

Operations update



International Federation
of Red Cross and Red Crescent Societies

Myanmar: Cyclone Nargis

Emergency appeal n° MDRMM002

GLIDE n° **TC-2008-000057-MMR**

Operations update n° 24

6 February 2009

Period covered by this update: 20 December 2008 to 3 February 2009.

Appeal target: CHF 73,987,907 (USD 72.5 million or EUR 45.9 million)

Appeal coverage: 81%

[<view attached financial report, updated donor response report, or to contact details>](#)



A cash-for-work project involving repairs to a river canal in a village in Maubin township. (Photo: MRCS)

Appeal history:

- 8 July 2008: A revised Emergency Appeal was launched for CHF 73.9 million (USD 72.5 million or EUR 45.9 million) to assist 100,000 households for 36 months.
- 16 May 2008: An Emergency Appeal was launched for CHF 52,857,809 (USD 50.8 million or EUR 32.7 million) to assist 100,000 households for 36 months.
- 6 May 2008: A preliminary Emergency Appeal was launched for CHF 6,290,909 (USD 5.9 million or EUR 3.86 million) to assist 30,000 households for six months.
- 5 May 2008: CHF 200,000 (USD 190,000 or EUR 123,000) was allocated from the International Federation's Disaster Relief Emergency Fund (DREF).

Summary:

- With the start of the monsoon rains expected in May, increased priority has been given to consolidating ongoing recovery programmes, with a special focus on the provision of transitional emergency shelter through cash grants, for 10,000 households. Contingency plans are also being prepared in case there is a need to initiate a relief distribution programme to cover emerging needs for the most vulnerable groups during the rainy season.
- Following requests from the Myanmar Red Cross Society (MRCS), the International Federation has agreed to support the reconstruction of up to 24 primary schools, located in seven townships affected by the cyclone. (See *shelter section below for details on the overall shelter programme*)
- Recovery activities will be focused on 160 village tracts in 13 townships.
- The International Federation's cash-for-work programme that began in November, and the cash-for-assets programme that will begin in February, are expected to help mitigate the effects of increasing indebtedness among vulnerable communities in the delta area.
- Disaster management/disaster preparedness disaster risk reduction work is being consolidated for a

possible second phase response to vulnerable communities affected by Cyclone Nargis, as well as in preparation for any future emergency, as part of core MRCS programme activities.

- A process of consultation with the MRCS has begun to identify the process and profile for a future transition from the Nargis recovery operations to sustainable long-term programme support for the national society and its branches.
- Preparations for the Nargis Partnership Meeting on 17 and 18 February are underway.

Contributions to the appeal to date

Partners which have made contributions to the appeal to date include: American Red Cross/American government, Andorra Red Cross/Australian Red Cross/Australian government, Austrian Red Cross, Belarusian Red Cross, Belgian Red Cross/Belgian government, British Red Cross/British government, Canadian Red Cross/Canadian government, Hong Kong and Macau branches of the Red Cross Society of China, Cook Islands Red Cross, Cyprus Red Cross/Cyprus government, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, French Red Cross, German Red Cross, Hellenic Red Cross, Icelandic Red Cross, Indian Red Cross, Irish Red Cross, Japanese Red Cross, Republic of Korea National Red Cross, Kuwait Red Crescent/Kuwait government, Lithuanian Red Cross, Luxembourg Red Cross/Luxembourg government, Malaysian Red Crescent, Monaco Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross, Norwegian Red Cross/Norwegian government, Philippine National Red Cross, Portuguese Red Cross, Qatar Red Crescent, Singapore Red Cross, Slovak Red Cross/Slovak government, Spanish Red Cross/Spanish government, Sri Lanka Red Cross, Swedish Red Cross/Swedish government, Swiss Red Cross/Swiss government, Taiwan Red Cross Organization, Turkish Red Crescent, United Arab Emirates Red Crescent and Viet Nam Red Cross. Contributions have also been received from the European Commission Humanitarian Aid Directorate General (ECHO), the Italian, Estonian and Slovenian governments, Total Oil Company, Stavros Niarchos Foundation, Tides Foundation and a number of other private and corporate donors.

The International Federation, on behalf of the Myanmar Red Cross Society, would like to thank all partners for their very quick and generous response to this appeal.

The situation

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, devastating the Ayeyarwady and Yangon divisions. Collective assessment data from the authorities and international communities indicates that 115 townships were significantly affected by the cyclone. According to official figures, 84,500 people were killed and 53,800 missing. The UN estimates that 2.4 million people were affected.

Coordination and partnerships

Preparations for the Nargis Partnership Meeting on 17 and 18 February are underway. Invitations have been sent out and to date, 17 partner national societies (PNS) have confirmed their participation.

The minister of planning and development from Denmark and the minister of planning and the environment from Norway visited the MRCS president on 21 January. Also present at the meeting was the International Federation's acting head of country office, as well as representatives from the Danish Red Cross, French Red Cross and the International Committee of the Red Cross (ICRC). Discussions focused on the progress and challenges of the Nargis operation. The visitors traveled to two locations in the field, namely Kungyangon and Labutta, on 22 January, where they met with MRCS volunteers.

The International Federation's draft *Review of the Red Cross Red Crescent Movement Response to Cyclone Nargis* is being finalized. Other comprehensive Nargis assessment reports have also been produced. They comprise the first PONJA¹ review produced by the Tripartite Coordination Group² (MRCS volunteers were involved as enumerators) as well as the inter-agency real-time evaluation and a report from the International Organization for Migration (IOM) on the shelter situation.

¹ The Post-Nargis Joint Assessment for Relief, Recovery and Reconstruction (PONJA) report prepared by the Tripartite Core Group (see footnote 2), with the support of the Humanitarian and Development Community.

² The Tripartite Core Group comprises Representatives of the Government of the Union of Myanmar, the Association of Southeast Asian Nations and the United Nations.

The following interaction continues:

- Weekly inter-agency cluster meetings in Yangon and the field.
- Coordination with other aid agencies.
- Weekly or daily meetings between the International Federation and the MRCS.
- The Movement platform that meets every two to three weeks.

Red Cross and Red Crescent action

The operation

Recovery

Progress

As a result of the recently completed village tract assessments (from September to December) and based on information received from other aid agencies on their programmes in the field, it has been decided that recovery activities will be focused in 160 village tracts.

Initiatives have been taken to document the first phase of the recovery operation. Possible case studies or a descriptive report is scheduled to be prepared in February.

A village tract recovery committee (VTRC) training-of-trainers session was conducted in Yangon on 15 and 16 January for livelihood technicians, field assistants, and relief and assessment officers from nine hubs. This will be followed by training of VTRC members in the field beginning in February.

An appeal procedure through which beneficiaries can provide feedback on the beneficiary selection processes, the services and goods provided by MRCS/International Federation, as well as the conduct of staff, has been discussed with hub managers. This procedure has been shared with the MRCS, the International Federation's Asia Pacific zone office in Kuala Lumpur, and Southeast Asia regional office in Bangkok, for their review and comments. Following approval from all concerned, it should be put into effect in February.

Livelihoods and shelter beneficiary database

A consultant engaged through the British Red Cross visited from 9 to 14 January. He had discussions with the livelihood and shelter delegates, and has begun the groundwork for the database. During his visit, it was decided to include data from the health sector, as well as on the work of MRCS volunteers. Once budgets are approved, an integrated database is scheduled for completion before the end of February.



More than 80 demonstrations on latrine construction have been conducted for about 200 community volunteers in five townships. (Photo: MRCS)

Relief distributions (food and basic non-food items)

Objective 1 (immediate needs)

To ensure that up to 100,000 cyclone-affected households receive food and non-food items immediately, to help preserve their physical and psychological well-being, human dignity and counter further deterioration of the humanitarian situation, while preparing the ground for longer-term recovery activities.

Objective 2 (medium and long-term needs)

To ensure badly-affected households receive further necessary non-food item assistance, while refocusing MRCS programming towards recovery (to include livelihoods and food security), disaster preparedness and risk reduction activities, in order to mitigate the possible effects of future disasters.

Progress

A draft report on the post-distribution household monitoring survey conducted in November-December, has been produced and is being reviewed by the MRCS and International Federation management. The survey focused on measuring impact and appropriateness to beneficiaries during the emergency relief phase.

The last shipment of disaster preparedness stock for 15,000 households according to the mobilization table was received in early December. The stock comprises shelter kits, tarpaulins, jerry cans, mosquito nets, blankets, kitchen sets, and hygiene parcels. From December 2008 to early January 2009, stock for 13,000 households was dispatched from Yangon to 16 locations in the field. The remaining items for 1,000 households will be dispatched to the field in February, while stock for another 1,000 households will be kept as disaster preparedness stock in Yangon. The second dispatch of stock in February will also include family kits for an additional 10,000 households.

Shelter	
Objective 1 (immediate needs: 0 – 6 months) Meet the immediate emergency shelter needs of selected cyclone-affected households through the distribution of emergency shelter tools and materials.	
Expected results	Activities planned
Up to 100,000 households have received tarpaulins and 275,000 households have access to emergency shelter tool kits.	<ul style="list-style-type: none"> Procure shelter tool kits, tarpaulins and rope. Distribute two tarpaulins for each household and one tool kit for five households. Monitor distributions (from Yangon to townships) and adjust allocations as required. Develop and carry out emergency shelter kit review.
Objective 2 (medium- to long-term needs: 6 – 24 months) Provide support to some of the most vulnerable families who have not been able to “self-recover” their shelter after Cyclone Nargis.	
Expected results	Activities planned
<ul style="list-style-type: none"> Selected households (some of the most-vulnerable families and especially those still living with host families or community places) have received cash grants and training to establish a minimum standard of shelter. A reserve stock of 5,000 tarpaulins and emergency shelter tool kits have been distributed as required to extremely vulnerable households. 	<ul style="list-style-type: none"> Develop guidelines for household shelter programme. Train shelter officers, field assistants and volunteers. Select beneficiaries. Organize workshops for beneficiaries and community builders. Transfer cash. Monitor construction. Evaluate household shelter project. Purchase and deliver tarpaulins and tool kits.
Objective 3 (medium- to long-term needs: 6 – 24 months) Provide protection against cyclones and floods.	
Expected results	Activities planned
Safe havens (evacuation places in case of cyclones/storms/floods) are available for community members.	<ul style="list-style-type: none"> Conduct feasibility study. Develop cyclone protection plan. Reinforce existing “safe havens” or build them. Make clear arrangements regarding maintenance and ownership. Hand over buildings. Evaluate cyclone protection project.

Progress

Both new shelter delegates are in place: the first arrived on 7 January and the other on 23 January.

The development of a detailed action plan has begun and focuses on three types of shelter provision:

- Individual shelter support
- Community infrastructure
- Community cyclone protection

Individual shelter support

Implementation of the plan to provide shelter support for 10,000 households in 11 townships has begun. This part of the programme is based on the provision of cash grants to selected beneficiaries, to be used to repair their existing homes or to build a new shelter. The beneficiaries selected will be those who have not been able to reach any level of recovery since the cyclone. Based on published surveys and the International Federation’s village tract assessments, beneficiaries identified by the shelter programme as eligible for this support are those still

living in temporary locations or with host families. A participatory approach will be used in the selection of the beneficiaries, using the village tract recovery committees (VTRC) who will work with the MRCS hub offices in the field.

The beneficiaries will sign a contract which states that they will each receive a total of about USD 280 (CHF 324) for the purchase of materials and labour to repair their existing homes or to build a new shelter. They will receive a basic description of the materials they can purchase and the current market rate of those materials. For the sake of efficiency, beneficiaries will be encouraged and supported in purchasing the materials and constructing the shelters as a village or whole village tract, depending on their size and location. However, each beneficiary will also have the choice of purchasing and building individually.

The cash grants will be supplemented by a training programme in good practice building techniques for storm resistance. Each hub office has recruited a shelter officer. These officers will train field assistants and Red Cross volunteers to work with the village tract recovery committees and beneficiaries, to help implement building techniques and monitor the distribution of the cash grants.

The cash grants will be issued in two segments. The first of 8,000 grants will be spread among 11 townships, based on the level of affectedness of households in each township. The second segment of 2,000 grants will be used to fill existing gaps and complete the programme.

The training of shelter officers, field assistants and volunteers from all townships will be conducted in two locations, namely Dedaye and Labutta, in the second week and fourth week of February respectively. Beneficiary selection for the first segment of cash grants will begin in the second half of February, with disbursement of grants planned for March.

Community infrastructure

The International Federation will support the MRCS to meet uncovered needs for the reconstruction of up to 24 primary schools in seven affected townships targeted under the appeal. Preliminary plans have been presented, and the criteria for selection will focus on primary schools on a pre-existing site, with a high enrolment of students and within easy access of villages. Each school will follow a standardized design, at a cost of about USD 25,000 to USD 30,000 each (CHF 28,860 to CHF 34,635). The finished schools will be handed over to the township education authorities, who will be responsible thereafter for their use and maintenance. The project time frame and questions on how the construction of the schools will be procured are under discussion.

The International Federation will also support the MRCS in the construction of 100 community posts. These will be small, simple structures initially used by the MRCS and the village tract recovery committees. Subsequently, the posts will be donated to the village tracts. Discussions are underway regarding the construction time frame.

Additionally, the International Federation will support the MRCS in assessing the needs and provision of further schools, health centres, etc.

Community cyclone protection

The shelter team has begun to carry out a feasibility study on the provision of community cyclone protection. This study will involve a review of the needs of communities for 'safe havens' and cyclone shelters, and their current access to such structures, if any.

The findings of the study will enable the International Federation to define the extent of the cyclone protection programme and the development of a detailed plan of action and budget for 2009-2010. At this stage, it is anticipated that the programme will commence by September, with the rehabilitation or construction of new 'safe havens', using a combination of community-driven and contractor-build approaches.

Livelihoods	
Objective 1	
<ul style="list-style-type: none"> Ensure food and economic security for the most vulnerable households during the early recovery phase. Restore basic community assets and infrastructure to facilitate the above. 	
Expected results	Activities planned
<ul style="list-style-type: none"> Selected households have been provided with wage employment. 	<ul style="list-style-type: none"> Interaction with other agencies implementing cash-for-work programmes for learning.

<ul style="list-style-type: none"> Basic community infrastructure has been restored. 	<ul style="list-style-type: none"> Orientation for hub teams on programme approach. Develop guidelines and action plan. Presentation of action plan to executive committee of MRCS. Translate guidelines and action plan to Myanmar language. Disseminate guidelines to hub teams. Develop database. Conduct orientation and training for the programme at hub level. Finalize proposals in hubs and approve. Transfer of funds to hubs for approved projects. Mid-term review of programme after completion of Phase I. Regularly monitor and make payments to beneficiaries. Final compilation of programme completion report.
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Objective 2

Provide cyclone-affected households support to regain their previous income-generating activities.

Expected results	Activities planned
Selected households have been enabled to recover lost (household or joint) productive assets, providing them the possibility to earn a basic sustainable income.	<ul style="list-style-type: none"> Discussion and decision-making by executive committee of MRCS on cash grants approach. Preparation of guidelines on asset recovery programme for hub teams and translation to Myanmar language. Orientation for hub managers and livelihoods officer on asset recovery programme. Develop beneficiary database. Hub level orientation and training inputs to volunteers on processes of asset recovery programme. Process of beneficiary selection for livelihoods support including baseline-data. Provision of cash grants support and monitoring of activity. Additional procurement support to beneficiaries. Internal mid-term review of asset recovery programmes. Compilation of project completion report for asset recovery programme including beneficiary survey. Impact assessment for asset recovery programme.

Objective 3

- Provide new main-income providers such as widows, with support to engage in new income-generating activities.
- Provide people who cannot restart their previous income generating activities (resettlers, traumatized people etc.) with support to engage in new income-generating activities.

Expected results	Activities planned
<ul style="list-style-type: none"> Selected households have (household or joint) productive assets to start new income generating activities providing them the possibility to earn a basic sustainable income. The selected beneficiaries have the skills and capacities to carry out the new income generating activities. 	<ul style="list-style-type: none"> Preparation of guidelines on diversification programme for hub teams and their translation to Myanmar language. Orientation to hub managers and livelihoods officer on diversification programme. Development of beneficiary database (extra modules). Hub level orientation and training inputs to volunteers on processes of diversification programme. Process of beneficiary selection for livelihoods support including baseline-data. Beneficiary sensitization and training on new income-generating activities. Procurement and provision of assets and start-up capital. Prioritization of capacity building needs for people supported for new livelihoods. Identify resource agencies to be involved in training programmes. Conduct training programmes in different sectors at hub level. Compilation of overall report on training and capacity

	building including beneficiary survey. • Impact assessment for diversification programme.
Objective 4 <ul style="list-style-type: none"> Restore community facilities and natural environments which have been destroyed or damaged by Cyclone Nargis, to create a supportive context for economic activities. Reduce vulnerabilities of communities to impacts of natural disasters. 	
Expected results	Activities planned
<ul style="list-style-type: none"> Community facilities and infrastructure (service centres, marketplaces, transport systems, jetties, etc.) have been restored and/or strengthened. Natural and environmental resources affected by Cyclone Nargis have been restored and communities are aware of the importance of natural resource protection among others in respect of disaster risk reduction. 	<ul style="list-style-type: none"> Develop project implementation guidelines. MRCS staff and volunteer training on community projects. Implement projects at hub levels. Project completion report on community projects.



A jetty repair project underway in Kungyangon township.
(Photo: MRCS)

Progress

Cash-for-work programme

A total of 34 projects have been completed so far in Phase I of the cash-for-work programme initiated in November. The projects have benefited a total of 2,343 beneficiaries, comprising 1,471 men and 872 women, or 11,715 indirect beneficiaries (on the basis that each beneficiary represents one household of five people). Each household is only permitted to participate in the programme through one representative.

A remaining eight projects are ongoing under Phase I, while Phase II of the programme which was launched in January will benefit an additional 2,500 beneficiaries.

Cash-for-work projects comprise repairs to village roads, river embankments, jetties, bridges, irrigation canals, and sluice gates, as well as agricultural land restoration and environmental cleaning.

Cash grants for asset recovery programme

Indications show that there is an increasing level of indebtedness among vulnerable communities, exacerbated by the need to purchase basic items (fertilizers and seeds) for the summer season crops. Following training conducted in December, volunteers, field assistants, and livelihood technicians, have begun community-level socialization and awareness-raising activities on cash grants in the Pyapon and Bogale townships. Training and activity planning is ongoing in three other townships, namely Kungyangon, Twantay and Kawhmu.

Strategies on the targeting of vulnerable households were also discussed at the monthly hub managers' meeting in January.

I. Community-based health and first aid

Objective 1 (immediate needs: June – December 2008)

- Reduce the number of deaths, illnesses and impact of disease and public health emergencies, in the 13 most affected townships in the Yangon and Ayeyarwady divisions, through good collaboration with the ministry of health.
- Strengthen capacity building of the MRCS headquarters and branches at all levels to manage an integrated community-based health and first aid programme.

Expected results	Activities planned
1.1 Affected populations receive emergency health care, first aid and psychosocial support from trained community-based first aid volunteers.	<ul style="list-style-type: none"> 304 MRCS volunteers from affected and non-affected townships who had been trained in first aid (prior to Nargis) will be given booster training in emergency health care and hygiene promotion (supporting the water and sanitation sector), to provide immediate hygiene education in the 13 townships during the emergency

	<p>phase. This will include giving first aid to injured and sick persons, health advice and information, psychosocial support, hygiene and sanitation education, the distribution of hygiene kits and mosquito nets, and referrals.</p> <ul style="list-style-type: none"> • 2,000 first aid kits to be procured and distributed to trained volunteers. These kits are to include supplies and materials to support their ongoing first aid care activities at the first aid posts, temporary shelters and in villages. • Support to existing first aid posts and the setting-up of additional 50 community first aid posts (Red Cross volunteer posts) in identified areas, operated by community-based first aid trained volunteers, in coordination with the local township medical officers in nine townships. • 200 boxes of inter-agency emergency health kits to be procured; 100 boxes distributed to priority rural and sub-health centers, and mobile health teams in 13 priority townships, in coordination with the township medical officers. • First aid training in the community will be conducted in nine townships.
1.2 Increased awareness on safe drinking water, proper hygiene and sanitation practices, disease prevention and early consultation for women and children in the affected households.	<ul style="list-style-type: none"> • Information, education and communication materials (such as the community-based first aid manual, and materials on dengue and malaria prevention, and hygiene and sanitation), will be updated, printed and distributed to the affected communities, in support of community health education activities conducted by volunteers. • A three-month hygiene promotion campaign will be conducted in the dry season (beginning December). • Assessment on the knowledge, attitude and practice of hygiene and sanitation, and disease prevention, will be conducted by the end of December.
1.3 Prevention, care and support for tuberculosis (TB), malaria, dengue, sexually transmitted diseases and HIV are provided to the affected families. This includes safe blood supply for priority patients.	<ul style="list-style-type: none"> • The MRCS will support the immunization campaign organized by the ministry of health. • Mobilization of volunteers for follow-up for TB patient compliance at community level. • The MRCS will work with the ministry of health to establish if there is any additional support required for health issues which could be provided by Movement partners.
1.4 Increased capacity of MRCS headquarters and branch staff and volunteers to respond to immediate and urgent health care needs of the affected population.	<ul style="list-style-type: none"> • 41 health officers will be hired and posted to nine field hubs in the delta region, to support MRCS branches in the implementation of the health and care programming of the operation in 13 townships. • 150 volunteers to be trained as community-based first aid (CBFA) facilitators in nine townships. These volunteers will organize and mobilize communities for community-based health and first aid activities such as activities related to hygiene and sanitation, dengue prevention and control. • 1,080 CBFA community volunteers will be trained in nine townships. Each trained CBFA volunteer will disseminate information to at least 10-30 households on an individual basis, reaching out to a minimum of 10,800 households in nine townships in 2008. • The MRCS will finalize the draft of its latest updated version of the first aid manual. • Organization of review, evaluation and planning meetings with the MRCS volunteers, branch health officers and headquarters.

Objective 2 (medium- and long-term needs: January 2009 – January 2011)	
<ul style="list-style-type: none"> • Ensure access to basic health care, emphasizing preventive measures, first aid, psychosocial support and a referral system, in coordination with the ministry of health. • Continue to strengthen capacity building of the MRCS headquarters and branches to manage an integrated community-based health and first aid programme. 	
Expected results	Activities planned
2.1 Target groups have access to basic first aid and have increased awareness of the prevention of (and recognise danger signs) communicable diseases/illnesses and psychosocial problems, as well as health care, proper hygiene and sanitation practices.	<ul style="list-style-type: none"> • An additional 150 volunteers in 13 townships will be trained as CBFA facilitators and equipped with first aid kits and supplies for replenishment. • An additional 1,000 community volunteers will be trained in CBFA in 13 townships, by trained facilitators. • 100 community volunteers will be trained in Participatory Hygiene and Sanitation Transformation (PHAST), to support community-based hygiene and sanitation activities. • 150 previously trained facilitators will attend refresher training in disease prevention, preparedness for emergency health care, first aid response and psychosocial support. • Trained volunteers conduct regular community-based health activities and provide first aid and psychosocial support in the villages. These activities include providing care and support to sick members of households, health instructions, referrals and identifying community health initiatives for health and hygiene promotion and sanitation activities.
2.2 Prevention, care and support for TB, malaria, dengue, sexually transmitted diseases and HIV, are provided to the affected families, and safe blood is supplied to priority patients in collaboration with the local health units.	<ul style="list-style-type: none"> • Print information, education and communication materials (such as on dengue prevention, hygiene and sanitation, malaria, hand washing, diarrhoea) and distribute to affected communities, in support of community health education activities conducted by volunteers. <i>(To be conducted on an ongoing basis)</i> • Mobilization of volunteers for voluntary blood donor recruitment drives, HIV prevention, care, treatment and support, activities targeted at dealing with stigma and discrimination, and follow-ups for TB patient compliance at community level. • Incorporation of first aid activities, health hygiene promotion and psychosocial support, into regular MRCS branch health activities, in coordination with the local health care system. • Two basic inter-agency emergency health kits (sufficient for 6,000 persons for three months) will be procured for pre-positioning at MRCS warehouses. • 25,000 hygiene kits and 25,000 long-lasting mosquito nets will be procured and distributed to priority identified families in affected areas according to the relief plan.
2.3 The MRCS's capacity is strengthened in HQ and branches at all levels to better manage emergency health care and integrated community-based health and first aid programmes.	<ul style="list-style-type: none"> • Hub health officers will continue to manage the health and care programme in 13 townships. • 41 branch health officers will attend refresher training and continue to support local branches and volunteers in the implementation of health, first aid and psychosocial support activities. • Organize review, evaluation and planning meetings with the Red Cross volunteers, branch health officers, and the MRCS headquarters, and schedule an external evaluation of health and care before the completion of the operation.

Progress

At the end of December, the MRCS/International Federation health teams developed detailed action plans for four activities: hygiene promotion (including school hygiene promotions), disease prevention activities, public health in emergencies (including first aid), and support for health ministry programmes including immunization and tuberculosis care. These plans will be presented by the MRCS during the partnership meeting in February.



A mobile health clinic conducted by health officers and trained community volunteers in the Ka Wet Yae Kan Chaung village tract in Dedaye township. (Photo: MRCS/Aye Thanda Maung)

By the end of December, all 45 targeted community-based health and first aid (CBHFA) multiplier training sessions for community representatives/volunteers were conducted in nine designated townships. This brings the total number of community representatives trained to about 1,200.

Community-initiated activities led by these representatives have also begun in the townships.

From January 2009 onwards, the focus of the nine hub office health teams is to work with community representatives and wider communities, to develop health promotion action plans in about 50 village tracts across nine townships.

Data entry and analysis of the knowledge, attitude, and practice (KAP) survey on basic health and hygiene promotion conducted in 13 townships in December, continues. They are scheduled for completion in early February.

II. Psychosocial support

IMMEDIATE NEEDS (June – December 2008)

Objective 1

To strengthen the capacity of the MRCS and local community resources to address psychosocial support challenges related to the population affected by Cyclone Nargis.

Expected results	Activities planned
1.1 The MRCS has developed psychological support programme strategies and plans of action, and has demonstrated abilities in formalizing, consolidating, and implementing psychosocial support (PSP) activities.	<ul style="list-style-type: none"> • Conduct a three-day PSP booster training session for 25 volunteers. • Deploy 25 PSP trainers to nine affected townships. • Hire a PSP coordinator at headquarters level. • Conduct a one day briefing for the first group of PSP volunteers deployed to the affected townships. • Conduct an advocacy skills workshop, gathering PSP volunteers, health officers, and seconds-in-command (the leader of Red Cross volunteers at township level) from the nine targeted affected townships. • Conduct three ToT workshops for five Red Cross staff and volunteers, as well as five community representatives from each targeted affected township (90 participants in total). • Conduct a three-day training session for 30 Red Cross staff and volunteers, as well as community representatives per township (total of nine sessions and 270 trainees).
1.2 The MRCS possesses assessment, monitoring and evaluation tools in order to follow up, monitor and evaluate its PSP programme.	<ul style="list-style-type: none"> • Conduct a one-day training session on questionnaire administration and data collection. • Develop monitoring forms for PSP activities. • Conduct two evaluation field visits covering two affected townships. • Conduct a three-day overall evaluation workshop in Yangon for representatives from the nine affected

	townships.
1.3 The MRCS cooperates with the ministry of health, the UN, and international and local NGOs, in providing psychosocial support to affected communities.	<ul style="list-style-type: none"> MRCS proactively attends to psychosocial and mental health working group meetings organized every other week.
1.4 MRCS staff and volunteers have information, education and communication materials to support themselves and their services to the affected population.	<ul style="list-style-type: none"> Produce and print two stress and coping-related brochures, targeting Red Cross volunteers and affected communities (10,000 copies per brochure). Produce and print two stress and coping <i>posters</i>, targeting Red Cross volunteers and affected communities (10,000 copies per poster).
1.5 MRCS staff and volunteers involved in the Nargis operation receive adequate psychosocial support.	<ul style="list-style-type: none"> Conduct nine debriefing sessions for 40 Red Cross staff members and volunteers in each of the nine affected townships, using independent professional psychologists.
Objective 2 To address the psychosocial and mental health challenges of the affected population by providing psychosocial support activities and related relief items.	
Expected results	Activities planned
Psychosocial activities are conducted with the affected communities by the MRCS volunteers and staff, as well as trained community representatives.	Purchase and distribute 100 PSP community kits and 523 PSP family kits for each of the nine affected townships (totalling 900 and 4,707 kits respectively).
MEDIUM- TO LONG-TERM NEEDS (January – December 2009)	
Objective 1 To strengthen the capacity of the MRCS and local community resources to address psychosocial support challenges related to the population affected by Cyclone Nargis.	
Expected results	Activities planned
1.1 The MRCS has developed psychological support programme strategies and plans of action, and has demonstrated abilities in formalizing, consolidating, and implementing PSP activities	<ul style="list-style-type: none"> Conduct a two-day advocacy skills workshop for PSP volunteers and PSP health officers from the 13 affected townships. Conduct three three-day booster training sessions for PSP ToT trainers trained in 2008, in the nine affected townships (a total of 90 participants). Conduct nine three-day booster training sessions for trained volunteers in the nine affected townships (30 participants per township, totalling 270 trainees). Conduct one five-day PSP ToT training for a total of 40 trainers in four additional townships. Conduct one three-day booster training session for PSP ToT trainers in the four additional townships (totalling 40 participants). Conduct four three-day PSP training sessions for 30 Red Cross and community representatives in the four additional townships (totalling 120 participants). Train and equip five volunteers per township through two-day training sessions on theatre and drama activities (totalling two sessions and 65 participants).
1.2 The MRCS possesses assessment, monitoring and evaluation tools in order to follow up, monitor and evaluate its PSP programme.	<ul style="list-style-type: none"> Conduct a two-day training session on impact assessment methodologies for volunteers in 13 townships (totalling 26 volunteers). Develop a questionnaire or semi-direct focus group discussion guidelines. Organize a one-day meeting with 26 volunteers to familiarize them with the PSP questionnaire/focus group discussion guidelines before deployment to the field. Deploy 26 Red Cross volunteers and staff to the field for data collection and questionnaire administration for seven days (to the 13 affected townships).

	<ul style="list-style-type: none"> • Conduct data analysis through social science professionals and produce related reports. • Update and revise monitoring forms. • Conduct seven evaluation field visits covering 13 townships. • Conduct one overall evaluation workshop in Yangon for three days, gathering representatives from the 13 affected townships (three representatives from each township comprising the health officer, the theatre and drama volunteer, and the PSP volunteer).
1.3 The MRCS cooperates with the ministry of health, the UN, international and local NGOs, in providing psychosocial support to affected communities.	<ul style="list-style-type: none"> • Organize two coordination meetings with international and national partners to join efforts in PSP support. • The MRCS proactively attends psychosocial and mental health working group meetings organized every two weeks. • The MRCS attends the regional psychosocial support network meeting and shares its Nargis operational experience. • The MRCS attends an international psychosocial support conference to exchange knowledge and experience.
1.4 MRCS staff and volunteers have information education and communication materials to support themselves and their services to the affected population.	<ul style="list-style-type: none"> • Reprint two stress and coping-related brochures targeting Red Cross volunteers and affected communities (10,000 copies per brochure). • Reprint two stress and coping posters targeting Red Cross volunteers and affected communities (10,000 copies per poster). • Produce a 20-minute video documentary about MRCS PSP activities in the Nargis context (10,000 copies). • Translate the PSP manual (new edition) into the Myanmar language. • Design and print the translated version of the new edition of the PSP manual (60 copies).
1.5 MRCS staff and volunteers involved in the Nargis operation receive adequate psychosocial support.	Conduct a one-day debriefing session for 40 Red Cross staff and volunteers in each of the 13 affected townships, using independent professional psychologists (totalling 520 participants).
Objective 2 To address the psychosocial and mental health challenges of the affected population by providing psychosocial support activities and related relief items.	
Expected results	Activities planned
Psychosocial activities are conducted with the affected community by the MRCS volunteers and staff, as well as trained community representatives.	<ul style="list-style-type: none"> • Purchase and distribute 100 PSP community kits and 535 PSP family kits in each of the 13 affected townships (1,300 and 6,955 kits respectively). • Conduct two one-day drama and theatre activities every month, in each of the 13 affected townships. • Conduct five school-based activities every month, in all 13 townships. • Conduct one community-based PSP activity with targeted affected community members every month, in each of the 13 affected townships (activities include flower arrangements, cooking competitions, and making of handicraft).

Multiplier training sessions for 210 community volunteers in nine townships were initiated and completed in December. Since January, these volunteers who include teachers, monks and nuns, have begun to engage in a number of village-level activities. These include the distribution of posters and brochures on stress management, coping skills, and better sleeping techniques in nine townships.

The contents of community kits and recreational kits have recently been approved by the MRCS. The procurement process for the kits will be initiated soon.

Water, sanitation and hygiene promotion

Objective 1 (immediate phase: May – December 2008) To ensure that the <i>immediate</i> risks of waterborne and water-related diseases have been reduced through the <i>most essential</i> provision of safe water, adequate sanitation and hygiene promotion and education to 100,000 households.	
Expected results	Activities planned
<ul style="list-style-type: none"> • Access to safe water and adequate sanitation facilities has improved for 100,000 households. • The understanding of household water treatment methods among the affected population has increased and has improved the health status of the population. • Proper hygiene practices among the targeted population. • Increased capacity of MRCS headquarters and branch staff and volunteers, to respond to immediate and urgent water and sanitation needs of the affected population. 	<ul style="list-style-type: none"> • Provision of potable water to 12,000 households in the affected area, through water treatment (water and sanitation ERU³). • Provision of water purification tablets for household water treatment, for 88,000 households. • Assess the existing situation of village rainwater harvesting structures including ponds, and assist the village community in the cleaning and rehabilitation of the structures. • Long-term training and dissemination of different household water treatment methods. • Development of a water quality monitoring system at township and village tract levels, in coordination with the health sector. • Provision of jerry cans to 100,000 households. • Training of local engineers/staff/volunteers in the installation of water purification units. • Provision of appropriate sanitation facilities (latrines). The project will construct 2,000 household latrines as part of training and demonstrations relating to appropriate sanitation facilities. This will include the distribution of 10,000 numbers of latrine pans and pipes. Trained community volunteers will monitor and support communities in building latrines. • Promotion of the proper use of water purification tablets, disinfection chemicals, boiling of water, and household filtration capability. • Conduct emergency PHAST sessions on the safe use of water and sanitation facilities. These sessions will be conducted by the health programme and supported by the water and sanitation programme.
Objective 2 (medium- and long-term phase: January 2009 – January 2011) To ensure that the <i>long-term</i> risk of water-borne and water-related diseases has been reduced through <i>sustainable</i> access to safe water and adequate sanitation, as well as the provision of hygiene education to 75,000 households. ⁴	
Expected results	Activities planned
<ul style="list-style-type: none"> • Access to sustainable safe water and adequate sanitation facilities among the affected population is improved. • The health status of the population is improved through behavioural change and hygiene promotion activities. • The design and implementation of an emergency preparedness programme related to water and sanitation is defined. • The MRCS prepositions water purification units and emergency kits which include water treatment units, 	<ul style="list-style-type: none"> • Distribute water purification tablets to 50,000 households. • Support 138 village tracts in the recovery and rehabilitation of rain water harvesting structures. • Rehabilitation and drilling of up to 80 new tube wells. • Continue implementing a water quality monitoring system at township and village tract levels, in coordination with the health sector. • Provide appropriate sanitation facilities (latrines) for 100 institutions (schools and health centres). This will include

³ Emergency response units: French Red Cross, and joint deployment by the German Red Cross and Austrian Red Cross.

⁴ The initial phase of relief focused on reaching 100,000 beneficiaries, irrespective of their level of 'affectedness'. The second phase of relief will focus on the most vulnerable portion of this group of people, and this amounts to 75,000 beneficiaries.

<p>water testing kits and emergency sanitation kits, as a disaster preparedness measure.</p> <ul style="list-style-type: none"> • Increased capacity of the MRCS to carry out effective monitoring and evaluation of programme results. 	<p>the purchase of materials and equipment locally for the construction of latrines.</p> <ul style="list-style-type: none"> • Provision of appropriate sanitation facilities (latrines) for communities. The project will construct 8,000 household latrines as part of training and demonstrations on appropriate sanitation facilities. This will include the distribution of 30,000 numbers of latrine pans and pipes. Trained community volunteers will monitor and support communities in building latrines. • Train 80 MRCS staff members and volunteers in water and sanitation. • Conduct a ToT session on PHAST in coordination with the health sector. • Design and implement the section on hygiene promotion for health training, targeted at the affected population and focusing on behavioural change. • Conduct training in the installation of emergency water and sanitation facilities for local engineers/staff/volunteers, as part of an emergency preparedness programme (refresher training to follow at a later stage). • Handover duties to local water authorities.
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The implementation of recovery phase activities is ongoing in all 13 townships. Simultaneous activities being carried out include the rehabilitation of ponds, installation of rainwater harvesting structures including fibre glass tanks in schools and monasteries, and demonstrations on latrine construction in villages along with training for community volunteers. Community participation includes the provision of local materials and human labour for activities.

The water and sanitation teams at all nine hub offices are continuing with technical assessments at village and village tract levels, to aid activity planning.

To date, the following activities have been conducted:

- A total of 30 ponds have been rehabilitated in six townships. The rehabilitation of five others is ongoing.
- One reinforced concrete tank with a 20,000 litre storage capacity (to provide safe drinking water for 1,300 households every day) has been constructed in the Mawlamyinegyun township, and the construction of another tank is ongoing in the township.
- More than 100 demonstrations on latrine construction for about 200 volunteers have been conducted in five townships, namely Ngapudaw, Mawlamyinegyun, Pyapon, Kungyangon and Dedaye. More than 800 latrine pans and pipes have also been distributed in these areas, in conjunction with this activity. Seven water treatment units are in operation in three townships, providing safe drinking water to about 10,000 to 15,000 households everyday. This substantial increase (compared to six units serving 6,000 households in December) is due to increased demand in the current dry season. The seven units are located in Bogale (4), Labutta (1) and Mawlamyinegyun (2).
- In addition to these figures, about 15,000 litres of water produced by the water treatment unit in the Bi Tut tract in Labutta, is being distributed by UNICEF to approximately 1,000 households in surrounding areas.



A concrete tank being constructed in Mawlamyinegyun township. The tank has a storage capacity to provide safe drinking water to 1,300 households. (Photo: MRCS)

ICRC

The water and sanitation activities conducted by the ICRC in Dedaye township and Amar (a sub-township) from May was completed at the end of December. The activities included the production of safe drinking water, pond rehabilitation, hygiene promotion, and the construction of rainwater harvesting structures and latrines. A final report has been submitted by the ICRC to the MRCS/International Federation, and the handover of water and sanitation equipment is ongoing. (See other ICRC interventions)

Disaster Preparedness and Risk Reduction

Objective (medium- and long-term)

The vulnerability of targeted communities is reduced through mitigation measures and an enhanced capacity to prepare for and respond to future disasters.

Discussions are underway regarding the establishment of a basic early warning system in cyclone-affected areas and other disaster-prone areas. This system will be part of the national society's community-based disaster risk management framework, which will feature other components of mitigation and preparedness, also presently under discussion. These preparations are the follow-up to the community-based disaster management training-of-trainers sessions organized last year for Red Cross volunteers in all 13 cyclone-affected townships, as well as other parts of the country.

Logistics

- Training of three MRCS logistics officers seconded to the International Federation's logistics unit in Yangon since September and December respectively, continues. In addition, one of the officers conducts on-the-job training for nine MRCS hub logistics officers in five locations in the field - the officer covers one location per week.
- Disaster preparedness stock dispatches to townships have been completed.
- *Logic* warehouse management software is used for stock control.
- The dispatch plan of available stock (i.e. tents and other remaining items) in the Yangon warehouse has been approved. These items will be dispatched together with family kits to the other states and divisions of Myanmar.
- Ongoing local procurement of psychosocial support programme (PSP) community kits, advanced first-aid kits, water and sanitation equipment, buckets, motorbikes, and bicycles. Technical approval has already been provided for the PSP community kits.

The regional logistics unit based in Kuala Lumpur continues to provide logistics and procurement support for this operation.

Finance

The regional finance development delegate who visited in August and October, has made a third visit to the country office to provide additional assistance to the national society's field finance structures. [<view attached financial report>](#)

Reporting

The final three of nine hub reporting officers were deployed to the field in early January.

MRCS capacity

The MRCS is forming a task force to discuss the exit strategy for hub offices and issues regarding volunteers for the year 2009.

A process of consultation with the MRCS has also begun to identify the process and profile for a future transition from the Nargis recovery operations to sustainable long-term programme support for the national society and its branches.

To date, the MRCS has recruited 197 hub technical staff out of 240 budgeted, while at headquarters, it has 28 staff in place out of an allocation of 34.

In addition, a total of 515 Red Cross volunteers were involved in recovery phase activities in the month of December, according to most recently available data.

International Federation capacity

There are currently 20 Nargis delegates in-country, and 17 local technical staff. There are also six annual programming delegates. The new head of operations began work in the country office in January, and two shelter delegates and a human resource delegate have taken up position in the same month. The new head of country office is expected to arrive in early February, together with the psychosocial support programme delegate.

Media/Communications

The regional communications delegate continues to provide support to the MRCS communications division.

Other ICRC Interventions (outside the MRCS/Federation's Nargis Appeal)

Health

The ICRC has provided further medical assistance to three township hospitals in Bogale, Mawlamyinegyun and Ngapudaw, namely through medical supplies valued at approximately USD7,000, in accordance with needs identified in November and December.

In summary, the general health status of the community in five townships (Dedaye, Bogale, Mawlamyinegyun, Labutta and Ngapudaw) has reached the pre-Nargis situation and the township health departments have sufficient supplies in stock to last for at least one to two years. This assessment was the outcome of the meeting between the ICRC medical field officer and the respective township medical officers in the November to December period, aimed at assessing the health situation in townships and the usage of medical supplies which the ICRC had distributed through the MRCS in July.

Therefore, the ICRC has decided that no further assistance in terms of medical supplies is necessary for these Nargis-affected areas, thereby completing its Nargis-related health activities.

Restoring Family Links programme

In December, 22 families were reunited. This brings the total number of families reunited through the programme from May to end December, to 405 families. They were reunited as a result of a number of programme activities particularly, the 5,268 *Safe and Well* and *Anxious for News* messages collected in the delta from May to December.

How we work

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

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

Global Agenda Goals:

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

Contact information

For further information specifically related to this operation, please contact:

- Federation zone office in Kuala Lumpur:
 - Jagan Chapagain, deputy head of zone office, phone: +6012 215 3765, email: jagan.chapagain@ifrc.org
 - Heikki Väättämoinen, disaster response delegate phone: +6012 230 7895, email: heikki.vaatamoinen@ifrc.org
 - For pledges of funding: Penny Elghady, resource mobilization and PMER coordinator, phone: +6012 230 8634, email: penny.elghady@ifrc.org
Please send all funding pledges to zonerm.asiapacific@ifrc.org
 - For mobilization of relief items: Jeremy Francis, regional logistics coordinator, phone: +6012 298 9752, fax: +603 2168 8573, email: jeremy.francis@ifrc.org
- Federation regional office in Bangkok for communications/media relations,
 - Lasse Norgaard, communications delegate, phone: +66 847 526 441, email: lasse.norgaard@ifrc.org

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

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/12
Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	73,987,909					73,987,909
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
American Red Cross	1,554,089					1,554,089
Andorra Red Cross	23,550					23,550
Australian Red Cross	3,420,989					3,420,989
Australian Red Cross (from Australian Government)	2,980,500					2,980,500
Austrian Red Cross	682,470					682,470
Austria - Private Donors	1,585					1,585
Belarusian Red Cross	2,391					2,391
Belgian Red Cross (French)	18,986					18,986
Belgium - Private Donors	323					323
Belgium Red Cross (Flanders)	5,265					5,265
Brazil - Private Donors	8,033					8,033
British Red Cross	176,796					176,796
British Red Cross (from DFID - British Government)	3,074,258					3,074,258
Canadian Red Cross	1,405,814					1,405,814
Canadian Red Cross (from Canadian Government)	2,534,629					2,534,629
Cook Islands Red Cross	11,283					11,283
Cyprus Gouvernement	80,050					80,050
Cyprus Red Cross	16,123					16,123
Danish Red Cross	505,303					505,303
Danish Red Cross (from Danish Government)	2,227,858					2,227,858
ECHO	1,033,600					1,033,600
Estonia Government	51,607					51,607
Finnish Red Cross	58,338					58,338
German Red Cross	1,068,835					1,068,835
Great Britain - Private Donors	466					466
Hellenic Red Cross	48,810					48,810
Hong Kong - Private Donors	5,200					5,200
Hong Kong Red Cross	547,266					547,266
IATA	8,650					8,650
Icelandic Red Cross	174,295					174,295
Indian Red Cross	7,732					7,732
India - Private Donors	10,607					10,607
Irish Red Cross	550,290					550,290
Italian Govt Bilateral Emergency Fund	198,645					198,645
Japanese Red Cross	391,757					391,757
Japan - Private Donors	4,730					4,730
Korea (Republic of) - Private Donors	191					191
Korea Republic Red Cross	378,352					378,352
Kuwait Red Crescent (from Kuwait Government)	5,250,000					5,250,000
Lithuanian Red Cross	976					976
Luxembourg Red Cross	11,862					11,862
Macau RC (branch of China RCS)	20,000					20,000
Malaysian Red Crescent	10,546					10,546
Malaysia - Private Donors	2,414					2,414
Maldives Private Donors	2,597					2,597
Monaco Red Cross	144,373					144,373

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/12
Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

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Netherlands - Private Donors	323			323
Netherlands Red Cross	1,481,516			1,481,516
Netherlands Red Cross (from Netherlands Government)	19,320			19,320
New York Office (from Applied Materials)	30,923			30,923
New York Office (from ChevronTexaco Corp.)	997,500			997,500
New York Office (from Hospira)	99,750			99,750
New York Office (from Lehman Brothers Foundation)	89,775			89,775
New York Office (from Motorola Company)	99,750			99,750
New York Office (from Nordic Custom Builders Inc.)	5,250			5,250
New York Office (from United States - Private Donors)	2,352			2,352
New Zealand Red Cross	196,574			196,574
Norwegian Red Cross	106,786			106,786
Norwegian Red Cross (from Norwegian Government)	1,237,200			1,237,200
On Line donations	248,510			248,510
Peru - Private Donors	214			214
Philippines - Private Donors	520			520
Portuguese Red Cross	32,300			32,300
Qatar Red Crescent	7,470			7,470
Russia - Private Donors	2,686			2,686
Singapore - Private Donors	21,119			21,119
Singapore Red Cross	338,953			338,953
Slovakia Government	97,845			97,845
Slovak Red Cross	15,813			15,813
Slovenia Government	80,750			80,750
Spain - Private Donors	651			651
Spanish Red Cross	30,064			30,064
Sri Lanka Red Cross	3,250			3,250
Stavros Niarchos Foundation	156,000			156,000
Swedish Red Cross	2,054,400			2,054,400
Swedish Red Cross (from Swedish Government)	2,209,860			2,209,860
Swiss Red Cross	313,772			313,772
Swiss Red Cross (from Swiss Government)	5,541			5,541
Switzerland - Private Donors	9,398			9,398
Taiwan Red Cross Organisation	103,981			103,981
Tides Foundation	51,000			51,000
Tides Foundation (from United States - Private Donors)	104,000			104,000
Total	2,182,000			2,182,000
Turkish Red Crescent	5,264			5,264
United Arab Emirates - Private Donors	1,115			1,115
United Arab Emirates Red Crescent	20,781			20,781
United States - Private Donors	15,644			15,644
VERF/WHO Voluntary Emergency Relief	7,000			7,000
VietNam Red Cross	173,800			173,800
C1. Cash contributions	41,373,153			41,373,153

Outstanding pledges (Revalued)

Australian Red Cross	6,677			6,677
Danish Red Cross	16,800			16,800
ECHO	239,449			239,449
Korea Republic Red Cross	1,396			1,396
New York Office (from Applied Materials)	1,635			1,635
New York Office (from Black Rock)	52,737			52,737
New York Office (from ChevronTexaco Corp.)	52,737			52,737

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/12
Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

New York Office (from Citadel Investment group)	10,328			10,328
New York Office (from EMC Corp.)	79,106			79,106
New York Office (from Hospira)	5,274			5,274
New York Office (from Lehman Brothers Foundation)	4,746			4,746
New York Office (from Mellon Bank)	26,369			26,369
New York Office (from Motorola Company)	5,274			5,274
New York Office (from Schering Plough)	52,737			52,737
New York Office (from United States - Private Donors)	448			448
C2. Outstanding pledges (Revalued)	555,711			555,711

Inkind Goods & Transport

American Red Cross	1,824,002			1,824,002
Australian Red Cross	354,274			354,274
Austrian Red Cross	553,791			553,791
Belgian Red Cross (French)	403,280			403,280
Belgium Red Cross (Flanders)	103,912			103,912
British Red Cross	2,997,175			2,997,175
Canadian Government	279,939			279,939
Canadian Red Cross	71,199			71,199
Danish Red Cross	914,201			914,201
Finnish Red Cross	1,413,058			1,413,058
French Red Cross	677,315			677,315
German Red Cross	720,826			720,826
Hong Kong Red Cross	275,291			275,291
Japanese Red Cross	3,657,379			3,657,379
Korea Republic Red Cross	477,916			477,916
Luxembourg Red Cross	409,897			409,897
Netherlands Red Cross	1,160,086			1,160,086
Norwegian Red Cross	118,635			118,635
Qatar Red Crescent	281,160			281,160
Spanish Red Cross	845,193			845,193
Swiss Government	154,743			154,743
Swiss Red Cross	350,197			350,197
C3. Inkind Goods & Transport	18,043,467			18,043,467

Inkind Personnel

Australian Red Cross	22,147			22,147
Austrian Red Cross	21,853			21,853
British Red Cross	33,066			33,066
Canadian Red Cross	8,680			8,680
Japanese Red Cross	34,513			34,513
Netherlands Red Cross	61,906			61,906
Other	2,347			2,347
Swiss Red Cross	19,800			19,800
C4. Inkind Personnel	204,312			204,312

Other Income

Services	6,826			6,826
C5. Other Income	6,826			6,826

C. Total Income = SUM(C1..C5)	60,183,469			60,183,469
D. Total Funding = B + C	60,183,469			60,183,469
Appeal Coverage	81%			81%

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/12
Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	60,183,469					60,183,469
E. Expenditure	-30,676,285					-30,676,285
F. Closing Balance = (B + C + E)	29,507,184					29,507,184

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
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Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		73,987,909					73,987,909	
Supplies								
Shelter - Relief	11,600,000	5,475,668					5,475,668	6,124,332
Construction - Facilities/Infrastruc		1,833					1,833	-1,833
Clothing & textiles	1,600,050	2,487,027					2,487,027	-886,977
Food		1,683					1,683	-1,683
Seeds,Plants	1,071,000							1,071,000
Water & Sanitation	4,477,520	428,995					428,995	4,048,525
Medical & First Aid	888,500	424,980					424,980	463,520
Teaching Materials	236,000	4,449					4,449	231,551
Utensils & Tools	7,335,000	3,843,854					3,843,854	3,491,146
Other Supplies & Services	10,085,190	2,122,748					2,122,748	7,962,442
ERU		968,899					968,899	-968,899
Total Supplies	37,293,260	15,760,136					15,760,136	21,533,124
Land, vehicles & equipment								
Vehicles		136,851					136,851	-136,851
Computers & Telecom	311,675	176,665					176,665	135,010
Office/Household Furniture & Equipm.	82,250	162,139					162,139	-79,889
Others Machinery & Equipment	740,000	6,287					6,287	733,713
Total Land, vehicles & equipment	1,133,925	481,942					481,942	651,983
Transport & Storage								
Storage	146,000	161,971					161,971	-15,971
Distribution & Monitoring	8,334,270	7,888,013					7,888,013	446,258
Transport & Vehicle Costs	1,513,440	102,751					102,751	1,410,689
Total Transport & Storage	9,993,710	8,152,734					8,152,734	1,840,976
Personnel								
International Staff	5,847,741	1,105,090					1,105,090	4,742,651
Regionally Deployed Staff	93,000	67,980					67,980	25,020
National Staff	610,600	86,209					86,209	524,391
National Society Staff	5,552,000	493,987					493,987	5,058,013
Consultants	118,500	61,398					61,398	57,102
Total Personnel	12,221,841	1,814,663					1,814,663	10,407,178
Workshops & Training								
Workshops & Training	6,139,558	177,904					177,904	5,961,654
Total Workshops & Training	6,139,558	177,904					177,904	5,961,654
General Expenditure								
Travel	926,600	197,500					197,500	729,100
Information & Public Relation	684,000	62,504					62,504	621,496
Office Costs	224,000	83,793					83,793	140,207
Communications	324,800	102,203					102,203	222,597
Professional Fees	20,000	13,403					13,403	6,597
Financial Charges	180,000	337,962					337,962	-157,962
Other General Expenses	37,000	110,482					110,482	-73,482
Total General Expenditure	2,396,400	907,848					907,848	1,488,553
Contributions & Transfers								
Cash Transfers National Societies		997,500					997,500	-997,500
Total Contributions & Transfers		997,500					997,500	-997,500
Programme Support								
Program Support	4,809,214	1,524,576					1,524,576	3,284,638
Total Programme Support	4,809,214	1,524,576					1,524,576	3,284,638
Services								
Services & Recoveries		438,595					438,595	-438,595

International Federation of Red Cross and Red Crescent Societies

MDRMM002 - Myanmar - Cyclone Nargis

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2008/5-2008/12
Budget Timeframe	2008/5-2011/4
Appeal	mdrmm002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		73,987,909				73,987,909		
Total Services		438,595				438,595		-438,595
Operational Provisions								
Operational Provisions		420,386				420,386		-420,386
Total Operational Provisions		420,386				420,386		-420,386
TOTAL EXPENDITURE (D)	73,987,909	30,676,285				30,676,285		43,311,624
VARIANCE (C - D)		43,311,624				43,311,624		