

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Myanmar

2006 progress report

This report covers 1 January to 31 December 2006

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.

In brief

Programme summary: The Myanmar Red Cross Society (MRCS) proved itself a consistent supporter of vulnerable communities during 2006, both in terms of disaster response to emergencies such as cyclone Mala, to longer term support of communities. Related to this growing performance, MRCS recognized certain gaps in its capacity that it will need to address in 2007 – and probably beyond – with the support of the south-east Asia secretariat team and partner National Societies. The new leadership of the MRCS established in October 2006 is very experienced. Their arrival heralded a period of optimism and energy that has been carried through to 2007. The secretariat team – in the Yangon country delegation and Bangkok regional delegation - has begun supporting this new leadership to unleash the emerging potential of Myanmar Red Cross as a leading humanitarian organization in-country. The Federation's country delegation will be taking the lead Movement role in providing this support and will mobilize resources and expertise from various components of the Movement.

Current context

Myanmar remains a country vulnerable to natural disaster. This was amply demonstrated on 28 April 2006 when Cyclone Mala struck many townships in the Rakhine state and Ayeyarwaddy divisions. Once again Myanmar Red Crescent (MRCS) was central to the response. The cyclone was the most destructive to hit the region in 50 years. USD 6.7 million worth of damage was reported to industrial infrastructure alone. In addition, the first reported cases of avian influenza in poultry in Myanmar provided MRCS with the opportunity to take stock of the National Society's contingency planning and reviewing the possible role of Red Cross.

The government's release of new cooperation guidelines for international organizations (INGOs), and non-governmental organizations (NGOs) created much discussion. The impact of these guidelines has yet to be fully realized. Initial reaction from the international community, led by the UN, has generally been that an open dialogue, coupled with an understanding of the necessity to safeguard humanitarian principles such as independence and impartiality, is to be encouraged.

Following on from the decision of the International Committee of the Red Cross (ICRC) to cease visits to places of detention in 2005 until the organization was permitted to work in accordance with its standard operating procedures, the ICRC was forced to further scale down its activities in the field in 2006

Indeed, Myanmar remains a challenging context in many respects because of a myriad of internal and external factors. Both the European Union and United States made separate decisions to extend sanctions against Myanmar for another year. In March 2006, Médecins Sans Frontière (MSF) France announced that 'due to protracted difficulty in project activities implementation' it was closing its offices in Myanmar. Such developments underline the importance of supporting the Myanmar Red Cross to develop its roles, image and identity as part of the Red Cross Movement and a leading humanitarian actor that has nationwide reach.

On the administrative front, ministries finalized the move to the new capital of Nay Pyi Taw signalling the end of Yangon's 120 years as the principal city. The Myanmar Red Cross branch near the new capital is playing a useful support role for the National Society headquarters and Movement partners.

Progress towards objectives

Health and Care

Goal: The MRCS has the capacity to plan, manage, implement and evaluate effective health and training programmes in a comprehensive and sustainable way.

Objective: Through the motivation, support and mobilization of its nationwide network of volunteers, the MRCS promotes a healthier and safer environment for the people of Myanmar giving priority to the most vulnerable communities and individuals. The capacity of MRCS is increased through health, community and water and sanitation activities.

Health and care covers three major programme areas: public health in emergency, community based health care and community based first aid. Public health in emergency incorporates emergency health care, psychosocial support and water and sanitation. Community based health includes intervention on HIV and AIDS prevention, care and support, TB, malaria and voluntary blood recruitment. Capacity building support to MRCS staff is included in the different programme areas. The overall goal of the 2006-2007 programme is to build capacity of the health and training divisions to plan, manage, implement and evaluate effective health and care in a comprehensive and sustainable way, and to promote a healthier and safer environment giving priority to the most vulnerable communities and individuals. Attaining the goal will be achieved through the motivation, support and mobilization of MRCS' nationwide network of volunteers with increased capacity to scale up proactive health, social, water and sanitation activities.

Public health in emergency

Objective: Myanmar Red Cross Society's capacity to carry out emergency health care services is increased and appropriate services are implemented in the vulnerable communities in eight townships of four states/divisions.

Avian/human influenza preparedness and response

The PHiE (public health in emergency) task group initiated in 2005 met several times mainly on avian influenza (AI) preparedness and response activities. The task group was activated in line with the AI outbreak in poultry farms reported in Mandalay and Sagaing Division townships in March 2006. Following the AI outbreak in two divisions, an inter-sectoral coordination meeting was organized by the Ministry of Health with participation of the MRCS head of health division. MRCS is also active as a member of the AI communication working group led by UNICEF that met several times to produce AI communication materials for Myanmar.

The strengthening of avian human influenza (AHI) prevention, preparedness and response capability of MRCS staff and volunteers has gained momentum. It started by organizing an AI forum attended by 56 RC volunteer leaders from all 17 states and divisions, HQ staff and executive committee members in the first quarter. This was followed in the fourth quarter of 2006 by core disseminators training with 35 trained Red Cross (RC) volunteers from branches. An AI coordination mechanism was established with the Department of Health, WHO, ICRC, UNICEF and LBVC (Livestock Breeding and Veterinary Department). Representatives from these organizations were requested to act as resource people to provide expertise, and to create a better understanding of the AHI situation, prevention, protection and control.

To support the branches with AI communication, posters were distributed. MRCS also distributed 1,200 personal protection equipment (PPE) sets of masks, goggles, aprons, gloves and head covers for health staff as requested. The involvement of RC volunteers in the culling of chickens and birds in the outbreak areas in Mandalay and Sagaing townships necessitated the purchase of additional PPE sets in the last quarter. MRCS is preparing for the possibility of further outbreaks of avian influenza and continues to plan how branches may assist in the response.

The overall programme framework for the MRCS PHiE was not finalized as planned as strengthening AI preparedness and response capacity became the priority. Although there were delays in implementation in the initial phase due to lack of experience, the overall objective was met with the continued support from the Federation delegation. The participation of the head of the health division in a regional PHiE training workshop and of the deputy head in the regional SPHERE training in Bangkok was a good learning opportunity. This will guide the health division in the development and strengthening of the MRCS PHiE programme. The support of a fulltime staff as the PHiE programme officer in the health division will help consolidate progress in 2007.

Psychosocial support (PSP)

The training division is designated as the coordinating office for the development and implementation of MRCS PSP activities. The head of the training division as the focal person attended the regional PSP training workshop in Bangkok in May together with the delegation's health training delegate. A PSP training workshop was organized in July for 35 RC volunteer leaders and staff from HQ, states and divisions. The PSP delegate from the Federation's regional delegation and local counterpart from the department of psychology, University of Yangon, facilitated the training. The same participants attended the follow-up workshop on PSP training curriculum development in the last quarter of the year. Technical experts from the department of psychology, University of Yangon were asked to assist in the preparation of the MRCS PSP training manual.

The draft is scheduled to be pre-tested in 2007 to follow with the development of community level psychosocial support multiplier trainings. Preparation for the MRCS' PSP framework and policy will be followed up in 2007.

Community water and sanitation

Implementation of community water and sanitation activities in eight disaster prone townships was limited. The water and sanitation officer participated in the regional water and sanitation training workshop in Bangkok in March to enhance support to in-country initiatives. To ensure better approaches in needs assessment a PHAST (Participatory Hygiene and Sanitation Transformation) training was also conducted in the third quarter for 30 volunteers from 12 townships. MRCS worked with UNICEF technical experts to support this training. Participants were the township focal persons who will facilitate community watsan activities through PHAST processes with tools to be provided in 2007. MRCS is also a member of the watsan technical group led by UNICEF. It is evident that the capacity of only one watsan officer responsible to oversee the implementation of community activities in eight townships targeting 24 rural villages is too ambitious. There is a need for an external technical expert to support this work during the assessment and planning phase. Activation of trained RC volunteers who can provide support and supervision in facilitating community PHAST process is essential if this is to be a priority in 2007.

Community-based health

Objective: The Myanmar Red Cross Society has an improved capacity to carry out activities to support the healthy life of communities and prevent communicable diseases through volunteers from local branches.

Community-based health care (CBHC)

The first pilot CBHC project to be implemented by MRCS is in Keng Tung of Shan East State. It was initiated in 2003 and funded by Australian Red Cross through the Federation. The second was launched in 2005 and was a Danish Red Cross supported project implemented in three townships in Mandalay division. In 2006 the Finnish Red Cross supported a third project through the Federation in two townships of Magway division. These three community based health care projects have progressively built a better understanding of how communities can manage their own responses to reducing the risk and impact of HIV and AIDS and other increasingly common health problems. The MRCS will continue these important initiatives with the support of their partners. The plan for 2007 is to build more effective ways of ensuring that the organizational learning from each of these projects feeds into a programmatic approach that will benefit communities beyond the three pilot geographic areas. The 2006 partnership meeting agreed on supporting a health forum in 2007 that would begin to map out the transition from "projects" to "programmes"

The Keng Tung project has considerable coverage, reaching more than 155,000 people in five urban wards and 30 villages. This project was evaluated in 2006 with the support of the Australian Red Cross. It was the second evaluation completed in the three year cycle of the project. The results were encouraging and indicated the impact of this investment by MRCS volunteers. The community based approach has been developed with the active participation of various ethnic groups in addressing common health problems. In 2006, 80 of the 110 peer educators were actively engaged in the project. Issues being addressed include HIV public awareness activities, condom promotion and distribution, people living with HIV and AIDS social action support, and community health outreach activities. In addition 3,270 condoms were distributed in urban communities and an additional 30 new HIV peer educators were trained. The communities also ensured that care packs were distributed to people living with AIDS (7 males and 4 females).

CBFA multiplier training reached 99 community members, and over 1,700 villagers benefited from health education sessions focussing on diarrhoea, malaria, tuberculosis (TB), HIV, hygiene and sanitation.

First aid kits are distributed in all villages and items used were replenished every month. These figures partly demonstrate a strengthening ability to respond to community health issues related to malaria, hygiene and TB. Overhead tanks for safe drinking water were completed in seven villages. An increased use of impregnated bed nets at the household level and increased numbers of sanitary latrines constructed and used also contributed to improving the health status of the communities.

The objective of the Magway project is to improve the lives of the communities by reducing the impact of water-related health issues. Advocacy meetings in two townships started in the first quarter and were followed by a feasibility assessment in villages. CBFA training of trainers was organized as an entry point to community-based health activities and trained 30 volunteers from two townships. Approval for the project from the Ministry of Health took longer than anticipated and reduced the expected rate of implementation in 2006.

HIV and AIDS prevention, care and support

MRCS conducted its first ever HIV strategic planning workshop in February 2006. The MRCS HIV strategic plan was drafted under the guidance of the National AIDS Programme and was a consultative process, ensuring coordination with implementing partners. MRCS is implementing various projects and activities with support from UNICEF, UNAIDS, Planned Parenthood Federation of American International (PPFAI) and the Burnet Institute. MRCS also supported an outreach programme on HIV and AIDS for highway bus and truck drivers in Mandalay, Monywa and Lashio townships. The HIV response has been comprehensive and centres around awareness raising, outreach and peer education, condom promotion, sexually transmitted infection (STI) referral and promoting voluntary confidential counselling and testing (VCCT) and home-based care in close cooperation with the Department of Health. There are 58 volunteers trained and mobilized for outreach activities to truckers and bus drivers. In 2006, 4,130 small groups were reached comprising bus and truck drivers and their assistants, as well as community members. MRCS ensured that supportive information education and communication materials were available to reinforce the messages. In addition condoms were distributed to 12,390 bus and truck drivers and their assistants. More importantly a condom station in the Mandalay bus terminal was established. Part of the success of this project can be measured by the number of referrals. In fact the volunteers managed to refer 158 persons for VDRL (venereal disease research laboratory – blood test for syphilis) and 320 for STI (sexually transmitted infection) to local health clinics.

Celebrating World AIDS Day in December, MRCS volunteers in all states and divisions came out in numbers wearing bright orange T-shirts with the phrase “ASK ME” promoting the HIV awareness campaign. More than 1,000 RC volunteers were mobilized to conduct public awareness campaigns and distributed information education and communication materials. An estimated 20,000 participated in health talks, 60,000 pamphlets were distributed and red ribbons and world aids day buttons were pinned on 20,000 individuals. MRCS HIV and AIDS prevention and care activities were displayed in an exhibition in Yangon. In the states and divisions the branch development project also supported various local initiatives. This initiative taken by the branches is very encouraging and demonstrates the impact of MRCS investment in branches.

Strengthening prevention of tuberculosis

TB prevention activities were implemented in Yangon division in five priority townships. They were targeted due to their high defaulter's rate. A total of 153 volunteers were trained as TB community educators. In 2006 they supported a total of 34,457 family members, TB patients and other community members through prevention education. RC volunteers detected and referred 620 new TB cases to health facilities, traced 92 defaulters and referred 710 suspected patients for sputum microscopy.

MRCS was also actively engaged in World TB Day by organizing a competition on 'TB prevention, care and support - success stories retold'. Participants in this competition included people with TB, their family members and RC volunteers from the project townships.

Voluntary non-remunerated blood donor recruitment

2006 saw 90 volunteers trained as trainers in voluntary non-remunerated blood donor recruitment in Yangon and Mandalay divisions. Mass blood donations were organized by Yangon division in seven townships, five universities and the Institute of Nursing. Through this initiative 1,350 blood donors were recruited. Blood Donor Day was celebrated by MRCS with a programme recognizing the outstanding individual volunteer blood donors and voluntary blood donor associations including 'outstanding RC townships' in states and divisions being recognized for their performance in voluntary blood recruitment programmes.

In the last quarter of the year, two MRCS staff attended blood donor recruitment training in Bangkok. They then facilitated the organization of the national blood donor recruitment training workshop in Yangon, attended by 30 RC youth from nine universities and townships. This was a clear demonstration of how training such as this can be effectively used to facilitate further responses within the National Society.

MRCS was also proud to host the regional voluntary blood donor recruitment workshop held in Yangon. A total of 27 participants attended from 12 national societies in Asia Pacific. This was the third international event to be hosted by MRCS in 2006. Although there is a great deal of work required to apply for approvals for international events such as these, the MRCS demonstrated their commitment to the Red Cross Movement in the region and internationally through their enthusiasm to support these forums.

Malaria prevention project

In collaboration with the branch development project, planning for the development of malaria prevention interventions was initiated in the last quarter of the year. The township medical officers, and RC volunteer leaders and state/division branch coordinators from nine pilot townships participated. The proposed malaria prevention project will hopefully be integrated into planning for 2007 and implemented after approval from the Ministry of Health.

Capacity building support through training

Many staff and Red Cross volunteers had the opportunity to attend training/workshops this year in support of the technical aspects of their work. The following table shows the number of trainings/workshops and total number of participants:

	No. of trainings/workshops	Staff	Volunteer	Total
In Country	12	138	131	269
Abroad	9	11	-	11

Community-based first aid (CBFA)

Objective: Myanmar Red Cross Society's capacity to implement an effective and expanded CBFA programme is increased.

CBFA and first aid (FA) training is implemented nationwide through the network of trained volunteer trainers from local branches. In 2006, 164 new CBFA trainers were trained from 36 townships in three divisions (Bago East, Yangon, and Sagaing) and three states (Shan North, Rakhine and Chin).

69 new FA instructors and 40 new trainers on water safety and life saving (life guards) were trained from 17 states and divisions. First aid training is an on-going and popular activity of the RC volunteers in the townships RC units.

Refresher training for FA instructors started this year with 58 people trained from upper and lower Myanmar RC branches. All trainers are provided with a CBFA facilitator and volunteer manual, first aid kit, and teaching materials. A balanced participation of both men and women is required in all CBFA and FA trainings. From the total 331 trained, 51% are men and 49% women.

CBFA and basic first aid multiplier trainings for community members were organized in rural and urban areas, schools and for the new RC volunteer members. A total of 3,713 people were trained in basic first aid and 8,319 for CBFA multiplier trainings. MRCS has managed to capture illustrative examples of how this training is having a demonstrable impact:

- A RC volunteer in Tanintharye Township described how he saved the life of a drowning person by applying CPR techniques he learned from the training.
- A CBFA trained volunteer helped a neighbour to deliver a baby by cutting the umbilical cord and providing immediate care to the mother and newborn baby before the arrival of the midwife from 30km away. The volunteer referred to the CBFA volunteers' manual for support in the childbirth.
- Young people from Wan Taung village in Mine Phyat township in Eastern Shan state trained on CBFA multiplier in focus group discussions identified increased awareness and practice of correct behaviours in personal hygiene, safe water and sanitation.
- Village leaders meetings in Bago East Township publicly acknowledged their appreciation of CBFA training in the creation of more 'self-sufficient' communities, especially during the rainy season when the township is always flooded and isolated. They requested another CBFA training to cover all villages.

Three professional "media spots" on fractures, burns and life-saving techniques (to prevent drowning) were produced by MRCS. These were broadcast nationwide in coordination with the national broadcaster MRCTV beginning in the month of September to commemorate World First Aid Day. MRCS also distributed promotional materials such as triangular bandages and face towels to RC volunteers, branch leaders, local organizational partners and authorities. The promotion of the FA training programme resulted in more requests for basic FA training from INGOs, airline companies, embassies, hotels and tour companies, culminating in a total of 152 graduates. These commercial sessions generated funds for the MRCS. Sessions on CPR and FA reached about 8,000 people during the year.

The challenges and constraints encountered were:

- Delays in procurement of materials, printing of manuals, and delays in distribution.
- Delays in reimbursement of funds required for programme implementation to branches.
- A large number of inactive volunteer-trainers and the lack of management of those who are active.
- Limited capacity at HQ to support branch requests for additional training for development materials, and the revision of training manuals.

These challenges were openly discussed within MRCS management meetings, programme review meetings with branch representatives and jointly with the Federation delegation. To address the issues, it has been proposed to engage local technical assistance to support the training division in the revision of training manuals and IEC development. The procurement and financial system of the MRCS is being reviewed and procedures and guidelines are being clarified. Setting up a database of CBFA/FA trainers, upgrading facilitation skills and updating FA skills and knowledge are all part of the plan for 2007. The system of mobilizing trainers from national to local levels needs further analysis and the training division is committed to work on improving monitoring and evaluation.

Disaster management (DM)

Goal: Disaster management programme has two goals: (1) MRCS is acknowledged as a leading humanitarian organization in Myanmar, measured by its activities and impact in disaster preparedness and response (2) MRCS is utilizing its wide network of volunteers in tasks to assist and guide vulnerable communities in their activities in disaster preparedness and mitigation.

Objective: Myanmar Red Cross Society has enhanced capacity to prepare for and respond to disasters.

The DM programme aims to support the overall goal through increased mobilization of its nationwide network of volunteers in disaster preparedness and mitigation activities.

One of the principal influences of the tsunami on MRCS has been a strengthening of the realization that investment in community readiness pays dividends in terms of saved lives and less suffering. The tale of one MRCS volunteer, who stood firm in the face of the devastating April 2006 tornado, has illustrated how this lesson, clear in the aftermath of the tsunami, continues to be institutionalized – and realized – down to branch level.

U Aung Moe Cho is a living example of the difference that can be made: an MRCS volunteer for 10 years and now a hero to his community, he helped his neighbours through the most terrifying experience of their lives.

On the night in question, Cho's prompt actions helped protect his neighbours after the storm, which damaged 300 buildings, ripped through Hlaing Thour Yar township, in Yangon division. 'His professionalism and presence of mind were terrific,' said U Tun Wai, deputy in charge of disaster management in the affected region. 'Cho raised the alarm, via our integrated communications system, with the local authorities and police, and immediately went to calm the community and lead efforts for them to evacuate to safer areas. 'Panic was prevented, particularly at a nearby factory where workers streamed out, frightened and dazed. Cho took the lead in calming those most traumatized before additional help arrived from other Red Cross volunteers and the authorities.

In some disaster prone townships MRCS branches are linked through telephone lines with the department of meteorology and hydrology. Through this simple but important link branches receive weather forecast alerts and volunteers are able to assist in timely evacuation of vulnerable people. During response to Mandalay, Sagaing divisions and Southern Shan state floods MRCS volunteers used early warnings and assisted people to move to safer places and provided relief goods.

Following the aftermath of cyclone Mala MRCS provided support to those affected in the form of roofing materials and relief supplies to over 2,000 families.

In order to respond efficiently during disasters, MRCS' DM division initiated a series of relevant trainings and workshops for its staff and volunteers, such as disaster assessment and response teams (DART) training at national level. In all, 360 community based people were trained, and field assessment and coordination teams, with 10 people receiving FACT and logistics training.

Another important step was the development of a community-based disaster management (CBDM) programme to increase the capacities of communities to better prepare for and cope with disasters. The programme has begun in four selected states and divisions. So far, 30 RC volunteers from four states and divisions have received CBDM facilitator training and have started implementing the process in focus areas to raise the disaster preparedness capacities in communities. In collaboration with MRCS' health division, disaster preparedness and response concepts have been included in first aid training modules for school teachers.

To deliver timely and appropriate relief supplies to people in need during emergencies, the MRCS with support of the Federation, decentralized its relief stocks and pre-positioned them in 17 strategically located warehouses in 17 states and divisions of Myanmar. The process is underway and is expected to be finalized in 2007.

Recovery project

The immediate recovery needs of those affected by the tsunami have already been met in terms of shelter, food, water and sanitation. In 2005 MRCS also provided fishing boats and nets to 47 families. In 2006 the building of two fresh water transport boats were completed.

The construction of a protective seawall and a new school building for the worst tsunami-hit area of Kaing Thoung island are ongoing. Progress has been slow due to issues related to accessing appropriate expertise, access to the island and prolonged negotiations with key stakeholders. However after resolving all the issues that hampered the project implementation both projects are back on track and anticipated to be completed in the first half of 2007.

Organizational Development

Goal: To develop and strengthen the capacity of MRCS to be the leading humanitarian organization in Myanmar.

Objectives:

- (1) To reorganize the structure of MRCS and develop well defined roles of governance and management
- (2) To further strengthen institutional, administrative and management capacity at all levels for delivery of quality humanitarian activities through increase mobilization of human and financial resources.
- (3) To develop practical, applicable and effective policies, guidelines and procedures for initiating integrated approaches in addressing the felt needs of the most vulnerable communities.
- (4) To formulate and implement a branch development strategy to build the capacity of branches in undertaking a leadership role in implementing humanitarian activities.
- (5) To strengthen the foundation of youth and volunteers based at all levels for developing an organized power of youth and volunteer resources and their mobilization.

The year 2006 was ushered in with the approval by the central council of the Myanmar Red Cross (MRCS) strategic plan 2007-2010. With this strategic document, the development coordination unit led the various divisions in preparing operational plans. The branches made significant contributions to these plans during the consultation meetings, through monitoring reports and by reviews of programmes such as health and branch development.

The overall OD programme built on the achievements of 2005 in the areas of branch development, youth and volunteering, finance development, and construction. At the end of 2006, a branch development strategy cycle emerged with the following significant components: advocacy, standard and advanced courses for branch leaders, planning and linking plans with other MRCS divisions, technical/funding support, reporting, monitoring and evaluation. This strategy cycle will be further analyzed in 2007 to be used in further developing the MRCS branch development programme.

The series of branch development activities in 2006 encouraged the branch leaders and volunteers to scale up their services to the community with improved support from the headquarters.

A total of 100 branch leaders underwent the *Standard Course for Branch Leaders* while 75 branch leaders received the advanced course (Project Planning Process). These courses enabled 14 township Red Cross branches to make self-assessments using participatory data collection tools.

It further led to the submission of 14 township Red Cross branch proposals targeting local vulnerabilities and addressing them with local capacity. Four township Red Cross offices were supported in their income generation efforts to sustain their community projects.

The branch leadership courses encouraged the branch leaders to make a difference in their areas. In December, nine branches requested technical support in preparing a project that aims to reduce the malaria mortality and morbidity in their malaria endemic areas. Both the development coordination unit and the health division provided technical support to these branches. This is an example of organizational development and health programme working together to address vulnerability. One branch was supported in its planning to achieve scaling up community based first aid in its area by having a trainer in every village and a first-aid provider in every home.

The advocacy meetings for the branch development programme benefited from the lessons learned in the half-year implementation of the programme in 2005. With better preparation, more skilled and confident National Society staff, a better understood programme and supportive executive committee, engaging local authorities on the issue of branch development and soliciting their commitment for support had more impact. The success of the advocacy meetings is tangible in that of the 17 pilot branches, 15 successfully lobbied for land grants with local authorities. From the nine target states/divisions, eight recruited branch coordinators. They also committed to sustain the posts in the third year of recruitment where the states/divisions will shoulder 100% of the salary cost while HQ will continue to provide technical and support for activities.

Eight branch coordinators underwent an induction in 2006 and two monthly forums where their accomplishments and challenges were shared. As the branch coordinators are newly created positions, coaching of the recruited staff is necessary to build confidence and knowledge to handle the job.

One of the results of having the branch coordinators is the strengthening of reporting and communication between the headquarters and the branches. In late 2005 reporting channels and procedures were introduced to strengthen this communication. Results showed at the end of 2006 that the general reporting rate to the headquarters by the 324 Red Cross branches climbed to 21% from the previous 15%; the pilot branches averaged a reporting rate over the 12-month period of 64%. These branch reports reveal that more than 19,000 Red Cross volunteers participated in various humanitarian activities such as relief, rescue, health and care, community development and voluntary blood donation.

Along with the efforts to strengthen relations between the headquarters and the branches, branch coordinators received extensive support for organizing meetings of the township Red Cross managers in the states and divisions. This activity alone provided the headquarters with a practical forum to improve the understanding of the needs of branches, their constraints and accomplishments despite the inevitable challenges. Through these meetings, national standards from HQ are relayed as well as mass campaigns that need extensive mobilization of volunteers such as World AIDS Day. The Red Cross 2006 World AIDS Day public campaign in Myanmar was driven by 25 branches of MRCS across 7 divisions through innovative public activities with mascots, public singing and dancing, leaflet distribution and health talks mobilizing more than 1,000 volunteers in a single day.

Although the volunteering policy continues to await final approval, the volunteer registration system has been accepted across the 324 branches of MRCS. By the end of the year 26,150 volunteers had formally registered with the National Society (14,773 males and 11,377 females) This was an increase of 1,150 reported in the middle of the year. Headquarters provided more guidance on how to utilize the volunteer registration form to better support and manage volunteers. Volunteer recruitment pamphlets were distributed nationally and there are plans to develop a volunteer recruitment poster to support the recruitment process. The mass production of the poster was postponed until after a pre-testing to ensure a clear and effective message.

A volunteer sector that is being strengthened by the MRCS is for teachers who influence the recruitment of youth volunteers, and who could also be in the frontline in disseminating health information among young people. In 2006, 167 teachers from 52 branches (41 male and 126 female) were trained on how to manage a Red Cross youth programme in schools.

The projected activities for finance development slowed almost to a halt by the second half of the year. The finance division continued to support the programme through field monitoring, and mentoring the branches on how to correctly maintain their accounts. An external audit company audited the MRCS' finances as scheduled. While there is better financial reporting both internally and externally, there are still significant gaps in the MRCS financial procedures that could only be addressed with the updating of the current financial policies and procedures.

Construction of branch buildings is nearing completion in four townships with eight constructions expected to commence in 2007. These facilities will strengthen the image of MRCS and will further support the branches by having a centre for coordination of their activities.

Humanitarian Values

Programme Objective: Myanmar Red Cross Society's capacity to carry out advocacy and promotion of its humanitarian work and the values and principles of the Red Cross movement is strengthened.

Brochures were reprinted in 2006 to disseminate the Fundamental Principles and Red Cross values to volunteers. It was the biggest distribution and campaign of its kind that MRCS had ever undertaken. MRCS also produced its first media package of first aid TV spots for volunteers and the public at large. The initiative was designed to improve the image of MRCS and promote the participation of communities in Red Cross work. The National Society's information officer, with Federation support, attended the Fednet editor training in Kuala Lumpur in 2006. As a result, MRCS initiated its bilingual website in the last quarter of 2006 to share up-to-date information locally and internationally. Furthermore, MRCS redesigned and conceptualized the content of the National Society's news journal, based on the comments from branches.

ICRC supported MRCS to promote and disseminate Red Cross Movement values as well as International Humanitarian Law (IHL) to its members and the public in general.

In 2006, nine dissemination workshops were organized for 319 Red Cross leaders from five of 17 states/divisions. ICRC also provided major support for the printing and dissemination of information education and communication materials. In addition in April, the communication division and ICRC jointly organized a one-day IHL and Fundamental Principles workshop for governance, management and communication staff.

Here is a snapshot of activities by MRCS in 2006 with a communications and humanitarian values angle:

Number of people/organizations reached by MRCS communication division

School Red Cross members – 5,243

First aid providers/ RC volunteers - 728

Other trainings – 64

Second in charge from branches in Yangon division – 35

Local authorities from townships – 100

Government staff training university – 4,934

Township Peace and Development Council Chairman Training – 444

Military officer training – 125

Retired military officer training – 100

Red Cross leaders from states/divisions - 319

Total – 12,092 people

Working in partnership

MRCS has learned many lessons from past relations; of which partnership is one form. The tsunami operation has in many respects accelerated this learning. Partnerships are ideally based on equality, long-term commitment, and an attitude of mutual learning and respect.

In 2007 and beyond, MRCS will undoubtedly continue to approach this issue from a position of 'humble confidence'. It has a lot to offer partners: reach to vulnerable communities, volunteers, local knowledge and comprehensive understanding of a complex context. Significant partners such as the Burnet Institute and UNICEF, have achieved much because of MRCS unique comparative advantage. MRCS in expressing and promoting its role as auxiliary to government has the potential to present itself as independent as well as being an important humanitarian actor. The acid test remains as always if the National Society has freedom to make decisions to support vulnerable people and has the freedom to access these communities.

Like so many other national societies MRCS is working with the Federation and other partners to avoid being overwhelmed by the demands of partners all wanting to use an established set of resources. Partner agendas need to appreciate and support the National Society and be careful that their imperatives do not inadvertently divert the existing capacity of MRCS. It remains important to ensure that the MRCS strategic plan is respected. There are some lessons to be learned from this.

MRCS is committed to making better use of its local insight and contributes to future partnership by creating a better understanding of Myanmar. This is a complex context that requires careful guidance.

The cooperation agreement strategy (CAS) process has been accepted and as confidence and commitment grows it has the chance to be used as a tool to promote even better approaches to cooperation. It has great potential to be a tool to promote more programmatic approaches.

The following partners have been working with MRCS specifically on health with some having long standing cooperation: Australian Red Cross, Danish Red Cross, Finnish Red Cross, PPFAl, Burnet Institute, ICRC, UNICEF, UNAIDS, UNFPA, and WHO. The multilateral support from national societies including Swedish Red Cross, German Red Cross and Japanese Red Cross is also particularly appreciated.

In terms of disaster management, MRCS coordinates its activities with relevant government departments, the Federation, ICRC, UN agencies, NGOs, INGOs, and other stakeholders. Multilateral supporters such as the Norwegian Red Cross, Hong Kong Red Cross branch of the Red Cross Society of China, Korea National Red Cross Society and Taiwan Red Cross organization have all contributed to the activities in this programme. Red Cross Society of China also provided bilateral support.

In terms of OD, partners are from within the Movement and support is channelled through the Federation. This support is highly appreciated by the National Society. The support of the Norwegian Red Cross in providing a roaming construction delegate to assist with the plans to renovate the old MRCS headquarters building has been of great assistance.

In terms of humanitarian values, ICRC and the Federation are the two principal supporters of MRCS.

Contributing to longer-term impact

Health: The approach of building the community-based RC volunteers network for health promotion, disease prevention, emergency preparedness and response activities of the CBFA training programme contributes to the Federation's Global Agenda.

Working directly with the communities and family members in building their capacities to increase coping mechanisms in addressing daily health, first aid and emergency concerns especially in areas with difficult access for health care services will reduce the incidence of death, injuries and illnesses, and exposure to risks and hazards.

CBFA and FA trainings encourage a gender balanced approach to participation in trainings, although there is recognition of a considerable distance to go in terms of a broader diversity approach within the MRCS as a whole. The target beneficiaries of these two programme areas are the general public, school children, corporate employees, RC volunteers, teachers, youth groups, faith-based organizations, workers, nannies, traffic officers, fire brigades and other groups with the long term aim of having a first aid provider in every home. The training advocated to local authorities generates support in community implementation. The objective is to have trained township trainers running refresher courses on a regular basis. The diversity of topics give priority to identified training needs of the different groups in the community as an on-going process. Such topics include HIV, AIDS, STI, hygiene promotion, malaria, TB, psychosocial support, disaster management, accident prevention as well as basic first aid skills and knowledge. The training promotes health awareness and prevention related to health risks and hazards. It also enhances self-care intervention in the absence of health care facilities and services.

DM: By increasingly supporting communities and building upon their strengths and capacities MRCS will make use of the wide network of its trained volunteers. The National Society is developing a decentralized operating model based on building of DM capacities of branches and empowering their leadership. The DM programme in coordination with other MRCS programmes aims to reduce the number of deaths, injuries and impact from disasters.

OD: A series of activities implemented through the OD programme in 2006 such as advocacy meetings, branch development, HR and volunteering strategy and policy development have built a solid base for MRCS to scale up their services to work with the vulnerable. The first results are visible but a lot of work still needs to be done in the short to medium term to ensure a more sustainable impact of the organizational changes that the MRCS is undertaking.

Looking Ahead

Overall, better ways of working including learning from past partnerships and cooperation experiences and maintaining MRCS clear move to greater accountability, are two of the main challenges.

Within the National Society itself, the new leadership established in October 2006 is very experienced. The Federation will support this new leadership to further unleash the emerging potential of MRCS as a leading humanitarian organization within Myanmar. The Federation's country delegation will be taking the lead Movement role in providing this support and will mobilize resources and expertise from various components of the Movement. The ongoing issue of access to deliver programmes to the most vulnerable communities will remain a priority.

Health: MRCS has two primary divisions that address health needs: the health division and the training division, with a limited number of other services integrated in other divisions. MRCS' health projects are in line with national health priorities and programmes, particularly those related to malaria TB, diarrhoea, HIV/AIDS, RH (reproductive health) and VNRBD (voluntary non-remunerated blood donation). However, in terms of size and coverage, these projects require more significant inputs to ensure national impact. Human resources capacities, financial support for national health programmes compounded by poor communications, transportation, infrastructure and poverty all contribute to this situation.

There may be some ways forward, for example support of MRCS' role in the national blood programme, as well as scaling-up and replicating community-based health programmes to reduce high level of maternal and infant mortality. This needs to be considered within a programme approach rather than a series of project work.

One of the recommendations from the third partnership meeting hosted by MRCS in Yangon in October 2006, which was attended by nine partner national societies, ICRC, UNICEF, UNHCR and Burnet Institute, was that MRCS should change from a project to programmatic approach for greater impact on lives of vulnerable communities. At the same meeting, participants agreed to conduct a health forum in 2007, with the involvement of all divisions from MRCS and partner national societies to discuss and begin developing a plan of action to implement the change. The health review workshop conducted by MRCS in December 2006 with the participation of branch representatives made some recommendations, which reinforced this direction of the need for transition from project to programme approaches.

MRCS CBFA and FA trainings are evolving. Recommendations in the programme review meeting and field monitoring trips have already been incorporated in the 2007 plan of activities. Priorities will focus on strengthening the training support for ToT to branches and developing a system of sustaining the CBFA multiplier trainings at the community level. Revision of FA training manuals (facilitators and handbook guide), implementing guidelines and the development of IEC (information, education, communication) materials with external technical support will be facilitated. CBFA external evaluation, pre-testing and printing of revised training manuals, and refresher training for CBFA trainers are priorities to be undertaken in 2007. Strengthening the CBFA programme through a model of integration and expanded approach with branch development and community-based health activities will start with malaria prevention and control, and water and sanitation activities.

The results of 2007 activities will feed into the 2008-2009 plans, which will focus on building the state and division level capacities in organizing and training core trainers at the townships level to intensify CBFA training at the grass root level. There will be a more coordinated and integrated effort with branch development and community health programme implementation. MRCS will incorporate recommendations from the CBFA external evaluation for the 2008-2009 planning process. The system for regular refresher training of trainers should be in place. The monitoring and evaluation system has been identified but is in need of being strengthened.

DM: MRCS will take the following steps to better prepare communities, mitigate effects of the disasters and improve its response capacity:

- Strengthen community based disaster preparedness
- Improve communication systems for early warnings and disaster information
- Improve planning, monitoring and evaluation (to better measure impact of programmes)
- Develop contingency plans for emergency disasters
- Improve storage facilities
- Procure and pre-position 10,000 family kits for future emergencies
- Improve response and coordination capacity by establishing disaster management and coordination centre at headquarters
- Work will also be done on reinforcing the role of Red Cross in national disaster management planning

OD: In 2007 the priorities for OD will focus on:

- Continuing to support township Red Cross branches, at least the pilot townships for a start, in the development and implementation of community projects that effectively reach and benefit vulnerable people. This will include sharing of expertise from project implementers, provision of IEC materials and behaviour change strategies developed for other project sites.
- Strengthening of inter-division collaboration.
- Improving the coordination at the state/division level by reinforcing the role of branch coordinators as focal points for activities or programmes implemented within their area of responsibility.

- Strengthen reporting and communication from townships to divisions and headquarters. This should improve recruitment and retention of volunteers, financial procedures and reporting skills.
- Focus on local fundraising initiatives and income generating schemes in pilot townships and preparations to expand to additional townships.
- Support MRCS staff to handle and process emerging needs for better collaboration between the branches and headquarters.
- Develop the MRCS structure and operational model to reflect achievements in organizational development.
- Continue to strengthen the capacities of staff in the branches, particularly in leadership and programme implementation.
- Promote participatory monitoring and evaluation utilizing MRCS personnel trained in 2006.
- Ensure funding to continue Federation-supported community projects.
- Strengthen integration of Red Cross services and projects at the community level.

How we work

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

The Federation's Global Agenda

The International Federation's activities are aligned with under a 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.

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