



Myanmar Red Cross Society

Annual Report 2015

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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for human life. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination based on nationality, race, religious belief, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, giving priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times, to act in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary humanitarian movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and rights in helping each other, is worldwide.

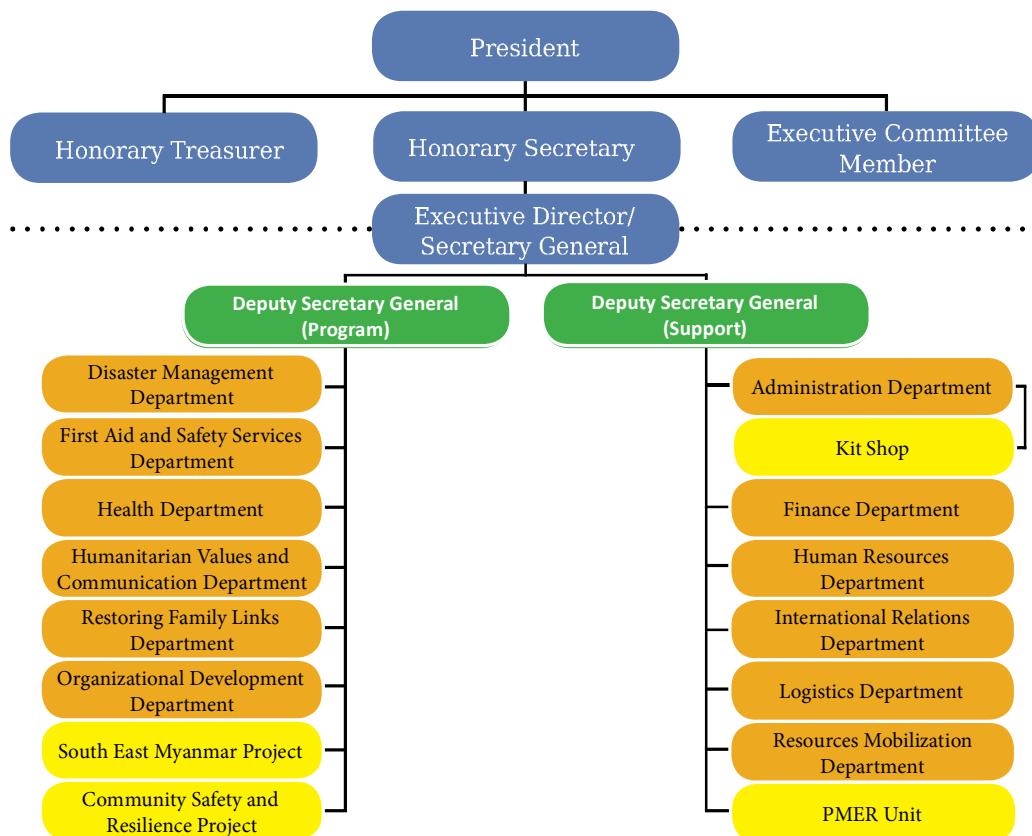
2015 Year In Review

Myanmar Red Cross Society is guided by a 5 years' strategic plan (2011-2015) with the vision of - the MRCS to be the leading humanitarian organization throughout Myanmar working with and for the most vulnerable at all times. Some of the key directions of the strategy include

- To Focus on 2015 objectives/ intentions/ plans
- What new things/ better things happen in 2015
- What achievements (Special)
- Overall successes/ challenges/ issues.
- To strengthen the image of MRCS in the country
- To strengthen volunteer management systems and practices
- To gradually evolve into a decentralized organization
- To promote and disseminate humanitarian values and the International Humanitarian Law.

This report describes how Myanmar Red Cross Society is trying to fulfill the objectives of the Strategic Plan accordingly. Myanmar Red Cross Society also have intention to extend future effective humanitarian interventions to promote communities' resilience through integrated community based initiatives, promoting humanitarian values by network of volunteers, staff and members.

Myanmar Red Cross Society Headquarter Office Structure



Administrative Line

Executive Summary

Myanmar Red Cross Society is guided by a 5 years' strategic plan (2011-2015) with the vision of - **the MRCS to be the leading humanitarian organization throughout Myanmar** working with, and for the most vulnerable at all times. Some of the key directions of the strategy include.

- to disseminate the benefits of community based program to all stakeholders;
- to revise the MRCS Act according to the country's new constitution;
- to strengthen the image of MRCS in the country;
- to strengthen volunteer management systems and practices;
- to gradually evolve into a decentralized organization;
- to provide vulnerable people with quality services in core areas of first aid and safety services, health and care, disaster management, organizational development and humanitarian values with resilience approach;
- to promote and disseminate humanitarian values and the International Humanitarian Law.



BUILDING HEALTHIER AND RESILIENT COMMUNITIES IN MYANMAR

As Myanmar is a developing country, there are difficulties for the communities to reach and access services that are available. Townships are also in need of health knowledge, services and opportunities. MRCS has been implementing a wide range of activities in line with the objectives and goals of the Ministry of Health. In 2015, the MRCS has implemented 16 different community based projects/ programs in prioritized areas based on the results of assessments conducted for understanding needs of the community, capacity of the Red Cross branch office, local community participation, and guidance from the Township Executive Committee members.

First Aid is a core function of MRCS activities as well as Ambulance, and Safety Services to provide better services and increase numbers of people with First Aid skills throughout the country.



Myanmar Red Cross Society Strategic Goal 1;

Reduce deaths, illnesses, injuries and impact from disasters, conflicts and other situations of violence, emerging and re-emerging diseases and public health emergencies.

Community Safety and Resilience

In Mon State and Bago Region, in January 2013, with the support of IFRC, MRCS initiated the community-based approach to increase community safety and resilience (Disaster Risk Reduction, Health, Water and Sanitation and improve household's economic condition and livelihood) in order that it will be more cost-effective as well as sustainable in contribution. This also included organizational and volunteer development component so that it will be better structured and organized at all levels to deliver quality community-based services to the vulnerable people in Myanmar.

Key issues in the Mon state and Bago region during the reporting period:

The Community Safety and Resilience (CSR) program was late in implementation for Bago Region because coordination with other departments needed some time as they also had their own objectives and plans for action. Unfortunately, after achieving good collaboration from the other departments, MRCS still could not start implementation of the CSR project as Bago region was part of the national level flooding disaster.

Achievement against Target

- In Nov 2015 , pilot testing of the Integrated Community Assessment for Building Resilience (ICABR) guidance document was completed in Bago
- Final Evaluation for Mon State is ongoing

- This program was able to contribute Health kits (Mosquito net, Advance First Aid Kits and Hygiene Kits) to communities of the ten villages of Bago Region.
- CSR program conducted Basic First Aid Training in 10 villages as an entry point, and also conducted Multi sector Assessment Training.

Budget and expenditure analysis for 2015

Annual approved budget	44,539,391/-MMK
Actually expenditure	39,390,173/- MMK
Expenditure to date as % of annual budget	68%

Community Based Health and First Aid Projects

With the support of the Japanese Red Cross Society (JRCS) through the International Federation of Red Cross and Red Crescent Societies (IFRC), MRCS implemented the following activities in 2015:

- 3 First Aid Instructor training sessions for school teachers and RCVs, and 18 sessions of Basic First Aid (BFA) multipliers. A total of 106 instructors and 540 participants received first aid knowledge and skills in 2015.
- The World First Aid Day Ceremony and First Aid Skills Quiz Competition were held with the support of JRCS.
- There was partial support from JRCS towards the human resources capacity of FASS Department.
- First aid policy booklets and booklets for basic first aid training were reprinted. First aid vinyl posters were produced for the trainings. Other information, education and communication materials, baby manikins and teaching aids such as triangular bandages and first aid kits, also funded by JRCS, were distributed in first aid trainings conducted at the MRCS branches. Certificates were also printed and distributed.



This reporting period also saw the application of first aid skills in all States and Regions by trained Red Cross Volunteers (RCVs) and community volunteers in response to casualties and other needs of communities. MRCS is still the only humanitarian organization conducting first aid training at community grassroots level. In areas where health infrastructure is weak or non-existent, trained volunteers are available to carry out interventions, conduct community awareness and refer cases to the nearest government health services.

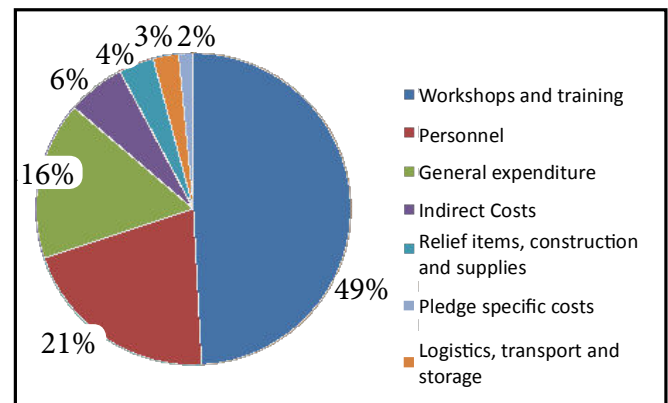
The volunteers in the 330 branches are also the first responders to all emergencies, especially for conflict areas. RCVs from other States and Regions were deployed to Rakhine, to assist the Rakhine volunteers with the National Society's emergency response to the conflict situation. The assistance provided by the volunteers included first aid and psychosocial support, as well as distribution of relief items including drinking water to communities in evacuation centers in four townships of Rakhine.

In addition, RCVs also provided first aid and psychosocial support, as well as health education, ambulance service and distribution of items such as small first aid kits, vinyl posters for first aid measures and accident prevention to the affected communities from Lucia (Shan North), based in IDP camps. Most of the RCVs have done humanitarian first aid activities during the recent floods operation in 2015.

The ability of RCVs and community volunteers (trained previously in first aid), to use their skills for the benefit of people in need during the recent flood operations, has illustrated the importance of first aid knowledge and helped to advance the image of MRCS among the local population and authorities.

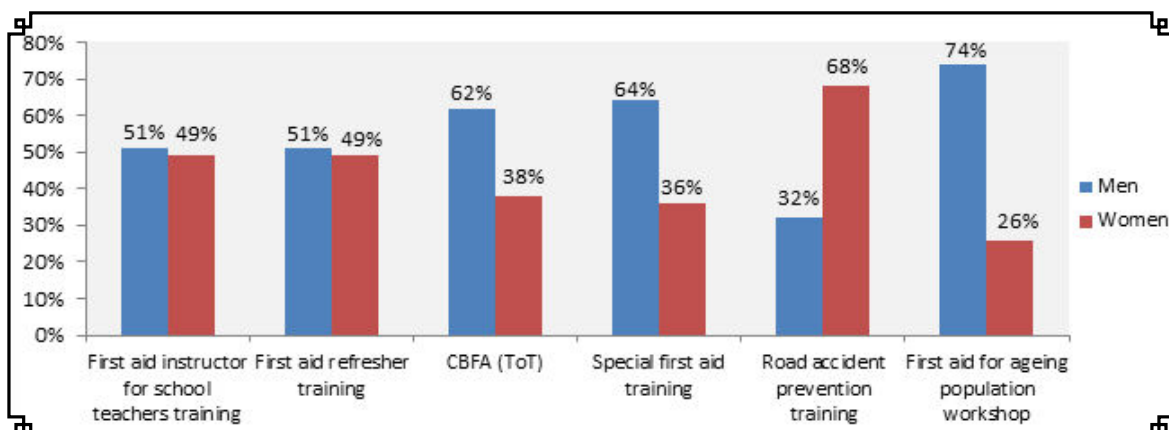
Financial situation

The pledge received was CHF 81,524. A total of CHF 81,246 has been spent during the reporting period (amounting to about 99.7 per cent expenditure of the pledge).



Number of people reached

During this reporting period, a total of 26,127 (male 10,963 and female 15,165) people benefited from the First Aid and Safety Services (FASS) program activities, both directly and indirectly.



Gender and equity

Equal opportunity is provided to men and women to participate in various first aid training opportunities, with Red Cross township branches being reminded to ensure that female volunteers are to be encouraged more. During this reporting period, a significant percentage of women participation had been observed, as illustrated in the chart below.

Through its nationwide network of volunteers, the MRCS will promote humanitarian values and community based initiatives in health and care, and disaster management to improve the lives of the most vulnerable.

Myanmar Health Care System continues to grapple with significant problems in terms of access, quality, human resources, management and organization. Many health facilities lack basic equipment and supplies, and do not have sufficient and/ or appropriate health staff. The levels of public expenditure on health services are very low. Public expenditure on health per capita is 2.3 percent of GDP (2014). There is less focus on prevention and private sectors put higher emphasis to curative care for generating more income.

Official statistics claim that access to improved WASH services stands at 82.3% and 76% respectively [JMP - update 2014]. However, the WASH Thematic Cluster represented by the Environmental Sanitation Division of the Ministry of Health stated that the National coverage of access to water is 52% and sanitation is 35% in rural areas. The access to water through improved sources varies across states and divisions in Myanmar with only 4.1% of Myanmar households having water piped into their dwellings. The most common sources of drinking water in Myanmar are: tube wells or deeper boreholes (31.5%); and protected wells (17.6%) but 20.9% of the population still use unprotected wells.

According to the UNDP's Myanmar Annual Report 2015, the country's under-5 and infant mortality rates are the highest among ASEAN countries and many of these deaths are preventable. In Myanmar the number of midwives per 1,000 live births is 9, and the

lifetime risk of death for pregnant women 1 in 180. The health assistant to population ratio is 1:21,822 and the midwife population ratio is 1:41,447 in rural, remote and border areas. As a result, children and women in such areas and those from poorer families tend to have substantially worse health and survival outcomes.¹

The Myanmar Red Cross Society distributes social and relief support through extensive networks of community based Red Cross Volunteers throughout Myanmar. It works to build up a healthier and safer environment for the people of Myanmar, giving priority to the most vulnerable communities and individuals. Focusing on vulnerability as the primary mission, MRCS's main responsibility lies in implementing humanitarian activities to alleviate human suffering through promoting health, preventing diseases and providing help to those in distress. MRCS has practiced in the areas of protection including trafficking, tracing and family reunification of returned trafficking survivors and former child soldiers.



1. <http://www.undp.org/content/dam/undp/library/MDG/english/MDG%20country%20Reports/Myanmar/Thematic-Analysis-2015-for-Myanmar.pdf>

Program Overview of Health

During the report periods, the Health Department of MRCS successfully implemented 14 program/ projects in Myanmar, reaching 7 States, 7 Regions and Nay Pyi Taw Council. The target areas are: Kachin, Kayar, Kayin, Chin, Mon, Rakhine, Shan (South, North, Eastern) States; and, Tanyintharyi, Yangon, Ayeyarwady, Bago, Mandalay, Sagaing and Magway Regions. The entire programs are based on MRCS Strategic Plan 2011-2015 that is aligned with the Strategy 2020 of the International Federation of Red Cross and Red Crescent Societies (IFRC).

All Community-based Health and Maternal, New – born and Child health, Malaria, Tuberculosis, First Aid, Resilience, WatSan and Disaster Relief & Rehabilitation (DRR) projects aim to reduce deaths, illnesses, injuries and impact from disasters, conflicts and other situations of violence, emerging and re-emerging diseases and public health emergencies in Myanmar for vulnerable communities who often face several adverse effects. To support these requirements of the communities, the Health Department of MRCS leads in the implementations. Funds were received from partner donors such as IFRC, ICRC, Korea Red Cross, Singapore Red Cross, Australia Red Cross, China Red Cross, Swedish Red Cross, Finnish Red Cross, Danish Red Cross, EU, UNOPS (Global Fund), UNFPA and other local Business Companies in Myanmar.

According to MRCS strategic goal 1, the program/ projects are strengthened by collaborated advocacy with all partners and the key stakeholders in the beginning of the program for sustainability in communities. Unity is mobilized through formation of Village Health Committee, Water and Sanitation Committee, School Committee and then Mother Club etc, and these groups are trained to increase their capacity in management. Effective awareness is promoted through several health education topics/sessions to make them understand and change behaviors and also be able to protect their families. Capacity building trainings are provided to better support the vulnerable communities. Program Staffs and Red Cross

volunteers regularly went not only on household visits to offer home based care and to share small group activities, but also monitoring, and evaluation (M&E) field visits to monitor the community needs and progress.

For long term sustainable approaches, the program/ projects are further supported by Cash Grants, so that they can undertake Community Initiated Activities (CIA), provide Revolving fund/ Seed Fund to the vulnerable communities, and new Branch Offices built as needed to support Branch Development. To promote community safety and resilience, cyclone shelters were built, DRR training conducted and emergency response materials and health supporting materials were distributed. In conclusion, the Health Department of MRCS effective assumed a leadership role with this program/ projects and at the same time increased the services of community based Health and First Aid action to reach to the grassroots levels of the rural areas.

Humanity

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Community Based Health and First Aid in Action Program

The Community-Based Health and First Aid (CBHFA) programme of the Myanmar Red Cross Society was launched in 2011. Funding for the programme through the Swedish Red Cross (SRC) began in January 2012. The programme is also based on the Myanmar Red Cross Society's Strategic Plan 2011-2015, which in turn is aligned with IFRC's Strategy 2020.

The goal of the program is to reduce the mortality and morbidity of priority communicable diseases in the community with focus on women and children; impact from public health emergencies and disasters; and to promote health and sanitation and disaster risk reduction (DRR) by improving capacity of community and Red Cross Branches. The overall goal will be achieved through the following outcomes:

1. The capacity of communities to build a safer, healthier and more resilient community is improved through community based health, water and sanitation and disaster risk reduction activities, and
2. MRCS capacity to manage the effective implementation of the CBHFA program as entry point to strengthening community resilience is increased at all levels.

Communities were selected due to their vulnerabilities, based on criteria such as less existing support from local health services, inaccessibility to health services, and lack of health knowledge and commitment of the community. The main program activities during the reporting period were capacity building to township and community volunteers, construction of branch building, income generation support for Red Cross branch, distribution of latrine pans and pipes, treated mosquito nets or LLIN, rubber boots, small first aid kits, advance First Aid kits, Life Straw water filter for school, rehabilitation of water sources, construction of double-unit school latrine, construction of rain water collection tank, bridge construction for DRR activity and especially conducting health education sessions in both school and community, environmental clean-up activities, reducing vector breeding sites and referral systems by Red Cross Volunteers (RCVs). All the activities concerned were implemented by community volunteers and the community themselves with technical support from MRCS project staff, branch Red Cross volunteers and IFRC.



Project Period:

June, 2014 to Dec, 2016

Project Area:

Mongphayk, Ywarngan, Paukkaung, Twantay, Dala



No. of Beneficiaries

76782 (37477 Male, 39305 Female)



Supported by:

IFRC (Swedish Red Cross)



Key Accomplishments

Health education topics during household visits and diseases prevention activities, covered 85,719 population during 2015.

During reporting period, the program provided health supplies items of mosquito nets (7,373 Nos), ORS (1,863 Nos), Rubber Boots (331 Nos) and Latrine Pan & Pipe (68 Set).

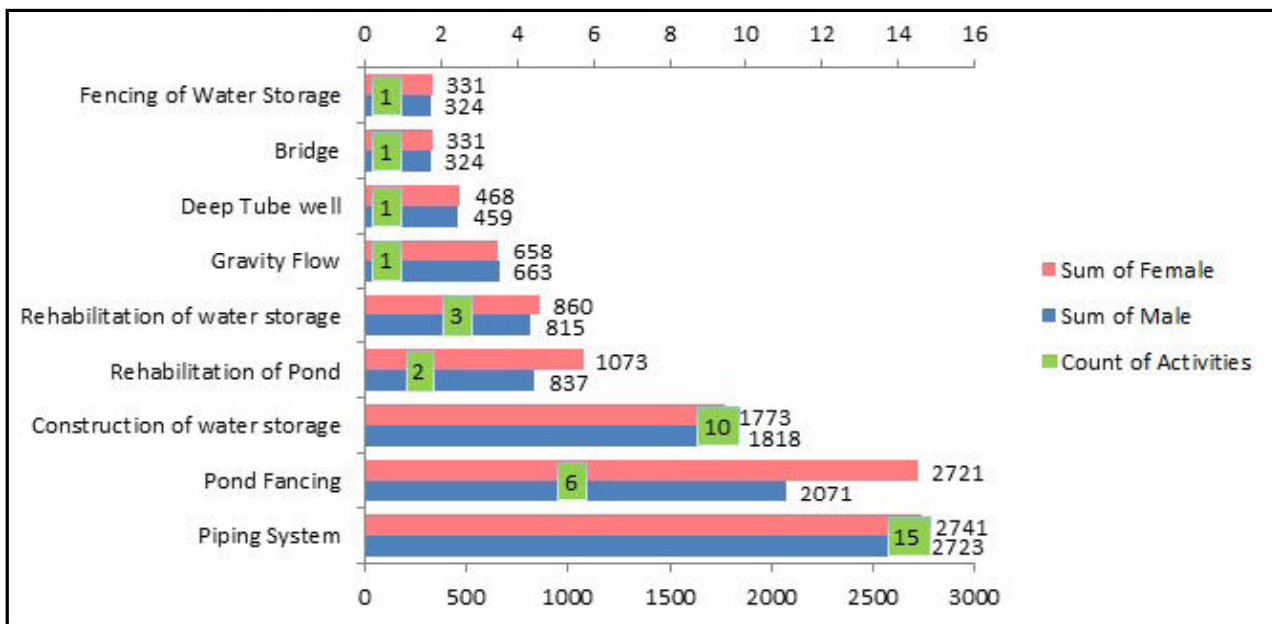
First Aid topics during household visits covered 3,161 population.

Community volunteers promoted good hygiene practices through health education at the schools as a part of the volunteers' activities. Community tools such as cue cards are used during these education sessions. Health education topics were in line with the health issues prioritized by the respective communities during the community needs assessments conducted in the initial stages of the program. Number of students who received knowledge on Hygiene Promotion was 5,339.

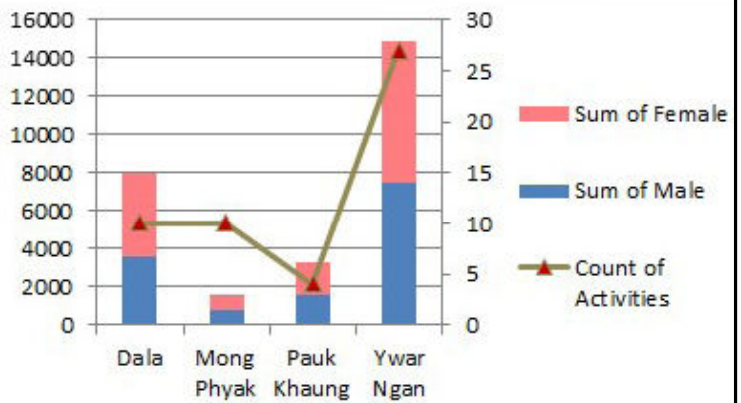
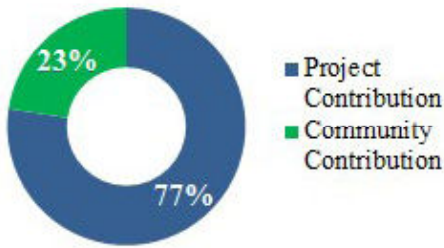
During the reporting period, WATSAN action groups mobilized their community to implement water and sanitation activities with the contribution of pond and well cleaning, drain cleaning & upgrading and village cleaning up. A total of 8,132. Community volunteer and community member were involved in that activity.

During this reporting period, CBHFA community volunteers covered 196 households with 340 people (male: 177, female: 163) with disaster risk education on fire, storm and flood topics on based on finding of the community assessment.

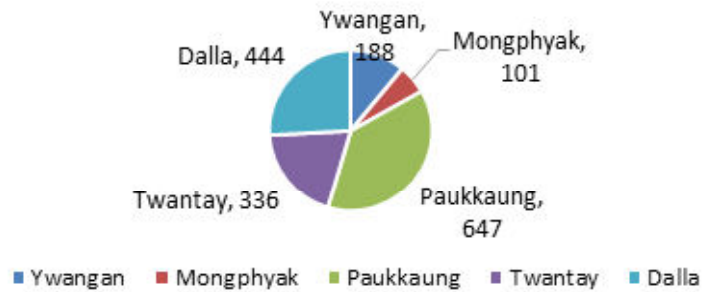
Community Initiative Activities Coverage



Financial Contribution



Active Volunteer Participating in CBHFA Program





Key Accomplishments

The CBHFA in action project in Loikaw and Demawso townships, Kayar state, which began in June 2013, was implemented by MRCS and supported by the Finnish Red Cross through IFRC. The project supported vulnerable communities in 20 villages. The community took a leading role to build a safer, healthier and more resilient community by carrying out various community-based activities to address their specific needs identified through community assessment.

During the reporting period, the CBHFA program achieved community-initiated activities such as carrying out a series of hands-on training and workshop, Red Cross branch office building construction in Demawso and

renovation of branch building in Loikaw, construction of school latrines, construction/rehabilitation of water sources, provision of household-to-household health education depending on prevailing health problems, and hygiene promotion targeting both the general community and schools, in those two townships. On the other hand program support distribution of Information Education and Communication (IEC) material, Life-straw water filters and hygiene kits for students.

Key Accomplishments

These were achieved through community-based health activities which included carrying out health education sessions for prioritized health problems, through household visits and small group discussions.

The 2,318 number of people and 1,098 household reached by health education.

To build capacity, Maternal New Born and Child Health (MNCH) training for facilitators and volunteer leaders was conducted on May, 2015 in Loikaw and Demawso by the Ministry of Health and Sports (MoHS) trainers. 52 Participants attended in the training. BFA training for newly recruited volunteers was conducted on July, 2015 in Loikaw and Demawso Township. 199 participants attended in this training. Community-initiated activities such as water pumping and connecting pipe lines, connecting gravity flow pipe lines, fencing and renovation of dug wells, deep tube well and construction of concrete water storage tank and two-unit school latrines, were organized during the period. Up-taking of safe drinking water was re-enforced to local people as part of the effort to change their behavior towards better health practices.

SHG (Self-help Group) Development training was conducted on Oct 2015 in Loikaw and Demawso Townships to support seed fund (Five hundred thousand for each village). 45 Participants (25 male and 20 female) attended in that training. During the training, the participants were trained on how to organize the self-help group, financial management, mobilizing fund and reporting process through group works, exercises, presentation and experience sharing process.

Training on Social Mobilization and Leadership was conducted in Loikaw in December 2015. 81 Participants (40 Male and 41 Female) attended the training. During the training, the trainer conducted theoretical and hands-on experiences on the topics of development concept, social mobilization, communication and advocacy.

One main committee was set up in each village with a total of 320 committee members (209 Male and 111 Female). Under the main committee, there are four sub-committees with allocation of key responsibilities in WatSan, health promotion, disaster prevention and risk reduction and first aid activities. The key responsibilities of those committees are to prepare community plans of action and work with communities to initiate their own activities at the village level. In addition, the committee members were managing well the seed fund by organizing the self-help group. The above-mentioned CBHFA committees actively supported the CBHFA activities during the reporting period, such as water and sanitation (WATSAN) hardware construction in both townships. Activities included construction of branch buildings, fencing of the branch building, rehabilitation of water sources (two times), construction of two units of school latrine units (three times), construction of water pipe connection (two times), digging deep tube well and construction of (5,000 gallons) concrete water storage tank (three times), construction of (2,500 gallons) concrete water storage tanks (two times) and excavation of digging water earth line (two times).

In addition, they also organized a commemoration of World Red Cross Day, World First Aid Day and Global Hand Washing Day in this reporting period as part of the township branch development activity.

Lesson Learned

One time advocacy is not sufficient at township level because of changing of the township CBHFA committee members. We need to disseminate information about the activities soon after committee members changed. If regular coordination meeting with the local authorities and other humanitarian organizations cannot happen, activity overlapping will exist.

Financial Status

The total pledge received was Euro 139,000, equivalent to CHF 168,145. A total of CHF 140,800 was spent, leaving a balance of CHF 27,345 (84 percent utilization). The variation between budget and expenditure was due to the delay in implementation caused by the high turnover of skilled staff at each level of the project (both at field and headquarter levels). There is long acquittal process to be able to have real-time checks and balances of budget expenditures versus activity level in the field, hampering Working Advance (WA) requests for activities.

Key Issues

- There is only one MRCS WATSAN engineer to give technical support to all seven CBHFA townships in five states and regions. Due to the spread-out of geographical locations, one WATSAN focal person alone may be inadequate in keeping up with the activities such as conducting trainings and ensuring quality construction.
- No major incident occurred in target areas during the reporting period. An early start of monsoon season caused delays in the project implementation.
- The township medical officers (TMOs), who are the chair of the health committee from Loikaw and Demawso so are very busy with their Department of Health work. Therefore they didn't have much time to support in program implementation.
- A high turnover of staff and volunteers caused delays, resulting in the project lagging behind the planned schedule. While there were no turnover of facilitators, the number of facilitators were not enough, leading to delays, resulting in the project lagging behind the planned schedule.





I am Mr.Aung Thu Zin, CBHFA volunteer leader from Zee Gone village, Pauk Khaung township, Bago Region. Since June 2014, the CBHFA program started in our village and (30) members volunteers are actively participating in Health Education and first aid care activities for our community development. As our village's main economy is agriculture, there is plentiful use of insecticide. Daw Mu Mu Sein, (46) years, who was mentally impaired and lived with her old mother took insecticide on 19, November, 2015 at 4:00 PM.

Her mother noticed as soon as she had drank the insecticide, and called her neighbor RCV. The RCV immediately went to patient and also phoned to other 4 RCVs.

It took only 15 minutes after the ingestion of the insecticide for the RCVs to arrive at the scene and they induced vomiting by inserting the finger into her mouth, urged her to drink a large amount of water and put her in safe sideway position.

We referred her to Pauk Khaung General Hospital and conferred to TMO. TMO said the patient is safe due to timely referred. Daw Mu Mu Sein stayed in the hospital for 5 Days and now she is working normally. After that incidence, some households in our village that had been difficult to organize before, participated and some of their family members take part in our team. Now our movement has become strong and accelerated. It is also an opportunity to succeed the CBHFA program.

Impartiality

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Community Based Programme for Malaria Prevention

MRCSS/ UNOPS Malaria Prevention Program contributes to the goal of malaria control in Myanmar:

"To reduce malaria morbidity at least 50% and malaria mortality at least 50% by 2015 (baseline 2007 data), and contributes towards socio-economic development and the Millennium Development Goal".

The program is implementing with three objectives which are :

- (1) Prevent malaria using Long Lasting Insecticidal Nets (LLINs) and insecticide-treated nets (ITNs) in high and moderate risk villages in 11 townships
- (2) Strengthen community based malaria control activities, and
- (3) Strengthen technical and administrative management capacity for malaria control at all levels.

The completed key activities in 2015 are;

- 1) LLINs Distribution in 11 townships
- 2) Central ToT on Malaria Case Management, Prevention and Control
- 3) Advocacy Meetings at township level
- 4) Township RCVs Trainings in 11 townships
- 5) Follow up Training of Central ToT
- 6) Quarterly Coordination Meetings at township level
- 7) Quarterly Volunteer Review Meeting and Refresher Trainings for Case Management RCVs in 11 townships
- 8) Annual Review Meeting
- 9) Capacity Development/ Building Training
- 10) Malaria Case Management activity in selected 170 villages
- 11) Health Education Sessions by RCVs and field staffs
- 12) Supervision and Monitoring visit (Headquarter, State and Township level)



Project Period:

June, 2013 to May, 2016

19

Project Area:

Loikaw, Demawso Townships



No. of Beneficiaries

10,775 (5,300 Male and 5,475 Female)



Supported by:

IFRC and Finnish Red Cross



Achievements against Target (Indicators)

No.	Activity	Target	Achievement	% of Achievement
1	Number of LLINs distributed to at-risk populations through mass campaigns	87500	87378	99.9%
2	Number of RCVs trained and supported for malaria prevention and control	670	638	95%
3	Number of RCVs trained and supported for malaria prevention and case management	170	178	105%
4	Number of health staff trained/retrained (MRCS field assistants) for malaria prevention and control	26	24	92%
5	Number of supportive supervision and routine monitoring visits by central level	10	9	90%
6	Number of supportive supervision and routine monitoring visits by state level	40	62	155%
7	Number of supportive supervision and routine monitoring visits by township level	1320	1345	102%

Key Issues

- Transportation difficulties for LLINs distribution and supervision visits to the hard to reach villages during the rainy season were encountered due to destroyed, muddy, slippery country roads
- Not getting exact number of household and population in advance from some project villages caused constraints during LLINs distribution at the respective villages
- Difficult communication with some hard to reach project villages from the townships was also an operational challenge
- Security concern was also present in some townships for the program staffs to go for monitoring and supervision visits more frequently
- Difficult to mobilize the community to do Health Education Sessions in some project villages due to absence of RCVs and villagers at the villages especially during the cultivation seasons
- There was lack of community interest to participate in HE Sessions in some villages
- Frequent staff turnovers and prolonged vacant staff positions at some townships also caused difficulties to a certain extent in the implementation of the program, reporting, monitoring and supervision at the respective townships
- In recruitment of staffs, highly qualified and experienced staffs could not be available due to the limited resource and applicants
- There was risk of the anti-malaria drugs expiring at some villages where Malaria case detection was very few. Regular case investigation with RDTs were done by RCVs and expiring of the drugs was inevitably encountered though the project tried to avoid that as much as possible
- Stock out of anti-malaria drugs especially Chloroquine (CQ) also occurred due to the shortage of supplies

- Carbon-less report from RCVs of hard-to-reach villages could not arrive in time due to transportation and communication difficulties.

Lessons learned

- Recruitment of staff with less qualification (when there was no available applicant or candidates for the respective position) caused constraint in program implementation and burden to other staffs.
- Because of frequent staff turnovers, the remaining staffs (mainly program staffs) have to learn and be able to do multitasking such as finance, logistics, stocks, administrative and M&E issues etc.

Coordination and Cooperation

- Good coordination and cooperation with **State Health Department, State VBDC team and State Red Cross Supervisory Committee, Township Health Department, Township Red Cross Brigade especially 2ICs.** (e.g. regular reporting verbally or submitting hard copies, doing coordination meetings for respective activities, regular attendance to Coordination Meetings done by State VBDC team)
- Good coordination and cooperation with **Township stakeholders, village leaders** (e.g. quarterly coordination meetings at township level to maintain the continuous coordination and communication with stakeholder in planning and implementation of program activities).

Financial Status

According to the Six Monthly Financial Reports, although all program activities had been done as per work plan, budget utilization for 2015 was 69% because of the following reasons;

Frequent staff turnovers and prolonged vacancies of some positions especially at field level.

Number of training attendants was less than the intended number of attendants.

Actual accommodation and travel charges were less than the budgeted allowance in the trainings, meetings and supervision visits.

Coordination Meeting between MRCS and UNOPS was done often to review and revise action plan accordingly (such as revised activities, procurement of office furniture)

Community Feedback

- Community like and use the LLINs distributed from MRCS/UNOPS malaria prevention program.
- More LLINs are needed in such kind of villages with large number of population and households and for replacement of destroyed LLINs.
- Habit of sleeping under bed nets had increased
- Knowledge regarding malaria prevention and personal protection increased.
- Better awareness of early diagnosis and proper treatment of Malaria.
- Better awareness of image of Myanmar Red Cross Society.

National TB control program

Community Based TB care was implemented by MRCS and in collaboration with National TB Control Program since 2011 until now. There are 19 target townships in which 20 trained RCVs were contributing in each township. The main objectives are 1- To get involvement of Red Cross volunteers in TB control activities, 2-To improve early case finding, early diagnosis and treatment, 3-To increase TB awareness in community through HE sessions, and, 4- To support the Basic health staffs.

Achievements against target

In 2015, the achievements of RCVs' contributions on national TB control Program are as following

- Trained 380 RCVs in 19 townships and 268 are reporting. (70.5%).
- Total no. of TB suspects referred from community by RCVs were 778, and among them 115 cases were having anti-TB treatment.
- Total no. of presumptive TB referred for diagnosis among family members of TB patients are 20 and 2 are having treatment.
- Total number of participants in awareness raising is 39,738.

Key issues

- HR issue; drop out 112/ 380 volunteers
- Weakness in advocacy
- Competition with other working groups
- In some township, the X-ray machine has problems. So, if the client need X-ray investigation, they have to go to private clinics.

Recommendation

- To recruit Red Cross Volunteers as soon as possible to fill in for dropouts.
- To conduct refresher trainings
- Avoid geographical overlapping with other partners' implementing townships
- Conduct effective monitoring and supervision

Lesson Learned

Most of the people in remote areas have inadequate knowledge about TB and they thought that TB can be infected only through heredity and fear from discrimination if they have TB. Providing them home visits and awareness raising by RCVs, can give the right information about TB including signs and symptoms of TB, mode of transmission, investigation methods and treatment etc

After health education sessions, their fear decreased and become easily acceptable towards doing investigations if they have signs and symptoms of TB. So, household visit to TB family and community health education sessions are more effective to get the right information and suspected TB case referrals.

Financial Status

Annual estimate budget for 19 townships for 2015 is MMK 96,000,000 (ninety six million kyats)

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.



Project Period:
2011 to May, 2016

19

Project Area:
19 Townships

No. of Beneficiaries
39,738

Supported by:
Global Fund

Tuberculosis Program

Community base TB care is implemented by MRCS in collaboration with National TB control Program from 2009 until now. There are 7 target townships in 2009 but now it is only 1 township, Pathein with 20 trained RCVs as contributors. The main objectives are : 1) to get involvement of community volunteers in TB control activities, 2) improve the case finding and case holding, and, 3) to increase awareness on TB from HE sessions. 2,176 people received health education from Tuberculosis Program.

Key Accomplishment

Community base TB care is implemented by MRCS in collaboration with National TB control Program from 2009 until now. There are 7 target townships in 2009 but now it is only 1 township, Pathein with 20 trained RCVs as contributors. The main objectives are :

- 1) to get involvement of community volunteers in TB control activities,
- 2) improve the case finding and case holding, and,
- 3) to increase awareness on TB for HE sessions.

Key Issues

- Chest X-ray investigation difficulties
- Some village referral cases do not go to health facility because they could not afford travelling expense, meal & lodging costs that will occur at township level.
- Request for Multivitamin from Patients.

Recommendation

- It is easier for volunteers activity if the fee for Chest X-ray can be supported.
- Suspected cases are referred to health services for diagnosis and treatment by standard referral from.

Lesson Learned

Most of the people in remote area fear of discrimination if they have TB. Providing them with household visit and awareness raising done by RCVs, can give the right information.

Financial Status

- 6 Red Cross Volunteers in one selected township and salary of one field supervisor are supported with MRCS fund.
- In implemented township, 6 RCVs get a travel allowance of MMK 120,000 per month (each RCV 20,000*10 visit per month).

Sexual and Reproductive Health Project

Sexual and Reproductive Health (SRH) Project aims to achieve as an outcome, increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

There are 2 outputs to contribute to the expected outcome which are (1) Strengthened health system to deliver integrated sexual and reproductive health services including family planning, maternal health and HIV prevention programmes as well as in humanitarian settings and (2) Strengthen health system to improve availability of high quality and equitable sexual and reproductive health information and services among target groups including in emergency setting.

Key Accomplishments

In 2015, Sexual and Reproductive Health Project achieved 224% for Minimum Initial Service Package MISP multiplier training for crisis, 68% of coordination meeting and 100% simulation exercise workshop.

Community Based Water & Sanitation and Hygiene Promotion Program

With the technical support of IFRC and financial support of Samsung and Cartier, MRCS implemented WASH program in 4 townships of the dry zone (Natogyi, Wundwin, Myitthar and Chauk) which is aligned with the International Federation's Global Agenda (including the Federation's Global WatSan Initiative (GWSI) – under which this Action falls), and Strategy 2015 of Myanmar Red Cross 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". This initiative also contributes to the Millennium Development Goals and it works towards reducing water and sanitation-related morbidity and mortality, and improving health and productivity.

During this reporting period, MRCS could implement most of the targeted activities which are Participatory Hygiene and Sanitation Transformation (PHAST) trainings for community volunteers, PHAST step intervention in communities were followed by hardware implementation. Hygiene promotion training and Operation and Maintenance training could not be carried out due to shortage of human resources, nation-wide floods in July and August, and national election in November. However, all the delayed activities from previous quarter have been completed in this quarter 3 and 4.

Key Issues and Recommendation

- Difficult to find mason and labor in some townships. They have gone for better income from seasonal plantation especially water melon growing.
- Drilling deep tube well in some townships yielded water but of less quantity (only 50 gallons per hour)
- Townships here are situated in middle of Myanmar and in the Dry Zone. Thus, it is difficult to find pure water even if the Tube Wells are dug deeply.



Project Period:
June, 2013 to May, 2016

19

Project Area:
Loikaw, Demawso Townships



No. of Beneficiaries
10,775 (5,300 Male and 5,475 Female)



Supported by:
IFRC and Finnish Red Cross



Achievements against Target

Community Based Water and Sanitation and Hygiene Promotion Program achieved 10 items of water scheme, 1,150 household sanitation support and 6 schools covered.

Lessons Learned

- Transparency and trust building is very important for coordination and collaboration with community.
- 1 year program duration is very short to achieve proper behavior change for hygiene practices. On the other hand, when planning the program/project's activities, time for project set up as well as phased out plan should be included
- Community empowerment is essential to get community participation and ownership and long-term sustainability.

Coordination and Cooperation

Beside the IFRC, the Myanmar Red Cross Society works with the Department of Health, Department of Education, Administrative Department, Department of Rural Development (DRD), local non-government organizations,

international non-governmental organizations, UNICEF, communities, local authorities, national and governmental organizations and aid and development agencies. Coordination meeting with Township Red Cross Steering Committee discussed and shared experiences. Meetings with Village WASH Committee and community volunteers in project villages are also shared.

Gender

More women recruited in village WASH committee and actively participated in project implementation, but low participation in decision making process.

Community Feedback

Township Red Cross Steering Committee and Red Cross Brigade requested basic first aid training for township RCVs and community volunteers because "First Aid is the entry point for Red Cross and also strengthening of Township Red Cross Branch. First Aid trained volunteers can support to their community better through basic first aid services and referral services"

Financial Status

Budget and expenditure analysis (CHF)	
A. Annual approved budget	100,000
B. Total funding to date	90,000
C. Funding to date as % of annual budget (B ÷ A)	90%
D. Year to Date Budget	60,000
E. Total expenditure to date	40,000
F. Expenditure to date as % of YTD budget (E ÷ D)	66%
G. Expenditure to date as % of annual budget (E ÷ A)	40%

Community Health Project

During 2015

- Intensive Health Training covered 13 staff and RCVs.
- Exchange visit covered 13 members.
- Basic First Aid Training done 30 volunteer from Shan Su village.
- 44 students were supported school basic First Aid Training.
- 15 community members from Shan Su village were received advocacy meeting for seed fund management by Resource Management Department.
- 32 community members from Shan Su village received communication training for Household to household Health Education Session
- Financial Management Training was done and 18 Red Cross Volunteers received that training.



Project Period:

January, 2015 to December, 2016

19

Project Area:

Taikkyi Townships, Yangon Region



No. of Beneficiaries

4,000 Persons



Supported by:

Red Cross Society of China



MNCH/DRC program

MNCH/DRC program handle 4 townships (Matupi, Mogok, Sagaing and Falam), covering 78 villages. In Mogok 19, Sagaing 19, Falam 19, and Matupi 21 villages. There are a total of 216 Community Health Workers (CHW), 81 Auxiliary Mid-Wives (AMW) and the program is supported by 28 Community Mobilizers (CMs) and 28 Staff and Volunteers. Project period is from 2012 to 2017. Three townships received funding from the Consortium and one township from the European Union. This program is an integrated program containing components for Maternal and Child Health, Water, Sanitation and Hygiene, Disaster Risk Reduction MNCH, WASH, DRR. Main activities of MNCH is support to emergency referral including Emergency Obstetric Care (EmoC), Emergency Child Care (ECC) and any other ages according to the standard operating procedures (SOP), training and support to Voluntary Health Workers (VHWs) (AMW, CHW, First Aid (FA) refill items). WASH and DRR had mainly done construction and personal hygiene and environmental sanitation.

Program objective is to achieve, improve maternal and child health (Antenatal (AN), Post Natal (PN), and Delivery), reduce maternal and child death, improve the capacity of CHW and AMW, safe water supply and

improve personal hygiene and environmental sanitation, and to improve the awareness session of DRR.

- A total of 80 Auxiliary Mid-Wives received the refresher training and basic medical equipment in Sagaing, Mogok, Falam and Matupi Townships and vaccinated children under 2 years and tetanus for pregnant mothers.
- Monthly coordination meetings were organized for Health staff, Red Cross Volunteers, Village leaders, Mid-Wives and AMW to share experiences, lessons learned, solving problems together and health education in rural health centers.
- Auxiliary Mid-Wives provided health care to a total of 404 pregnant women in the first visit, and 417 pregnant women in the fourth for prenatal care. Postnatal care was provided to a total of 325 women who has delivered. 75% of pregnant women who took AN care service from AMW completed all 4 AN care visits.



Project Period:
2012 to 2017

19

Project Area:
Sagaing, Mogok, Falam and Matupi townships

No. of Beneficiaries
8,490 Persons

Supported by:
Danish Red Cross and EU

- A total of 269 babies were born alive, 10 babies were born dead, and 13 were miscarried. A total of 239 babies were born with the support of MW/AMW and 33 babies born were helped by others.
- A total of 218 Community Health Workers received health training in line with the standard of the Ministry of Health. AMW and Health staff provided health education awareness to a total of 22,657 Villagers. Township Branch committees conducted the Vulnerability and Capacity Assessment (VCA) in 9 Villages of Sagaing, 9 Villages of Falam, 13 Villages of Matupi, and 10 Villages of Mogok Townships respectively with the support of 122 Red Cross Volunteers. During the report period, a total of 204 RCVs received First Aid trainings.
- A total of 180 RCVs received PHAST training from level 1 to 3 on Water and Sanitation, Personal hygiene promotion and a total of 3,074 students actively attended the training on personal hygiene promotion and applied it in 4 projects Townships.
- During the report period, a total of 8,389 people received better knowledge and comprehensive understanding on Health and Disaster risk reduction education.

The Community-Based Mother and Child Health Development program of MRCS was implemented in Matupi and Falam Townships in cooperation with other partners to promote the Mother and Child health, and other health care activities to ensure a high degree of responsibility, accountability, and transparency with effectiveness.

- Supported the Township Health Department monthly meetings for 6 times; and rural health center monthly meetings 19 times
- A total of 37 joint M&E visits were conducted with Township Health

- departments, a total of 43 times M&E visits with rural health staff, and a total of 1,175 M&E visits with Mid-Wives.
- Supported the transportation charges for medicine distributions to States/Regions for 2 times and 9 times to the rural health branches.
- Supported the transportation charges for a total of 92 mother patients, 183 of new born babies and child under 5 years, and 314 other emergency patients referred to the hospitals through diagnosis and direction of CHW or AMW or MW.
- A total of 60 health staff received the postnatal and newborn care training and other capacity building trainings in 2 project Townships, and 50 new AMWs were trained and 30 AMWs also received the refresher training.
- Supported the office equipment in 2 project Townships

A total of 10 village tract health committees consisting of 90 people, and 30 village health committees with 270 members were formed in the project areas and provided trainings with practical applications to be more effective and efficient. The Red Cross Volunteers and communities were actively involved in the community based projects' activities in cooperation with Townships, rural health departments.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Hpa-an Orthopedic Centre

The Hpa-an Orthopedic Centre (HORC) was inaugurated in January 2003 to respond to the need for prosthetic services for disabled people in Myanmar. Services include a prosthetic center, patients gait training and physiotherapy area and a patient ward with capacity for 30 amputees. The center currently provides services for lower limb amputees (i.e. prosthetic devices, walking aids and basic functional re-education) and has a production capacity of over 950 prostheses per year. The main objectives of HORC are to increase the country's capacity to provide proper prosthetic treatments and to increase accessibility to prosthetic treatments for amputees living in remote and border areas. From the beginning of the activities in September 2002 to the end of December 2015, 6,259 service users were registered, 5,622 service users were fitted, 9,083 prostheses, 158 orthoses, 13,569 crutches and 149 wheelchairs had been provided. 2,393 Service users (SU) received service under mobile repair service workshop program. 180 SU received minor repair service through repairmen.

Achievements against Target

During 2015,

- 542 service users were fitted,
- 544 prostheses,
- 33 orthoses,
- 1,227 crutches and
- 26 wheelchairs had been delivered.
- 1,350 Service users received service under mobile repair service workshop program.
- 2,587 feet were produced from HORC foot unit.

For the first time, the community based repairmen networking program was introduced and implemented in 2015 to provide prosthetic minor repair service to the users who had difficulty to come to HORC. HORC provided 3 weeks' repairmen training to 12 people from Tanyintharyi Region and Eastern Bago Region where HORC mobile repair service team could not cover. Through the whole year, 180 service users benefited mobile repair service through repairmen and the program is ongoing well.

In 2015, HORC mobile repair service team went to 31 townships from coverage areas and provided service to 1,350 people. Township in Tanyintharyi region in the south and Loikaw in Kayah state in the north.



Project Period:

Long term services

19

Project Area:

Mon, Kayin, Kayah States, East Bago and Tanyintharyi Regions



No. of Beneficiaries

2,784 Services Users



Supported by:

ICRC



Production of prostheses devices had decreased from targeted 650 to 544 due to increasing of activity in mobile repair service and some staff are going abroad for long term training. On the other hand, the range of orthoses device from 19 to 33 could be increased.

To make public about HORC's activities, HORC Open Day was held on December 3rd 15 on the occasion of the International Day of the persons with disabilities. Total 800 people attended the open day from different sectors of societies such as government office, NGOs, INGOs, CSO, schools and hospital, media, political parties and the people around the town and villages.

Key Issues and Recommendation

During Mobile repair organize trips, field officers face some challenges for informing service users (SU) about the service. Some SU had moved to other places, some passed away, some have no information and some have no exact address. According to the center's list, it is much more than the actual. In this case, number of SUs who visited to the mobile repair service is less than expected. To solve these problems, actual SU addresses are updated all the time both in the center as well as in the field. SUs are encouraged to give the exact address during registration explaining the benefit to follow up repair services.

Demands of service users who need orthoses devices, upper limb prostheses and physiotherapy treatment are high compared to the center's capacity. To solve these issues, HORC has plans to increase the range of Orthoses and Physiotherapy treatment in 2016. For upper limb prostheses, a waiting list is systematically kept.

Lessons Learned

During mobile repair service, in some places we received less SU than expected. These are because of religious festival in their area, public festival, cultivation season, etc. Taking

these lessons into account, field trip plans should be adjusted according to the seasonal calendar, religious festivals and important events for these regions.

In some places, SU do not show up in the meeting points for mobile repair service because of travel distance from their home to the meeting points. Though in the same townships, some villages are very far for the users to come to downtown (meeting points). From these experiences, we have introduced some new meeting points where there is a certain number of SUs living, so that they do not need to go far to the town. In some places, neighboring townships are combined (e.g. in Htantapin mobile trip, we invited some SUs from Kyaukkyi T/S (East Bago) and some villages from Thandaung T/S (Kayin state) where the areas are beside each other and easy to access.

Coordination and Cooperation

Regular contacts are kept with the Kayin State Red Cross Supervisory Committee, Kayin State Ambulance Brigade, Kayin State Hospital, Kayin State Sport, Kayin State Government and Department of Social Welfare, NGOs, and CSOs. The HORC management team regularly attended ceremonies organized by the Kayin State Government and INGOs and LNGOs. With the support of the Kayin Ambulance Brigade, the HORC organized Basic First Aid training to 16 HORC staff in May 2015.

HORC OPP Field Officers cooperated with respective townships' MRCS branches and RCVs during every mobile and repair trips. They visited and informed about the program to respective township administration offices, township police offices and TMOs during the trips. OPP FOs also extended networking with other NGOs during field trips in some areas.

Financial Status

In 2015, the expenditure amount is 450,000 CHF. It is 82% of the budgeted amount of 550,000 CHF.

Cross-cutting Issues

During the training to fit devices, hygiene education was taught to the users to understand the importance of the personal hygiene for the users, as well for households.

To motivate to the service users and as a disability inclusion, the HORC had supported 6 HORC SUs to participate in the 4th National Sport Festival organized by Ministry of Sports and Physical Education in Nay Pyi Taw from 17.2.16 to 21.2.16.

Summer children program is organized every year in April and May especially for child SUs. This program addresses to the needs of child SU for physical and mental strength to be aware by the parents and relatives for social inclusion including education.

Community Feedback

Community (SUs) receives foot follow-ups every 3 months from HORC to test the quality of rubber feet produced by HORC. In 2015, Service Users' Evaluation had also been conducted by the donor team to assess the quality of service by the center including technical application and quality of treatment. Most service users expressed that they were happy to receive the mobile repair service in

their towns as they did not need to go back to HORC and it saved time and money for them.

Maternal, Newborn and Child Health Program

Goal

Improved maternal, new-born and child health in areas supported by 3MDG

Purpose

Increase access to, and availability of essential maternal and child health services for the poorest and most vulnerable in areas supported by 3MDG

Main Objectives

- Delivery of essential services with a focus on maternal and child health, strengthened in township.
- Strengthened systems for delivery of essential MNCH services in township.
- Enhanced health services accountability and responsiveness through capacity development of target communities, civil society organizations and the public sector.



Project Period:

January 2014 to December 2017

19

Project Area:

Mindat and Matupi Townships

No. of Beneficiaries

105,071 Persons

Supported by:

3MDG

Achievements against Target

Community Based TB care was implemented by MRCS and in collaboration with National TB Control Program since 2011 until now. There are 19 target townships in which 20 trained RCVs were contributing in each township. The main objectives are:

- (i) To get involvement of Red Cross volunteers in TB control activities,
- (ii) To improve early case finding, early diagnosis and treatment,
- (iii) To increase TB awareness in community through HE sessions, and,
- (iv) To support the Basic health staffs.

Mindat Township

ID	INDICATOR	TARGET	ACHIEVEMENT			Coverage %	Reasons of programmatic deviation and any other comments
			Male	Female	Total		
Outcome 1.1	Number and percentage of births attended by skilled health personnel (doctor, nurse, lady health visitor or midwife)	45%		637	637	51%	
Outcome 1.2	Number and percentage of births attended by trained AMW	15%		401	401	32%	
Outcome 1.3	Number and percentage of institutional deliveries	15%		445	445	35%	
Outcome 2	Number and percentage of women attended at least four times during pregnancy by skilled health personnel for reasons related	33%		653	653	52%	
Outcome 3	Number and percentage of mothers and newborns who received postnatal care visit within three days of childbirth	45%			984	79%	This indicator is higher than SBA, as most deliveries by the AMW are visited by the MW within 3 days for PN check and birth registration
Outcome 4	Number and percentage of newborns that initiate immediate breastfeeding within one hour after birth (disaggregated by sex)	92%			1272	102%	The numerator includes babies from neighboring townships who deliver at the district hospital. The denominator is only live births from Mindat locals.
Outcome 5	Contraceptive prevalence rate (HMIS)	8%			496	11%	

ID	INDICATOR	TARGET	ACHIEVEMENT			Coverage %	Reasons of programmatic deviation and any other comments
			Male	Female	Total		
Outcome 8.1	Number and percentage of children under one immunized with DPT3/Penta3 (disaggregated by sex)	40%			1192	98%	Crash Campaign took place in Q2 and Q4. Penta is higher than measles due to different immunization period - Penta3 given to infants 2 to 12 month. - Measles given to infants 9 to 12 month.
Outcome 8.2	Number and percentage of children under one immunized with Measles (disaggregated by sex)	40%			1025	85%	
Output 1.2.1	Number and percentage of appropriate EmOC referrals supported - Total	180		201	201	112%	15.7% of expected pregnancies.
Output 1.2.2	Number of appropriate EmOC referrals supported - hard to reach areas	40		61	61	153%	
Output 1.2.3	Number of ECC referrals supported – Total	340	164	105	269	79%	4% of children under 5
Output 1.2.4	Number of ECC referrals supported - hard to reach areas	80	36	27	63	79%	
Output 1.3.1	Number of under five children diarrhea cases treated with ORT at Health Facilities			1481	1481	100%	

Matupi Township

ID	INDICATOR	TARGET	ACHIEVEMENT			Coverage %	Reasons of programmatic deviation and any other comments
			Male	Female	Total		
Outcome 1.1	Number and percentage of births attended by skilled health personnel (doctor, nurse, lady health visitor or midwife)	45%		786	786	65%	
Outcome 1.2	Number and percentage of births attended by trained AMW	10%		213	213	18%	
Outcome 1.3	Number and percentage of institutional deliveries	15%		190	190	16%	

Outcome 2	Number and percentage of women attended at least four times during pregnancy by skilled health personnel for reasons related	33%		662	662	55%	Many staffing vacancies in SRHCs so more difficult to have ANC 4 as high as SBA.
Outcome 3	Number and percentage of mothers and newborns who received postnatal care visit within three days of childbirth	45%			1047	87%	This indicator is higher than SBA, as most deliveries by the AMW are visited by the MW within 3 days for PN check and birth registration
Outcome 4	Number and percentage of newborns that initiate immediate breastfeeding within one hour after birth (disaggregated by sex)	80%			1071	89%	
Outcome 5	Contraceptive prevalence rate (HMIS)	8%			1014	20%	
Outcome 8.1	Number and percentage of children under one immunized with DPT3/Penta3 (disaggregated by sex)	40%			1248	91%	Crash Campaign took place in Q2 and Q4. Penta is higher than measles due to different immunization period - Penta3 given to infants 2 to 12 month. - Measles given to infants 9 to 12 month.
Outcome 8.2	Number and percentage of children under one immunized with Measles (disaggregated by sex)	40%			1161	85%	
Output 1.2.1	Number and percentage of appropriate EmOC referrals supported - Total	80		82	82	103%	7% of expected pregnancies. Improvement from 0.7% in 2014
Output 1.2.2	Number of appropriate EmOC referrals supported - hard to reach areas	20		24	24	120%	
Output 1.2.3	Number of ECC referrals supported – Total	200	79	53	132	66%	2% of children under 5, improvement from 0.7% in 2014
Output 1.2.4	Number of ECC referrals supported - hard to reach areas	60	20	17	37	62%	
Output 1.3.1	Number of under five children diarrhea cases treated with ORT at Health Facilities			1299	1299	98%	

Key Issues and Recommendation

- HR : in both townships, but mostly in Matupi, vacant positions within the THD, BHS and MRCS project team—led to lower implementation in supervision, outreach and training.
- Delays in infrastructure improvement and procurement from 3MDG resulted in lower expenditure.
- Transportation in Chin remains difficult and expensive, especially in the raining season.

Lessons Learned

- Emergency referrals in Matupi significantly increased from 2014.
- Significant landslides in July and August 2015 affected access to townships and villages.

Coordination and Cooperation

In 2015, the program established strong coordination and cooperation with Township Administration Department, Township Health Departments, Basic Health Staffs, Management Systems International (MSI) , Population Services International (PSI).

Cross-cutting Issues

AEI/ CS (Accountability, Equity and Inclusion/ Conflict Sensitivity) components were included in the program to address issues such as disability, ethnic minorities, violence prevention, gender, conflict sensitivity, climate change and environmental conservation.

Community Feedback

In 2015, there was no feedback from community. Feedback was collected from suggestion boxes and feedback meetings (six monthly) at village level.

Community Base Health Resilient Project (CBHR-Phase II)

The CBHR Project is the Community Base Health Resilient Project launched in 2011 June with 2,200 Households (total 14 villages: 5 villages in Taung Twin Gyi Township, 9 villages in Okshit Pin Township) in Magway Division. At present, CBHR Project is implemented for 1,000 HHs in 5 villages of Taung Twin Gyi Township. There are 4 main components / sectors: Primary Health Care, WatSan, Disaster Risk Reduction and Branch Development (OD). Primary Health Care sector have developed Village Health Committee (10-15 member: 1/3 female), established Village Health Fund (Seed Fund – 3 Lakhs per village). Health Education Sessions were provided through small group discussions (HH to HH), and large group discussions for seasonal occurring diseases. School Health activities mainly Personal Hygiene (Hand Washing), and services from the villages to Hospitals, and Health Clinic by Villages Red Cross Volunteers. Training sessions on Basic First Aid Training, Social Mobilization and facilitation were provided. Materials such as Rubber Boots, Pans and Pipes etc were supported. The WatSan Sector had supplied soft and hard wares. The soft component included development of WASH Committee, giving PHAST training, latrine demonstration (sample latrine construction) and Hygiene Promotion activities (Hand washing demonstration). Hard component included elevated water storage tank construction and distribution system, drilling of deep and shallow (hand pump) tube-well, well rehabilitation and drilling of new wells, school latrine construction including unit for disabled persons, supporting pans and pipes, supporting cement and bricks to some HH for latrine pit, Hand washing facilities and Life-straw water filter for drinking. Branch Development (OD) sector included Red Cross Volunteer Capacity Building support for branch income generation (IG), and contributed to the construction of Township Branch Office.

Disaster Risk Reduction sector gave Community Base Disaster Management training, and Disaster Risk Reduction Awareness Sessions.

During the reporting period, the CBHR project could mobilize 32 Red Cross Volunteers (RCVs) who provided for the 5 target villages:

- 1,048 Health Education Sessions (seasonal diseases) to 979 household of 3,791 populations including 2,215 females
- 282 persons including 188 females received first aid services
- 38 persons including 24 females from the 5 target villages were given referral services
- 75 sessions of school base health education activities (Hygiene Promotion and Hand Washing) in 5 schools .
- 29 times of coordination and cooperation meetings in branch office with Township Red Cross Executive Committee, Project Staffs, Villages Red Cross Volunteers.
- Building of water tanks for 3 villages with drilling system, 2 sample latrines in each villages, 4 units of school latrine in 1 village, and hand washing facilities in a village school of 1 village.

- Distributed village health fund (three Lakhs each) to the village health committees in each villages.
- Distributed 450 sets of Pan and Pipe in total, with 150 sets of Pan and Pipe each to the 3 villages.
- Distribution of hand washing facilities in each village.

Key Issues and Recommendation

CBHR project has some challenges

- Difficulty to access roads to the 3 villages because of heavy rains
- RCVs could not totally participate in activities because of busy work in the farms
- Difficult to collect success story as well as Monthly Reports in 2015
- High drop out of Red Cross Volunteers

Recommendation

- Exchange visit between villages
- Quick replacement with new volunteer if there is drop out of RCV in the villages.
- Encourage staffs to collect success stories and recommendations from villagers.



Project Period:

June 2011 to December 2017

19

Project Area:

Taung Twin Gyi Townships

No. of Beneficiaries

1,270 Persons

Austrian Red Cross (ARC)

Coordination and Cooperation

During the reporting period, CBHR project could cooperate with the Save the Children for technical support to project activities (nutrition) and joined the ADRA group for the participation of project activities' training. Coordinated with the Health departments for the CBHR project capacity building of project staffs and RCVs. Coordinated so that Township Executive Committee and Township Red Cross Volunteers can cooperate with project staffs for project activities.

Financial Status

During the reporting period, CBHR Phase (II) Budget utilization rate was 93%.

Community Feedback

- Health Knowledge, Personal Hygiene, changing to good practices (using latrine) were improved.
- Better access to water facilities and clean water supply.
- Patients benefited from early first aid and referral services from village to Health Center and Hospital.
- Villagers were able to receive basic health services in the villages.

Building Resilient Community Program (BRC)

The BRC Project "Building Resilient Community Project" was launched on 2014 July from design phase. BRC Project was prepared base on 2700 Households. Now BRC Project is being implemented in 14 villages of two townships (KyarInn Seikkyi T/s and Hlaing Bwe T/s) and covers 1400 HHs in Kyar Inn Seik Kyi T/s and 1300 HHs in Hlaing Bwe T/s. There are 4 main sectors 1) Primary Health Care, 2) WatSan, 3) Disaster Risk Reduction and 4) Branch Development (OD).

During this reporting period, BRC Project has completed the integrated assessment, Base Line Survey, Training (Staff introduction,

PCM, Disable Inclusion, Gender, Financial management, M&E Database development and Basic First Aid Training), Organize the Village Development Committee and Township Development Committee, Office set up, and renovation of KyarInn Seikkyi branch office.

Key Issues and Recommendation

During the reporting period, BRC Project had the following challenges /issues

- Delay staff recruitment in Hlaing Bwe Township.
- Language barrier
- Difficult access to 2 villages in Hlaing Bwe Township because of flood

Recommendations

- Advocacy meeting to Township and village level committees.
- Capacity Building Training for project staffs should be increased for effective Project implementation

Lesson Learned

- Project Area have language barrier so recruitment or involvement of project staff with knowledge of both languages(Kayin and Myanmar)would be useful.

Financial Status

- During the Reporting Period, BRC Budget utilization rate was 89%.

Cross-cutting Issues

BRC Project had conducted disability inclusion workshop, Gender workshop and included females in the formation of Village Executive committee. Selection of Red Cross Volunteers included 1:3 ratio of females and Social Protection is also a part of the project as a cross cutting issue.

Community feedback

Community says that they are very happy to have the project in their villages because they do not have health knowledge and health services in their village. So they hope to get health knowledge and then they can participate in project activities.

Voluntary service

The International Red Cross and Red Crescent Movement is a voluntary relief movement not prompted in any manner by desire for gain.



PREPAREDNESS AND RESPONSE TO DISASTERS

Urban Disaster Risk Reduction Project

The project of MRCS aimed to increase community safety and resilience and reduce vulnerability of 3 wards in Hlaing Thar Yar Tsp, Yangon. Communities and children are not only first responders to disasters but also understand local hazards and resources, and are in the best position to execute immediate rescue and relief actions; hence a well-prepared community is of pivotal importance in disaster risk reduction. The program objective is to increase community safety and resilience at household and school level through an integrated risk reduction initiative. The Program has two activities: 1) structural (mitigation) and 2) non-structural (advocacy, awareness, training and IDDR ceremony) activities. Both of are ongoing. As for the progress, the project had formed a Ward Disaster Management Committee (WDMC) in each wards at village level with 21 persons. 30% are female and 70% are male. It includes member of ward administrators, community health workers and ward community volunteer. These WDMC members can organize project activities well, especially structural (mitigation) activities. The project conducted capacities development training such as: BFA Training, CBDRR & Vulnerable Capacity Assessment (VCA) Training, VCA Field Activities, ERT Training and awareness raising for health and disaster. Some IEC materials and DRR kits were distributed. Some DRR kits and early warning kit had been well used in ward. For example, ward committee member is announcing for fire prevention with this kit (loud speaker). Community plans of action had been implemented by themselves.

As software

At present, township EC members are very active, very interested and good participation and support had been seen. They support by attending any training, meeting and ceremonies. Previously, members of brigade male-120, female-30 but now, members of brigade male-150, female-50 (increased).

Before, most of the communities and children do not know about disaster and to prevent any disaster. Now, some communities and children are well aware about disasters and to prevent any disaster especially after VCA field session activities.

As hardware:

Before, most of the wards in Hlaing Thar Yar face a lot of floods, especially during heavy raining period and the drainage systems are very bad.

Now, in all wards, the project implemented (10) culverts and (2) concrete garbage storage for two wards, (2) water gates for one ward and road for one ward (from main road to water storage)

Before, early warning kit is not enough for disaster prevention (early warning activities). Now, they will do early warning activities in this season for fire prevention.

Community Based Disaster Risk Reduction (CBDRR) Program

The program objective is to increase community safety and resilience at household and school level through an integrated risk reduction initiative. Target communities and children are organized, have the knowledge and skills necessary to assess, reduce and manage risks (including health, access to water and sanitation related risk), by implementing risk reduction activities. Organizational capacity of MRCS township branches is further strengthened to manage and coordinate DRR/ DM initiatives.

The program has two activities: structural (mitigation activities such as construction of road, well and etc.) and non-structural (advocacy, awareness, training, and disaster risk reduction (DRR) activities). Both are ongoing. Good progress can be noted. Village Disaster Management Committee (VDMC) has been formed in each village with 21 persons, of

which 50% are female and 50% are male. This includes volunteers. These VDMC members are well organized in planning and implementation such as selection of the villages, beneficiaries' selection and the rest of the project activities especially structural (mitigation) activities. Project conducted capacities development training such as: basic first aid (BFA) training to communities, Training of Trainers (ToT) Trainings on Community-Based First Aid (CBFA), Community Based Disaster Risk Reduction (CBDRR) & Vulnerability and Capacity Assessment (VCA) Training to township Red Cross Volunteers, and VCA Field Activities in 10 communities. Some IEC materials and DRR kits were distributed. DRR kits and early warning kits were well used in the villages. For example, village committee members are alerted for fire prevention with the loud speaker (part of DRR kit). They had implemented community plan of action by themselves. Activities carried out during the reporting period were:

1. Advocacy meeting for both township level and ward levels

In this activity, we introduced and explained step by step the project implementation process and were able to increase interest of township Red Cross EC members, brigade and communities. Communities are still weak because they have limited knowledge and education, and also because they had no prior knowledge about the project.

2. Community based First Aid (CBFA) ToT Training to township Red Cross volunteers

In this activity, we conducted training on First Aid knowledge. After the training 30% of the trainees became facilitators in their respective villages. Some have limited education and knowledge, so we could not produce fully skilled facilitators.

3. Program Induction (1) day Training to RVCs, member of VDMC and school teachers

In this activity, we introduced a step by step of the project implementation process using role play methodology. Participants are Red Cross volunteers, community mobilizers and school teachers. As a result, these participants are very interested in our project and participated all of our project activities.

4. Basic First Aid Training in ten communities

Training for members of the township brigade was conducted, and as a result, the communities know well about first aid, and then 50% became Red Cross Volunteer.

5. Delegate Visit

DM Delegate went on a visit to five villages and school where they met with village communities.



Project Period:

July 2014 to June 2018

19

Project Area:

Kyarinn Seikkyi & Hlaing Bwe Townships

No. of Beneficiaries

163 Persons

Austrian Red Cross (ARC)

6. **Community-Based Disaster Risk Reduction (CBDRR) & Vulnerability and Capacity Assessment (VCA) Training**

This activity is important for the whole project because the project have two sectors. One is non-structural and the second is structural. The village communities felt that both sectors are important for the development of the village. So, first, training was given, and continued by field activities in ten communities. In this activity, the communities explore their needs and risks, and then to solve disaster reduction activities by themselves.

7. **IDDR (International Day for Disaster Reduction) ceremony**

IDDR ceremony held with 111 participants, it included IEC and project's activities photo exhibition.

8. **Baseline survey**

Base-line survey was conducted interviewing 431 people in total (a sample of 30% of the HHs per ward).

The program duration was set for 17 months. However there was a delay in the beginning of the program and hence the program made a no-cost extension for one year. As a result, the total compensation, travelling, supply and support cost are increased than total budget. The overall expenditure of the program is 98.72% and it can reach to 100% in February after making payment of staff salary and travel expense.

In 2015, total budget expenditure for preparedness and response to disasters program covered 98.72%.

Community Feed Back

There are no suggestion boxes or notice board. At the beginning of the project, there was less participation from village communities to our project because most are daily workers. Thus, they could not give time to attend the awareness sessions.

After the VCA field session, there was good result, and most of the villagers became well aware about Disaster Risk Reduction (DRR). Among them, all seven communities showed

high interest and good participation in the three-days VCA field session. Most of the villagers remarked that this activity is a very good activity and attendance in this activity was more than any other activities such as environmental campaigns and aware campaigns. One of the villager remarked that this activity should have been started last 10 years ago.

In these (10) communities, the main livelihoods (main economy) are fishery, farming and daily worker. Of these (10) communities, (8) are Rakhine villages and (2) are Chin villages. Few literates are staying in Chin villages, weak in knowledge and have difficulties understanding / catching up in the training, awareness raising and advocacy meetings. Most of the villagers have difficulty to understand the facilitators' conversation. But most of them showed great interest.

In this year, most of young men and women have migrated to the other countries for their survival, because in their villages, most of the farms have been covered by sea water and damaged, and fishes have become scarce for fishery. The following activities had been conducted during this reporting period:

1) **Advocacy meeting for both township level and ward level**

In this activity, an introduction and a step-by-step explanation of the project implementation process was done, after which the township Red Cross EC members, brigade members and the communities became aware about the project.

2) **Community Based First Aid (CBFA) ToT Training to township red cross volunteers**

After this First Aid knowledge training, 50% of the participants became facilitators in their respective wards. Some participants are lacking education; therefore we could not mobilize the total number of facilitators.

3) **Branch Assessment meeting**

The Branch Development Officer from OD Department participated in this meeting and as a result, township EC members became very active and would attend all meetings and ceremonies of project.

4) **Program Induction 1 day Training to RVCs, member of Village Disaster Management Committee (VDMC) and school teachers**

At this activity, a step-by-step introduction to project implementation process with role play was done. Participants were members of ward administration, ward volunteers, community's health workers and teachers.

As a result, these participants became very interested to our project and participated all of the project activities.

5) **Basic First Aid Training in three wards**

In this activity, members of township brigades were trained. As a result, the communities became well informed and trained in First Aid, and then 30% became Red Cross Volunteers.

6) **Visit of the Norwegian Ambassador**

The Norwegian Ambassador and the DM Delegate visited a high school in south Dagon Township, Yangon. They met with the community members of the ward, and members of the school and parent's association, teachers and children in the school.

7) **CBDRR & VCA Training**

This activity is very important for the whole project, because of the two sectors: 1) non-structural and 2) structural. The village communities felt that while both sectors are important for the development of the village, they felt that the structural aspects are more beneficial for their community. So, first, training was given, and continued by field activities in ten communities. In this activity, the communities explore their needs and risks, and then to solve disaster reduction activities by themselves.

8) **IDDR Commemoration day**

IDDR commemoration ceremony held with (300) participants, and it included IEC and project's activities photos exhibition.

9) **Baseline survey**

Baseline survey was conducted interviewing 310 people in total (a sample of 30% of the HHs per ward).

10) **Emergency Response Team (ERT) Training**

This activity was conducted one time each per ward, and for the township Red Cross volunteers. The Project trained a total of (105) ERT members for Hlaing Thar Yar township.

11) **The Representative from Norwegian Red Cross and DM Delegate visited**

2 wards and a primary as well as high school in South Dagon township during 2015. They met with the community members and school children and parent's association, teachers and children in school.

12) **School BFA Training**

The Project conducted Basic First Aid Training for (30) children and (5) teachers in each school. (90) children and (15) teachers have been trained.

13) **School Based Disaster Risk Reduction (SBDRR)**

The Project conducted Basic First Aid Training for 30 children and 5 teachers in each school, thus, 90 children and 15 teachers in total have skills in first aid.

14) **Branch Office Renovated**

The Project supported for branch renovation so that a suitable venue for trainings and meetings can be available. The Hlaing Thar Yar branch office had been affected by the annual floods and needed renovations. Support for the branch office renovation was very useful for brigade.

Awards

A member of Myanmar Red Cross Society won Henry Dunant Medal in 1977 for saving a soldier whose car fell into the Ayeyarwady River which was icy cold at that time. His name was Sai Aung Hlaing Myint. He was from Kachin State.



Enhancing Disaster Safety in Vulnerable Communities and Schools in Myanmar Program

The Enhancing Disaster Safety in Vulnerable Communities and Schools in Myanmar Program started in July, 2013 with the overall objective of reducing the number of deaths, injuries and impact from disasters by increasing safety and resilience in Myanmar. The strategic objectives of the program are -

- (i) To build the internal capacity of the MRCS (at national and branch levels) to ensure the efficient delivery of disaster response and preparedness programs,
- (ii) To reduce the vulnerability of Dedaye Township and Yangon Downtown communities and schools by building MRCS's capacity to design and conduct appropriate disaster risk reduction education.

The program expected to achieve the following five themes;

- 1) Established Emergency Operation Center (EOC) to Coordinate Future Emergency Response Operations,
- 2) Enhanced DM Capacity of MRCS at Headquarters and Branch Levels,
- 3) MRCS's Key DRR Components (EWEA (early action early action), SBDRR (school based disaster risk reduction)

and CBDRR (community based disaster risk reduction) are harmonized and better coordinated with Key DRR Actors and through active participation and Knowledge Sharing,

- 4) Established/Strengthened Community based EWEA system with linkages to the National Early Warning Early Action System.
- 5) Improved Disaster Safety in 10 Public Schools and 5 Communities.

At the beginning of the program, concerned people at states and regional level were sensitized of the programs and then three townships (Dedaye, Kyauktada and Botataung Townships) were initially selected in coordination and cooperation with them. After that, program implementation units (villages and communities) were selected with reference to Community Based Disaster Risk Reduction (CBDRR) Common Framework and tools. Later on, five communities and its 5 schools in Dedaye Township, 3 Schools in Botahtaung Township and 2 schools in Kyauktada Township were selected. Since then, the branches, communities and schools were capacitate with reference to program five themes of implementation.



Project Period:

July 2014 to June 2018

19

Project Area:

Kyarinn Seikkyi & Hlaing Bwe Townships

No. of Beneficiaries

163 Persons

Austrian Red Cross (ARC)

In this reporting period, a functional EOC has been established; it was utilized for the first time during the 2015 floods response operations. The Red Cross Branches in the program implementation area are capacitate with office furniture and response equipment as well as IGA grants support and trainings to RCV. Branches were functioning with their own resources and they implemented their annual work plan. Likewise, the former School Disaster Management Committee (SDMC) at 10 schools developed their safety plans and tested them. The Village Disaster Management Committee (VDMC) members were trained for capacity building training such as Emergency Response Team Trainings, Light Search and Rescue Training and EWEA training. They assessed their village vulnerability and capacity and produced maps. Moreover, the VDMC developed Village Disaster Management Plan and practiced

Cyclone Hazard Drill in this reporting period. The recruited Village Red Cross Volunteers made Household Visit and shared their DRR knowledge to their neighbor's topics basis. The program completed most of the remaining activities in this reporting period and it is on schedule to complete all activities by the planned completion date of February 29, 2016.

Achievement against Target

In 2015 this program covered 334 staff and RCVs for ERT Emergency training, LSAR training, PCM training, computer training, EWEA training and recruiter training.

1. The Establishment of an Emergency Operation Center (EOC)

Establishing an EOC is essential for effective emergency response coordination as well as activating early warning systems in order to protect lives and livelihoods. The EOC was equipped by installation of communication and information sharing channels; soft and hard wares such as installation of computer, telephone (wire and wireless), fax, maps, EOC Facebook page, high speed Internet lines, business continuity planning such as power back up system, dry ration etc.

The established EOC was activated for the first

time to respond to unprecedented flooding in late July which affected over 12 regions of Myanmar. The EOC became a base for flood response activities and helped disseminate information and warnings to the local townships and communities, coordinating the response and liaising with the national EOC. The MRCS EOC Officer served as a liaison officer to the National EOC in Nay Pyi Taw, again a first for MRCS. Coordination with the national EOC was supported by the OFDA Adviser, Mr Don Price based at the national EOC. Based on the lessons learned from the current flood response, the MRCS Standard Operating Procedures (SOPs) for disaster response and the EOC SOP was revised and it was presented to MRCS ECs. Overall, a functional EOC has been established and it has been utilized for different disaster skills. As a result, the coordination and communication between MRCS's EOC and governmental agencies, particularly with DMH and RRD, is strengthened.

2. Strengthening the Capacity of Three MRCS Branches

Project implementation townships: Botataung, Kyautada and Dedaye were assessed for their Branch Capacity with reference to Branch Development Model of MRCS in coordination with Organizational Development Department of MRCS. Key findings in the branches for the first time in first quarter of 2015 were:

- Red Cross Red Cross Movement known edge needs to be disseminated to the Red Cross executive committee (governance) members and general public.
- Volunteer recruiters should be trained who could then expand the volunteer base of the branch.
- At present, the branch does not have an office building but at least there should be a temporary office and it should have basic office furniture and equipment.

Based on the assessment results, the branches developed their 2015 work plan and implemented accordingly. Within 2015, the project

organized the following training in terms of Branch Capacity Building to Red Cross Volunteers and Staffs based on their need.

Trained Recruiters of the Branches later on recruited beyond their set targets. Moreover, the branches from Yangon organized Red Cross dissemination sessions with support of the project and HV & C Department. As a result, many local people and organization/ departments who are closely working with Red Cross became more aware of RC movements. Along with capacity building, the project provided office equipment such as furniture, computer, printer, cupboard, files, stationery as well as Income Generation Grant Support (2,500,000 MMK per branch) with reference to the Branch Capacity Assessment. Firstly, the branches called for a meeting to decide what IGA should be done and then, three branches decided on Micro-credit to RCVs, Education and Health Staffs. The Botataung and Kyauta-da branches started IGA since September 2015 and they have received interest from the IGA as their income which they are planning to use for training and other branch office running cost and emergency response.

Additionally, the project provided Emergency Response Team Kits as well as communication devices based on the assessment findings. The supported communication devices are VHF Radio and icon under approval of respective township administration, CDMA phone and hand set, laptop, motorbike and bicycle. During October, the International Day for Disaster Reduction (IDDR) commemoration was organized by the township Red Cross branches in collaboration with the Township General Administration Department with support from the program. The program team also supported the regional and national level commemorations organized in Yangon and Nay Pyi Taw respectively.

The IDDR commemoration at Dedaye had three main points on its agenda:

1. Brief explanation about IDDR objectives along with UN Secretary General's message by the Head of Township General Administration Department (GAD) and Deputy Director, Disaster Management Department, MRCS.
2. Earthquake preparedness and risk reduction talk by the Vice President of the Myanmar Earthquake Committee;
3. Showcase of mini exhibition of DRR related activities by township Red Cross branch

In Dedaye Township, the commemoration was conducted on 15th October 2015 with more than 200 people attending from 90 villages and different administrative departments such as development planning, fire brigade, policy, and health, among others. The commemoration activities and photos were uploaded to the event's Facebook page:

<https://www.facebook.com/konay.winaung.90/posts/1668064403468434?pnref=story>

Further, the program team participated in the Yangon Regional Level IDDR Commemoration preparation. The regional government decided to showcase a video highlighting the risk of earthquake and to raise awareness of disaster preparedness. One of the program schools, the Basic Education High School Number 6 (BEHS 6) in Botahtaung, was selected as the location for the video since significant disaster risk reduction activities have had been conducted by the school with the program's support. The video was made with full participation and support from the program team members as well as SDMC members, teachers and students. The video can be found here:

<https://www.facebook.com/mrtvwebmediaportal/videos/976018069110686/>

https://www.youtube.com/attribution_link?a=YB-dwltYxd54&u=%2Fwatch%3Fv%3DGHp-J2pZovTU%26feature%3Dshare

The video was broad-casted at the Parliament House during the Yangon Regional Level IDDR Commemoration on 13th October 2015. The photos from the program were displayed in a photo exhibition and Information Education and Communication (IECs) materials were distributed. Disaster relief and preparedness tool kits were also displayed at a mini-exhibition at the venue. Saw Htoo Aung, a Grade 10 student at one of the program schools, won the third position in the painting competition under the theme of "Knowledge for Life."

As an outcome of building up of the capacity of branch, the branches are functioning and implementing respective branch Red Cross movement and response actions. Furthermore, branches have close coordination with HQ and working together with program staff for continuation and sustainability of project activities in respective schools and communities by their own. In the second term branch capacity assessment, Branches from Yangon increased their grade from C to B while Dedaye branch boosted its grade from B to A. The project staffs are capacitate for DRR and Response and it brought up the MRCS response and DRR capacity.

a. Establishment of Community-based EWEA System with Linkages to the National Early Warning System.

A community-based Early Warning Early Action (EWEA) system is one of the top needs in Myanmar and the project aimed to establish and strengthen a community-based EWEA system in five selected communities in Dedaye as a pilot. With reference to CBDRR Common Framework of MRCS, the small unit, communities were selected by following set criteria. In this reporting period, the formed Village Disaster Management Committee members of 35 persons are trained for Light Search and Rescue training (M-17, F-18). Accessibility to timely information and its timely dissemination is one the major concerns around disaster warning systems, particularly in cyclone prone, delta areas. In order to ensure the timely dissemination of the early warning messages in a reliable manner, the project supported the installation of communication equipment to the VDMCs such as CDMA phone and handset and bicycle as well as CBDRR Kits for emergency response and implementation of their DRR plan. The project facilitated for developing and updating of VDMC members and their response plan including roles and responsibilities. After preparation and updating the response plan, community level drill was organized in order to test the response plan. Drill scenario was based on Cyclone hazard with same path of Nargis. The VDMC reviewed their response plan and revised after debriefing with the com-

mittee members. In term of money resource, the project supported Disaster Emergency Fund to VDMC after they have submitted their fund management proposal to MRCS HQ. Simultaneously the project initiated for developing of EWEA manual for MRCS. A series of meetings was done in this reporting period and the first draft of manual came out in early July. Based on that, the EWEA National Level Training of Trainers was conducted in August. The trained Trainer conducted multiplier training in September with support of RIMES and DMH and it benefited to 34 participants (M-16, F-17). The training aimed at raising participants' awareness of the early warning early action framework, highlighted the stakeholders and identified their roles in the early warning early action and potential gaps that the early warning and early action system could fill. In order to reach this goal, the training was designed to first introduce participants to early warning system through group work and games. This was then preceded by elaborating on the multiple elements of the system. Eventually the training participants joined in a desktop simulation exercises geared towards testing existing early warning early action system in their respective communities. This included the testing of the communication equipment installed in each community by the project. In addition to the simulation drill at the training venue, simulation exercises were also conducted in the project communities. These exercises were conducted in coordination with, and support of Department of Meteorology and Hydrology, Government of Myanmar, RIMES, MRCS headquarters, MRCS Ayeyarwaddy state branch and MRCS Dedaye township branch. A majority of participants, who were community members from project communities, were satisfied with the training contents, design, teaching method and logistical arrangement. The consultant submitted the final draft from their end to MRCS and the manuals are under reviewed of MRCS and American Red Cross.

As an impact of program implementation in villages, the village Red Cross Volunteer numbers are increasing and the number of Red Cross active members increased to 180.

Among the trained Red Cross Volunteers of villages, 19 volunteers conducted Household Visit to their neighbors in respective villages. The following is the list of villagers benefited from the household visits by VDMC member, Village Red Cross Volunteers. The VDMC so far is developing their 2016 work plan and preparing to hand over the DRR activities implementation and continuation at their village.

b. Improving Disaster Safety in 10 Public Schools

In recent years, the Ministry of Education has initiated school DRR activities and a number of agencies such as MRCS, UNSECO, UNICEF, UNDP, ADPC, MES, SEEDS Asia, and Plan International are supporting SBDRR measures. However, there is still an immense need to further scale up the quality and coverage of SBDRR activities. This project significantly contributed to increasing the quality and reach of SBDRR programs at 10 public schools in Yangon and Dedaye.

In this reporting period, formed School Disaster Management Committee (SDMC) members conducted Vulnerability and Capacity Assessment (VCA) to their schools in Dedaye after learning VCA from Dedaye Branch Volunteers. The SDMC produced maps of their school and they developed school disaster safety plan based on findings of VCA. Likewise, SDMC from Yangon schools updated their maps and safety plan. Drills for each school took place over two days. Day 1 involved a meeting with SDMC members including an hour briefing to review the drill. SDMC then worked together with project team (both staff and volunteers) to revisit maps, roles and responsibilities of committee members and re-confirming safe evacuation places in case of fire and earthquakes. During the afternoon, each classroom within the school practiced how to evacuate and respond to both hazards. This practice was led by trained Red Cross volunteers and SDMC members. On Day 2, a school-wide drill led by SDMCs with support from the Red Cross was practiced twice. The alarm for the drill was set off by the chair of the SDMC. After the drill, a debriefing was conducted which helped

“Training topics are very useful for us either as knowledge or application. I like “moving in the smoke and 13 ways of using rope to rescue” sessions very much. I had chance to practice every demonstration. Last week, a fire broke out in the science practical room and two girls were stuck in the room. I and my two friends, with whom I had shared the training knowledge, went into the room by crawling under the smoke and rescued the girls from the room. I like this training very much and I recommended my friend to attend this kind of training.”

Myint Myint Soe
Participant from
ERT Training-BTH



to identify further improvements within their School Disaster Safety Plan. The school drills benefited all students in each school.

In program implementation school, a series of awareness activities are organized an IDDR commemoration events along with awareness raising led by SDMC members with support of program team and Township Red Cross Branch Volunteers is one of them. There were two main agenda points for the commemoration of this year:

1. Disaster risk reduction awareness-raising talk by School Teacher/ Principal;
2. Videos of an earthquake drill disaster risk reduction cartoons were shown.

The event reached almost all students in the respective schools and all three township Red Cross branches participated in the event. More details on the events can be found at:

<https://www.facebook.com/MyanmarRedCross-Botahtaung/posts/445636782288775>

<https://www.facebook.com/MyanmarRedCross-Botahtaung/posts/445462402306213>

MRCS made agreement with SEEDS Asia to develop/ adopt SBDRR program implementation guidelines, SBDRR TOT curriculum and materials considering the context of Myanmar and Myanmar Red Cross Society's current SBDRR work with the objective of enhancing the quality and effectiveness of MRCS' SBDRR program. Hence SEEDS Asia developed teaching and learning tools for awareness raising with child friendly method and guidelines for conducting earthquake drill at school in close consultation and cooperation with Myanmar Red Cross Program Staffs, American Red Cross staff and School Disaster Management Committee members. After developing of the said tools and documents, the project organized SBDRR ToT Training together with SEEDS Asia to 28 participants (M-11, F-17) from Dedaye, Botataung, Kyautada and Bago Township.

Key Issues and Recommendations;

- Achal Chaung Wa Village couldn't conduct drill as per plan as drill conducted in 2014 caused death of one villager. Moreover, one more drill per each community remains as per plan and the VDMC included it in their VDMC DRR Plan. The project should follow up with them and should provide support if and when needed.
- Since teachers and students are fully occupied with their primary studies, it is a burden for teachers to work over the weekend in order to avoid school hours. Hence if DRR topics and awareness rising based on different grade is included in the curriculum, it would be good entry point for SBDRR implementation.
- Some of the used IECs are child friendly. However some of them are not. The newly developed teaching tools based on age wise, could be good to apply SBDRR implementation

The lessons learned workshop was conducted with representatives from VDMC, SDMC, Township Red Cross Volunteers, program staffs and support staffs on Feb 1 and 2, 2016. A set of lessons learned are documented as follows;

- Traveling distance of villages from the Township should be one of the criteria for village selection.
- Setting up timing of Community participation activity should reference to seasonal calendar and should happen after thorough discussion with the community members. So that
- Program orientation should be done once per year or as and when needed at least at Township Level.
- Concrete advice should be given to respective people for selection of Red Cross, school and community champions in order to avoid trained people dropping out as much as possible. Program did not produce monitoring tools for different activities in the

beginning. It would be good to produce monitoring tools for different activities after setting up of the program design.

- In the context of program implementation, community (school and village) realized that they need this kind of CBDRR and SBDRR activities at their community and overall they are happy to share their knowledge to their fellows and neighbors as well as they would like to request program to expand to other vulnerable communities as much as possible.
- The program has received many community feedback including good and bad and the following are the some of the feedback related to program training, workshop and activity;

"This training is similar to Disaster Management and ERT Training that most of you attended. However, the design and teaching aids & method and of course the contents are more technical and detailed than the said training in order to make your warning and action effective and efficient."

Opening Speech by
U Nay Win, MRCS branch leader,
Dedaye township (21.9.2015)
@ EWEA Community

**Saving lives,
changing minds**

Special Operation in Rakhine State

Since September 2014 MRCS has launched the Rakhine Special Program, based in Sittwe. With this, MRCS is addressing some of the wider needs of vulnerable people in both Rakhine and Muslim communities in the areas of Primary Health care and Livelihoods Support.

Mobile Clinics

Myanmar Red Cross Society (MRCS) has been responding to the displacement crisis in Rakhine since its onset in June 2012. As a means of providing human resources within a sensitive communal conflict, it has deployed teams of Red Cross volunteers on a monthly basis from other States/Regions in the country to support operations, and has slowly built up a program team of recruited MRCS staff who are based in Sittwe. By 2015, the work of the mobile clinic become more organized as the teams got more guidance and instruction, during this time 600 children and adult participated in public awareness campaign and 450 volunteers were trained on First Aid training in 15 camps and villages with a support from IFRC and QRC. The State Health Department (SHD) assigned MRCS to provide primary health care to the 3 camps and 13 villages.

During 2015, MRCS gave humanitarian assistance of Primary Health care to the 2508 population who were directly affected by the conflict. 14 referral cases had been made by this team. More than 200 Red Cross Volunteers from State and Divisions helped in Primary Health care activities for direct affected population. Rakhine Special Program Chest infection, Diabetes Mellitus, Hypertension and Mild diarrhea are four major problems among the patients treated in both camps and villages. Others type of diagnosis is till the highest rank of primary health care treatment process. Common cold and Gastritis seems to be phenomenal from April to November 2015 which is assumed caused by the raining season and Komen's flash flood take place in Rakhine, while Malaria and Dengue Fever are not found during the patient diagnosis.

Livelihood Program

To improve the household economic security of communities indirectly affected by the communal conflict and displacement in Rakhine State, 561 households received amount of money at the first phase and 772 households received approximately 127,213,370 MMK at the second phase.

Minbya flood recovery livelihood project

The main focus was on helping vulnerable households who have been affected by the floods to recover their existing livelihoods. 950 households were targeted and each of the 1,306 vulnerable households received 180,000 MMK.

In particular, the Livelihood Program aim to increase income generation opportunities in both Rakhine and Muslim communities and consist of both cash transfer interventions Conditional Cash Grants, Cash for Works (CCG, CFW) and other on-farm/ off-farm integrated activities where relevant. The overall objective of the program is to improve the household economic security of Muslim and Rakhine communities indirectly affected by communal conflict and displacement in Sittwe Township, Rakhine State.

Livelihood team implemented with participation of communities (grounded on PRA methodologies, and forming a community livelihoods committee); Household Economic Assessment; Markets rapid appraisal and communities' recommendations, the following activities were identified as the most appropriate response options:

- Conditional Cash Grants (CCG) for income-generating activities/ small business/ petty trade. The CCG is provided in two installments Potential individual beneficiaries' business plan is submitted as part of the selection process.
- Support to agricultural production, we decided to provide cash according on local market availability of relevant item.

During the reporting period of 2015, 1,337 no. of households of indirectly affected beneficiaries received conditional cash transfer to (re) start agricultural activities (e.g. seeds, tools, fertilizer, land rental support). A total of 623 of households in indirectly affected 'isolated' or host villages received conditional cash transfer in two installments to (re)start small business or petty trade income generating activities. 120 of households receiving technical training linked to cash transfer or agricultural support to improve the household economic security of Muslim and Rakhine communities indirectly affected by communal conflict and displacement in Sittwe Township, Rakhine State.

Minbya Branch office of unconditional Cash grant decided 1,400 beneficiaries from Khaung Laung Ywar Thit, Khaung Laung Ywar Haung, Ze Hwar, Naw Naw (Bengali), Naw Naw (Rakhine), Ah Pyin Dond Shaung, Ah Twin Dond Shaung, Na Din Ywar Thit, Tan Seik, Kan Pe villages in Minbya Township.

A total of 10,250 blankets had been distributed to the 6,737 households in Rakhine Region before 2015 winter.

Disaster Response

Myanmar Red Cross Society (MRCS) is continually undertaking disaster preparedness; MRCS is carrying out the evaluations of the victims, opening relief camps, providing food and water, healthcare and relief items in the conflict areas when disasters such as fire, storm, flood, internal conflicts or communal conflict and earthquake occur. After the disasters, MRCS also implements the rehabilitation with community participation. During the report period, MRCS has provided relief services and healthcare for the needy in 300 numbers of disaster processes.

Kachin Special Operation

During the reporting period, Kachin special Operation contributed humanitarian supports such as CBHFA TOT, multiplier trainings, DRR Training in Myitkyina, Bhamo, Winemaw, Hpa Kantm MoeNyinm Moe Kaung, Moe Mauk, Mansi, Shwe Ku, Kar Mine, Chi Pwe, Pan War, Iwe Gei and Kanpaitee townships. A Total of 1,830 beneficiaries participated in these trainings.

Nine Red Cross dissemination secessions were provided in nine townships of Kachin region and a total of 232 male and 213 female participants received knowledge on Red Cross.

During the reporting period, provided by MRCS with the support from IFRC. 100 beneficiaries from IDP camps from Kachin Operation received Livelihood support.

Kachin Special Operation

MRCS responded to the Kachin displacement crisis since 2012 and 2013 in the Government controlled areas, through its State and Township branches, utilizing its network of trained RCVs. The interventions included Non Food Items (NFI) distributions as well as water trucking during the dry season to selected IDP camps.

Kachin Special Operation is implemented with aim to improve economic security and safety of IDP households and host communities in the Kachin government controlled area during the prolonged period of displacement, while increasing the understanding of the role of MRCS and the RC Movement in Kachin State. During 2015, the operation conducted as follows :

Supported Livelihoods of IDPs

Helping to rebuild livelihoods and restart income generating activities for IDPs is one of the main sectoral gaps in the humanitarian response in Kachin. In 2015, 100 households receive direct livelihoods support and a cash transfer of 24,930,000 (MMK) had been transferred to IDPs in Myitkyina and Wine Maw Townships.

Community-Based First Aid Programming for IDPs and Host Communities

First aid programming is a core sector of MRCS and a normal entry point to IDP and host communities. IDPs are vulnerable and exposed to higher health-related risks during their prolonged period of displacement in camps. Conditions are crowded, Watsan and shelter infrastructure remains below SPHERE standards in many camps, and the conflict and land-mine context presents specific health risks. Engaged with community-based approach, 61 times of CBFA (multiplier) trainings with 11 Training kits, 75 advanced First Aid Kits, 1,830 small First Aid Kits and 1,830 manuals were supported to the communities in IDP camps. It also provided the opportunity to build capacity of RCVs, branches, and locally employed MRCS staff. Under this context, MRCS trained 1,680 communities' volunteers in 2015. And also 1,340 beneficiaries (Male-559, Female-760, Children -21) had received Mine Risk Awareness in six Townships of the Kachin Region. There are a number of factors which are specific to the IDP context in Kachin State, which could be integrated into an expanded curriculum for First Aid, and further activities for the IDPs, such as:

- Public health and hygiene promotion, especially in a displacement/ camp context
- Psychological first aid, especially given the trauma of displacement and conflict
- Mine Risk Education/ Awareness (in conjunction with ICRC)

Humanitarian Diplomacy, Dissemination & Communications

As a starting point for the Road Map in Kachin, and to strengthen all future interventions, MRCS must undertake activities which improve its reputation in the State as an independent, neutral humanitarian organization. This includes dissemination of RC Principles, and humanitarian diplomacy, as well as clearly setting out its plans and future objectives in the State. The scale-up of MRCS activities itself

will also contribute to strengthening this message. In 2015, 88 numbers of Kachin community stakeholders attended MRCS dialogue and humanitarian diplomacy events in Mogaung and Kanpaitee Townships.

Flood Operation

Due to the torrential rain during June and July 2015 and the effect of Cyclone Komen, which made landfall in Bangladesh on July 30th, almost the whole country of Myanmar (except Naypyidaw and Taninthayari Region and Kayah State) was affected by heavy flooding. The most seriously suffered areas were; Chin State, Rakhine State, Sagaing Region and Magway Region. As flooding in Mon and Kayin State were same as regular yearly flooding pattern, the local governments had taken responsibilities for taking care of themselves.

According to available data from branches of Myanmar Red Cross Society in the affected areas, as of October 2015, a total of 1.7 million of persons from 195,443 households had been affected by the flooding and landslides. Communications and transportation infrastructure have been impacted, and flood waters have reduced in many areas. According to the Ministry of Agriculture and Irrigation, flooding has damaged nearly 1.5 millions of acres of farmlands and out of which 495,000 acres had been replanted.

The President of MRCS has reconfirmed the national priorities: to save lives; to protect livelihoods; to restore critical infrastructure. The Government confirmed that the priority is to clean hospitals, schools and residences but there is insufficient clean water (including clean water) to clean the areas where water has receded. The Myanmar Red Cross Society is helping and providing reliefs and rehabilitation assistance to thousands of people affected by flooding and landslides in 12 Regions and States across the country. A total number of 1,432 Red Cross Volunteers (RCVs) of MRCS were helping and providing action support services. In most townships across the country, MRCS and its volunteers were the first responders and were responsible for Early Warnings, but also for evacuations. And RCVs were mobilizing tens of thousands of people and evacuating them to safer areas. Moreover, they supported the government and local organizations in setting up temporary camps where the RCVs were giving First Aid Services and Psychosocial support in addition to distributing tarpaulins, hygiene kit and other relief items.



Project Period:

July 2014 to June 2018

19

Project Area:

Kyarinn Seikkyi & Hlaing Bwe Townships



No. of Beneficiaries

163 Persons



Austrian Red Cross (ARC)



After the relief phase, the flood operations team was formed with 6 staffs those who are recruited by IFRC to be participate in recovery interventions at Yangon office. That team has continued responses with Recovery Needs Assessment (RNA) in order to provide necessary assistances that are based on the findings of assessment, to the most affected necessitous people from all coverage areas, which is organized by MRCS and collaborated with IFRC. The assessment had been done in 3 villages in Hinthada Township, and 2 villages in Kyaung Gone Township in Ayeyarwady Region, from 16th to 22nd September 2015, in which 5,000 people from 1,000 households had been accessed by the assessment.

The hub office for flood recovery phase had been established with 7 staffs that were recruited by IFRC in Kalay Township during September 2015. The Hub team facilitated staffs from MRCS and delegates from IFRC in Kalay and Hakha Townships for the purpose of advocacy and recovery needs assessment (RNA) in flood affected areas. After this, coordination with local authorities and relevant stakeholders was done during 7th to 18th Oct 2015. The RNA's results reinforced the need to rapidly respond to situations in order that recovery efforts can be done in an appropriate way. The support of the donor community is key to help provide relief and support recovery to build back and strengthen the resilience of the affected populations. The findings of the assessment are being complemented by the plan of action.

Achievement against target: Relief Phase:

During the relief period, the President of MRCS has reconfirmed the national priorities: to save lives; to protect livelihoods; to restore critical infrastructure. The Government confirmed that the priority is to clean hospitals, schools and residences but there is insufficient clean water (including clean water) to clean the areas where water has receded. According to the Myanmar Government short-term and rapid recovery plan for the floods issued by the National Natural Disaster Management Committee, there are three types of disasters resulting in the following identification and prioritization of project areas are Sagaing Region, Chin State, Ayeyarwady Region and Rakhine State on 18th August 2015. And it announced that total of 1,010,167 people have been affected and 110 people have died, cumulatively up to 2015 August, 211,709 households had been displaced. The damaged farmlands have been spread widely as such as 1.29 million of acres and 687,200 acres of crops had been damaged by flooding and landslides.

As of September 2015, the water level of Chindwin River was continuously rising and so relief operations in the villages and wards of Khan Htee and Homalin Townships were needed. According to the measurement on 3rd September at 10:30 am, Chindwin River reached to 1540 centimeter, which had reached the danger level of River Chindwin compares to normal condition. Besides, 360 centimeter of water was covering the Township. MRCS and Singapore Red Cross Medical Team had visited the 7 affected villages in Min Kin Township, Sagaing Region and carried out medical treatment and provided medicines. A few days later, the water levels of Ayeyarwaddy River rose also in Minbu 1 feet, and Magway, and Seithu, to 1.5 feet below the danger water level, and reached danger levels in 3 days. Suggestions were made and communities of Minbu and Seiktha Townships in Magway Region were moved to higher and safe areas.

No.	State/ Region	Townships	Affected People	Affected HHs	House- hold Reached	People Reached	People Supported
1	Rakhine	(1). Thandwe, (2). Taunggoke,(3). Ann, (4). Gwa, (5).Butheetaung, (6).Kyaunktaw, (7). Maungtaw,(8).Ponnakyun, (9). Minbya,(10). Myauk Oo, (11). Munaung, (12). Pauktaw, (13). Rathedaung, (14). Myaebon, (15). Sittwe.	169,280	25,970	6,149	30,745	7,647
2	Sagaing	(1). Kawlin, (2).Minkin, (3).Kantpalu, (4). Kunghla,(5). Kani, (6). Homemalin, (7). Monywa, (8). Budaling, (9). Ayadaw, (10). Ye-U, (11). Khin-U, (12). Watlat, (13). Tigyaing, (14). Indaw, (15).Salingyi, (16) Yinmabin, (17).Chaung-U, (18).Sagaing,(19) Myinmu, (20). Kale, (21).Kalay Wa, (22).Tamu, (23).Myaung	183,870	39,879	3,128	15,640	71,903
3	Magway	(1). Pwint Phyu, (2).Seikpyu, (3).Sidoktaya, (4).Yesagy, (5). Yenanchaung, (6).Pakokku, (7).Minhla, (8).Thayet, (9). Chauk, (10).Kanma, (11).Aunglan	181,058	40,980	1,200	6,000	12,438
4	Chin	(1). Hakha, (2). Matupi, (3).Paletwa, (4) Sarme, (5). Falam, (6). Kanpalet, (7). Mindat, (8). Tedim, (9). Tunzan, (10). Thantlang, (11). Razor.	15,087	2,952	877	9,203	9,054
5	Mandalay	(1). Mogoke, (2). Singu, (3). Thabakekyin, (4). Nyaung U,(5). Myingyan	12,130	2,291	330	1,650	3,421
6	Karin	(1). Hpa-an, (2). Hlaingbwe, (3). Hpapon.	7,090	1,329	300	1,500	-
7	Mon	(1). Kyaikhto, (2). Thaton,(3). Chaungzone, (4). Paung, (5). Bilin, (6).Kyaukhto	8,002	1,778	176	880	-
8	Ayeyarwaddy	(1). Zalun, (2). Ingapu, (3). Hinthada, (4). Nyaung don, (5). Myanaung, (6).Danuphyu, (7).Yekyi, (8). Kyangin, (9). Maubin, (10). Pathein, (11). Nga Thaing Chaung, (12). Tharbaung, (13). Kyaiklatt, (14). Pantanaw, (15). Kyaungkon, (16). Kangyidaunt	370,709	44,050	3,332	16,660	177,260
9	Kachin	(1).Mokaung, (2). Bamaw, (3).Phant Kant	4,857	908	427	2,135	230
10	Bago	(1).Bago, (2).Padaung, (3).Pyay, (4).Shwedaung, (5).Moenyo,(6).Thaegon, (7).Thayarwady (8).Oakpho, (9). Paungde, (10).Nattalin, (11).Zigon, (12).Kyopinn-gauk, (13).Minhla(14).Nayunglaypin, (15).Shwekyin, (16).Kawa, (17).Kyaukkyi, (18). Letpadan, (19).Paukkaung	81,021	19,943	721	3,605	100,852
11	Yangon	(1). Oakkan, (2). N Okkalapa,(3). Thongwa, (4). Hmawbe, (5). Taikkyi.	58,126	14,679	54	270	-
12	Shan	(1). Tachileik, (2). Mongyong	261	54	397	1,985	-
Total			1,091,435	195,443	17,091	90,279	382,805

Recovery Phase:

Livelihoods

Unconditional Cash Transfer Program (CTP)

In terms of the approach of project intervention, forming of Village Recovery Committee (VRC) had been established in 11 villages from Kalay and Tamu Townships. In Kalay Township, 10 villages and in Tamu Township, 1 village were established by Hub's team from 5th to 10th Nov 2015. Regarding the methodology of selecting member of VRC, it was chosen with the participation of community. Then representative of each village administration teams confirmed the members who are chosen by the community in each village. Moreover, women were also empowered to involve into VRCs. There are a total 5 members of the Committee involve in each VRC, (i.e. 1 President, 1 Secretary and 2 members for administrations). The hub team visited around 11 villages and gave awareness on rules, regulations and responsibilities of VRCs after forming VRCs. Besides, arrangement for Cash Transfer Program training and finalizing the beneficiary criteria from 23rd to 25th November 2015 was made among coverage villages in Kalay Township. Hub team facilitated in Cash Transfer Program training and Community Engagements training to VRCs and RCVs which was jointly provided by MRCS and IFRC at Hub office in Kalay Township. There were 55 members of VRCs and 17 RCVs from Kalay and Tamu Townships, including 1 Staff from Yangon Office and 5 field staffs from Hub office have participated in the training with two courses from 20th to 25th November 2015. After that, field team distributed 'beneficiary criteria identification form' to trainees who are representatives of each village for filling forms by matching beneficiary households, to be submitted by 30th November 2015. This process will be followed up by the field team along the period.

In terms of diversity of needs of affected people in different locations of project coverage areas, MRCS and IFRC had decided to provide cash in these following areas; in Kalay, Tamu and Hakha Townships, 500,000 MMK per household and in Magway and Ayeyarwady Regions, 300,000 MMK per household.

The Myanmar Red Cross Society (MRCS) provided assistance to 1,659 households (8,295 people) through unconditional cash grant in 18 villages in Kalay, Tamu and Hakha Townships. By doing so 81% of planned Household targeted had been reached. Additional 630 households (3,150 people) will be further supported during the months of February and March 2016. A one-time off multipurpose cash grant in the amount of 5 lakhs will be provided to support flood affected families for their early recovery needs. Post-distribution monitoring had been completed in 15 villages that received MRCS support through the CTP. The preliminary results showed that beneficiaries spent the grants to cover for their early recovery needs. Among MRCS coverage area, 1,590 households (7,950 people) from 38 villages of Magway and Ayeyarwaddy region had benefited by the unconditional cash grant. Moreover, 10 households are planned to grant cash in Ayeyarwady Region following to the assessment

After cash distributions, computerization of the data of CTP's outputs in the proper framework and data of Exist Surveying through 154 numbers of appropriate formats, is being done by Hub team monthly. Hub team modified the beneficiary criteria for Phase-II of CTP and provided electric loom in coverage area according to the plan. Besides, a one-day session on the subject of Post Distribution Monitoring (PDM) to the necessary staffs was provided.

(1 HH = on average 5 family members)

WATSAN

Latrines Construction

During the reporting period, according to the plan of the hub office, 142 fly proof household latrines to be constructed in Aye Tharyar and KyoukKar in Kalay Township 500 latrines have been constructed at the In Magway Region (300 numbers) and in Ayeyarwady Region, (200 numbers) of the flooded area. MRCS WATSAN team also constructed 300 nos. of household latrines and school latrines in Kalay, Tamu and Hakha Townships.

Health

Health Educations

Flood Operations team has been disseminating basic Health topics in coverage villages among Magway and Ayeyarwady Regions which is jointly incorporated with unconditional cash distribution. That was taking about 20 minutes in each session and upon the topic of personal Hygiene, usage of fly proof latrines and basic awareness of some transmitted diseases such as Malaria, Dengue Fever and Diarrhea. In Sagaing Region and Chin State, it is process to cooperate in together with Phase-II of CTP in next year 2016.

Moreover, 1,590 nos. of mosquito nets for prevention diseases that can come from mosquito's was distributed together with cash to each CTP's beneficiaries in Magway and Ayeyarwaddy Regions was provided through MRCS funding and participated by focal RCVs for those areas.

Medicines Distribution

Medicines that were donated by Taiwanese Red Cross, were distributed for flood affected communities in Teik Gyi, Kyoung Kone and Hinthada Townships had been done by Flood Operations team. In each Township, set of medicines were included accordingly (i.e. Norbactin – 200 box, Ampiclox – 100 bot, Metroniaclazol (Syrup) – 300 bot, Metroniadozol tab – 100 bot, Gentalene C – 100 tab, TEO – 200 tab, ORS – 6000 sachets, Paracetamol – 300 bot, Decolgen (Cold & Flue) – 200 box and P & G water purification machine).

Disaster Risk Reduction

Boat Distribution

During reporting period, 2 fiber boats donated by Japanese Government for the purpose of disaster preparedness was delivered to Monywa Township, Sagaing Region.

Infrastructures

Disaster Risk Reduction (DRR) related infrastructures (i.e. Sub-Rural Health Centre, village school, village main road, water retaining wall) in MRCS coverage areas i.e. Pwint Phyu and

Sidoktaya Townships in Magway Region, Kyoung Kone and Hinthada Townships in Ayeyarwady Region are in process of tendering and towards approval. In terms of sustainability, the project team will be providing briefing sessions regarding disasters and their effects to gain knowledge on how important it is to reduce the potential disasters and on community resilience skills by maintaining those kinds of community infrastructures such as safe places during disasters.

The next plan is to construct (1) Sub-RHC, (2) Schools, (1) village main road and (1) water retaining walling MRCS coverage areas (i.e. Magway and Ayeyarwady Regions).

Community Based Disaster Risk Reduction (CBDRR) Training

Training of Trainers (ToT) of CBDRR was provided to 30 trainees from Kalay, Tamu and Hakha Townships for 5 days in February. This was facilitated by resource persons from Disaster Management Department.

Distribution of Televisions with software Health Education inside Memory Sticks

Due to the critical need for assessing early warnings about potential disasters and significant events on other disasters, and timely dissemination of informative news on Health Education (HE), 21 Samsung TV sets donated by Samsung Com. Ltd. and IEC materials about Health Education (HE) in memory sticks donated by IFRC (Community Engagement affair) were distributed in Taung Twin Gyi, Pwint Phyu, Pakokku, Yay Sagyo, Myaing, Chouk, Yay Nan Choung, Nat Mauk, Pauk Townships respectively to some formal and informal education centers/ library (e.g. religious education charity school, monastic education charity school, philanthropic, charity religious library and humanitarian Community Based Organizations (CBOs) through Township supervisory committees of Myanmar Red Cross Society. These equipment were donated by Samsung Com.,Ltd in Myanmar and IFRC's community engagement program. The remaining TVs

and memory sticks were dispatched to each relevant Sub-Township Red Cross office/warehouse in Ayeyarwady Region, in order to distribute in February 2016 as per the plan.

Branch Development

114 Basic first aid training sessions were conducted (i.e. 30 trainees per session and 2 sessions per village) in all 57 coverage villages of the whole flood recovery intervention. This was aimed for the sustainable development through enhancing branches and promoting knowledge to decrease risks and hazards in the future.

Dissemination on brief of MRCS's and Flood Operations' profile was done by each project personnel for the purpose of strengthening MRCS's branch committees and having more transparency between community and the society.

The majority of software interventions during the operation was Red Cross Dissemination, Communication, Volunteer Management trainings to all new RCVs in all coverage areas. Orientation on National Disaster Response team (NDRT) to all new RCVs in all coverage areas was made. During multiplier courses of Basic First Aid trainings, First Aid kits were provided to all participants in all coverage areas. 20 nos. of Advance First Aid kits for promoting capacity and services of Red Cross Societies at the village level for all coverage areas were distributed. After completing all trainings for the RCVs, uniforms were provided as incentive for Kalay, Tamu and Hakha Townships.

Key Issues

- Need more security staffs/ personnel during the time-frame of CTP in each project's site.
- Difficulties in organizing project activities due to unavailability of community and delays due to short time-scale of the project.
- Incapability of elderly people to reach to the place of center point for receiving provisions from the project in some areas especially in cash distribution that

was given through household head.

- Inadequate staffing for the Hub office in Kalay Township and also at the MRCS, Yangon office.
- Uncertainty of staff during the project period made delays in process and its progress of project intervention.
- Lack of Technical Staff (i.e. Watsan Technician) causes Watsan related infrastructures to be delayed.

Recommendations

- Having more security personnel or relevant Government's Department (e.g. Police) during cash transportation with Staffs and RCVs would be more secured.
- ECs from Head Quarter level should do project's advocacy for the responses and recovery activities of Flood Operations.
- It is much better to disseminate about Cash Transfer Program (CTP) by the Communication Department of MRCS in order to let other societies and community know of it and learn and apply in the future.
- Difficulty in filling the technical staff positions as salary levels seems to be not attractive and thus should be reconsidered higher

Lessons Learned

- Due to the difficult transportation and inconvenience of vehicles' availability, in Chin State and Sagaing Region especially in raining season, allowing sufficient time to implement and set up distribution infrastructure is of key importance.

- Intake forms recorded by the Village Recovery Committees (VRCs) contained ample errors (i.e. national ID no. , Name, Father's name, etc) which require revision of all data causing disorder and the implementation process slightly delayed. Hence more thorough training and follow up is needed when working with the VRCs.
- Difficulty in filling the technical staff positions as the salary level is not attractive and should be reconsidered higher.

Strengthening MRCS Logistic Capacity

Logistics Department was started as a Division of MRCS in 2014, and changed as a Department of MRCS in 2015 April. The main task of the Logistics Department is to provide support to program operations for distribution of emergency relief and provide support from relief to recovery for the programs and Project activities. There are 28 warehouses in 15 states and regions. MRCS has prepositioned 20,000 (Relief items) across the country in these existing warehouses in 2015. Eighteen of these are small (one room) with a capacity for 200-250 Kits (Relief items) ; the others are slightly larger with a capacity of 350-500 kits and the Dawei, Kyaukphyu, Kalay, Mandalay and Sittwe warehouses have a capacity of more than 1,000 kits. In future, MRCS plan to increase the quantity to over 20,000 kits. There are two main warehouses as Thanlyin warehouse and Naypyitaw warehouse. Thanlyin warehouse is built with the area of 80 X 40 sq ft = 3,200 Sq ft. It can accommodate 3,500 – 4,000 DP stock (Relief items), Disaster Preparedness (DP) stocks which are prepositioned in the warehouse. It also accommodates other items and equipment such as watsan ERU stocks, Health stocks. MRCS has provided relief items, DP stocks, ERT kits, Emergency Watsan kits to State & Region warehouses arranged by trained volunteers in the States and Regions. Logistics Department has to procure, distribute, undertake custom clearance and transport/ deliver relief items following the logistics procedure.

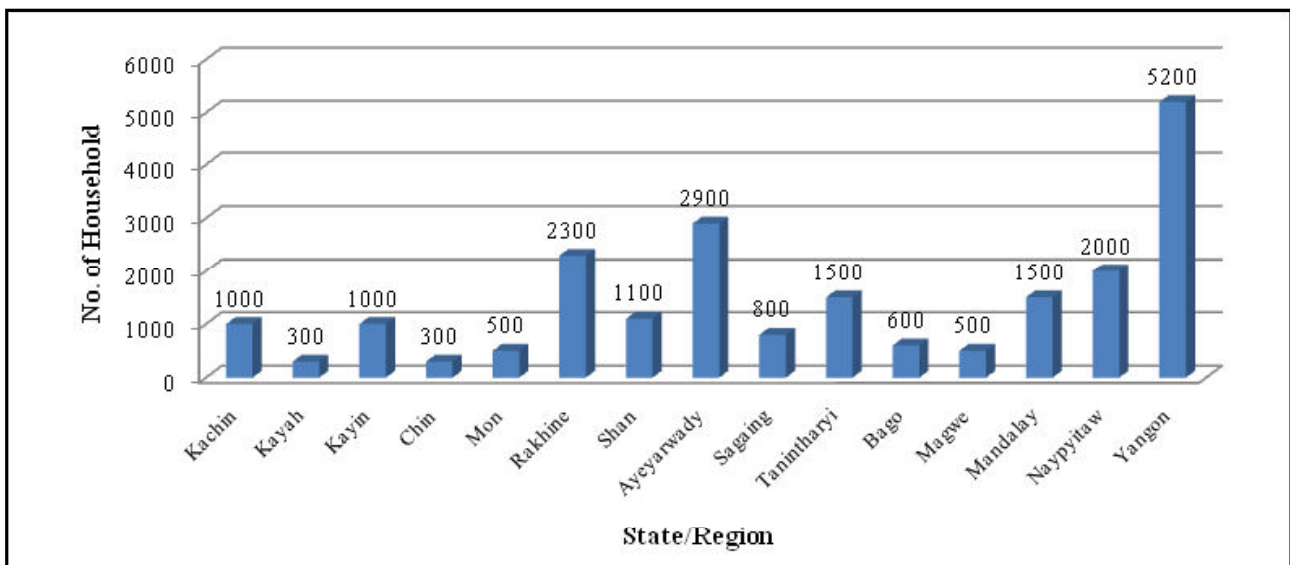
According to the above, the Organization prepares for emergency situations through the activities; MRCS Logistics has been maintaining its disaster preparedness stocks in 28 states & regional warehouses located at 15 state/regional level. Detail list for States and Regions warehouse capacity are mentioned in table.

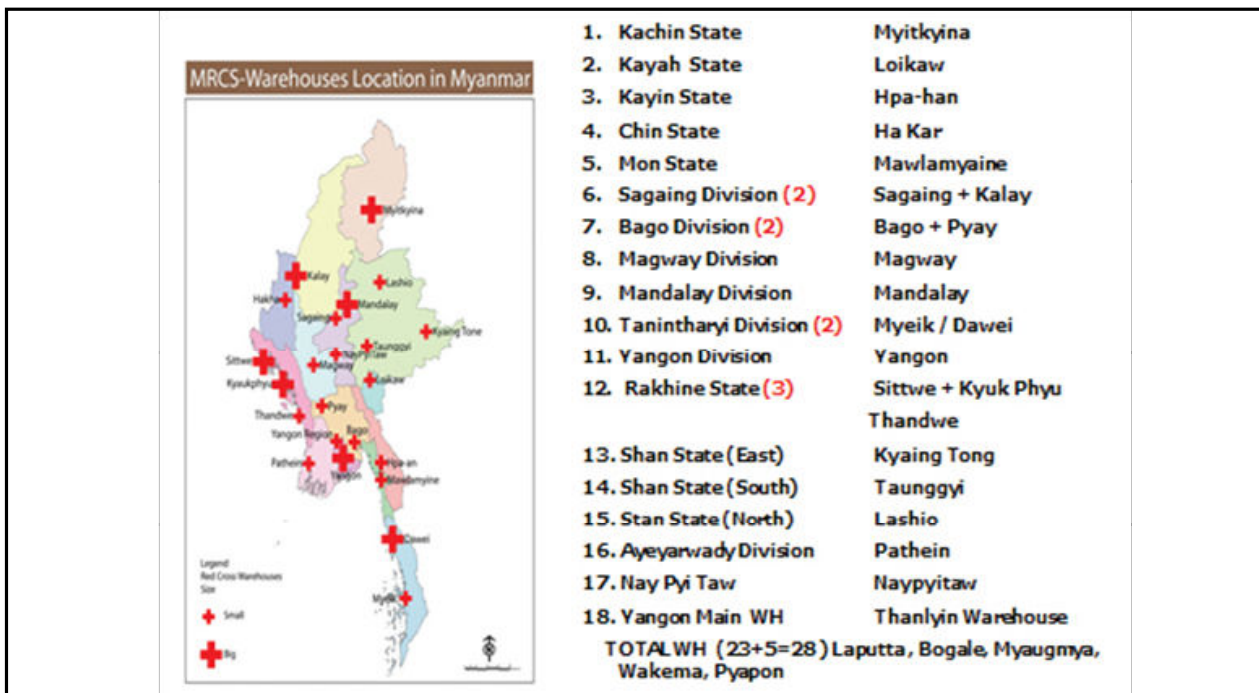
To be the leading humanitarian organization throughout Myanmar, working with, and for the most vulnerable at all times.

Warehouse Capacity of States and Regions

No.	State/ Regions	No. of Warehouses	No. of Relief Items per Household	% of Warehouse Capacity
1	Kachin	1	1,000	5%
2	Kayah	1	300	1%
3	Kayin	1	1,000	5%
4	Chin	1	300	1%
5	Mon	1	500	2%
6	Rakhine (Sittwe, Kyaukphyu, Thandwe)	3	2,300	11%
7	Shan (Taungyi, Lasio, Kyaingtone)	3	1,100	5%
8	Ayeyarwady (Pathein, Bogale, Laputta, MyaunMya, Wakema, Pyapon)	6	2,900	13%
9	Sagaing (Sagaing , Kalay)	2	800	4%
10	Tanintharyi (Myeik, Dawei)	2	1,500	7%
11	Bago (Bago ,Pyay)	2	600	3%
12	Magwe	1	500	2%
13	Mandalay	1	1,500	7%
14	Naypyitaw	1	2,000	9%
15	Yangon (Thanlyin, Kyimyintine)	2	5,200	24%
Total		28	28,500	100%

Percentage of States & Regions Warehouses Capacity





MRCS has prepositioned 21,500 family kits across the country in these existing warehouses. Among them, Yangon, Naypyitaw, Sittwe, Ayeyarwady have larger warehouse storage capacity than other States and Regions.

The largest warehouse can store relief items for 5,200 households, the smallest warehouse can only keep relief items for 300 households.

- 3 staff from logistics department attended RDRT (Logistics) training and Procurement on Job Training at Kuala Lumpur.
- 2 staff also attended Supply Chain Management Training at UNOPS Office Yangon.

In 2015 MRCS Logistic Department train;

- Logic on Job Training 117 RCVs and 1 Staff
- Logistics on Job Training 9 Staff.
- 18 RCVs and 4 staff received logistics refresher & review workshop.
- Warehouse on Job Training cover 6 RCVs and 2 Staff.



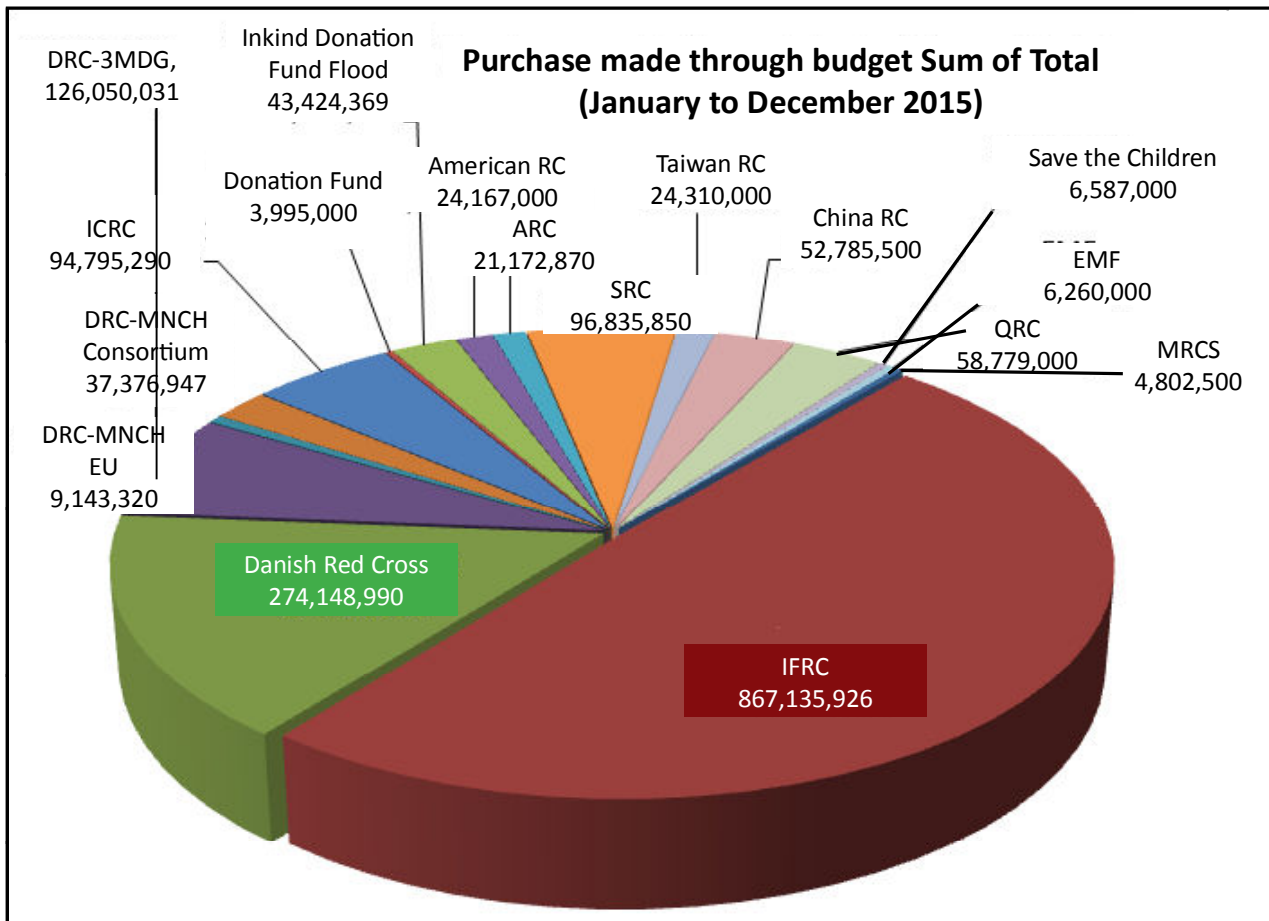
For further information about the Myanmar Red Cross Society

Headquarters Address & Contact Details

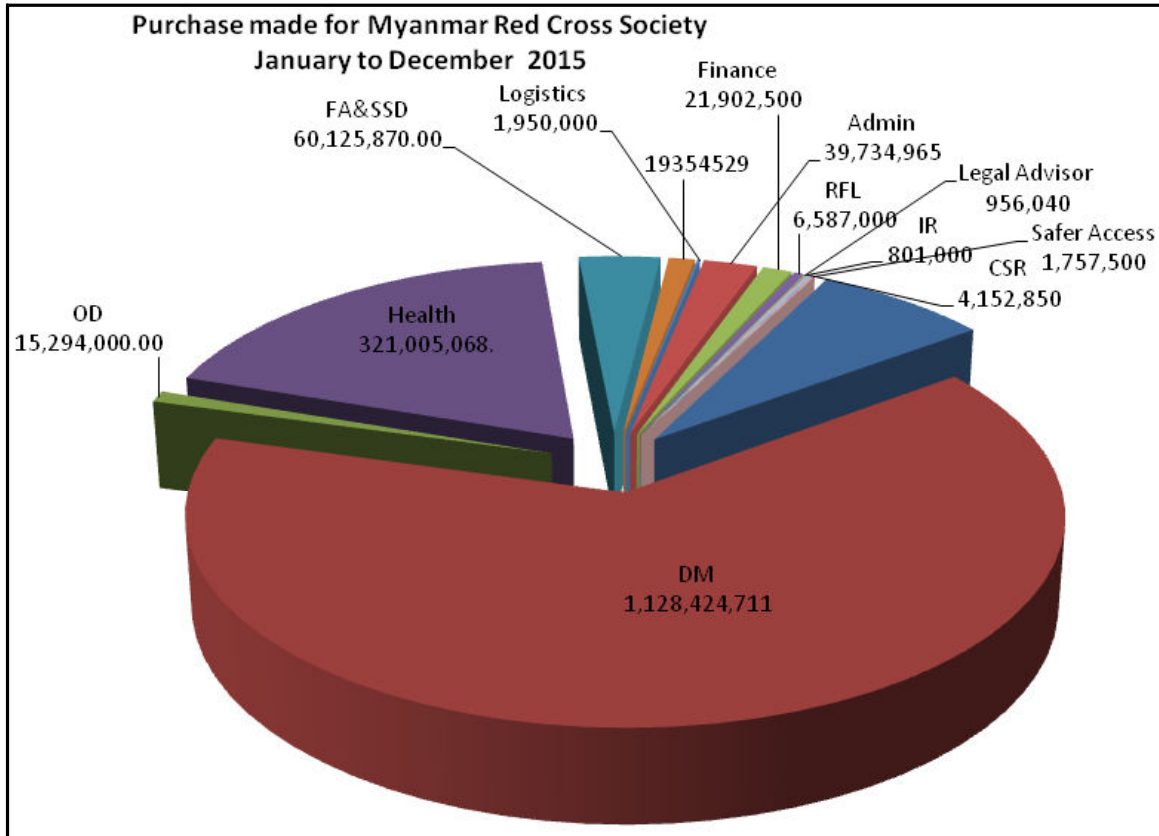
Red Cross Building, No. 42 Strand Road, Botahtaung Township, Yangon
 Tel: (95) (1) 392028/30, (95)(67) 419041,
 Fax: (95) (1) 392028/30 (ext. 102), (95)(67) 419036
 Telex: 21218 BRCROS BM
 Telegram: MYANMARCROSS YANGON
 Email: khinmaunghla@redcross.org.mm

**Purchase made through budget Sum of Total
(January to December 2015) MMK**

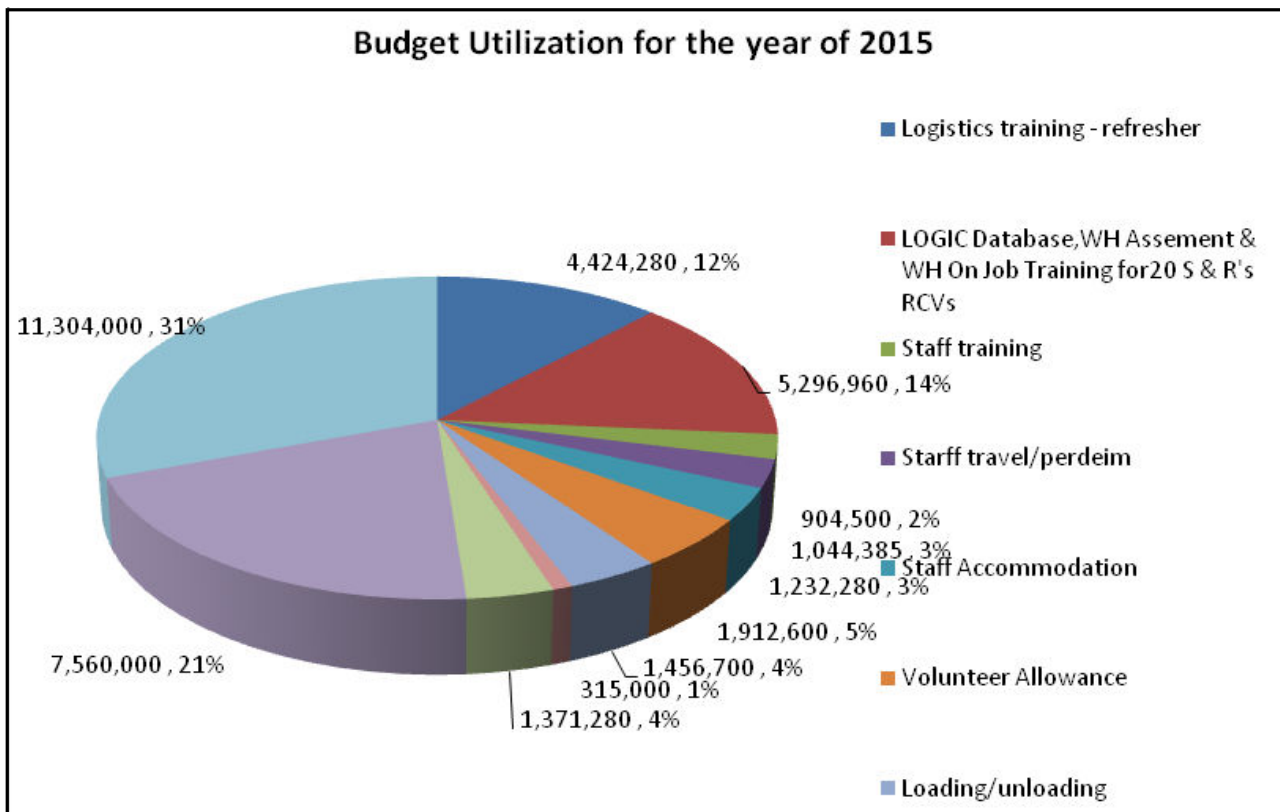
No.	Budget	MMK
1	MRCS	4,802,500
2	IFRC	867,135,926
3	Danish Red Cross	274,148,990
4	DRC-3MDG	126,050,031
5	DRC-MNCH EU	9,143,320
6	DRC-MNCH Consortium	37,376,947
7	ICRC	94,795,290
8	Donation Fund	3,995,000
9	In-kind Donation Fund, Flood	43,424,369
10	American Red Cross	24,167,000
11	ARC	21,172,870
12	SRC	96,835,850
13	Taiwan RC	24,310,000
14	China RC	52,785,500
15	QRC	58,779,000
16	Save the Children	6,587,000
17	EMF	6,260,000
Total Amount		1,751,769,593



During 2015 MRCS Logistics Department Procure 1,751,769,593 amount of MMK.



Budget used by the Logistics Department During 2015 covered 36,821,985 MMK.



In 2015 because of the increasing frequency of the disaster in 11 states and regions, increasing accommodation charges and also increasing accommodation charges in Myanmar Logistics Department used more budgets for Logistics Refresher Training and transportation of the relief items. Although the transportation charges were increased, there was less spending on loading/unloading budget line.

Myanmar Red Cross Society Goal 2;

To promote understanding and respect on the Red Cross principles, diversities, human dignity and reduce intolerance, discrimination, and social exclusion

Humanitarian services

MRCS mainly provides the humanitarian services to support the internally displaced people, disaster victims, and the needy families. In those services, MRCS provides restoring family links services due to the disasters, conflicts, and other factors through training the Red Cross Volunteers in 30 township branches. Similarly, MRCS conducted the vulnerability prevention program to support peace and safe social environment and improve the life of the community. MRCS supports the community to manage by itself, the development of health and socio economic for the displaced people due to the conflicts and other factors.

Restoring Family Links (RFL)

MRCS is broadly undertaking the nation-wide restoring family link service with trained Red Cross volunteers, supported by the Restoring Family Links (RFL) Department. RFL department conducted a needs assessment on Restoring Family Links/ Family Tracing Reunification and Child Protection Issues from (18-3-2014 to 25-3-2014) in 9 IDP camps in Bhamo District of Kachin State, targeting 7,018 persons. Based on the assessment, MRCS RFL department initiated a Safe and Well phone calls pilot project in selected camps in Bhamo and Mansi Township in 2015 with support from ICRC.

With the support of Danish Red Cross, a total of 400 manuals on Restoring Family Links (Trainers and Trainees) books have been printed both in English and Myanmar. Likewise, IEC training materials have also been well arranged in order to conduct training systematically. The mission of Danish Red Cross on Psychosocial support was completed on 30th April 2014. Then, the evaluation was concluded, and strengths and weaknesses were identified on 9th May 2014.

In order to implement effectively RFL activities for separated children in emergency response, a common framework was developed with UNICEF, UNHCR, Save the Children and World Vision with support from the Australian Red Cross.

Through cooperation with Myanmar Red Cross Society and British Red Cross, a person who lost contact with family members for 54 years after having relocated in England was successfully united within 6 months despite incomplete information available.

Through cooperation with American Red Cross, service could be provided to Mr. Lance Corporal Seng Mai who works with the American Army in Okinawa Japan. With the assistance of RFL department, he arrived in time for the funeral service of his father in Myitkyina, Kachin State.

Volunteers made Safe and Well phone calls to maintain the link among the families.



The case of a person who escaped from trafficking in Thailand and arrived in New Zealand. The New Zealand government and New Zealand Red Cross was handed over to Myanmar Red Cross Society by the reunited was with his family in Yekyi Township of Ayeyarwady Region after being separated for six years.

Myanmar navy rescued fishermen who were found floating in the sea in November 2014. Two Restoring Family Links Ambassadors from Yangon Region made registration and contacted their families through cooperation with local authorities.

Depending on the need of Restoring Family Links services, Myanmar Red Cross Society is providing timely services in cooperation with partner organizations, relevant government ministries, UNs and INGOs.

149 inquiries have been received for their contacts with families living abroad and those who meet with criteria have been supported in 2014.

During the reporting period, nine Restoring Family Links capacity development trainings were conducted in 2014 for a total of 234 volunteers (RFL focal persons) comprising 176 male and 58 female from ICRC.

In 2014, Restoring Family Links Department managed 1,073 Red Cross Messages in cooperation with ICRC and Partners of National Society.

Naw Poe Rer, 38 years old, who has been separated from her family for more than 20 years being detained in the Women Detainee Camp, Kanjanaburi Province, Thailand. In January 2015, RFL Department helped her to get contact with her family living in KhuBoat Village, Kyauk Lone Gyi Village Tract, Pulaw Township, Tanintharyi Region via Red Cross Message.

On 18th November 2015, she was released from Detainee Camp and ICRC (Thailand) brought her to MRCS in the border area of Three Pagoda Cross Border Gate located in Kyarinseikgyi Township, Kayin State.

MRCS responsible person's handover from ICRC (Thailand) and sent back to her family in collaboration with Red Cross Committee of Tanintharyi Region, Mon State, Kayin State, relevant ministries, and local organizations.



Family Reunification: Naw Poe Rer reunited with her mother

Success Story

Restoring Family Links Department collaborates closely with ICRC, other National Societies, and relevant government departments for family reunification



Family Reunification Activity: with the collaboration of MRCS, ICRC and relevant government

Promotion of community assistance of People with specific needs in areas affected by displacement in Kayin and Mon states as well as Tanyintharyi region (South East project)

Myanmar Red Cross Society has been UNHCR's Implementing Partner for a decade contributing to deliver its mandate for the protection of IDPs, refugees and returnees in South East Region Myanmar through Community-Based approach and long-term collaboration. MRCS had undertaken implementation and contribution to the achievement of the Goal: Voluntary Return with rights group, with objective, expected impact in two priorities areas. They are ensuring access to rights and essential services and strengthening and expanding community mobilization.

Analyzing Achievements

The total direct beneficiaries of these activities carried out by MRCS for the year 2015 January to December is 9,933 persons (102.55%), including both men and women although the target is 9,686 persons. The number of participants in Life skills training and Peer education sessions were achieved more than the plan target.

This indicated that the communities in project areas showed their real interest and eager to learn issues which they had never received before. The assistance provided for land-mine victims is 16 cases although the target is 20 cases. As for monitoring of the return report, the target achieved was low.

The main expectation is to facilitate and try to foster the committee members, encouraging them to become leaders and protection focal points within their communities in 47 villages. The main purpose of CBOs committees' capacity-building strengthened to ensure leadership roles, to become focal persons of protection, to maximize coherence of activities between receiving and returning communities. Peaceful co-existence with local communities was promoted by construction of 1 new Primary school, including a double unit latrine and provision of school furniture.

Budget utilization rate is 96.4%. Total expenditures for the project is MMK 209,880,066 out of UNHCR provided budget MMK 218,316,177.

Unity

Their can be only one Red Cross or Red Crescent society in anyone country. It must be open to all. It must carry on its humanitarian work throughout its territory.

MRCS /UNICEF (WINS PROJECT)

MRCS/UNICEF signed a small scale funding agreement (SSFA) for hygiene practice sessions to students and access to double unit latrines and wash facilities at 22 primary school in Yebyu township of Tanyintharyi region, and Hlaing Thar yar township of Yangon region. As it was a short term project, the period 22.08.2015 to 24.4.2016.

MRCS had undertaken implementation and contribution to the achievement of the goal. All children have the opportunity to go to school with access to safe water, child friendly sanitation facilities and hygiene education. Key practices to be promoted for hand washing, safe drinking water and use of latrines. WASH in, and through school is one of the best routes to reach entire communities. Directed engagement with student can lead to community adoption of good wash behaviors and technologies as well as improved health. Parent teacher associations of primary school may take responsible to sustain the wash facilities in schools.

Main activities for WASH project are cooperated by Township education officers/MRCS Project staffs and volunteers/ UNICEF field officers. There are Advocacy meetings, need assessment survey and school's selection, agreement on selected schools, technical survey for site selection (MRCS support engineer and Red Cross volunteer), preparation of wins' construction package (MRCS) Bidding for contractors (UNICEF).

Refresher training for trainers and volunteers (one-day training) on Hygiene promotion for school was conducted. Hygiene practice promotion sessions for students (one and half day at each school) and training for parent teacher association (half day) were conducted.

Analyze Achievement

Advocacy and Facilitation to strengthen linkages between Government officials, Teachers, MRCS and UNICEF at field site areas. Cooperation with local area of Township Red Cross leaders, field trips of need assessment to primary schools smoothly implemented. Agreed budget is (MMK 40,430,200) and expenditure from agreed budget (MMK30, 374,352). Utilization rate is 75%.

At the reporting period MRCS WINS Project covered 3,909 male, 4,857 female and total 8,766.

Violence Prevention Program

In line with the IFRC's 2020 strategy, MRCS is also initiating promotion of violence prevention within the work of MRCS. In this aspect, a pilot program was initiated in 10 villages of Thayet Township, Magway Region.

Master Facilitator Training for Violence Prevention was conducted for a total of 26 selected trainees from the program area and headquarters level. The trained trainees in turn



For further information about the Myanmar Red Cross Society

Online Profiles

Website <https://www.redcross.org.mm>

Facebook <https://www.facebook.com/info.mrcs>

Twitter <https://twitter.com/MyanmarRedCross>

Youtube <https://www.youtube.com/MyanmarRedCross>

trained the local volunteers for one day and did the replicating training for the community in 10 targeted villages using the 5-cards violence prevention session. Violence Prevention Training was given to the local volunteers of program areas, Red Cross Brigade officers (Grade1 level) and headquarters staffs. Activities were reviewed, and the 10 steps of violence prevention guidance book had been adapted and adopted into Myanmar context and issued.

Humanitarian Values & Communications Department

Humanitarian values and diplomacy initiatives promote the principles of the International Red Cross and Red Crescent Movement and International Humanitarian Law (IHL) among volunteers, staff and the governance. This includes promoting respect and adherence to the principles and working to uphold the positive perception of the Myanmar Red Cross Society (MRCS) among communities. The society also advocates and disseminates to decision makers from public and private organizations to provide increased support to the Society's humanitarian activities.

Achievements against Target

During the reporting period, Humanitarian Values & Communications Department conducted the Dissemination workshop for parliamentarians at Bago, Tanyintharyi and Sagaing regions and total 291 parliamentarians attended. 4 Dissemination Workshop including for Media took place and total 416 participants attended. Over 290 dissemination sessions were held at Government training center and over 12,350 participants attended. The townships/ branch also conducted the Red Cross Dissemination by themselves and total 1,428 communities had been covered **(The data is counted for those information only reported to HV & Com Department and the actual number of participants who get Red Cross Dissemination will be increased).**

IHL Dissemination workshop for media was also conducted and 46 representatives from various media actively participated and discussed about media and armed conflict. Launching of Myanmar Red Cross Law was

conducted in October after the getting the approval from the President of the Republic of the Union of Myanmar in August. Media Dissemination Workshop was held in December and it made the relationship between MRCS & media stronger.

Two Communication Training were conducted at Kayah & Mon States and a total of 88 Red Cross Volunteers (RCVs) actively participated. The news and reports received from trained communicators were over 160 and already published in MRCS News Journals & social Media.

For the capacity building of the staff, one Photography Skills Training was conducted and 24 participants attended.

During the reporting period, three MRCS News Journals: (Vol-9, No-1), (Vol-9, No-2) and (Vol-9, No-3) were published. 4 short films for Safe Water messages were developed and shared to TV channels.

The Social Media Response Team was organized with one representative from each department. The Social Media Guideline & Photography guidelines were also adopted/ created and introduced to Headquarters staff through the Induction Trainings & Communication Trainings.

With the support of the British Red Cross, the MRCS official website is redesigned. Moreover, to strengthen the skills of the HV & Com staff, advance photography skills training was organized.

The Fiber Network was available in Nay Pyi Taw and the office communication became more fluent and easy to communicate with Digital Divide project townships. In some townships, the iPStar connection shifted to ADSL connection for better communication.

The MRCS Humanitarian Values and Communications department has established strong links with the national media over the year. Owing to the development of media organizations and journalism as a whole in Myanmar over the past year, media interest in Red Cross work has grown.

Beneficiary communications started since at the end of 2014. During the reporting period, Beneficiary Communication Trainings were conducted in Sittwe and total 39 staff and volunteers from Rakhine Special Program attended.

Communication Hardware Training for Com-

munity Based Health & First Aid project volunteers and staff conducted and total 60 participants attended.

Documentary video about the Community Based Health and Resilience project has also been shot.

Myanmar Red Cross Society timely published how MRCS is responding and recovering to Laukkaing conflict, flood, and emergency situations.

During the reporting period, Red Cross news published on printed media 1,400 times, 979 times on broadcasting media and 1,526 times on social media.

Communication barriers between the townships and Headquarters exist and news and reports cannot be received in a timely manner. To overcome those challenges, communication team encouraged the townships' Red Cross volunteers who already attended communication training to send reports and news to respective departments.

Nowadays, Social Medias (including Facebook, Twitter, Link-in, Skype, Instagram, You Tube, Beetalk, Line and Viber) are very powerful methods for reaching beneficiaries, updating our supporters, and keeping in touch with colleagues throughout Myanmar. However, social media can also pose significant risks to MRCS reputation if not used properly. To solve this issue, Humanitarian Values and Communications department developed Social Media Guidelines and Information, Communication Technology acceptable use policy (ICT Policy) in 2015. To ensure that Red Cross volunteers and staff are aware of the Communication policy, ICT policy and social media guideline, induction training were conducted for all.

By forming Social Media Response Team (SMRT), MRCS image and reputation has improved and is being maintained. The information gap with the National Society also narrowed down and NS's reputation risk also responded.

So, the representatives from each department should involve more actively in SMRT.

STRENGTHENING THE NATIONAL SOCIETY

Myanmar Red Cross Society Strategic Goal 3;

MRCS is well structured, organized, and resourced at all levels so that it may deliver quality community based services.

Organization Development

MRCS started its internal process for the development of MRCS Strategic Plan 2016 to 2020 taking into consideration the OCAC findings and looking at the Strategy 2015 Benefits and Challenges. A series of Strategic planning development workshops were conducted since July 2015 - two workshops were conducted— one with NHQ management and governance, and another with the heads of MRCS Region and State branches or GI Officers. At the end of November 2015, MRCS finalized and shared its Strategic Plan (2016-2020) to partners.

Advocacy to parliamentarians on MRCS' auxiliary role to the Government and how to work better together to improve the lives of the most vulnerable groups in the country. This was conducted in Bago, Tanintharyi, and in Sagaing Region where the IFRC and ICRC also supported MRCS.

At the end of 2015, 308 out of 330 branches have completed branch capacity assessment in regard to updating Branch Development Model. A total of 45 branches have done BOCA exercise from October to December with the support of AP zone OD delegate.

Volunteer development - MRCS is one National society that needs to consider seriously about volunteers who are working in conflicts and emergency. As an outcome of advocacy for parliamentarians, MRCS received insurance premium fees and could also reimbursed administrative cost of RCVs when they are doing relief and rescue efforts.

MRCS continued to provide humanitarian assistance to transiting evacuees out of Laukkai through Lashio in the Kokang area. In this year National Society lost one RCV in Laukkai armed conflict in February and one RCV in

relief and rescue activity of flood response operation, Mawbe Branch, Yangon region in August.

Red Cross Volunteers deploy teams were sent to Rakhine special project from 6 states/ regions, totaling 72 Volunteers for humanitarian activities in the conflict area (Mobile medical team, ambulance service, water distribution).

The recruitment for voluntary non-remuneration blood donation (VNRBD) has experienced a huge gap due to the lack of funding to continue CLUB 25 activities. Most of the blood donor recruiters could not commit their time for organizing health talks about safe blood; however, they remain committed to donate blood for emergency purposes. Moreover, the blood donor recruitment component previously under the responsibility of MRCS Health Department has been reassigned to the MRCS OD department since 2011. 52 RC pins for outstanding RCVs and Blood donors were supported and provided.

BOCA with BC assessment – BOCA facilitator course was conducted in Yangon and 10 staff and 14 Volunteers participated. The BOCA exercise was accomplished in 10 townships: Bago, Pyay, Nattalin, Yay, Thahtone, Patheingyi, Mayangone, South Dagon, Tikegyi and Hinthada.

MRCS organized the formation of Youth committees in branch level and encouraged youth participation and leading roles in community based activities by implementation and decision making. According to reports from branches, 8,690 youth (3,922 male and 4,743 female) from universities and colleges, participated in the youth based Red Cross humanitarian activities. MRCS monitored and supervised the branch functions at 23 targeted branches.

Branch leadership & Recruiter Trainings were organized at Kayin and Kachin states and a total of 59 RCVs actively participated.

As part of the branch development, OD department supported the G1 - 2IC meetings in Kayin state, Yangon and Ayeyarwady Region.

Partnership Framework document Cooperation Agreement Strategy (CAS) was finalized in 2015 and the partnership review principles were piloted by having partnership review talk meeting with Swedish Red Cross in December 2015. The decision for future CAS process will be to sign the partnership framework with

the authorized person of partners at the Partnership Meeting, 2016 with a 2-year validity time, and to continue the current two-monthly movement coordination meetings; two monthly tripartite meeting; two yearly partnership meetings to promote coordination and cooperation between MRCS and partners. Volunteer drop-out is one of the great challenges in MRCS. Because of decline in country economy, people have to pay more attention and spend time for income and earnings. NS will take more emphasis on volunteer development issue and this is mainstreamed in the new Strategic plan 2016-2020.

- MRCS OD Director participated in the BOCA workshop of the Afghanistan RC, in Kabul, as requested by OD APZ.
- Cross-regional surge support was provided by the MRCS Deputy Director for DM, IFRC Country Delegation HR and Admin Manager, and Rakhine / Kachin DRR Advisor during the recent Nepal earthquakes operation.
- Deputy Director of OD was invited to be a Co-Facilitator in BOCA training by Bangladesh Red Crescent.
- MRCS collaboration with Asia Green Development Bank for basic first aid training in 40 out of 51 targeted schools with coverage of 1,098 male and 1,000 female students.

Through its nationwide network of volunteers, the MRCS will promote humanitarian values and community based initiatives in health and care, and disaster management to improve the lives of the most vulnerable.

PMER Unit

During the reporting period, Myanmar Red Cross Society (MRCS) has undertaken steps to strengthen its planning, monitoring, evaluation, and reporting (PMER) activities with the support and facilitation by the PMER specialist and PMER Advisor from the Swedish Red Cross. While it has been implementing a wide range of activities in disaster management, health, capacity-building and promotion of humanitarian values and Red Cross Red Crescent ideals and principles for many years, PMER has been identified to be needing strengthening particularly in the areas of monitoring and reporting. The goal of the National Society is to be the leading humanitarian organization throughout Myanmar, working with, and for the most vulnerable, thus there is need to strengthen its capacity in capturing and projecting the different services and activities it is supporting. It is noteworthy to mention that MRCS had undertaken baseline and end line studies, mid-term reviews, lessons learned workshop and evaluation of projects. The practice is already present, but as there is no documented process, and capacities vary across projects and programmes, the process needs to be strengthened. MRCS is committed to have a common PMER framework for all its projects and programmes as well as at branch level of the National Society.

The flow of data from the field to headquarters remains a challenge for the programmes although training was provided at the start of programme implementation for field personnel and volunteers. As such, efforts are underway to seek and institute measures which can help establish a reporting system linking the field to the headquarters and developing a common reporting template and mechanism which will capture the basic information related to branch activities with the communities. PMER unit in this context needs to be strengthened at all levels and these are being led by one EC member of MRCS.

For this reporting period, with an overall goal of having a more dynamic PMER mechanism which provides clear guidance and direction at headquarters and branch level in the management of its programme activities, ensuring a higher degree of accountability, efficiency and effectiveness in programme and project implementation through a more directed sharing and review of plans, achievements, and further steps to be taken to reach the

overall goal of the organization which is the **"promotion of humanitarian values and community-based initiatives in health and care and disaster management to improve the lives of the most vulnerable"**.

The activities that followed included: carrying out PMER organizational meetings; preparation of branch monthly reporting templates; and collection of data and monthly report of branches through the States/ Regional supporting officers. A total of 201 branches submitted branch monthly reports within 2015. One important milestone was resetting of a Movement-wide PMER technical working group (PMER TWG) in charge of developing the overall PMER framework. The formation of the TWG is to ensure compliance and to make relevant changes as the framework is being implemented. A Movement-wide PMER TWG allows coordination and agreement on standards that fit with all back donor requirements. In Myanmar, the first PMER TWG meeting in July was attended by only MRCS to have a joint understanding of PMER in general and on the specific terms of reference in particular. There has been a meeting every one to two months since then.

Key Issues;

- Reporting formats have been developed by the PMER Unit but training could not be provided as yet on the Reporting.
- Delay in implementation of activities due to challenge in coordination thus a low percentage in expenditures.
- Difficulty in collecting monthly reports from branches on time.
- Difficulty in the consolidation and analysis of reports from projects and programmes.
- Challenges in coordination for a common monitoring template, set of guidelines, supported with a catalogue of indicators in order to get MRCS PMER framework in place. If there is no close monitoring, could adversely affect the process. This has been added as an issue to the ones mentioned above, as per stated in the mid-year report.
- Because of the current MRCS' salary levels, PMER faced difficulty to hire qualified and appropriate staff.

Key Accomplishments

1. Re-establishment of the PMER unit, managed by the EC of MRCS with a team consisting of a PMER coordinator, M&E officer, Report Analysis officer
2. Organizing of the PMER Working Group and carrying out two meetings during the report period.
3. Support MRCS Flood Operation to get the smooth communication with PNS, Government Organizations and others.
4. Conducted two days Co-Design workshop on Planning Guideline Development with 26 participants actively participating.
5. Workshop on Planning Guideline Development was done on 28.9.2015 to 2.10.2015.
6. Basic PMER Training was conducted during the Ayeyarwaddy Region Red Cross Supervisory Committee Meeting from the date of 1.11.2015 to 2.11.2015.
7. Conducted Program Management Training at the CBHFA Project areas in collaboration with Health Department.

Human Resources

The Society runs the services and programs activities by the effort of 631 staff comprise with various ethnic groups and religious throughout the country. 11% of human resources are comes from small ethnic groups. Staff turnover for 2015 is 13%. Male to female ratio is 1.2: 1. About 77% of the manpower is funded by Movement and Non-Movement partners. 1.6% of total staff is disable persons and they are participated in providing humanitarian services.

Resource Mobilization

Promoting resource mobilization capacity at all levels is one of the priority programs for MRCS. The Society's Resource Mobilization unit is taking responsibility for fundraising for humanitarian assistance, seeking activities for incomes and organizing fund raising activities.

According to (2011-2015) Strategic Plan, the society's plan to generate income will contribute to a higher level of self-sufficiency, sustainability and independence. In order to meet with strategic plan, MRCS is trying

to cover basic expenses with the profit from the income generation of MRCS activities, and fund raising activities to provide assistance to the people affected by crisis with the donation money.

Regarding to respond to the country wide floods, MRCS request donation from in-country and abroad, and received 1.3 Million US Dollar to provide recovery assistance to flood affected populations in Ayeyarwady and Magway Regions.

Promoting of corporate partnership with the private sector is one of the major engagements for self-sufficiency and independence. During this year, dissemination session for private sectors was organized in order to introduce Red Cross humanitarian activities and finding opportunities for working together with MRCS. MRCS established good sustainable relation with private sectors in responding emergencies situation with the support of emergency relief items, foods, drinking water bottles and other hygiene utensils.

One of the major achievements of MRCS was to organize the conduct of first aid training for school children of 49 schools with the funding support from Asia Green Development Bank.

MRCS placed donation boxes at Yangon international airport, some convenience stores in Yangon and hotels. In 2015, MRCS received about 51 Million Kyats from the donation boxes, 5.3 Million Kyats from regular donation of MRCS staff and private companies and 206 Million Kyats from office rental.

With collaboration of Royal Thai Embassy and International Cultural and Charity Group, Thai Brocades Exhibition and Auction was held at Royal Thai Embassy on 21st October and donated 8,000 US Dollar was donated to MRCS as auctions and contribution of the Embassy and ICCG.

Finance

Summary

- i) To improve and development of the financial management & reporting systems and capacities at HQ and target branches
- ii) To develop as a well-functioning finance department evolutionary according governance expectation.

Achievements against Target

Target

- (i) To generate the admin cost correctly and all financial reports (monthly, quarterly and annual) to donor by using the NAV Accounting software
- (ii) To collect the monthly report from the nationwide branches reporting, those undertaken with local own generating resources.

Achievements

- (i.a) Prepare the monthly salary and also income tax with NAV accounting software
- (i.b) Prepare the monthly report by using the NAV accounting software and sent to donor in time with standardize format for all program and project.
- (i.c) Invoicing the 7% admin cost to each donor after efficiently generate with NAV accounting software
- (ii.a) Able to keep in touch with Kachin, Mon, Yangon and Tanyintharyi branches and to collect the monthly report. During 2015 was able to collect the total 537 reports (i.e. Kachin-51, Mon-83, South Ygn-84, North Ygn-72, West Ygn-106, East Ygn-134 and Tanintharyi-7).

Lessons Learned

At the branch levels, a finance focal person needs to be appointed to prepare cash accounts and financial reports. If there is no assigned person, the report cannot be sent / received in time.

Working Advance (WA) Request form is needed to be completed in time. It is usually disbursed after 3-5 days according to the approval procedure, and also WA ceiling limits. More cooperation within departments is needed so that they can accept and understand the needs of the Finance systems.

Most of the projects and programs did not implement their procurement process in time, and it consequently effected the financial disbursements and usage. So, their budget and implementation rate is continuously monitored and if met with some delay in data related to the procurement, the program/ project needed to be alerted as early as possible.

Coordination and Cooperation

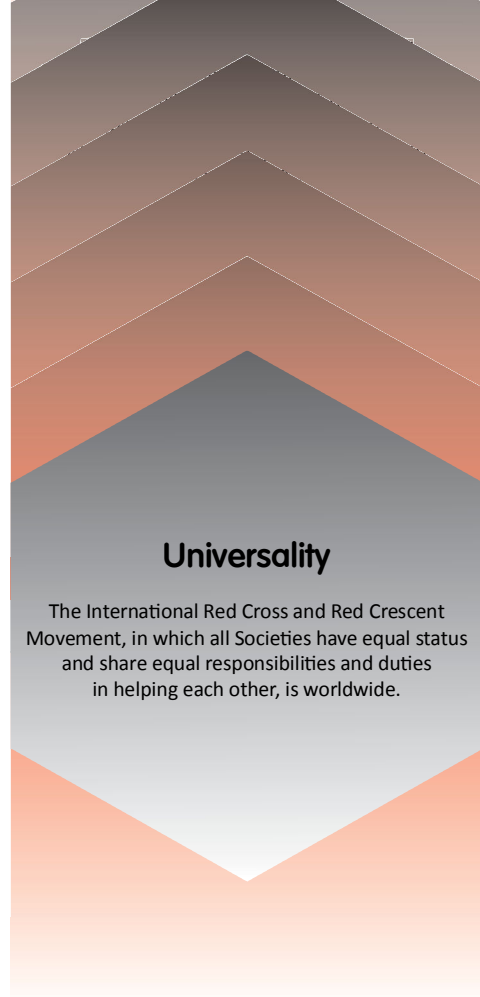
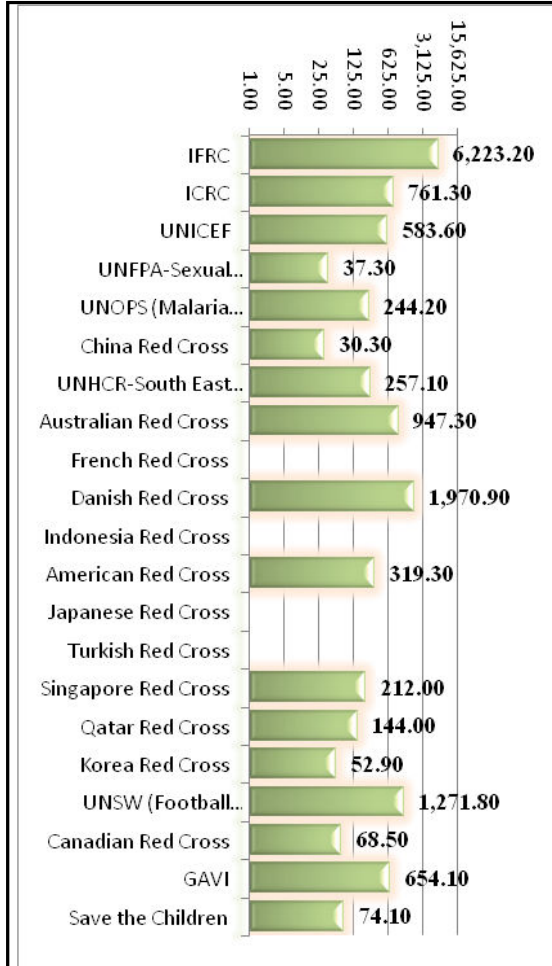
Cooperation and negotiation with the branch red cross committee to improve their branch financial developments are important. More participation of the State/ Region supervisory committee is required, and they also need to supervise and instruct the township RCVs.

The finance development team collaborates and coordinates with the active RCV who is the finance focal person, to improve the completion of the financial recording and reporting system in each branch. 12 trainings were held in 2015.

The Finance department often held coordination meeting with other Departments to perform smoothly and easily their working advance system including request, clearance and preparing the budget (e.g. monthly coordination meetings with Health Department and Disaster Management Department). Finance focal person frequent went to the field and helping field office and staff for better understanding of financial regulations and to improve their capacity.

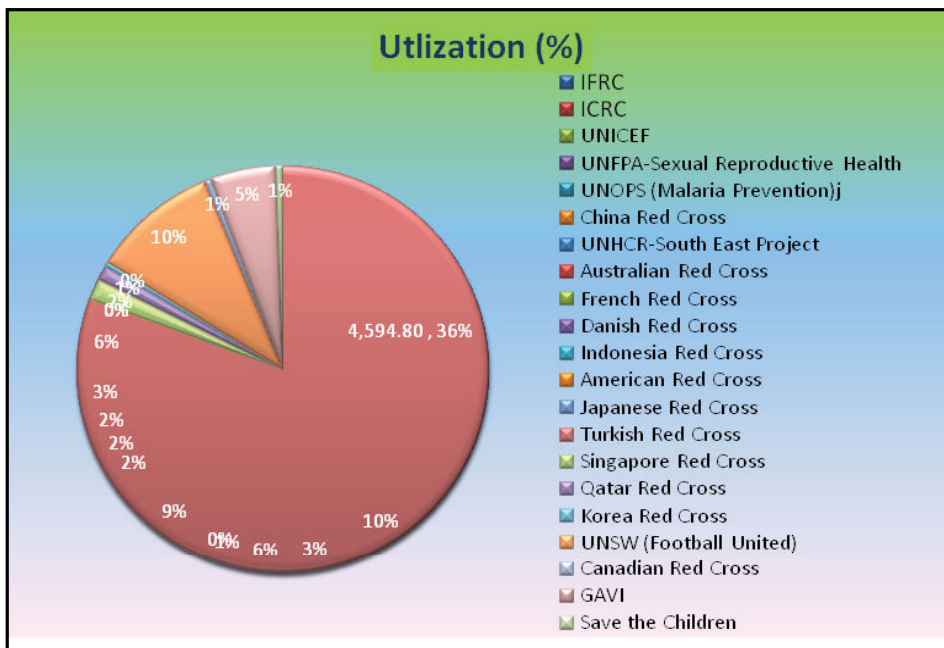
Financial Status

During 2015, Myanmar Red Cross Society received 13,851.9 million Kyats from 21 partners. Their contributions and utilization rate are show in chart as below;



Cross-cutting Issues

During the Emergency period especially, Laukai conflict Finance team coordinate with other departments to support the financial management and procurement procedure in the relief activities. Looking better efficiency and effectiveness of the activities the staff from the flood operation was working together with the entire departments of MRCS.



Income and Expenditure of relief and recovery for flood operation

Sr.	Particular	Received form Donation	
		MMK (million)	USD
1	Received	461.8	716,407
2	Change from USD to MMK	705.1	(550,832)
Total received		1,166.9	165,576
3	Expense	149	(50,020)
4	Potential expenses for 2016	1,017.9	115,556

Active participation of Volunteers in 2015:

Sr.	Department	No. of RCV			Remark
		Male	Female	Total	
1	OD (Branches Activities)	20,539	8,801	29,340	Including all sector
2	Health (CBHFA)	411	544	955	
3	Health (CBHR)	34	80	114	
4	WASH	35	15	50	
5	TB	197	84	281	
6	Malaria	465	199	664	
7	CPP	250	207	457	
8	RFL	176	58	234	
9	VP	9	4	13	
10	Kachin Operation	84	36	120	
11	Rakhine Operation	70	30	100	
12	DM (Projects)	48	40	88	(Projects Only)
Total		22,318	10,098	32,416	

Active participation of Volunteers in 2015:

People reached through disaster preparedness and risk reduction programs

Sr.	Project/Program	Male	Female	Total	Male	Female	Total	Grand Total
1	CBDRR	1,820	2,450	4,270			0	4,270
2	UDRR	360	141	501			0	501
3	AmRC	3,856	7,712	11,568			0	11,568
4	CSR	3,569	6,148	9,717			0	9,717
5	SBDRR	2,000	4,000	6,000			0	6,000
Total		11,605	20,451	32,056				32,056

People reached through disaster response and early recovery assistance

Sr.	Project/ Program	Male	Female	Total	Male	Female	Total	Grand Total
1	Flood Operation	30,093	60,186	90,279			0	90,279
				0	97,509	195,017	292,526	292,526
2	Rakhine Operation	333	443	776			0	776
3	Kachin Operation			0			0	0
		30,426	60,629	91,055	97,509	195,017	292,526	383,581
		30,426	60,629	91,055	Direct			
		97,509	195,017	292,526	Indirect			
		127,935	255,646	383,581	Total			
		Male	Female	Total				

Social Services

Sr.	Project/ Program	Male	Female	Total	Male	Female	Total	Grand Total
1	CPP/ CAAC/ RFL	88,803	118,403	207,206			0	207,206
2	South East Myan- mar	4,168	5,765	9,933			0	9,933
3	Violence Preven- tion	7,837	15,674	23,511			0	23,511
		100,808	139,842	240,650	0	0	0	240,650



2015

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