

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

MYANMAR

13 December 2004

The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in over 181 countries.

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In Brief

Appeal No. 01.65/2004; Programme Update no. 3, Period covered: 1 July to 31 October 2004;
Appeal coverage: 97.7%; Outstanding needs: CHF

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Appeal target: CHF 1,341,482 (USD 1,006,112 or EUR 858,549);

Programme Summary: Over this period, the economic climate remained unstable and the political situation continued to be volatile. The National Convention which was opened in May with over 1000 participants continued into early July and will reconvene late 2004 or early 2005. After negotiations between the Association of Southeast Asian Nations (Asean) and European Union countries, the government of Myanmar participated in an ASEM (Asia Europe Meeting) held in Hanoi in October. During the same period, ties were strengthened with India. Some key positions in the government were changed mid-October, the most significant being the change of prime minister and minister of foreign affairs, and further changes were anticipated.

The Myanmar Red Cross Society (MRCS) continued to commit itself to changing its structure, systems and image to better serve the most vulnerable communities. Final discussions and analysis on the branch survey resulted in the preparation of a comprehensive Branch Survey Report. MRCS also finalised the draft National Strategic Plan (2004-2009) and negotiations continued with a number of 'new' partner societies who are interested in supporting programmes with MRCS, particularly at community level. The MRCS Partnership Meeting was held in October, and was preceded by a field trip to Keng Tung for interested participants. The meeting was successfully undertaken and the final report is slated for the end of the year. The disaster response operation in Rakhine State continued and was concluded successfully with increased visibility for the MRCS and for the Federation delegation. A final report is being prepared for the end of November.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents). All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational Developments

During the reporting period, the economic and political environment in Myanmar has remained fragile. The government's "seven-step road map for a transition to democracy" continued with the holding of the first part of a national convention that was concluded in early July. After a degree of negotiation between ASEAN and European Union countries, the government of Myanmar participated in an ASEM held in Hanoi in October. During the same period ties were strengthened with India. Some key positions in the government were changed mid-October, the most significant being the change of prime minister and the minister of foreign affairs, and further changes were anticipated. According to official statements, no changes in major government policies are foreseen and the "seven-step road map for a transition to democracy" shall proceed. This includes the reconvening of the National Convention in November, for which the dates, at the time of writing, were yet uncertain.

The MRCS continued to commit itself to changing its structure, systems and image to better serve the most vulnerable communities. Final discussions and analysis on the branch survey resulted in the preparation of a comprehensive Branch Survey Report. MRCS also finalised the first draft of the National Strategic Plan (2004-2009), and negotiations continued with a number of 'new' partner societies who are interested in supporting programmes with the MRCS, particularly at community level. The main event of the period was the MRCS Partnership Meeting, which was held in October and was preceded by a field trip to Keng Tung for interested participants. The meeting was successfully undertaken and the final report is slated for the end of the year. The disaster response operation in Rakhine State continued and was concluded successfully with increased visibility for the MRCS and for the Federation delegation. A final report is being prepared for the end of November.

Preparations also continued to expand the MRCS activities in the area of community-based health. The Danish Red Cross, working under the umbrella of the Federation, continued its preparatory phase for a community-based health project and, likewise in Eastern Shan State, the MRCS were moving ahead with the preparatory phase for the new community-based project to be implemented there – based on the experiences from Keng Tung (supported by Australian Red Cross) and funded by the M3 Consortium (British, German and Swedish Red Cross). Both these projects are expected to begin early 2005. The Partnership Meeting allowed for very constructive discussions with other important partners, such as the Finnish, Japanese and Korean Red Cross which are expected to result in new partnerships with MRCS in 2005. British and Danish Red Cross made important additional contributions to the Federation Appeal and are actively promoting a continued dialogue among the partners regarding the future role and funding of the Federation delegation.

Also during this period, the Federation delegation was strengthened with the arrival of two new delegates - a programme coordinator (from Swedish Red Cross) and a disaster management delegate (from Finnish Red Cross), as well as two additional locally-hired administrative staff.

Health and Care

With its wide portfolio of health projects, health and care remains the largest and most important of MRCS programmes – managed by the Health and Training Divisions. Important activities continued during the reporting period, including essential capacity building initiatives, as is reported below. The Federation delegation, in particular through its two health delegates, continued to provide valuable support to the MRCS in the areas of programme development, integration, coordination, experience sharing, monitoring and evaluation, and various degrees of technical support and advice. The Federation also continued to provide funding for many of the MRCS health activities – including salary support to five core staff positions in the Health Division and six core staff positions in the Training Division.

Key support areas:

1. Capacity building in health

A number of training sessions for staff and volunteers were organised by the MRCS, with support from the Federation. The Training Division co-opted a local computer centre to run an 80-hour basic computer training course (advanced graphics, internet and e-mail) for 27 headquarters staff, and 6 headquarters staff were trained in human resource management and information, education and communication (IEC) development and production

with the Yangon-based Capacity Building Initiative (training programme for local NGOs). Three Keng Tung project staff and two headquarters health staff also attended a five-day Burnet Institute training in Yangon for HIV programme management. To get a better understanding of the community-based approach to health education and first aid training, two staff from the MRCS Health Division participated in a community-based first aid (CBFA) training conducted in Mon State.

Training and experience sharing has also been promoted at branch level. Danish Red Cross conducted a *Participatory Rural Appraisal (PRA) and Logframe Formulation* workshop for Red Cross volunteers and other stakeholders from Mandalay division. This was later followed up by a workshop in Yangon to finalise the logframe for the project, which some MRCS volunteers and branch members also attended. Important experience sharing was also promoted within Eastern Shan State, where volunteers active in the Keng Tung project were invited to participate in preparations for the next community-based health project to be implemented by MRCS in Eastern Shan State (funded by M3). This experience sharing will continue during November, when the volunteers will act as trainers and support situation analysis activities, using their own experiences in Keng Tung. The promising capacity of the MRCS Keng Tung branch was also visible when it welcomed a group of 16 visitors from partner national societies (PNS) prior to the MRCS Partnership Meeting.

Other factors contributing to MRCS capacity building in health has been its *Health Team Building* workshop that was organised for three days in August, with the participation of 38 staff from the Health and Training Divisions. The workshop resulted in a draft new structure for these divisions (see below) in addition to the health appeal plan for 2005. The MRCS also took an active role in the planning and preparation for a Global Fund for Tuberculosis, AIDS and Malaria (GFTAM) project for tuberculosis (together with Federation and WHO), which was a positive and rewarding exercise for all parties. The installation of broadband and internet/e-mail connection to the MRCS (of which two lines to the Health Division) will also contribute to capacity building, as access to and information sharing among health and training staff will improve.

Finally, in addition to the above mentioned capacity building in terms of training and programmes, the capacity building also continued to be supported in terms of structure and staffing at headquarters. The final structure of the Health Division is now agreed and will consist of eight core staff positions - four new positions will be opened up for recruitment in November (one deputy Head of Delegation, one financial/administration assistant and two programme field officers), with the Federation covering 2 of the positions and the Danish Red Cross committed to cover one other. This structure is motivated by the large number of MRCS projects in the health area, the increase in donor interests and the need for MRCS to take a more systematic lead role for all its health activities, to release some of the current day-to-day decision making from governance to management level. The staff structure of the Training Division has also been further strengthened during the reporting period through the recruitment of a sixth core staff member (training assistant) in September. With this sixth member, the Training Division is expected to be well placed to deal with the increasing demands on the division to organise trainings in MRCS – both through the continued expansion of the CBFA programme, as well as other more internal training related to capacity building of the MRCS. Two new staff were also employed in the Keng Tung project during this period - to support expanding project activities there.

2. Community-based health (including malaria, tuberculosis, water and sanitation, HIV/AIDS)

The MRCS Health Division initiated the preparatory phase for its next integrated branch and community-based health project in Eastern Shan State in September-October. The project will build on the experiences from Keng Tung and begin in one township, Mong Pyat, funded by M3. So far advocacy meetings have been held with the local authorities, Health Department and Red Cross Society as well as an initial feasibility study. First aid training has also been conducted to volunteers in Mong Pyat and planning for the situation analysis is underway - to support a three-year proposal development by the end of 2004. The project is planned to support branch development within Eastern Shan State, drawing on resources from Keng Tung project in addition to MRCS headquarters.

The preparations for the Danish Red Cross-MRCS community-based health development project in Mandalay Division also continued during the reporting period. The project will target mine workers, their families and communities in three townships over a three-year period (for the initial phase). The project document is expected to be ready for submission to the government for approval in November.

3. Keng Tung pilot project for branch capacity building (via community-based health)

During the reporting period, Keng Tung community-based health project staff and Red Cross volunteers continued to work closely with urban and rural communities in Keng Tung township. A sexually transmitted diseases (STD) campaign was conducted in collaboration with the Department of Health STD team leader, with the involvement of 300 taxi drivers who participated in the campaign that included free STD testing and treatment, counselling, health education and condom demonstration and distribution. Over 2000 condoms were distributed during the three-day campaign. HIV Peer educators continue to work actively in providing HIV peer education. A gender workshop was held over four days with 14 participants from the branch, project staff and communities. Five gender strategies were developed for the project to work towards addressing gender inequality within the project activities. Health education and community-based first aid training were provided in rural villages in addition to a safe water project for the community of Hu Nar. Two new staff were employed in the project during the reporting period to support expanding project activities.

4. Strengthening first aid/CBFA training

With its core structure now in place in the Training Division, the MRCS continued to develop its capacity and programmes during this period, with funding and technical support from the Federation and ICRC. The newly recruited trainers have clearly reinforced the team and will facilitate the implementation of the comprehensive programme planned for the remainder of the year. During the reporting period CBFA multiplier trainings were conducted in 16 townships, reaching more than 500 volunteers from the community with the three-day programme.

A key event during this period was World First Aid Day on 11 September, which was celebrated by MRCS staff and volunteers across the country. The Training Division produced and distributed special illustrated triangular bandages, key chains and ball pens for the occasion and assisted in organising the main celebrations held in Mandalay. The acting Head of Delegation and Health Delegate participated on behalf of the Federation, as did the Head of Sub-delegation from ICRC. Also to commemorate the World First Aid Day, the MRCS conducted a First Aid Instructor Course in Mandalay from 28 August – 10 September with 45 participants representing all 17 states and divisions. This training was jointly sponsored by MRCS and the Federation.

The MRCS also continued its commercial first aid training programme during the reporting period. Four trainings were held reaching a total of 68 participants from four different companies - including Traders Hotel staff and cabin crew from Myanmar Airways International.

Discussions on how to integrate CBFA and CDBP also continued during the reporting period, reaching an agreement that the new integrated programme is to be piloted during 2005, in parallel to the existing disaster management and CBFA programmes that will run as usual (Disaster Assessment and Response Team - DART, CBFA training-of-trainers - ToT, CBFA, first aid). The MRCS Disaster Management and Training Divisions will develop a draft curricula for the integrated programme by January 2005, for further discussion with Federation, ICRC and the MRCS executive committee – possibly including the sensitive subject of mine awareness.

5. Reproductive health

The reproductive health project currently funded by Japanese Red Cross is continuing in three townships and is aimed at improving the reproductive health of young people through education, counselling and referral services. During the reporting period, peer educators conducted 100 reproductive health sessions reaching 1122 participants. A proposal is currently being developed for 2005. HIV peer education activities have also expanded in Keng Tung this period with further training of peer educators in July (60) and peers reporting back on their activities. Monthly meetings are well attended and provide a fertile environment for ongoing support, sharing of experiences and learning.

6. Volunteer blood donor recruitment

The strengthening of the MRCS blood donor recruitment is moving forward. The current situation in terms of recruitment and reporting has now been assessed and the manual '*Making a difference*' has been translated into Myanmar and is now in the process of printing. The project undertook special events in three universities during the reporting period and plans to pilot a new blood donor recruitment system in Yangon in collaboration with the National Blood Bank. A blood donor recruitment ToT for Red Cross volunteers is planned for December 2004.

Impact

The human resource capacity of MRCS Health and Training Divisions has been further strengthened during the reporting period through various trainings and through the recruitment of additional core staff (Training Division). The division is now expected to be reasonably well placed to deal with the increasing demands on it to organise and coordinate trainings. Through the continued training of first aid instructors and CBFA trainers, the important volunteer base of the society is also increasing, which is a real investment for the future. Although the Health Division core staff structure is yet not finalised, the division capacity is nevertheless improving in terms of strategic planning, the recognition of the need to standardise approaches and integrate programmes for sharing of resources and experiences to provide quality programmes. The step forward in the discussion on integration of CBFA and CBDM is also promising and is expected to result in a concrete pilot CBFA/CBDM project next year.

In the Keng Tung community-based health project, preparations are under way for a mid-term evaluation that will be organised during the next quarter to document the early impact of the project. Already villagers are providing feedback on the changes in the community in terms of knowledge, resources and behaviour. Many villagers have constructed latrines and are using bed nets to prevent malaria. One safe water project has been completed, with two more underway. Community committees have taken responsibility for organising their communities to contribute and take responsibility for the ongoing management of these resources. Regarding Keng Tung, an important impact indicator is that the local project team is now fully capable of running the day-to-day management of the project and in addition, they are playing an important role in the preparations for the next MRCS community-based health project in Eastern Shan State (funded by M3).

The reproductive health project continues to reach many youth aged between 15-24, providing information, education, counselling and referral for rural youth in three townships.

Constraints

Requests for assistance with unplanned training programmes and lack of standard office procedures continues to be a challenge in the improvement in the communication, reporting and decision making processes within the Training Division. The lack of core staff in the Health Division also remains a constraint. This is complicated by an expanding programme this reporting period, which included the preparatory phase of the M3 funded project, the need for new proposals to support interested donors and the GFTAM TB project in the planning phase. MRCS has also been successful in gaining funding to support a new HIV Peer Educator programme. So far, this year has seen a significant expansion in terms of programs, funding and donor demands, for which the old structure of the health division and existing capacity of staff is clearly not sufficient. The addition of four more core staff positions, as mentioned above, is thus very much needed to try and build up capacity to meet the escalating demands.

Disaster Management

MRCS continued its important activities in disaster management during the reporting period – with emphasis on the ongoing relief operation in Rakhine (Emergency Appeal 14/04). The MRCS were supported in its activities by the Federation delegation – mainly via the disaster management officer and the interim disaster management/organisational development delegate. The latter was replaced by a full time disaster management delegate from Finnish Red Cross who arrived in the end of September. Through this team, the Federation delegation continued to provide valuable support to the MRCS in the areas of programme development, integration, coordination, experience sharing, monitoring and evaluation and various degrees of technical support and advice. The Federation also continued to provide funding for many of the MRCS disaster management activities, including salary support to five core staff positions in the Disaster Preparedness/Disaster Response Division at headquarters and two part-time positions at township level (for disaster preparedness activities).

Key support areas:**1. Emergency appeal**

After the initial phase focussing on rescue and evacuation, situation assessment and submission of the emergency appeal, actual implementation of the relief programme hastened in early July and continued until the end of September. The strength of volunteer organisation was shown by their active participation in rescue and evacuation

activities in the first phase. During the four month operation, MRCS provided essential non-food and food items to the hardest hit areas covering more than 25,000 beneficiaries. Food items were distributed to cover a one-month period during July-August to supplement government relief distributions. Appeal funding made possible part of the planned replenishment of warehouses with the remaining replenishment being made as part of the normal MRCS programme before the end of 2004. Some longer-term programmes will be carried out after the appeal timeframe by MRCS using funds made directly to the society. The operation has concluded and the final report has been published. The operation has clearly shown, for those involved, the meaning of established and trained response systems. Main parts of these systems are now well in place in MRCS, but ongoing cooperation with IFRC and ICRC aims develop and establish additional elements of the programmes. Main challenges for future operations will be the support of a volunteer network for larger assessment and relief operations and securing adequate funding throughout the operations.

There were also floods in mid-July affecting Kachin State in the north of the country. 35,300 persons (5,870 families) were directly affected and sought shelter in government relief centres set up in monasteries and schools. MRCS volunteers were actively involved in providing support to those affected, assisting in water and sanitation activities, evacuation to safe places and distribution of relief goods, including supplies for 200 families stockpiled in the MRCS disaster preparedness warehouse in Myitkyina, the capital of Kachin State. While transporting people through the ice cold water, one MRCS volunteer unfortunately became hypothermic and later died from his injuries.

Localised flooding also occurred in a number of other states and divisions during the monsoon season, resulting in local Red Cross interventions using MRCS volunteers and distributing disaster preparedness stocks.

2. DART courses

During the reporting period, three DART courses were conducted for the district and township levels in Kayin Division (June), Eastern Shan State (August) and Ayeyarwaddy Division (September), as planned. All in all, a total of some 120 people, including representatives from government agencies and Red Cross volunteers, were trained.

3. Knowledge sharing and networking

In August, the MRCS Disaster Management Coordinator and Programme Officer from the Disaster Response/Disaster Preparedness Division participated in a Disaster Management Information System (DMIS) training held in the Philippines, and in October, the Head of Division participated in the 8th Disaster Management Committee Meeting (DMCM) also in Manila. This was arranged together with the 2nd Leadership and Management Development Training Course, which was attended by the executive committee member responsible for disaster management.

Representatives from the Disaster Response/Disaster Preparedness Division played an active part in the 7th MRCS Strategic Planning Workshop in July (to develop a national strategic plan for the society) and also in a workshop on branch development in September (developing a first draft branch development strategy based on the findings from the Branch Survey Report).

In connection with the Rakhine Emergency Operation, the capacity and visibility of MRCS as a relief organisation was significantly promoted, with constructive coordination and cooperation with the government and other international agencies operating directly and indirectly in relief activities in Myanmar. It is foreseen that this coordination and cooperation will be continued especially in the area of disaster preparedness. MRCS visibility in both local and international media was also significantly enhanced, with the Myanmar delegation often acting as a conduit between the MRCS and the media, particularly at international level.

4. Integrated approach to CBDP/CBFA

As mentioned in the health and care section, constructive discussions were also held during the reporting period with the Health and Training Divisions on how to move forward on the integration of CBFA and CBDP. An agreement has now been reached, where the plan is that the new integrated programme will be piloted during 2005, in parallel with the existing disaster management and CBFA programmes that will run as usual (DART, CBFA ToT, CBFA, first aid). The MRCS Disaster Preparedness/Disaster Response and Training Divisions will develop a draft curricula for the integrated programme, for further discussion with Federation, ICRC and the MRCS executive committee, possibly including the sensitive subject of mine awareness.

Impact

Through the Rakhine emergency operation, as well as the Kachin floods and other localised disaster interventions, the capacity of MRCS as a recognised relief organisation has clearly been strengthened. This is shown not only by the MRCS response to these various disasters, but also through the more active involvement and initiative taking by many MRCS branches and their information sharing and coordination with the national headquarters. This improvement can partly be attributed to increasing number of key staff and volunteers receiving DART training, where the importance of information flow in disaster management is one of the key messages. Government authorities, international and local NGOs as well as volunteers are now also more aware of the MRCS role and responsibilities in times of disaster, with MRCS being recognised as one of the key players in disaster response. The volunteers especially in Rakhine state gained both experience and exposure to a relief operation on an international scale. It is of particular importance that MRCS is the first and only organisation which has been allowed to carry out direct relief distribution to the beneficiaries and not work through the National Disaster Relief Committee (NDRC) as originally planned. The MRCS and the Federation coordinated the use of funds received during the appeal in a concerted and strategic fashion, and MRCS mobilised other departments such as the communication, health and finance departments during the disaster. At the same time, the Rakhine emergency operation has clearly shown the importance of having established and trained response systems, the main parts of which are now well in place in MRCS. Ongoing cooperation with IFRC and ICRC aims to develop and establish additional elements of the disaster programme. Main challenges for future operations will be the support for the volunteer network during larger assessment and relief operations and securing adequate funding throughout operations.

Outside the relief operations, the capacity building of the Disaster Preparedness/Disaster Response Division has been further strengthened through the three training courses provided in Manila, the Philippines. The ongoing discussions between Disaster Preparedness/Disaster Response, Health and Training Divisions to integrate CDBP and CBFA are also promising and contribute to a less vertical relationship between the different divisions and their programmes.

Constraints

The actual relief effort for the cyclone disaster began more than a month after the cyclone hit. Reasons for this are twofold: firstly the lack of funds available to MRCS and the Myanmar delegation to commence procurement; secondly, all relief efforts had to go through the NDRC which was formed by the authorities, and obtaining approval for distribution by volunteers took longer than anticipated. However, the delay did not impact the beneficiaries as coordination with other agencies clearly showed that the Red Cross action should take place in July.

The Disaster Preparedness/Disaster Response department was stretched during this period due to relief operations with some of the planned activities being delayed. It will therefore be a challenge for MRCS to complete all these by the end of 2004.

Humanitarian Values

MRCS continued its important activities in communication and information during this period, in particular through various dissemination and advocacy activities in coordination with ICRC. Relative to the support provided from ICRC (funding and technical assistance), the support from the Federation is relatively modest. Nevertheless, support is provided in the areas of programme development, integration, coordination, experience sharing, monitoring and evaluation and various degrees of technical support and advice, always trying to take a holistic approach to the Red Cross humanitarian values promoted through all MRCS programmes and activities. The Federation also contributes to the salaries of two core staff positions in the Division, while ICRC also covers two.

Key support areas :

1. Red Cross Newsletter and other materials

Two issues of the Red Cross Newsletter were produced in July and September, highlighting the work of MRCS and giving information from other societies around the world. The division also produced a range of information materials on the Fundamental Principles, the emblem, MRCS activities (pamphlets, articles, posters, brochures etc.), most relating to two main events, World First Aid Day and the MRCS Partnership Meeting in October (see below).

2. Training programmes

A dissemination workshop was held during the period, with MRCS working closely with the ICRC delegation. This workshop took place in August and was held in Mandalay for branch leaders from upper Myanmar. Unfortunately, the Federation was unable to participate in the workshop as it was during the period of change-over of delegates. The communications team also held a number of other trainings during the period, most notably to junior school Red Cross volunteers (four townships) and at a refresher course for Education Department staff.

3. Events

The main event of the period was clearly the MRCS Partnership Meeting – held in Yangon in October. This was the first meeting of its kind in 10 years and was given absolute highest priority by the MRCS governance. The Communications Division played a key role in the preparations, producing a range of materials for the meeting including for the participants' briefing packs, one for the meeting and a separate pack for those participating in the field visit to Keng Tung prior to the meeting. The communications team also developed formats and gave advice to other divisions, thus helping them in their preparations for the meeting. This included the layout and content of four 'working stations' (for health, training, disaster preparedness/disaster risk, communications divisions) as presented to the meeting.

The Communications Division also played a key role in the preparations for the 7th Strategic Planning Workshop, held in July to carry forward the process of developing a national strategic plan for the MRCS.

Impact

The involvement of the Communications Division in contacts with media during the Rakhine emergency operation has provided further experience to the team and also contributed to MRCS visibility. The capacity of the division was further strengthened during the preparations for the Partnership Meeting, where they played a key role. The division will now also be involved in some of the follow-up envisaged for the next couple of months, e.g. the translation and distribution of the Branch Survey Report and the draft National Strategic Plan. During this period, the Communications Division also took responsibility for the parts of the dissemination workshops (Federation and volunteer management) which formerly was presented by a delegation representative. This will now be evaluated, with the possible result of the Communications Division keeping this responsibility for the future.

Constraints

Limited funding for the work of the Communications Division continues to be a major constraint. Although the communications team recognises the inadequate resources and their limited capacity, they are trying hard to get better results not only in implementing MRCS's communication programmes and projects, but also in improving the society's image. The Myanmar delegation, together with ICRC and the Federation's regional delegation, need to provide further support for the expanding work of the MRCS communications division. Discussions are now ongoing with the ICRC for more support in the production of information materials and training.

Organisational Development

Contributing to the overall capacity building and organisational development of MRCS remains the overall priority of the Federation in Myanmar. All delegates and officers have a responsibility to work with their respective counterparts to strengthen their capacities, as well as that of their divisions and programmes. The overall goal is to support MRCS as it strives towards being a well-functioning national society – ultimately to the increased benefit and involvement of vulnerable people and communities. Significant achievements were made during this period in the continued organisational development of MRCS, as reported below. Federation support continued in the areas of programme development, integration, coordination, experience sharing, funding, monitoring and evaluation as well as with technical support and advice, always taking a holistic approach recognising that capacity building and organisational development are part of all MRCS programmes. The overall responsibility is with the Head of Delegation, aided by the new programme coordinator but, as stated above, is also a responsibility for all delegation staff. There are currently no management core staff with an overall responsibility for capacity building and/or organisational development in MRCS. Discussions have started however, between the MRCS and the Federation, about the need to establish a few such positions during 2005 to enable MRCS to take a stronger coordination role of all its capacity building initiatives, including at branch level.

Key support areas:**1. Strategic planning process**

The 7th Strategic Planning Workshop was held in July, bringing together governance, management and representatives from states, divisions and selected townships to conclude the two-year strategic planning process and produce the framework for a MRCS National Strategic Plan. The meeting did not reach all of its objectives, but did provide a good opportunity to discuss among stakeholders the strategic direction of the MRCS. Following the workshop, MRCS gave to the executive committee member responsible for health the task to prepare the first draft of the MRCS National Strategic Plan 2005-2009. This was presented at the Partnership Meeting in October, with a half day allowed for the participants to go through the plan and offer comments and recommendations. These findings will now be consolidated into a second draft and shared with all states, divisions and townships for their comments (in Myanmar language). This important work is scheduled for November and December, giving the branches sufficient time to respond in time for a branch development workshop slated for January 2005 (refer point 3 below).

2. Finance and administration

The support to the finance development of MRCS also continued during the reporting period. Under the strong leadership of the Finance Division head, financial procedures and management for MRCS headquarters have been improved, with two important 'milestones' being the closing of the annual financial accounts for the last three years and the initiation of the external audit for these years. New financial regulations for headquarters have also been drafted and will be tested during 2005. With support from the regional finance development delegate, an accounting software programme has been procured and is expected to be put to good use during 2005. MRCS has also started to address possibilities for local fundraising and revenue generation. With support from the Capacity Building Fund (CBF), the Finance Division head participated in the Federation Fundraising Skillshare, held in the Netherlands in mid-October. Based on the experiences there, the Finance Division intends to pilot fundraising possibilities for MRCS, both at national and branch levels. This is an integral part in the next application for CBF funding (for 2005-2007), that was under preparation during October. The structure of the Finance Division was completed in September with the recruitment of two additional staff – a finance officer and finance assistant. All five core staff positions of MRCS Finance Division are currently being funded by the Federation (using CBF).

3. Branch survey and branch development

The final version of the Branch Survey Report was printed in October and was presented at the MRCS Partnership Meeting on 20-22 October. Like the draft National Strategic Plan, the branch survey report is the culmination of a two-year process involving a huge number of stakeholders in the MRCS, both at HQ and branch level, as well as the Federation and ICRC. The final report was discussed among the participants of the Partnership Meeting and received many useful comments and suggestions for follow-up. The Myanmar language version of the report will now be updated and shared with all States, Divisions and Townships for their comments. Also presented at the Partnership Meeting was a first draft Branch Development Strategy for the MRCS. This draft was the outcome of a branch development workshop, facilitated by the Federation at the end of September, with selected representatives from headquarters and branches. The draft National Strategic Plan, the Branch Survey Report and the draft Branch Development Strategy will be discussed in a workshop in January with representatives from all 17 states and divisions. At this workshop, the CBF application for branch development and finance development is also expected to be presented and further developed with critical input from the branches.

4. Networking and knowledge sharing

The MRCS Partnership Meeting was a good opportunity for networking and experience sharing between MRCS and its partners. All major national society partners attended, with the exception of British and German Red Cross. From MRCS there was an active participation from governance, management and branch levels. During the three days, the participants discussed and shared experiences on important topics such as principles for good partnerships, coordination mechanisms and how partners can better coordinate their support to the overall benefit of the MRCS. The result was a very first draft outline of a Cooperation Agreement Strategy (CAS) for Myanmar, which will need to be further worked on by MRCS and its partners over the years to come.

Impact

The main impact over this period has clearly been the Partnership Meeting – both in terms of its results and in its actual preparation and implementation. It should be acknowledged that MRCS, under the strong personal direction of the president, took full ownership of the preparations for the meeting from an early stage. The practical work was carried out by not less than eight working committees, all with their specific areas of responsibility (logistics, information, field trip etc), aided by a Secretariat and all reporting to a Central Committee. Collectively, these committees included most of the MRCS headquarters staff and volunteers. Weekly meetings were held by MRCS leadership, together with the Federation and the ICRC, to receive reports on the progress to date and to make decisions. Considering the success of the Partnership Meeting, in terms of organisation and arrangements, MRCS undoubtedly lived up to the challenge to organise this important event and has, without doubt, further strengthened its capacity in the process. As already indicated, the Partnership Meeting was also a success in terms of content and has laid a good foundation for the development of a closer, more integrated and coordinated partnership for the future between the MRCS and its partners. Through the development of the Branch Survey and the National Strategic Plan, the MRCS is now also in a stronger position to take the leading role in these partnerships.

Other, more specific impact, from the reporting period has been the continued strengthening of MRCS finance management, which now is starting to show concrete results (closing of books, audits, etc.), as well as the installation of broadband and internet to all MRCS divisions (nine lines) and governance (one line), which undoubtedly will improve the information flow and management capacity of the MRCS.

Constraints

The preparation and organisation of the Partnership Meeting basically took all the attention from the MRCS at the end of the reporting period, causing delays in many programmes and in decision making. This affected the implementation rate of certain Federation supported activities, such as the preparation phase of the new community-based health project to be supported by M3, although this is now picking up.

Coordination, Representation and Delegation Management

The Federation delegation continued to work constructively and openly with MRCS during the reporting period, trying to build a strong working relationship and trust, but recognising the real challenges and constraints such a partnership entails. The delegation considers that it must play the roles of both promoter and defender of the MRCS to the outside world, as well as being a constant supporter and constructive critic of the national society as appropriate, in the right manner.

Close cooperation between the Federation and the ICRC delegations remains vital to ensure consistent support for steady progress in the organisational development of MRCS. The ongoing good cooperation between the Head of Delegation/programme coordinator and the ICRC cooperation delegate, as well as the close cooperation recently in support of the MRCS Partnership Meeting (including co-funding), has encouraged both delegations to renew their commitment to a coordinated and sustained approach towards MRCS capacity building. Equally important, the delegation recognised its responsibility to sister societies providing support to MRCS through the Federation, providing them with information and reports as well as organising visits and special programmes as required.

Through the Rakhine cyclone operation, the visibility of both MRCS and the Federation has increased significantly and the potential for future constructive cooperation and coordination has increased with the government and other major agencies involved in emergency response, such as World Food Programme (WFP), UNHCR, Bridge Asia Japan (BAJ) and UNICEF.

Efforts continue in clarifying the Federation's position, activities, working methodology and responsibilities within Myanmar, particularly as regards the MRCS. However, over the past year, and particularly following the Rakhine operation, it appears that there is a growing interest in the capacity and programmes of MRCS, both within the Red Cross and Red Crescent Movement and from donors and governments alike. The informal information flow between the delegation and actual and potential partner national societies has increased the level of understanding and interest in the work of the Red Cross in Myanmar – especially so after the successful Partnership Meeting.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 01.65/2004

PLEDGES RECEIVED

07/12/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				1,341,483	TOTAL COVERAGE 97.7%	
CASH CARRIED FORWARD				455,886		
AUSTRALIAN - GOVT/AUSAID				9,145	28.01.04	HEALTH DELEGATE
AUSTRALIAN - GOVT/AUSAID		94,227	AUD	82,119	23.07.04	
BRITISH - RC		13,500	GBP	30,861	28.09.04	IMPLEMENTATION MANAGEMENT , HEALTH & CARE, ORGANISATIONAL DEVELOPMENT
DANISH - RC				19,055	08.11.04	COORDINATION & MANAGEMENT
FINNISH - GOVT/RC		22,000	EUR	34,309	23.04.04	HEALTH & CARE DELEGATE
FINNISH - GOVT/RC		32,607	EUR	50,247	18.08.04	DISASTER MANAGEMENT DELEGATE
ICRC		4,000	USD	5,058	06.08.04	MRCS RENOVATION & BRANCH SURVEY
JAPANESE - RC		42,830	USD	54,159	13.09.04	HEALTH & CARE, HIV/AIDS, CBFA
JAPANESE - RC		51,396	USD	64,991	13.09.04	DISASTER MANAGEMENT, ORGANISATIONAL DEVELOPMENT
NEW ZEALAND - RC		200,000	NZD	158,580	24.06.04	
NEW ZEALAND - RC		100,000	NZD	79,450	14.07.04	HOD, HEALTH PROGRAMME
SWEDISH - GOVT		150,000	SEK	25,275	26.03.04	ORGANISATIONAL DEVELOPMENT DELEGATE
SWEDISH - GOVT/RC		120,000	SEK	20,100	26.03.04	ORGANISATIONAL DEVELOPMENT
SWEDISH - GOVT/RC		36,000	USD			
SUB/TOTAL RECEIVED IN CASH				1,089,235	CHF	81.2%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIA	DELEGATES			73,200		
FINLAND	DELEGATES			92,400		
JAPAN	DELEGATES			28,400		
SWEDEN	DELEGATES			27,800		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				221,800	CHF	16.5%

Myanmar

ANNEX 1

APPEAL No. 01.65/2004

PLEDGES RECEIVED

07/12/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	