

Plan 2009-2010



Myanmar

Executive summary

Myanmar is still reeling from the devastation of Cyclone Nargis in 2008. It was rated the eighth deadliest cyclone ever. Assessments suggest that more than 2.4 million people were severely affected and 23 per cent of all respondents to the post-Nargis joint assessment for relief, recovery and reconstruction (PONJA)¹ reported that family members had observed psychological problems related to the cyclone. The Myanmar Red Cross Society (MRCS), well known for being one of the first on the scene following cyclones, floods, fires and other natural disasters, showed once again how it was one of the leaders in the national response. Over the last 60 years, 11 severe tropical cyclones have made landfall in Myanmar. Floods remain a seasonal hazard, especially for the river basins of the Chindwin, Ayeyarwady, Thanlwin and Sittaung.



A demonstration on first aid for snake bite at Pwint Phyu township. Prevention activities focusing on malaria, water and sanitation, HIV, TB and community-based first aid have all been prioritized under the 2009-2010 Plan.

The International Federation of Red Cross and Red Crescent Societies launched an emergency appeal to assist the MRCS in its response to the Nargis-affected communities over a three-year period (2008-2010). This work is ongoing and has received much appreciated support from the Red Cross Red Crescent Movement. However, it is important not to lose sight of the other humanitarian concerns outside of the cyclone-affected area. There are significant issues of vulnerability to which the MRCS and its committed volunteers continue to respond across the country. The 2009-2010 plan has been developed with the intention of integrating the valuable lessons and resources made available to the MRCS in response to its worst natural disaster in living memory, into the plan for 2009-2010 for the rest of the country. The International Federation will work closely with the MRCS and partners to ensure a coordinated approach.

In the current response, Myanmar has a unique opportunity to address recurring risks in particularly hazard-prone areas across the country. The promotion of disaster risk reduction (DRR) born from the International Federation's experiences in disaster response, recovery and preparedness activities, acknowledges that preparing for and coping with disasters need to be augmented by reducing risks and building safer communities. With the support of national networks that were developed in contingency planning workshops over the last year and technical support from Movement and external partners operating bilaterally and multilaterally, this plan outlines how the MRCS will be strengthened to respond to issues outside the delta region. The MRCS will take the opportunity to explore with interested partners various practical possibilities that could help prevent disasters - this may include planting trees, improving levy banks or mitigating the impact of disasters such as improving evacuation routes and identifying safe areas.

This plan considers the unique opportunity of mobilizing the unprecedented resources now available in-country and builds upon that potential for other areas of the country in need of MRCS support. Working with states and divisions across all sectors, the MRCS will assist communities to recognize that they are able to do much for themselves to mitigate the impact of disasters and address the root causes of natural hazards – this will enable them to sustain their basic functions and structures despite the recurring risks they face.

¹ A report prepared by the Tripartite Core Group composed of representatives of the Government of Myanmar, the Association of South East Asian Nations and the United Nations, with the support of the humanitarian and development community which included 30 MRCS volunteers.

The MRCS understands that building safety and resilience is a long-term process that requires commitment. There is much that can be done to adapt to future problems by building on what is already known. This plan supports the concept that being safe coupled with building resilience means that there is a greater chance of increasing health and development outcomes.

This plan will be implemented taking into consideration the essential support required for ongoing community-based health initiatives, and further builds upon existing resources, expertise and organizational strengths. It is designed to improve the capacity of the national society to work with communities to prepare for and respond to future disasters and health-related hazards. This plan will also allow the MRCS to build upon the support received so far, to further develop its capacity across all sectors. It focuses on community-based disaster preparedness; health promotion and community mobilization; understanding that communities are frequently the 'experts' in responding to issues of concern in preparing, responding and especially, preventing diseases, health issues and hazards.

One of the underlying principles of this plan is that the impact of disasters can be significantly reduced through advanced planning and investment.

The total budget for 2009 is CHF 1,446,213 (USD 1,321,949 or EUR 921,155) and for 2010 is CHF 1,357,775 (USD 1,241,110 or EUR 864,825). [<Click here for the budget summary.>](#)

Country context

Nargis has drawn attention to Myanmar's vulnerability to high-impact low-frequency natural hazards 'and also the need to undertake a range of actions for reducing, mitigating and managing disaster risks in the future'.² To this end, Myanmar has formally committed itself to key priorities for action identified in the Hyogo Framework for Action (2005-2015).

The Myanmar Department of Meteorology and Hydrology has unpublished data³ that suggests a gradual warming of the Bay of Bengal over the last 40 years. However, it is worth noting that of the 11 severe tropical cyclones to hit Myanmar over the last 60 years, nine have made landfall outside the recently severely-affected delta region. This illustrates one of the significant reasons to include "post-Nargis" responses outside the area directly affected.

Cyclone Nargis provided an insight into the lack of preparedness within many communities. There was some important preparedness work undertaken by communities but this action was in anticipation of smaller-scale hazards. There is a need for a more comprehensive approach towards community-based disaster management (CBDM) that builds on local knowledge and maximizes the potential use of community resources to address a variety of disasters, emergencies and hazards.

In addition, the diversity in Myanmar is reflected in its estimated 170 different ethno-linguistic groups.⁴ Recent publications confirm that despite improvements in some indicators, the health status of the people of Myanmar remains of concern with noteworthy differences in health and nutrition, depending on where people live⁵.

Government expenditure on health is low and estimated at 0.2 per cent of the GDP (2005). Malaria remains a major health risk with 70 per cent of the population living in endemic areas, and the country continues to struggle with tuberculosis (TB). Myanmar is now ranked 19 among 23 countries designated as having a "high tuberculosis burden country". Conservative estimates of the number of people living with HIV start from 240,000 with others estimating the scale of the problem to be far greater. There is limited information on the causes of child morbidity but acute respiratory infections, diarrhoea, meningitis and malaria are believed to be among the primary causes. Malnutrition is also a serious concern. Priority health issues certainly include HIV, malaria and TB, but the incidence of less prominent diseases such as children succumbing to beriberi due to vitamin deficiency, is also worthy of further analysis. Household surveys indicate that possibly 30 per cent of the population has insufficient means to cover basic food and essential needs.

Health services are provided through the public and private sector with significant numbers of the population relying on traditional medicine. Public health services are centralized at the township level⁶. Generally, this

² PONJA report (2008)

³ Presented by the Department of Meteorology and Hydrology (DMH) at the Asian Disaster Preparedness Centre – DMH Monsoon Forum

⁴ 1984 census (latest), records 69 per cent of the total Myanmar population as Bamar.

⁵ PONJA (2008)

⁶ Townships are typically 100,000 – 200,000 people.

comprises a 16- to 50-bed hospital at township level, with one or two station hospitals and four or more rural health centres providing health care services for a population of 20,000-25,000 people. A mid-wife or a community health worker is often the primary resource at sub-rural health clinics. The ministry of health is reported to have 839 hospitals, 86 primary and secondary health centres, 1,473 rural health centres and 6,599 sub-rural health clinics. UNICEF estimates that 60 per cent of all visits to health services are to the private sector, with public sector doctors also providing services through private clinics.

Formal social welfare systems in Myanmar are very limited. In this context, community-based responses are an important part of community resilience and coping strategies. In rural areas, 17 per cent of households have female heads.⁷ "Traditions and customs expect a woman to control the purse, to prepare food, make clothing and look after the children."⁸ After many natural disasters, women's vulnerability is exacerbated as they continue to maintain the burden of caring for the family as well as the extra burden caused by the loss of traditional income.

National Society priorities and current work with partners

The MRCS plans to continue developing recovery programmes in the delta region until at least 2010. Working with the International Federation, the national society is building on existing partnerships with long-term multilateral partners including the Finnish, Japanese and Swedish Red Cross to further develop CBDM responses throughout the country. Disaster risk reduction (DRR) strategies are also being developed with the guidance of the International Federation framework for community safety and resilience draft, and potential support from the International Federation's regional disaster management unit, and the zone office as well as partners such as the French Red Cross.

Key Priority Areas for MRCS in 2009 and 2010

Monitoring and evaluation were prioritized in 2008. This was challenging due to the amount of time and resources required for the initial response to Nargis. In 2009–2010, this work will continue to ensure that the potential impact of the resources is maximized. The MRCS leadership is committed to ensuring that there is a measurable and demonstrated benefit for marginalized communities.

The MRCS continues to prioritize health initiatives supported through community action. The Australian, Danish, Finnish and Japanese Red Cross have all committed to maintaining long-term community-based health initiatives designed to increase community resilience, through support for MRCS branches in specifically targeted areas of the country. Prevention activities focused on malaria, water and sanitation, HIV, TB and community-based first aid have all been prioritized. With the numerous resources and increased technical capacity at the disposal of the MRCS due to the Nargis response, there is great potential to expand on the water and sanitation programme in other areas of the country. Previously struggling with a lack of capacity in water and sanitation, the MRCS is now considering scaling-up.

HIV responses at community level are underpinned by attempts to move from a project to a programmatic approach. This includes the development of shared indicators for HIV programming that are in line with the MRCS strategic plan. These have been jointly developed with partners such as UNICEF, Burnett Institute, Danish Red Cross, Australian Red Cross and others. This process remains a priority for partners of the national society.

Work on voluntary blood donor recruitment continues with an ever-increasing number of active volunteers.

Contingency planning initiated prior to the cyclone will continue with the support of the authorities and national partners such as the fire brigade, port authorities, department of meteorology, ministry of social welfare relief and resettlement, ministry of health, national radio and television networks, aviation companies, telecommunications authorities and other humanitarian agencies. To date, this initiative has been possible through the generous support of multilateral support from the Hong Kong branch of the Red Cross Society of China, Norwegian Red Cross, Swedish Red Cross and Taiwan Red Cross Organization. It is one area of work that the MRCS will be able to support not only through this plan but also the Nargis appeal in an integrated approach.

The pre-positioning of non-food relief items for communities including women and children left vulnerable following natural disasters such as floods and tropical storms will continue. This will also potentially support the small-scale maintenance and repair of mini warehouses around the country.

Disaster risk reduction will be developed through a targeted and expanding programme over the next few years.

⁷ UNDP 2006 Household Poverty Assessment.

⁸ Government of Myanmar report submitted under the Convention on the Elimination of All Forms of Discrimination Against Women (1999).

Organizational development including the revision of current MRCS statutes is strongly supported through partners such as the Swedish Red Cross and the International Committee of the Red Cross (ICRC), with additional multilateral support through the International Federation.

Volunteers were a key to the success of the Nargis relief operation. The MRCS continues to develop effective policies and procedures designed to support the thousands of women and men who continue to offer their services.

Potential risks and challenges across all programmes

Risk: The MRCS is unable to recruit and retain staff with the qualifications and capacity to manage and develop the programmes.

Management: Efforts needed to scale-up the response to Nargis have resulted in many staff members being deployed temporarily from their “normal” activities within the MRCS. There has also been a number of staff choosing to leave the national society to work for other humanitarian organizations as the market for their skills expands.

In addition, the society’s national headquarters is preparing to move to the new capital in Nay Pyi Taw, some 320 kilometres north of Yangon. This will create additional challenges for the national society as many of the staff, including some key members, may not be in a position to relocate. While this has the potential to reduce the current capacity of the MRCS at least in the short to medium-term, there has also been an influx of talented and skilled new staff who have the potential to carry the MRCS into a new era with fresh ideas and the enthusiasm that comes with new challenges. It is unclear if Movement partners will be permitted to relocate and this has the potential to increase communication and transportation costs between the two cities until relocation is possible.

There is a commitment to provide appropriate professional development in line with more systematic staff appraisals in order to improve communication on job satisfaction between staff and management. While it is not possible or advisable to insist people stay with the organization, it is possible to create a work environment that is conducive to staff retention.

Risk: Myanmar is an unpredictable context which poses difficulties even in the process of trying to anticipate risks.

Management: A key assumption is that MRCS leadership at national and branch levels will be stable and the external environment will continue to support implementation.

Permission to travel to the field is sought on a regular basis and although the process changes frequently, so far, the International Federation has rarely been refused access except for very occasional reasons of 'security'. The International Federation will continue the open dialogue with the MRCS and authorities at all levels to discuss the nature of the humanitarian work of the Movement.

It is imperative that this continue in order to maintain a transparent and open dialogue regarding the work of the International Federation in Myanmar, and to build trust that will ultimately have a positive outcome for vulnerable communities relying on the support of the MRCS.

Risk: The humanitarian issues in Myanmar outside the Nargis-affected area will not receive sufficient support domestically or internationally, and will potentially affect not only this country but also the region in many cases such as HIV, TB and avian influenza.

Management: The country office continues to actively engage with donors and stakeholders to advocate for support not only in the Nargis-affected delta region, but also in outstanding issues that remain serious humanitarian concerns in other parts of the country.

Secretariat-supported programmes in 2009-2010

Logical frameworks are available on FedNet⁹ or [upon request](#).

⁹ FedNet is an intranet and available to Movement members only

Disaster Management

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, injuries and impact from disasters.

The disaster management programme budget for 2009 is CHF 133,443 and for 2010 is CHF 133,600.

Programme component 1: Disaster Response
<p>Outcome:</p> <ul style="list-style-type: none"> • Reduced impact of major hazards (cyclones, flash floods, landslides, fire) across Myanmar through timely emergency response measures. Communities have enhanced capacity to cope with the effects of natural and man-made disasters. • Increased quantity and capacity of Red Cross staff and volunteers at national headquarters and local levels. • Strengthened cooperation with other MRCS divisions while capitalizing on the potential advocacy work of the governance.
Programme component 2: Disaster Preparedness
<p>Outcome:</p> <ul style="list-style-type: none"> • Improved MRCS emergency response capacity through strengthened institutional mechanisms, and national disaster preparedness and response mechanisms. • Improved MRCS capacity to raise community awareness of hazards so that they respond effectively during times of disaster. • Improved MRCS emergency response capacity through pre-positioned relief stocks in strategically located warehouses and strengthened logistics capacity.
Programme component 3: Disaster Risk Reduction
<p>Outcome:</p> <ul style="list-style-type: none"> • Strengthened capacity of MRCS to support disaster-prone communities especially through decentralized programme development and monitoring that ensure local communities can build and ensure improved long-term resilience.

The impact of major hazards will be reduced through a process of developing community resilience. DRR offers a major contribution to the building of safer, resilient communities. Central to this is the focus on communities and specifically, communities that are at risk from regular disasters. Although there has been some measure of DRR development, the MRCS will build on the foundations of previous work after a review and do more of what works and is effective. This work will be more systematically developed to ensure that the basic objectives of safety and resilience are being addressed, building on enhancing and adapting where possible, what MRCS branches have been doing already and looking for opportunities to make DRR action more effective and relevant.

This programming will be concerned with what contributions can be made to build community safety and resilience through a focus on disaster risk and its reduction. Disaster response will also be more focused, based on evaluations and reviews of current practices. Community emergency response capacities will be strengthened through the support of national disaster preparedness and response mechanisms. These will be based on effective decentralized monitoring and evaluation that informs leadership, policy and decision-making. There will be increased disaster hazard awareness among communities to maximize their ability to take effective action during times of disaster. Disaster response capacity will also be further strengthened by pre-positioning relief stocks in strategically located warehouses and strengthening logistics capacity and warehouse maintenance.

b) Profile of target beneficiaries

Across the country, 325 communities vulnerable to various disasters will be the focus of the MRCS branches. The branches will focus on identified vulnerable communities including those living in more isolated villages. With the resources already accessible for communities in the delta and Yangon division, this plan will address priorities in the “non-Nargis” affected states and divisions. The total number of beneficiaries for two years is estimated to be potentially in excess of 15,000 people. The community-level coordination through MRCS branches will increase the MRCS capacity to respond.

c) Potential risks and challenges

There is always a threat of further natural disasters, further undermining the already stretched capacity of the MRCS. In this case, the collective resources of the International Federation would be deployed in support of the MRCS as part of the Movement. The national society has proven itself a credible and reliable partner.

As evidenced by Nargis, the impact of disasters and the survival, dignity and livelihoods of individuals, particularly the poor, place this complex context and humanitarian actors such as the MRCS under extreme pressure. The Movement's in-country representatives remain committed to working on these challenges. The progress in working towards a systematic programmatic approach in disaster management will help maintain focus on more effective mitigation.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce deaths, illnesses and impact from diseases and public health emergencies.

The health and care programme budget for 2009 is CHF 793,867 and for 2010 is CHF 659,263.

Programme component 1: Public Health in Emergencies (PHiE)
Outcome 1: Red Cross staff and volunteers have the capacity to respond to potential epidemics in four states and divisions prone to natural disaster (Yangon, Rakhine, Tanintharyi and Mon). Outcome 2: High risk groups 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 six states and divisions (Magway, Mon, Tanintharyi, Shan East, Shan North and Shan South).
Programme component 2: Community-Based Health Care
Outcome 1: The health status of people living in selected townships is improved and their susceptibility to communicable diseases is permanently reduced. Outcome 2: Improved referral and access to health care services for common diseases and priority health concerns.
Programme component 3: Voluntary Blood Donation
Outcome: Increased numbers of regular voluntary non-remunerated blood donors.
Programme component 4: Tuberculosis (TB)
Outcome: Improved MRCS capacity to address TB-related care and support leads to increased community awareness about TB.
Programme component 5: Malaria
Outcome: Improved attitude and behaviour concerning malaria through the adoption of preventative measures with 100 per cent utilization of insecticide-treated nets (ITNs) in targeted households.
Programme component 6: HIV/AIDS
Outcome 1: Improved access to effective care and support for people living with HIV (PLHIV) and their families. Outcome 2: Reduced stigma and discrimination associated with HIV. Outcome 3: Strengthened capacity of the community and Red Cross volunteers to deliver an effective HIV programme.
Programme component 7: First Aid; Community-Based First Aid (CBFA)
Outcome 1: MRCS first aid programme guidelines and policy are updated and implemented in branches. Outcome 2: All state and divisional level Red Cross are prepared to implement a first aid and community-based first aid (CBFA) programme by December 2010.

The MRCS aims to continue to strengthen its contribution towards its health and care programme goal of promoting the health status of vulnerable people and reducing their vulnerability by conducting a range of projects/programmes in various states and divisions of Myanmar. This is in line with the soon-to-be-revised MRCS Strategic Health Direction 2002-2006 and the Health and Care 2007-2010 Operational Plan. The activities will focus on minimizing the negative impact on community health in emergencies; reducing HIV vulnerability and its impact on at-risk communities; reducing malaria morbidity and mortality among vulnerable populations, and reducing TB transmission and its impact on communities with high defaulter rates. Apart from these three major health issues which are often cited, the MRCS will also continue to contribute to other significant areas such as the national blood donor recruitment programme and through community-based first aid (CBFA) programming. In the latter programme, it will assess other risk factors that may have an impact on the health status of the communities, such as water and sanitation, nutrition and avian influenza. The MRCS will respond where it has the capacity and will advocate for others to take action where it does not.

In September 2007, a health forum was conducted in Yangon with the overall goal to bring the MRCS and its partners together to work towards moving from project-based health and care initiatives to an integrated and

streamlined programme approach. The MRCS, despite the recent upheavals caused by Cyclone Nargis, remains committed to this goal, and is currently in the process of revising its management and staffing structure. It will combine two of its divisions which currently conduct health activities – the health division and the training division (the latter division in reality, addresses CBFA and first aid). In addition, the MRCS is proposing to revise its health strategy in the early part of 2009 and develop a workplace policy for HIV/AIDS, as well as strengthen its cooperation with the HIV Global Alliance.

Community-based programmes

Presently, the MRCS has three community-based health development programmes. Two of these are supported via the International Federation, by the Finnish Red Cross and Australian Red Cross, and are implemented in Magway and Keng Tung respectively. Both cover a range of health challenges including HIV/AIDS, health and hygiene promotion, and the provision of improved access to water and sanitation facilities.

The third and largest of the community-based health initiatives is supported under a bilateral agreement with the Danish Red Cross and covers six townships in the Mandalay and Sagaing divisions. This programme has a significant HIV component, including prevention activities targeting mine/factory workers, sex workers and men who have sex with men, as well as care and support activities for people living with HIV (PLHIV) and their relatives. The programme is also aimed at strengthening community capacity to manage well-known health issues such as TB and malaria. In addition, the MRCS is currently formulating a new project focusing on health education through the mass media with support from both the Danish Red Cross and the International Federation. This is envisaged to start in 2009 for an initial two-year period.

The MRCS also conducts three discrete community-based initiatives that target some of the most pressing health concerns in Myanmar namely:

- *Malaria*

This pilot project was initiated through the branch development programme by members of the communities living at high and moderate risk in nine townships and aims to increase the understanding of malaria and the ways in which it can be prevented. In order to reduce the communities' risk of infection, 100 per cent of targeted households (15,450) will receive long-life treated mosquito nets. A review will be conducted in 2009 to measure the success and impact of this project.

- *HIV/AIDS*

The majority of these activities are focused in Mandalay division and Lashio township in Northern Shan state, although HIV is integrated into many of the community-based health programmes. The main purpose is to improve care and support for PLHIV and their families, as well as to reduce the stigma and discrimination surrounding HIV/AIDS. In Lashio, the project focuses on working with truck and bus drivers, and their assistants at a major transport hub, providing advice on HIV transmission and prevention, as well as discussing stigma and discrimination issues. The MRCS works at the community level, providing assistance to PLHIV and their families.

- *Tuberculosis (TB)*

This programme aims to increase community awareness of TB. It also supports the ministry of health in assisting people affected by TB to obtain early and complete treatment. The activities target communities identified as having a high treatment defaulter rate - the MRCS is one of the partners of the ministry's direct observation treatment, short course (DOTS) initiative.

In addition, the MRCS supports the national programme for blood donation aimed at increasing the number of voluntary blood donors and in particular, encouraging people to become long-term regular donors.

Public Health in Emergencies also plays a significant part in the future plans of the MRCS. The project has two main components. The first aims to increase the response capacity of MRCS task forces in order to reduce the negative impact on public health following natural disasters in four states/divisions. The second component focuses on the dissemination of avian influenza information to backyard farmers and wet market store holders in six states and divisions.

First Aid and Community-Based First Aid (CBFA) continue to be major activities of the MRCS. The Japanese Red Cross has proposed to continue supporting the MRCS, through the International Federation, for a further three years. The MRCS is presently conducting an initial review of its CBFA project and the results of this will be used to inform any necessary revisions to the current plans for 2009 onwards. Following the outcomes of this local consultancy, there are plans to initiate an impact evaluation.

Water and sanitation

Although Myanmar has been ravaged by Nargis, some of the responses have spawned the potential for positive outcomes developed through greater access to resources and expertise. One of these is clearly the opportunity to develop water and sanitation programmes in other parts of the country. To this end, the International Federation and the MRCS will work with other partners to develop strategies on the practical transfer of not only lessons learnt but also water and sanitation resources made available to respond to Nargis. These resources include water and sanitation ERU¹⁰ modules, each comprising a water treatment unit, water storage kit, water distribution kit and a team of water technicians. Where possible, these resources will be deployed to other parts of the country in response to emergencies, disasters and other hazards.

b) Profile of target beneficiaries

The MRCS, through its network of Red Cross branches and volunteers, targets a number of vulnerable communities throughout Myanmar. The national society will seek to increase the capacity of its Red Cross volunteers in order that they can support communities to better identify their needs and develop mechanisms to reduce vulnerability towards the three major health priorities in Myanmar – HIV, malaria and TB. Communities will also be supported to be better prepared for potential public health emergencies occurring during and after epidemics and disasters.

During the 2009-2010 period, with funding and technical support from the International Federation, the MRCS plans to provide training across all of its health programme areas to 2,388 Red Cross volunteers who will, in turn, conduct a variety of health and care activities that will reach an estimated 89,000 direct beneficiaries, and a further one million indirect beneficiaries. At all times, the MRCS will respect and promote the principles and values of the Red Cross Red Crescent Movement and strive against discrimination based on gender, religion, ethnicity, age and geographical location.

c) Potential risks and challenges

- Providing support and adequate monitoring to the various health projects is always challenging, as many of the projects are located in remote and difficult to reach areas. This challenge is exacerbated by the rising cost of fuel and airfares, the lack of project vehicles and communication issues within the country.
- The MRCS is going through a restructuring process causing some uncertainty for staff. As with all organizational change, this is to be expected. It is hoped that the restructure will actually provide a clearer idea about roles and responsibilities and improved management. The workload had previously been perceived as unevenly distributed and the restructure attempts to address this.
- The health division is keen to move from a 'project approach' to a 'programme approach'. However, due to the present human resource constraints and work challenges, this transition may not happen as quickly as they and their partners hope. There is also a risk that this process could be rushed and not facilitated in a truly participatory fashion.

Organizational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The organizational development/capacity building programme budget for 2009 is CHF 481,077 and for 2010 is CHF 524,510.

Programme component 1: Branch capacity building
Outcome: The capacity of MRCS branches is strengthened to take a leadership role in implementing humanitarian activities, in addressing the needs of local communities.
Programme component 2: National headquarters capacity building
Outcome: MRCS national headquarters capacity is strengthened to assist branches in delivering community-based services efficiently and effectively to meet the needs of the most vulnerable in Myanmar.
Programme component 3: Youth development
Outcome: Youth involvement in MRCS activities is strengthened; including their roles as beneficiaries, as service providers, and as partners in programme management.

¹⁰ Emergency Response Unit (ERU).

Programme component 4: Volunteer development
Outcome: MRCS volunteer management efforts will be systematically strengthened.
Programme component 5: Finance and resource development
Outcome: MRCS financial management and resources will be strengthened to promote effective decentralized programme management including self-reliance and greater appreciation of sustainability.

The plans for 2009/2010 build upon the achievements of the previous years, which focused largely on MRCS branch development, volunteer and youth development as well as support to the headquarters to deliver on these developments. Establishing the new organigramme for the MRCS headquarters, finance and resource development, continuing the momentum of branch development, and an 18-month process for the revision of MRCS statutes, are other major priorities identified under the organizational development (OD) programme.

Branch capacity building

Selected branches will be supported to regularly assess vulnerability and capacity, and based on these findings, be supported to take a leadership role in the development and implementation of flexible and responsive programmes in areas where they can realistically demonstrate impact. This supports the International Federation's Framework for Action addressing two particular areas for improvement (4 and 6).

An external review of the branch development programme is planned in the 2008-2009 period. Its recommendations will assist to structure future support for MRCS branch development. Among other issues, the review will focus on how the branches have benefited from improved infrastructure support such as the construction of branch offices, staff support and programme development, provided through the three-year project which targeted specific branches.

The MRCS will organize training sessions on programme development through community service development and the project planning process (PPP), as well as proposal-writing workshops in 2009. Selected mid-level management staff at headquarters and senior Red Cross volunteers who have appropriate experience in project management and conducting training, will be identified to become key trainers in programme development and PPP, to support further branch development in these areas during the 2009-10 period. This capacity building will have special emphasis on planning, monitoring, evaluation and reporting mechanisms.

To ensure continued support to the change process, the MRCS will organize local governance training for state/division Red Cross supervisory committee members and for Red Cross executive members from selected township branches. The training will assist in devolving appropriate decision-making and fostering greater ownership of MRCS programmes at branch level. This strategy of sharing responsibilities, building accountability and transparency, and decentralizing authority, is designed to promote a more productive relationship between governance and management. The ultimate outcome is to support locally identified, designed and monitored initiatives that will have a positive impact on the lives of vulnerable communities.

National headquarters' capacity building

The MRCS plans to:

- Further improve the ability of branches and headquarters to effectively communicate with each other - this is a major challenge due to a variety of factors including distance, the challenges of telecommunications in the country, and an ongoing need for professional development on the purpose and objectives of reporting and good communication.
- Integrate significant issues from various programme areas into advocacy visits to harness support for MRCS branches to conduct their humanitarian work in full support of the local authorities.
- Provide a positive influence and support for decision makers within the MRCS branches.
- Implement a coherent approach towards HR management by attracting, retaining and effectively managing staff and volunteers.
- Support and promote regional networks of branches as a means to share knowledge, resources and technical expertise.
- Support branches to take responsibility for their own development and for expanding and managing their



The Cyclone Nargis operation demonstrated the capacity of the MRCS to mobilize and deploy volunteers who were instrumental in ensuring relief reached affected communities.

cooperation and relationships with stakeholders, including potential support from external actors.

Within the Framework for Action, these initiatives are practical responses to several 'Areas for Improvement' (viz 3, 7, 8, and 9).

In order to attract, retain and effectively manage MRCS headquarters staff, the leadership and management will continue to work towards establishing a regular staff performance appraisal system launched in 2007, and to be followed up in 2009 and 2010. The system will be integrated within the proposed MRCS human resources policy and procedures initiated in 2007, with recommendations to be further followed up. To this end, there will be support for two human resource positions at MRCS to follow through on issues raised in this plan and through the significant scaling-up of human resources and programming following Nargis.

In 2008, the MRCS was supported in reorganizing its headquarters staffing, with the establishment of a chief coordinator position to coordinate the work of programme divisions. Following the Nargis operation, a separate logistics department has also been established. These will be further strengthened in the next two years to better position the MRCS to assist branches to deliver community-based services which effectively meet the needs of the most vulnerable communities.

The statutes of the MRCS currently under revision will continue to be a key area of OD programme support in 2009-10. This will involve a series of consultation processes with all levels of the MRCS and its branches, as well as seeking legal advice on any revisions. The statutes will be reviewed in accordance with Strategy 2010 and will be appropriately aligned with the Movement statutes. The International Federation and ICRC are both supporting this progress.

Youth development

Red Cross societies in schools and universities are key entry points for volunteer and member recruitment, and have been a priority for the MRCS leadership in 2008. Several advocacy sessions aimed at encouraging youth to participate in Red Cross activities were conducted this year, and for the first time, youth representatives also received an opportunity to participate in the MRCS central council meeting and the General Assembly. The MRCS leadership has plans to build on this breakthrough, and to define roles for youth at different levels of the organization. To this end, a youth programme officer was appointed at the headquarters in July 2008.

Orientation courses including dissemination on the Fundamental Principles and humanitarian values of the Movement will be standardized for primary, middle and university Red Cross societies and a standard training curriculum for university Red Cross youth leaders and leadership development among university Red Cross youth will be developed.

Volunteer development

While the response during the Cyclone Nargis operations demonstrated the capacity of the MRCS to mobilize and deploy volunteers, it also provided an opportunity to identify some of the gaps in the management of volunteers. The MRCS will use this as an opportunity to develop a more coherent and systematic approach towards volunteer management. This will include developing a plan of action for the implementation of a volunteer policy approved by the MRCS central council in 2006. Recruitment, training, development, supervision and recognition of volunteers will be part of this plan. The Asia Pacific zone volunteering unit will be a resource in providing guidance on quality programming and lessons learnt from other national societies.

The possibility of providing insurance coverage for MRCS volunteers will also be under examination.

Finance and resource development

The MRCS will continue to work to effectively manage its finances and support branch programming in 2009-10. In 2008, work on the MRCS financial procedures was completed with the assistance of the International Federation's regional finance development delegate. These regulations were approved by the MRCS central council. An implementation plan has been worked out which includes recruiting an internal auditor to monitor implementation. While the Cyclone Nargis operation provides an opportunity for the MRCS to implement the regulations, the continued participation of the regional finance development delegate will play a key role in the success of the implementation. The MRCS was a key advocate for the recruitment of the delegate who began working with the national society in 2007.

The national headquarters' and branch financial management and reporting systems will be strengthened and further improved. This will, in turn, support the decentralization plan of the national headquarters. The MRCS has already embarked upon a series of visits to the branches to review their financial management systems. This will be scaled-up in 2009 and 2010, with the ultimate aim of building capacity within the branches to ensure the processes and financial procedures are adhered to, and financial management can be effectively decentralized together with decision-making.

In 2007 and 2008, the MRCS sought support to upgrade its printing press which has been an important source of income. It has now been agreed that the MRCS will be supported with a feasibility study (by an external International Federation consultant) to assess the potential of the printing press and the capacity of the MRCS to manage this in accordance with an effective business plan. There is no doubt that this will be strategically challenging with the move of the headquarters to Nay Pyi Taw and the lack of business management experience in the national society.

b) Profile of target beneficiaries

Targeted beneficiaries for the OD programme will include selected branches based on the outcome of the branch development review and meetings with branch representatives, branch and national leadership, representatives, staff, members, youth and volunteers including the Red Cross brigade.

c) Potential risks and challenges

A key challenge foreseen is balancing intensive work in the Nargis operation in the Ayeyarwady delta, with the need to concentrate on issues affecting other parts of the country.

In 2009, in addition to scaling up human resources for the cyclone operations, the MRCS will be supported to prioritize its capacity building plans so that both cyclone-affected and non-affected areas benefit through OD interventions.

The International Federation and the MRCS are already developing strategies to ensure that time and resources invested in the Nargis operation, including lessons learnt, are shared to ensure the MRCS builds upon OD priorities.

Principles and Values

a) The purpose and components of the programme

Programme purpose
Reduce intolerance, discrimination and social exclusion, and promote respect for diversity and human dignity.

The principles and values programme budget for 2009 is CHF 37,826 and for 2010 is CHF 40,402.

Programme component 1: Communication Development
Outcome: Communication capacity of national headquarters and selected branches is developed, and strong internal and external linkages are created, particularly during emergencies, to deliver timely support to the vulnerable, and to maintain a high public profile and positive image for the MRCS.
Programme component 2: Dissemination
Outcome: Through its on-going communications and promotion of key national and global advocacy programmes, the MRCS promotes humanitarian programming incorporating Movement Principles and Values in Myanmar to ensure a more comprehensive understanding of how the Movement works and its role as auxiliary to the humanitarian arm of the government.

The MRCS's humanitarian values programme has historically been supported by both the International Federation and ICRC.

The activities outlined in the 2009-2010 plan are also designed to complement the support, particularly for dissemination, provided to the MRCS communications division by ICRC.

Communications development

The principle outcomes will be a national society with a clearer idea of its roles and responsibilities at all levels with the necessary capacity to mobilize support to meet the needs of the vulnerable. There will be a focus on reviewing internal and external MRCS communication systems, including the development of skills and knowledge of MRCS branches to advocate on behalf of the vulnerable, particularly during times of disaster and emergencies.

The communications division at the national headquarters will be appropriately supported to address the information and dissemination needs of communication focal points at selected branches. In the next two years, the reporting function is planned to be taken up by the communications division.

Training

The communications division will be supported in working more effectively with the other divisions including the health division (which now incorporates the former training division) and the youth and volunteer programmes. Training opportunities for volunteers, school and university Red Cross members will be identified, and trainers developed and equipped to represent the MRCS as part of the Movement.

Communications systems

The MRCS plans to embark on an upgrade of existing communications systems at the headquarters as well as branches. This will be based on the mapping of existing IT capacities, opportunities and challenges of the national society, with recommendations for actions and an associated resource mobilization plan to support it. This is a particularly important area of work as the national headquarters is set to move to Nay Pyi Taw, further challenging communication within MRCS and its many branches, as well as with other Movement partners who are not yet permitted to reside in the new capital.

Events

The communications division will also be encouraged to play a key role in organizing special events and key international and national days to disseminate Red Cross messages. In 2008, the MRCS participated in two key high-level exhibitions - the Armed Forces Exhibition and the 62nd General Assembly of the MRCS. These opportunities were used to display Red Cross messages and the national society's various programmes and activities. During the 2009 and 2010 period, it is estimated that more than 10,000 volunteers, members, MRCS staff, non-governmental organizations (NGO) and community members will be exposed annually to targeted communication campaigns.

Media

There will be support for coverage of a variety of MRCS activities in the electronic and print media. This will promote a more positive image and greater visibility for the MRCS.

Local authorities

The communications division will coordinate with the other MRCS divisions and branches with regard to how to work with local authorities. The aim will be a continual process for clearly defining the roles and responsibilities of the MRCS. This will follow up on the discussions and resolutions made during the 30th International Conference in Geneva 2007 with regard to the auxiliary role of national societies and their respective public authorities in the humanitarian field.

Dissemination

The focus will be on working with volunteers, branch members and their communities, as well as local authorities. It will aim to develop a pool of trainers at state/divisional level with the skills and capacity to conduct dissemination activities. An estimated 600 volunteers will be identified to participate in induction and orientation training sessions on the Red Cross Red Crescent Movement and its Principles and Values in 2009. At these sessions, attention will be paid to discussions on non-discrimination and issues related to diversity including gender. It will be an opportunity to develop and recruit prospective trainers and additional volunteers.

Selected branches will support the implementation of these plans which will also complement the commitment of the MRCS leadership to decentralize decision-making. The decentralization will enable the branches to address the needs of the vulnerable more effectively, while putting into practice the Fundamental Principles at a local level.

Dissemination of various information, education and communication (IEC) materials is planned for 2009 and 2010. The impact of the materials will be monitored and evaluated in terms of their stated primary objective. This will assist the MRCS in further developing its programming and better understanding of how to focus on the work of the communications division. Training in pre-testing and post-testing of materials with practical applications of these skills will be part of this process.

b) Profile of target beneficiaries

During the 2009 to 2010 period, it is estimated that more than 10,000 volunteers, members, MRCS staff, non-governmental organizations (NGOs), and community members, will be exposed annually to targeted communication campaigns. An estimated 600 volunteers will be targeted to participate in induction and orientation training sessions on the Red Cross Red Crescent Movement and its Principles and Values in 2009.

c) Potential risks and challenges

The support for programming in Principles and Values is uncertain. To this end, the International Federation will continue to support the MRCS to strengthen its cooperation with the ICRC and other Movement partners, to implement its humanitarian values programmes.

Role of the secretariat

a) Technical programme support

Cyclone Nargis ravaged many communities in the delta and Yangon, with the scale of the response required being unprecedented in Myanmar's history. Out of this adversity however, there is also opportunity. The International Federation plans to work with the MRCS on capitalizing on the high-quality technical support now available in-country. From a small delegation before the cyclone to a capacity of over 26 delegates and over 20 local staff, the MRCS is in a unique position to integrate capacity building and programme development for the rest of the country from support available to the Nargis operation. National experts recruited to support scaling-up of the MRCS, are available to secure unprecedented opportunities for on-the-job training, mentoring and joint learning opportunities.

Sector support for community-based health, water and sanitation, recovery, disaster management, DRR, health and hygiene promotion, CBFA and psychosocial support, can now be offered in-country. Valuable training and capacity building initiatives previously requiring external travel and English language ability, can now potentially be developed in-country. Significantly, resources that will be deployed to develop a monitoring and evaluation strategy have the potential to be creatively expanded to ensure that national programming benefits from this essential expertise and increased capacity.

b) Partnership development and coordination

The relationship between the MRCS and the International Federation is well understood in Myanmar and has been further highlighted through the recent exposure related to the response to Cyclone Nargis. An informal Movement platform has been initiated between the three arms of the Movement, meeting every two to three weeks. Movement coordination meetings with representatives from the bilateral partner national societies, ICRC and the International Federation, are convened by the Secretariat every two weeks.

Following the Myanmar partnership meeting in Malaysia in July 2008, a follow-up is planned in Myanmar for early 2009 (pending government approval), not only to follow-up on Nargis-related issues but also to coordinate potential Movement responses and support for the rest of the country.

Building on the progress gained through moving from projects to a more programme-oriented approach which was further developed in 2007, the International Federation will continue to work with Movement and external partners to bring specific interests together. Three clear areas to concentrate on in 2009 and 2010 will be community-based health approaches, volunteer management and DRR.

c) Representation and advocacy

The response to Nargis by the MRCS volunteers was widely acknowledged internationally and nationally. The International Federation's representative will continue to meet with international stakeholders such as the diplomatic missions and their associated humanitarian and development assistance arms, and other humanitarian and development actors. Through the mechanism of the Inter-Agency Standing Committee (IASC)¹¹ and clusters operating in Myanmar, the work of the Red Cross Red Crescent Movement is continually highlighted.

As a result of the coordination between the MRCS/International Federation and communications delegates from several national societies, stories and electronic images of the work the MRCS is doing in putting Movement principles into practice, are being shared through the international and national media.

Bilingual publications promoting the Red Cross Red Crescent Movement and international NGOs' code of conduct in disaster response are being published and widely distributed. Traditionally, the MRCS and the International Federation have combined to launch the World Disaster Report as a bilingual publication and taken the time to advocate and promote the work being done in the country, in line with the disaster management and health initiatives. There are also plans to translate the Sphere¹² guidelines into local language. It is envisaged that this will be supported not only through this plan but also through support for the Nargis operation. The MRCS will

¹¹ The Inter-Agency Standing Committee is the main forum for major humanitarian organizations to engage in inter-agency decision-making in complex emergencies.

¹² Humanitarian Charter and Minimum Standards in Disaster Response (Sphere).

benefit from the publication and its contents being far more accessible to the branches - the net effect being that beneficiaries would be more comprehensively supported in accordance with agreed standards.

Promoting gender equity and diversity

The MRCS programme divisions generally consider gender balance in terms of selecting Red Cross volunteers for training and the implementation of projects. However, there is still a great deal of work to be done in order to plan how to promote gender equity as part of programme and project planning at present. The International Federation will support the MRCS to monitor and evaluate a series of activities that will facilitate a greater understanding of how gender can influence all levels of MRCS programme implementation, from management to community, in order for projects to maximize a positive impact on all beneficiaries. The major part of this work, and its support, is likely to be derived through the programming in Nargis. However, the discussions and practical applications on how to integrate this learning across the country will be undertaken in 2009 and 2010, with appropriate budgetary support to ensure its application beyond rhetoric.

During the 2009-2010 period, the MRCS will also be supported in addressing gender equity and diversity through several ways - local governance training, human resource recruitment, volunteer recruitment and branch development programmes. Under the current leadership, the MRCS is poised to expand this to key decision-making positions including those at governance and management levels. The MRCS leadership is already aware of the disparity and will be supported to address this. The planned improvements include the revision of MRCS statutes.

The MRCS will also be supported in following-up on implementing recommendations already made in the various reviews and evaluations conducted in the previous years, and this will be a key issue to be addressed in all training, monitoring visits, reviews and recommendations in the coming months and years.

It will be possible to promote gender equity and diversity through monitoring and evaluation activities, and lessons learnt from recent emergency responses. This promotion will involve the participation of branches and include some of the cultural perspectives of the many ethnic groups within Myanmar. Attention will also be paid to the different perceptions and information needs of women and men. This will be of particular importance to the national society's communications division as it takes on greater responsibility in producing materials in conjunction with programme sectors.

Quality, accountability and learning

The 2009-2010 plan will benefit from the comprehensive approach towards monitoring and evaluation being developed through the response to Nargis. The MRCS is developing strategies that seek more substantial feedback from communities. The strategy of working with village tract councils and village committees in the delta to assist with developing recovery plans will be reviewed and the lessons learnt from the work in 2008 will be used to develop more comprehensive monitoring and evaluation mechanisms.

Some MRCS volunteers have been trained to be enumerators in PONJA and newly-recruited staff members are also working with volunteers on social research techniques that mirror simplified versions of focus group discussions and in-depth interviews. This is not the first time that the MRCS has engaged in this development and training, and the lessons learnt from this will again be transferred to other parts of the country with the possibility of an exchange of human resources across the country, to assist capacity building through learning-by-doing. This is being strongly supported right through to the governance level of the national society.

Apart from more formal mechanisms, the International Federation will work with volunteers and communications officers to develop stories and personal accounts of how various monitoring and evaluation strategies have assisted volunteers and staff to improve their way of working, increase effective responses and increase accountability to the beneficiaries.

As Myanmar is currently enjoying an increased profile in reference to humanitarian action being undertaken in the country, the International Federation will use anniversary milestones to promote lessons learnt from the Nargis response and how these have led to an increase in the awareness of effective monitoring and evaluation strategies for community-based programmes. Stories, photographs and video images will supplement the traditional and more academic approaches.

Strategic exchanges of human resources including volunteers and staff across the country to participate in the monitoring and evaluation exercises will breathe life into the benefits of quality control and accountability.

[<Click here for a map of Myanmar>](#)

How we work

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

Global Agenda Goals:

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

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