cross will continue to support the Magway project for an additional three years. Learning from the project will feed into MRCS' CHBFA approach and likewise, it is anticipated that modifications will be made as the project evolves to reflect the broader CBHFA approach. Further emphasis will be placed on organizational development during 2010, including complementary branch and Red Cross volunteer support in line with MRCS overall strategy.

### **Keng Tung community-based health project**

Following six years of support, the community-based health activities in Keng Tung, Shan State were officially phased out in June 2009 in coordination with funding partner 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 within Keng Tung Township. The project has reached a total of 30 rural villages from three village tracts - Loi Mwe, Mong Khun and Yang Kha with an estimated combined population of approximately 10,000.

A mid-term review was conducted in 2006, which has fed into the subsequent review of activities. Since the phasing-out of the project, township Red Cross committee members continue to promote health, and water and sanitation activities in collaboration with a local non-governmental organization and local authorities. To record feedback from community members and to promote an interchange of community health practices, MRCS also sent communication officers to Keng Tung to conduct beneficiary [interviews](#)<sup>10</sup> in July.

MRCS is planning to further capitalize on the experience by conducting an impact study for the Keng Tung community-based health project by end-2009. Learning generated from this study will feed into broader CBHFA development.

### **Programme component: Voluntary blood donation**

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

In collaboration with the national blood bank, the MRCS blood donor recruitment working group has reported that 800 new blood donors have been recruited by Red Cross volunteers in Yangon, Mandalay, Kachin, Moenyo, Maulmyaing Shwe Bo and Thanhlyin cooperative college. To acknowledge regular blood donors,<sup>11</sup> certificates of honour signed by the president were presented to these donors along with pins and badges.

Red Cross volunteer retention has been challenging for MRCS in blood donor recruitment. Up to 186 Red Cross volunteers from Yangon and Mandalay, and various universities and colleges attended donor recruitment training and learnt how to conduct education sessions, care, maintaining motivation and retention for donors. However, 96 Red Cross volunteers have left the programme, and only 90 continue to manage recruitment activities. To try and assess this and overcome the challenge of volunteer retention, MRCS will analyze the reason for the departure of these volunteers, by the end of November. The results will feed into a revised action plan, with coordination for volunteer management with organizational development. An MRCS blood donor recruiter has been assigned to work more closely with the national society's youth/volunteer department since October 2009. This is to strengthen links between the MRCS youth/volunteer and health division, although this initiative will require much support to ensure increased awareness to work together in a more coordinated manner.

Additionally, due to the shortage of blood donor recruiters, MRCS organized an advocacy and coordination meeting on the voluntary blood donor recruitment programme for blood safety on 2 October, attended by G1 and 2IC from 17 states and divisions. Representatives including the joint secretary of the blood working group and national blood bank medical officers were invited and presented to regarding the current situation of blood donors in Myanmar. The medical officers mentioned high prevalence rate of HIV (four per cent) and hepatitis B and C (eight per cent) have been found among regular donors, so emphasizing a need to enhance the recruitment of new donors by the Red Cross volunteers. Moving forward, the project will require further support to establish more systematic approaches, including a registration system, training and dissemination activities.

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<sup>9</sup> 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.

<sup>10</sup> MRCS Health, web-story Keng Tung in July

<sup>11</sup> A regular blood donor is someone who donates at least two units per year

Following World Blood Donor Day, the MRCS conducted four training sessions of 120 recruiters in Kachin State, Yangon, and Mandalay. Additionally, MRCS will benefit from a newly constructed hospital, funded by Thai Red Cross/Thai government to run blood donor activities.

**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 to conduct health talks to inform people about TB and explain the importance of completing effective TB treatment. Out of 250 volunteers trained since 2005, 136 volunteers are still active; these trained Red Cross volunteers provide psychosocial support; health talks and TB home care kits (which include hygiene items, cereal, and multivitamins) to clients and their families. The volunteers also provide support to clients in six townships in Yangon with TB in the form of directly observed treatment short-course (DOTS). TB treatment drugs are supported by Population Services International (PSI), and the ministry of health.

From January to October 2009,<sup>12</sup> 751 candidates tested positive and are now receiving treatment from the national TB centre and home visit support from Red Cross volunteers. The national TB centre has asked the Red Cross to follow up on 12 defaulters; these were traced and referred to health facilities. All 12 have now resumed medication and receive continued support from Red Cross volunteers. In addition to the direct support that the volunteers give to TB clients and their families, they also provide health information on TB to communities, often taking advantage of occasions such as national immunization days and school health education sessions. In this reporting period, they reached a total of 5,200.

The deputy head of health attended the global TB meeting in India organized by World Health Organization in November.

The Nargis operations appeal covers the majority of MRCS activities in TB. This appeal funds targeted activities in six townships in the Yangon division. In 2010, the annual appeal financial support to TB project will phase out, as activities will be integrated under the CBHFA-in-action approach, which has been supporting 13 townships in the Nargis cyclone-affected areas.

**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 households<sup>13</sup>.

The malaria prevention programme continues in the nine selected townships in nine states and divisions, in which the ministry of health reports high incidence levels of malaria. These are Mongset (Shan E), Htantalan (Chin), Minbu (Magway), Thibaw (Northern Shan), Mogaung (Kachin), Medayar (Mandalay), Hpa An (Mon), Kyaikmayaw (Mon), and Zeegone (Bago). The targeted areas will, however, be reduced to five townships in 2010 as the plan is also to integrate activities into the CBHFA approach. The project provides mosquito nets to 100 per cent of the households in the target villages with the aim of reducing the number of circulating anopheles mosquitoes.

Some 15,000 impregnated malaria tabs were distributed to the nine townships. MRCS will conduct household monitoring for usage of mosquito nets, applying same household monitoring format from Nargis health recovery activities in November and bring data to the review meeting on 23 and 24 December.

Some 560 trained Red Cross volunteers have been conducting community health talks and small group discussions on malaria prevention and the usage of long lasting impregnated nets (LLIN) in target villages reaching a total of 16,000 households, a significant increase since the last reporting period in June. To date, 11,000 of these nets have been distributed to selected households with children under five years of age, or pregnant women. The project included a workshop for Red Cross volunteers on malaria prevention, treatment and care of patients at village level.

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<sup>12</sup> From May to October 2009, 511 cases tested positive

<sup>13</sup> The project covers nine townships from nine states and divisions that the ministry of health reports to have high incidence of malaria.

Nine monitoring visits were conducted by the MRCS project field officer (PFO) to the nine selected townships. The PFO held meetings with selected households who received nets. Feedback included reports that these households now have a greater understanding on the causes of malaria and highly appreciate receiving these mosquito nets as they realize the importance of these nets in malaria prevention. There has been good local collaboration with the township malaria prevention committee, who have conducted regular monitoring trips and are highly appreciative of the interventions provided by MRCS.

### **Programme component: HIV/AIDS**

#### **Outcomes/expected results:**

- Improved knowledge, attitude and practice concerning HIV infection among 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

#### **Community-based HIV/AIDS prevention, care and support project**

With the high level of ongoing activities under the MRCS health and care portfolio, advancing HIV projects is one area which has suffered some delay. Nevertheless, attention has recently been shifted back to addressing recommendations from a HIV peer education workshop held in April, and a subsequent follow-up workshop was held in October, supported by the regional HIV advisor. The workshop aimed to increase understanding on peer education standards and project cycle management including standard indicators, reporting and monitoring system. MRCS staff and Red Cross volunteers met with Red Cross and non-Red Cross partners (including Danish Red Cross, International Federation, UNICEF, UNFPA, and Burnett Institute) to discuss how to apply standards.

Recommendations for improved implementation of HIV activities, in accordance with MRCS's membership of the Red Cross Global Alliance on HIV include:

- Appointment of a HIV programme manager within MRCS to be co-funded by partners.
- Regular meetings held between projects to provide updates on implementation, share lessons learnt and resources, and provide update reports.
- Mapping of all current MRCS HIV projects by national headquarters.
- Review and update of the peer standards Myanmar translation.
- Representation of MRCS at external forums such as HIV technical working groups
- Translation of all Global Alliance programme documents and formats to ensure staff are familiar with them.
- Strengthening of reporting and monitoring formats and systems

The above recommendations will be reviewed by MRCS, supported by the International Federation, in light of the ongoing integration of activities under the CBHFA approach, addressing the reporting and monitoring systems among other topics to ensure a harmonized Federation approach.

During this reporting period, the following activities took place:

- 180 peer educators trained through 'life-skill training' regularly conduct informal talks and discussions about HIV with their friends and relatives in three townships, especially high-risk areas where the HIV prevalence rate is one per cent. Up to 45 Red Cross volunteers who were trained in home-based care in 2008 (15 in each township) visit the homes of PLHIV weekly to provide health information and training as well as to offer support and friendship.
- A total of 75 people living with HIV and AIDS (PLHIV) received nutrition support, such as cooking oils, tinned tuna, dry beans, quick cooking oats, and sugar, and medical services. Three families who lost members to AIDS-related illnesses received assistance for funeral costs. In addition, 12 cases with opportunistic infection were provided assistance to visit their health centre for diagnosis and appropriate treatment.

#### ***Outreach programme on 'HIV/AIDS prevention on highway bus/truck drivers and assistants project'***

This Federation-supported MRCS HIV project covers three townships in the 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 years; truck and bus drivers

and their associates; and people living with HIV and their families. The MRCS works in coordination with the national AIDS programme (NAP).

Up to 10,504 condoms and information, education and communication (IEC) materials such as posters and pamphlets (4,790), caps (1,280) and other items were distributed during the dissemination. The IEC material included short messages such as 'Your choice is your life, use a condom', and was distributed in the form of money belts for men (4,700) and wallets for women (5,000).

Eighteen trained Red Cross volunteers conducted health education (HE) sessions each Saturday, reaching 1,080 people. Of those, 51 people were referred to voluntary confidential counseling and testing (VCCT) services, with counselors carrying out pre-post counseling. No positive cases for HIV/sexually transmitted infections were reported from July to November of this year.

A regional HIV masters training-of-trainers session was held in Bangkok in September. Three MRCS HIV officers attended - two funded by Danish Red Cross, and one by the Federation - and have been supporting a range of MRCS HIV projects since. An MRCS HIV project field officer attended the HIV ART<sup>14</sup> meeting and the International Centre for AIDS care and treatment programmes (ICAP) meeting in Bali, Indonesia, in August.

### **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 level Red Cross are prepared to implement first aid dissemination in the community

A number of activities have been supported during the reporting period under CBFA - a long-running core MRCS activity. With the commitment to community-based health and first aid (CBHFA), there is much learning to be generated from years of investment in CBFA and as such, the training unit initiated a mid-term review of first aid and community-based first aid in October, using an external consultant team in Kayah state and Ayeyarwaddy. The aim of the mid-term review is to determine the extent to which CBFA has had an impact in the implementation of first aid. The review team will utilize varied methodology and interview approaches with local authorities, Red Cross volunteers and community members to generate recommendations. The report will be available for internal review and reflection by the end of the year.

Additionally, Japanese Red Cross supported MRCS to review the technical first aid training course in September. Two first aid instructor refresher courses, from upper and lower Myanmar, were conducted. The representative from Japanese Red Cross was invited to facilitate sessions on first aid during the instructor refresher course in Yangon on 5-9 October this year. The MRCS training unit is awaiting feedback from the above review prior to conducting any further first aid training sessions. The national society is committed to making the necessary revisions to the training schedule based on the outcome of the review.

During the reporting timeframe, the training unit conducted a commercial first aid training course for up to 950 participants from other non-governmental organizations and business companies<sup>15</sup>. This is a potential area for future development within MRCS to maximize similar opportunities. However, there is also a need to re-train first aid trainers at national headquarters level. Four trainers are new and presently, there are only two core first aid instructors within the training unit. In addition, to strengthen the capacity of the various township Red Cross branches in the target states and divisions, the national headquarters sends one core trainer (previously it was four) to conduct joint training sessions with township Red Cross volunteers previously trained as trainers, thus facilitating a process of building training skills at township level through on-the-job coaching and learning-by-doing.



Children in Ka Dar village in Pyapon township, collect water from a cleaned and fenced pond in October. (Photo: U The Aung/Myanmar Red Cross Society)

<sup>14</sup> Asian Regional task force on HIV/AIDS (ART) network

<sup>15</sup> This activity is not funded by IFRC

The CBHFA coordinator attended a lessons-learnt CBHFA workshop in Jakarta at the end of October, where progress in the Nargis-affected areas was shared, as well as the challenges of contextualizing the CBHFA approach in Myanmar.

### Achievements

- MRCS has conducted a mid-term review of first aid and community-based first aid which will feed into the contextualization of CBHFA in Myanmar.
- Despite the high level of Nargis operations activities, the MRCS health division has prioritized activities to work towards MRCS commitment to CBHFA.
- A follow-up HIV/AIDS peer education workshop was held in which recommendations were reconfirmed.

### Constraints or challenges

- The health division projects have suffered delays in implementation due to the slow clearance of financial working advance reports. Discussions continue on how to ensure a more efficient MRCS cash flow, which requires increased training and understanding of project management.
- Staff turnover has affected the effective steady implementation of some projects, such as in Magway. Supervision and support for project staff outside of the Nargis operations has been limited within the health division. This will be supported by a review of the organizational set-up and responsibilities in the coming year.

## 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.

This period saw the introduction of a new organizational development delegate to support MRCS. This delegate's first priority has been to establish relationships with key staff and management of the national society, and gain a practical understanding of the scope and activities of MRCS.

While MRCS remains committed to supporting those affected by Cyclone Nargis, some institutional focus and capacity have returned and have been used to consider several broader issues facing the national society. The agenda of relevant organizational development issues is considerable and includes: Constitutional (Red Cross Act) reform, strategic plan mid-term review, input into the MRCS transition planning, support in the development of the new CBHFA approach, and the development of branches, human resources and financial systems. MRCS is still awaiting confirmation on when the expected relocation of the MRCS headquarters to Nay Pi Taw will formally take place, although it is expected by January 2010.

The International Federation and MRCS jointly agree that the key areas of work above are important and warrant internal dialogue and careful consideration before reaching consensus on the way forward. As such, internal joint International Federation/MRCS discussion over the past months has taken into account the need to prioritize and phase areas of work undertaken with a view that both Nargis activities and events are complementary and work in tandem with the broader areas of MRCS institutional and programmatic development.

A prior commitment for MRCS to review its current 2007-2010 strategic plan has been postponed to 2010. The strategic review will be a significant development for MRCS, in which a number of work areas generated through a transition plan are to be tackled. The national society recognizes that implementation of the current strategic plan (the first in more than 50 years) was limited due to the focus placed on running the large-scale relief and recovery activities in response to Cyclone Nargis. Nevertheless, MRCS leadership wish to prioritize the review when feasible for them in that more internal reflection and dialogue will be needed.

MRCS has gained much experience from the Nargis operation. Its standing within Myanmar has been greatly enhanced and importantly the national society is proud of its achievements. Despite this, MRCS does

recognize a number of key issues in scaling up its activities and are requesting organizational development support to resolve these. Key issues include

1. Defining a common community-based approach which is realistic and appropriate to the Myanmar context in delivery of services to the vulnerable
2. Defining the appropriate operating structure to support township branch and community-based activities.
3. The current MRCS structures include national headquarters, 19 states and divisions, 64 districts and 325 township branches.

The International Federation 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**

Throughout 2009, MRCS was supported in addressing issues related to gender equity and diversity. MRCS generally maintains good gender balance and diversity among staff, volunteers and beneficiaries. In the coming years, the national society will be encouraged to expand this to key decision-making positions at governance and management levels as well. The leadership is already aware of this and will be supported in addressing this while pursuing the revision of the MRCS statutes. MRCS will also be supported in implementing recommendations from various reviews and evaluations conducted in the past, and this will be a key issue to address 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 the MRCS branch development programme initiated in 2005, a review of the programme was conducted from late 2008 and completed by April 2009. The review outlined a number of recommendations.

The national society believes that, though worthwhile, the sustainable impact of the branch development programme fell somewhat short of expectations. The existing plan for 2010/2011 is to support branch development in three more townships: Pyin Ma Na township in Mandalay division, Hah Kha township in Chin state, and De Pae Yin township in Sagai.

The Federation is committed to working closely with the MRCS to maximize the sustainable impact of this initiative. In particular, organizational development focus will seek to fine tune the programme to be more relevant to the Myanmar context. This will include outlining a support plan for the targeted branches and establishing a more tangible link to the delivery of health and disaster management activities.

An area of priority has been the recognition that interdivision cooperation and shared planning must be improved. The Federation will support internal communication and coordination within the national society. 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 for use across the country.

The national society with the support of the Federation is considering the role of township branches and the potential to define specific minimum branch structure and outputs. This would give clearer focus to various levels of the national society to support the vulnerable at community level.

### **Outcome/expected result 2: Strengthen 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 International Federation and ICRC mission from Kuala Lumpur. The MRCS has completed its first draft revision which is at present 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.

The organizational development support to MRCS has linkages to the *Lessons learnt from Nargis* and issues identified in the ongoing transitional planning process initiated in January 2009.

MRCS has sought the support of the Federation organizational development delegate to facilitate internal dialogue within the national society, to discuss and reach consensus on broader organizational development issues facing MRCS.

**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 6,175 volunteer insurance scheme has been evident with two claims in process - one being the unfortunate death of a volunteer in October.

As earlier advised, the volunteer database is now operating, with the input of Nargis volunteers ongoing and data already being received from non-Nargis affected areas. The data input is likely to take several months to complete.

The MRCS volunteer management team completed potential Red Cross leaders' forum in four townships in Nay Pyi Daw district. They also provided instruction and guidelines to all states and divisions, enabling them to recognize the 162 outstanding Red Cross volunteers including Red Cross youth, and over 25 Red Cross volunteers.

During the October central council meeting, the MRCS youth policy was approved and will be distributed and disseminated in 2010.

Strengthening school and university Red Cross teams continues to be a major activity. The youth and volunteer team conducted a five-day Red Cross youth leadership training in Nyaung-U townships, located in Mandalay division. In this training, 48 Red Cross youth members representing 20 universities took part. The discussions focused on opportunities to promote health talks, voluntary blood donor motivation and organization of blood donation camps. Participants were also supported with standard first aid boxes, Red Cross Red Crescent Movement diaries, ID cards, and vests for youth volunteers.

**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 a 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 finance officers in accounts management. This is a useful manual which can be replicated at 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 in process of being purchased.

The Myanmar country office has been working with all MRCS headquarters divisions to review the efficiency and understanding of staff on 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 existing salary scales and internal movement between posts. Such a turnover has hindered MRCS's ability to maintain updated records and data entry, resulting in 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 will continue to provide any additional support required for this process to the technical divisions, including financial training and project cycle management.

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

### **Outcome/expected result 5: Support MRCS in development of human resource policies, systems and procedures leading to an eventual development of human resource management.**

Human resource management remained an ongoing priority in the national society with more attention given to its development in the latter half of the year. 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 has been provided through the human resource delegate (who has since ended this mission) and led to the drafting of a development plan by MRCS.

This reporting period has also seen the departure of one human resource administrator, and the present recruitment of a new MRCS human resource officer.

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

The national society has begun orientation workshops for hub and headquarters staff, and is currently reviewing the final draft of the MRCS code of conduct.

### **Achievements**

- Movement visit to Myanmar facilitated by the regional ICRC cooperation delegate and the Federation zone organizational development delegate to discuss revision of legal base.
- Volunteer database operating and claim facilitated 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 headquarters to the new capital will require a collective effort to address the outlined areas for institutional development.

## **Humanitarian values**

**Outcomes/expected results:** Extended 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 both the International Federation and ICRC. In 2009, the focus of MRCS communication and humanitarian values has been in the Nargis townships. The regional office in Bangkok has been providing technical support for communication development. During the reporting period, MRCS also developed partnerships with Danish Red Cross and Australian Red Cross to support its communication plans both in and outside Nargis-affected areas. Additional staff members have joined the communications division including one information officer and two dissemination officers.

**Outcome/expected result 1:** Development of 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 for MRCS

During the reporting period, information and communication packages were developed for internal and external audiences. These include: livelihood (fertilizer distribution) and shelter programmes were aired by local TV stations in June and August respectively. The relief footage, '*Myanmar Red Cross in Action*' was aired again in August 2009. Discussion on broadcasting the recovery footage, '*One Year after Nargis*,' is ongoing. '*Interview with MRCS President*' was aired by the international MRTV-3 channel in August. During

the reporting period, the frequency of news in local newspaper (47), journals (26) and TV channels (four occasions).

The communication division continues to assist in the production of information, education and communication (IEC) for other divisions. Recently the Movement brochure was updated and 300,000 copies printed.

The MRCS [website](#) includes updated information and the 2005-2008 MRCS activities report, "Working for the Vulnerable" as well as the cash-for-work final report can be located on the website. Other articles and activity updates are also covered on the website. In addition, daily and monthly internal reports continue to be produced for submission to the ministry of health, the line ministry of the Myanmar national society.

**Outcome/expected result 2:** Dissemination of Red Cross Red Crescent principles and values and promotion of Red Cross Red Crescent Fundamental Principles within MRCS as well as externally.

During this reporting period, approximately 3,700 people benefited from MRCS dissemination activities in advocacy and dissemination throughout the country during the reporting period. A newsletter explaining the cash-for-work programme under the Nargis operation was also facilitated for distribution to various partners and stakeholders.

Approximately 447 families and 12 children who had been separated from their families were reunited through the restoration of family links (RFL) programmes supported by the ICRC. In April 2009, recognizing the important role for the national society in reuniting separated families, MRCS has entered into a bilateral agreement with Australian Red Cross for continued support for the RFL programme over the coming years. The RFL tools package has been completed and the RFL concept paper has been developed and distributed to various divisions. The RFL coordinator attended an RFL focal points meeting in Bangkok in August.

Information, education and communication (IEC) materials for branches and a dissemination handbook with 57 attractive illustrations for primary schools have been developed and printed. Insufficient dissemination materials on the Red Cross Red Crescent Movement, and its principles and values were identified at local branch-level during field visits.

A dissemination toolkit, complete with a facilitator's guide and flipchart, was developed. Up to 100 copies have been delivered to facilitators, requesting feedback on these materials.

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

## Working in partnership

Close coordination between the International Federation and the MRCS continues through daily and weekly meetings. With Federation support, MRCS is better able to conduct inter-divisional Federation/MRCS meetings to mutually agree on how to move forward with longer term commitments. Movement coordination meetings take place on a monthly basis with the four bilateral partners and ICRC.

MRCS is still engaged in planning with Austrian Red Cross, who has committed to multi-year support for water and sanitation development. MRCS still intends to collaborate with partners around the adaptation of the community-based health and first aid (CBHFA) approach. A meeting is expected to follow the generation of learning from current activities and is planned to take place through a health forum during 2010. Partnership opportunities are still present from interested agencies working in the delta region and MRCS, such as opportunities to deliver first aid for income generation purposes.

MRCS continues to be in contact with the ministry of health, and that of social welfare and resettlement, including provisions of updates on MRCS activities and regarding the renewal of visas for international delegates with the Myanmar office.

## Contributing to longer-term impact

MRCS is being supported in a holistic review of its development through the ongoing review of the legal base, the focus to develop an integrated CBHFA approach, the identification of key questions posed through the Nargis transition planning together with an overall review of community-based activities in-country (among

others). Supporting a dialogue and meaningful space to bring such areas of discussion together is requested by and from MRCS in order to define how it is able to work with communities in a more sustainable manner.

## Looking ahead

MRCS is at an important stage in its institutional development: with a view to revising its legal base, commitment to deliver strengthened community activities and review its organizational structure to achieve this. As such, it is important that work is well-sequenced and paced. MRCS remains committed to reviewing its strategic plan, factoring in learning from its ongoing experience with the Nargis operations. This review will likely take place in 2010 post-elections, to ensure that any national reform is reflected by MRCS. With the headquarters move to Nay Pyi Daw, the frequency of dialogue is expected to be affected and the pace of programme delivery may temporarily slow down, albeit also from the government elections for a period of time.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> <li>• Myanmar Red Cross Society: Dr Tha Hla Shwe, president, e-mail: <a href="mailto:mracs-pres@redcross.org.mm">mracs-pres@redcross.org.mm</a>, phone: +951 383 681, fax: +951 383 685</li> <li>• Federation country office, Myanmar: Bernd Schell, head of country office, e-mail: <a href="mailto:ifrcmm01@redcross.org.mm">ifrcmm01@redcross.org.mm</a>, phone and fax: +951 383 686 383 682.</li> <li>• Federation Southeast Asia regional office, Bangkok: Alan Bradbury, head of regional office, email: <a href="mailto:alan.bradbury@ifrc.org">alan.bradbury@ifrc.org</a>, phone: +66 2 661 8201, fax: +66 2 661 9322.</li> <li>• Federation Asia Pacific zone office, Kuala Lumpur:             <ul style="list-style-type: none"> <li>○ Jagan Chapagain, deputy head of zone, email: <a href="mailto:jagan.chapagain@ifrc.org">jagan.chapagain@ifrc.org</a>, phone: +603 9207 5700, fax: +603 2161 0670</li> <li>○ Penny Elghady, resource mobilization and PMER coordinator, email: <a href="mailto:penny.elghady@ifrc.org">penny.elghady@ifrc.org</a>; phone: +603 9207 5775, fax: +603 2161 0670</li> </ul> </li> </ul>	

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

# International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>305,697</b>	<b>783,481</b>	<b>507,271</b>	<b>15,408</b>	<b>110,893</b>	<b>1,722,751</b>
<b>B. Opening Balance</b>	<b>221,443</b>	<b>479,129</b>	<b>335,737</b>	<b>10,906</b>	<b>5,663</b>	<b>1,052,878</b>
<b>Income</b>						
<b><u>Cash contributions</u></b>						
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
New Zealand Red Cross	53,569					53,569
Other			31,309			31,309
Sweden Red Cross			0			0
Sweden Red Cross (from Swedish Government)		128,126	80,536	2,563		211,225
<b>C1. Cash contributions</b>	<b>103,951</b>	<b>629,936</b>	<b>111,846</b>	<b>2,563</b>		<b>848,295</b>
<b><u>Outstanding pledges (Revalued)</u></b>						
Finnish Red Cross		-9,774				-9,774
Other			98,451			98,451
Sweden Red Cross (from Swedish Government)		131,703	82,784	2,634		217,121
Taiwan Red Cross Organisation			-28,201			-28,201
<b>C2. Outstanding pledges (Revalued)</b>		<b>121,929</b>	<b>153,034</b>	<b>2,634</b>		<b>277,597</b>
<b><u>Inkind Personnel</u></b>						
British Red Cross		20,680	62,000			82,680
Germany Red Cross					75,933	75,933
<b>C4. Inkind Personnel</b>		<b>20,680</b>	<b>62,000</b>		<b>75,933</b>	<b>158,613</b>
<b><u>Other Income</u></b>						
Services					12,300	12,300
<b>C5. Other Income</b>					<b>12,300</b>	<b>12,300</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>103,951</b>	<b>772,545</b>	<b>326,880</b>	<b>5,197</b>	<b>88,233</b>	<b>1,296,806</b>
<b>D. Total Funding = B + C</b>	<b>325,394</b>	<b>1,251,674</b>	<b>662,617</b>	<b>16,103</b>	<b>93,896</b>	<b>2,349,684</b>
<b>Appeal Coverage</b>	<b>106%</b>	<b>160%</b>	<b>131%</b>	<b>105%</b>	<b>85%</b>	<b>136%</b>

## II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>221,443</b>	<b>479,129</b>	<b>335,737</b>	<b>10,906</b>	<b>5,663</b>	<b>1,052,878</b>
<b>C. Income</b>	<b>103,951</b>	<b>772,545</b>	<b>326,880</b>	<b>5,197</b>	<b>88,233</b>	<b>1,296,806</b>
<b>E. Expenditure</b>	<b>-141,633</b>	<b>-490,711</b>	<b>-349,510</b>	<b>-10,163</b>	<b>-91,987</b>	<b>-1,084,004</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>183,761</b>	<b>760,963</b>	<b>313,107</b>	<b>5,939</b>	<b>1,909</b>	<b>1,265,679</b>

International Federation of Red Cross and Red Crescent Societies

MAAMM002 - Myanmar

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination			
A		B						A - B	
<b>BUDGET (C)</b>		<b>305,697</b>	<b>783,481</b>	<b>507,271</b>	<b>15,408</b>	<b>110,893</b>	<b>1,722,751</b>		
<b>Supplies</b>									
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		5,056				5,056	46	
Water & Sanitation	62,313		11,773				11,773	50,540	
Medical & First Aid	25,620		12,652	2,883			15,535	10,085	
Teaching Materials	37,859							37,859	
Other Supplies & Services	39,351	4,079	1,839				5,918	33,433	
<b>Total Supplies</b>	<b>190,637</b>	<b>6,853</b>	<b>81,595</b>	<b>2,883</b>			<b>91,331</b>	<b>99,307</b>	
<b>Land, vehicles &amp; equipment</b>									
Land & Buildings		1,315		2,698			4,012	-4,012	
Vehicles	7,030							7,030	
Computers & Telecom	21,664	3,798	17	2,825			6,640	15,025	
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	
<b>Total Land, vehicles &amp; equipment</b>	<b>34,952</b>	<b>8,235</b>	<b>323</b>	<b>10,695</b>		<b>0</b>	<b>19,253</b>	<b>15,699</b>	
<b>Transport &amp; Storage</b>									
Storage	49,650		7				7	49,644	
Distribution & Monitoring	54,001	51,045	6,641	6			57,692	-3,691	
Transport & Vehicle Costs	10,644		2,517	1,238			3,755	6,889	
<b>Total Transport &amp; Storage</b>	<b>114,295</b>	<b>51,045</b>	<b>9,164</b>	<b>1,245</b>			<b>61,453</b>	<b>52,842</b>	
<b>Personnel</b>									
International Staff	487,193	36,469	48,957	205,266	234	85,083	376,010	111,183	
National Staff	31,154	473	1,117	3,288	14	3,980	8,871	22,282	
National Society Staff	214,347	466	92,603	28,695	5,669		127,433	86,914	
Consultants	19,497	1,117	2,498	2,219			5,834	13,664	
<b>Total Personnel</b>	<b>752,191</b>	<b>38,525</b>	<b>145,175</b>	<b>239,468</b>	<b>5,917</b>	<b>89,064</b>	<b>518,148</b>	<b>234,043</b>	
<b>Workshops &amp; Training</b>									
Workshops & Training	363,566	13,181	133,767	36,329	6,613	300	190,189	173,376	
<b>Total Workshops &amp; Training</b>	<b>363,566</b>	<b>13,181</b>	<b>133,767</b>	<b>36,329</b>	<b>6,613</b>	<b>300</b>	<b>190,189</b>	<b>173,376</b>	
<b>General Expenditure</b>									
Travel	61,857	4,442	14,462	6,699	5	988	26,597	35,260	
Information & Public Relation	69,011	1,143	25,961	9,319	3,615		40,039	28,972	
Office Costs	29,064	836	8,167	11,999	233		21,236	7,828	
Communications	853	3,291	778	21		665	4,755	-3,902	
Professional Fees	2,991							2,991	
Financial Charges	76		4,377	41		12	4,430	-4,354	
Other General Expenses		22	49	33	0	-86	18	-18	
<b>Total General Expenditure</b>	<b>163,853</b>	<b>9,735</b>	<b>53,795</b>	<b>28,112</b>	<b>3,854</b>	<b>1,580</b>	<b>97,075</b>	<b>66,778</b>	
<b>Programme Support</b>									
Program Support	103,256	9,217	32,435	18,688	661	1,044	62,044	41,212	
<b>Total Programme Support</b>	<b>103,256</b>	<b>9,217</b>	<b>32,435</b>	<b>18,688</b>	<b>661</b>	<b>1,044</b>	<b>62,044</b>	<b>41,212</b>	
<b>Services</b>									
Services & Recoveries			3,706				3,706	-3,706	
<b>Total Services</b>			<b>3,706</b>				<b>3,706</b>	<b>-3,706</b>	
<b>Operational Provisions</b>									
Operational Provisions		4,841	30,753	12,090	-6,881		40,804	-40,804	
<b>Total Operational Provisions</b>		<b>4,841</b>	<b>30,753</b>	<b>12,090</b>	<b>-6,881</b>		<b>40,804</b>	<b>-40,804</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>1,722,751</b>	<b>141,633</b>	<b>490,711</b>	<b>349,510</b>	<b>10,163</b>	<b>91,987</b>	<b>1,084,004</b>	<b>638,747</b>	

**International Federation of Red Cross and Red Crescent Societies**

MAAMM002 - Myanmar

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAAMM002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
	A						B	A - B
<b>BUDGET (C)</b>		305,697	783,481	507,271	15,408	110,893	1,722,751	
<b>VARIANCE (C - D)</b>		164,065	292,770	157,761	5,245	18,906	638,747	