



Myanmar

Annual Report 2014

 International Federation
of Red Cross and Red Crescent Societies

MAAMM002

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**This report covers the
period 1 January 2014
to 31 December 2014**

Community assessment on
community safety and resilience
in Haninthar Kyun village, Chaung
Zon township (*Photo: MRCS*)



Overview

With a target goal of 294,655 vulnerable people to be reached in 2014, a total of 337,323 (114 percent) of the target was reached through programmes and services conducted by the Myanmar Red Cross Society (MRCS), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC). The programme cost was CHF 3,415,974 or 94 percent of the budget for the year which was CHF 3,639,121.

Guided by the aim to build community safety and resilience (CSR), accomplishments by the MRCS during 2014, revolved around disaster preparedness and response, community-based programming and delivery of services in disaster risk reduction (DRR), health and first aid, water and sanitation (WatSan), organizational development (OD), promotion of humanitarian values and advocacy. It further aimed to be more integrated and harmonized in its existing community-based programming across all sectors to support vulnerable communities, as spearheaded by the CSR project in Mon State whereby a technical team composed of programme coordinators across MRCS programme departments were leading the technical process using multi-sector approach. The respective MRCS programmes in DRR and community based health and first aid (CBHFA) also started to use a multi-sector process using their respective programmes as entry points. On CSR implementation in Mon State, what has been identified to ensure better integration is to start the multi-sector approach from the design phase and to conduct community assessment which will lead to good multi-sector planning and effective support of community interventions. This was realized through the regular coordination meetings among members of the CSR technical team. Although a need for a more standardized document for the conduct of a multi-sector integrated community assessment needs to be in place as a handy reference across all programmes, as an initial process, the result was encouragingly making good progress.

OD and national society development (NSD) highlights included the conduct of the 11th General Assembly of MRCS and the 73rd Central Council meeting on 9 and 10 July in Nay Pyi Taw where the Minister of the Ministry of Health (MoH) announced the new members of the Executive Council of MRCS. There are three full-time members that had been selected. Aside from the Supervisory Committee and G1s¹ and 2ICs² of MRCS at the branch level who attended the General assembly, 34 Red Cross youth delegates from 17

¹ The highest volunteer position at the state level

² 2IC (second-in-command) is the volunteer executive head of MRCS branch at the township level

states/regions also attended the MRCS General Assembly, who also had participated in the Annual Youth meeting, organized by MRCS OD department on 10 July.

It was also during this reporting period that MRCS had a two-day Workshop on Strategic Plan development process conducted on 3 to 4 July in Nay Pyi Taw supported by the Asia Pacific zone office OD coordinator, IFRC Myanmar programme coordinator and Swedish Red Cross (Swedish RC) in-country planning, monitoring, evaluation and reporting (PMER) delegate. In this workshop tasking was done for the preparation of the next MRCS Strategy (2016 to 2020) among the participants (MRCS managers).

MRCS conducted a workshop on the preparation of its consolidated 2015 plan and budget on 23 and 24 September facilitated by MRCS Finance and OD departments with support from IFRC programme coordinator and Swedish RC PMER delegate.

In December, a second organizational capacity assessment and certification (OCAC) review was conducted internally by MRCS to determine how much had been accomplished from the plan of action that was made after the first OCAC process. This was followed with an OD/CB (capacity building) mapping exercise with Red Cross Red Crescent Movement partners to determine gaps that would possibly be supported by the Movement partners.

MRCS has started advocacy for parliamentarians with the International Committee of the Red Cross (ICRC) and IFRC heads of department in providing inputs. The first of its series was conducted in Yangon division in December with the aim to promote MRCS activities and its auxiliary role to the government.

In Rakhine State, MRCS Rakhine Special Operations, after being suspended due to unrest and attacks on aid agency offices in March 2014, was fully restarted in April 2014. In line with new Government requirements, and to improve transparency, MRCS started discussions with the established emergency coordination committee in Sittwe over the (re)start of new projects – especially livelihoods and mobile health clinics. An important factor is that all new projects need to aim for a ‘balanced approach’, between both Muslim and Rakhine beneficiaries – in order to reduce tensions within the Rakhine community. On the other hand in Kachin, after some discussions, MRCS decided on the appropriate management structure and staffing for a new Kachin Special Operations office in the state capital Myitkyina, which was formally started in September. IFRC and ICRC are supporting MRCS in implementing the identified activities in the area.

Specific performance on the delivery of services by MRCS are provided in the table below which reflect a generally good performance during the period against the targets set for every activity to reach the respective goals.

Working in partnership

In 2014, the following partners were working with MRCS through IFRC:

Austrian Red Cross, British Red Cross, the Canadian Red Cross Society, Finnish Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross Society, Norwegian Red Cross and Swedish Red Cross.

Progress towards outcomes

Business Line 1: “To raise humanitarian standards”

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Outcome 1: MRCS, with IFRC support, has improved the quality of services to vulnerable people and raised the humanitarian standards in the country			
Number of references to MRCS in media and humanitarian publications as an effective and professional humanitarian actor	5 (2011)	4	38 (86%)
Output 1.1: MRCS has promoted the application of Sphere ³ standards in humanitarian response in the country			
1.1.1. Number of Sphere references	-	Translated Sphere	Final version approved and

³ [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#)

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
made in MRCS disaster management, health, and water and sanitation programme documents		handbook made available to humanitarian workers	printing process of 200 copies initiated. 50% (delays in getting the printing quotations)
1.1.2. Number of Sphere sessions incorporated in standard trainings in disaster management, health, and water and sanitation (target 2012)	-	NDRT and ERT training curricula are revised based on Sphere standards	Reference to Sphere standards were made in the trainings but not systematically (25%)
1.1.3. Engagement of government officials responsible for drafting Myanmar disaster law with Red Cross Red Crescent Movement on IDRL (target 2012- An IDRL workshop is organized)	-	Sensitization workshop on IDRL is conducted with MRCS leadership and senior management Advocacy workshop on IDRL is conducted with relevant government authorities Terms of reference for a study for strengthening the national framework for international disaster response developed and submitted, final approval by the Relief and Resettlement Department (RRD) is pending	Completed in first half of 2014 (100%) Completed in first half of 2014 (100%) Completed (90%)

Comments on progress towards outcomes

On the promotion of the application of Sphere standards in MRCS trainings in order that these standards are applied in humanitarian response, it is observed that the performance in this area needs strengthening and be made more systematic. While the translated version of the document was consulted with various humanitarian agencies in the country with the final translated version already approved, there is a need to fast-track the printing in order for it to be formally launched and be made available in all MRCS trainings requiring reference to Sphere standards, as well as be made available for other humanitarian agencies in the country. The delay in this was because of other priority activities of MRCS during the year and the change in the disaster management (DM) delegate at the IFRC country delegation who is the responsible person in supporting the process.

On the other hand, MRCS with the support of the IFRC, was able to complete the specific activities referring to sensitization on International Disaster Response Law (IDRL) with MRCS leadership and senior management, as well as advocacy on IDRL with the relevant government authorities, through a series of workshops which were carried out throughout the year.

Additionally, MRCS completed the ToR for the conduct of a study for strengthening the national framework for international disaster response. This has been submitted to the government's relief and resettlement department (RRD) for final approval.

Business Line 2: "To grow Red Cross Red Crescent services for vulnerable people"

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Outcome 1: MRCS, with IFRC support, has improved response preparedness by strengthening staff, volunteers and national society structures and facilities at all levels			
Pre-disaster agreement process is concluded	-	One pre-disaster meeting conducted with plan of action done	Completed (100%)

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Number of people provided quality services in disaster situations have been increased by at least 10% (compared with baseline from 2010)	-	-	-
Output 1.1: MRCS's warehousing and management capacity is improved to pre-position disaster preparedness stocks for 12,000 households.			
1.1.1. Number of logistics staff trained and participated in refresher training on standard MRCS logistical procedures	-	One NDRT (with focus on logistics) training conducted	One NDRT (with focus on logistics) training conducted (100%)
1.1.2. Number of disaster preparedness (DP) stocks available in strategic warehouses and mobilized during emergencies	-	Procurement of DP stocks for 12,000 households (HHs)	DP stock procured for 7,800 HHs in first half of 2014 Second half of 2014 the following DP stocks were purchased: -200 shelter tool kits covering 1,000 HHs -800 family kits purchased for 800 HHs -2,840 hygiene kits for 2,840HHs -200 shelter tool kits -800 family kits -2,840 hygiene kits (134%)
1.1.3. Number of regional warehouses are managed and well-maintained with skilled human resources	-	Two regional warehouse supported to be well managed	Two regional warehouse supported to be well managed (100%)
Output 1.2: MRCS' emergency response capacity is enhanced through clear operational guidance and procedures, well-trained national and regional emergency response teams, improved communication, efficient logistics management systems and increased funding resources			
1.2.1. Disaster response mechanism and standard operating procedures (SoPs) updated	-	Development of disaster response framework and plan	Workshop for updating SoPs including response to medium disaster completed (100%)
1.2.2. Disaster contingency plans updated	-	Update of national level contingency plans	Completed (100%)
1.2.3. Training curricula for national disaster response team (NDRT) and emergency response team (ERT) revised	-	Standardization of NDRT and ERT training curricula	Curricula has been improved but not standardized (25%)
1.2.4. Two NDRT induction, five ERT training and refresher training conducted and equipped for deployment	-	Conduct NDRT and ERT induction, refresher, one shelter training and specialized trainings	Two ERT and one shelter trainings completed in first half. Two ERT were conducted for 60 and 31 people respectively in second half. (100%)
1.2.5. Emergency operations centre (EOC) established and equipped at MRCS HQ	-	Establishment EOC at HQ	Completed (100%)

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
1.2.6. Increased capacity of national society to respond to natural disasters through increased use of DP stocks for small-scale disasters, supported by MRCS emergency management fund (EMF)	-	Utilization of emergency management funds as needed	-2,100 hygiene kits purchased and -2,100 emergency items purchased covering the needs of 2,100 HHs by using the EMF (% not established)
Output 1.3: MRCS has signed pre-disaster agreements with partners concerned.			
1.3.1. Red Cross Red Crescent Movement pre-disaster agreement is in place	-	Conduct of pre-disaster meeting/workshop with Red Cross Red Crescent Movement partners	Completed (100%)
1.3.2. Cooperation and coordination with non-Movement partners in-country discussed and strengthened	-	Conduct a coordination meeting with non-Movement partners	MRCS/IFRC participated in DRRWG and HCT meeting and two simulation exercises organized by UNOCHA and the Government (100%)
Output 1.4: MRCS has enhanced its capacity for emergency response in water, sanitation and hygiene promotion.			
1.4.1. Standard operating procedures (SOPs) for ERT and ERE updated	-	SOPs for ERT/ERE (WatSan) at NHQ and state/region level developed and updated Conduct of ERT WatSan refresher training for NHQ staff and volunteers in ERE at HQ level	Draft SOPs for ERT/ERE (WatSan) at NHQ and seven states/regions level and one for NHQ prepared and updated Conducted ERT WatSan refresher training for NHQ staff and volunteers in ERE at HQ level (100%)
1.4.2. ERT (WatSan) in nine locations (NHQ/states/regions) are formed, equipped and ready for deployment.	-	Quarterly preparedness check-list for ERU-WatSan is in place and ready for deployment WatSan roster on trained volunteer and staff updated.	Emergency response team formed in seven states and regions and at NHQ level; quarterly preparedness check list for ERU-WatSan is in place and ready for deployment WatSan roster created (100%)
Output 1.5: MRCS is better prepared to respond to public health in emergencies, and provide first aid in times of emergencies.			
1.5.1. Number of members of each state/regional ERT team who have been provided with skills and knowledge of public health in emergencies (PHiE), psychosocial support, and advanced first aid	-	Conduct of PHiE, PSS and advanced first aid sessions, integrated into all response preparedness training for ERTs at six members/states and regions	-
1.5.2. Number of ERT members deployed for PHiE, PSP interventions	-	-	-
1.5.3. Contingency plans for public health emergencies updated	-	Update contingency plans to include PHiE	Completed (100%)

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Output 1.6: ⁴ MRCS with the support of IFRC, conducts timely, effective and multi-sectorial responses to major disasters in the country and to recovery plan including Rakhine and Kachin States.			
1.6.1. Number of recovery interventions carried out among internally displaced persons (IDPs) and host communities	-	-	-
1.6.2. Number of people served through MRCS's recovery plan	-	-	-

Comments on progress towards outcomes
<p>Contributing to reaching the outcome under Business Line 2, achievements are categorized as follows:</p> <p><i>Human resource capacity enhancement for emergency response</i> During the reporting period, trainings and workshops were conducted to enhance the capacity of MRCS human resources for disaster preparedness and response. These included the conduct of one national disaster response team (NDRT) training (with focus on logistics), four emergency response team (ERT) training, one shelter training and WatSan refresher training for national headquarters (NHQ) staff and volunteers in the emergency response equipment (ERE) use.</p> <p><i>Updating of systems, procedures and mechanisms for disaster preparedness and response</i> As a way of updating MRCS systems, procedures and mechanism for disaster preparedness and response, activities that were conducted during the year included the conduct of a workshop on updating standard operating procedures (SoPs) including response to medium-scale disaster. In a separate activity, but with the same objective, drafting of the SOPs for ERT/ERE (WatSan) at NHQ and seven states/regions level was also done. Additionally, updating of the national level contingency plan was also conducted which also included public health in emergencies. A pre-disaster meeting among Red Cross Red Crescent Movement partners was also done to agree on mechanism to prepare and respond to emergencies and disasters. Participation in the disaster risk reduction working group (DRRWG) and humanitarian country team (HCT) meeting, and two simulation exercises organized by UNOCHA and the Government, were also activities carried out to improve on the mechanisms and procedures for disaster response. A related activity was the establishment of the MRCS EOC at HQ.</p> <p>To further update the mechanisms, a step towards standardization of NDRT and ERT training curricula was done – the curricula has been improved but not yet standardized. On WatSan emergency preparedness, emergency response teams were formed in seven states and regions and at NHQ level. Quarterly preparedness check-list for ERU-WatSan was reviewed and is in place, and ready for deployment supported by the creation of a WatSan roster.</p> <p><i>Logistics</i> As a preparedness strategy for emergencies, MRCS procured DP stock for 10,640 HHs during 2014 which included shelter tool kits, family kits and hygiene kits, which were prepositioned in its warehouses.</p> <p>Two regional warehouses were supported to be well-managed during the year. In urgent situations which are small scale disasters, MRCS utilizes its EMF to transport relief supplies and mobilize volunteers for response as well as procure relief items when not available during the period of urgency.</p>

Business Line 3: “To strengthen the specific Red Cross Red Crescent contribution to development”

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Outcome 1: Communities have increased their safety and resilience through community-based programming in disaster risk reduction (DRR), health, and water and sanitation.			

⁴ Indicators under this output have been revised to reflect more specifically to the operation in Rakhine and Kachin

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Number of households (HHs) targeted have adopted health seeking behaviour and practice	CBHFA (communities)		
	-	65 communities in 11 townships	55 communities in 9 townships (85%; 82%)
	CBHFA (schools)		
	-	106	99 (93%)
	WatSan project (Magway and Mandalay)		
	Baseline: 12 March 2014	490 HHs level sanitation	510 (104%)
	Baseline: 12 March 2014	Nine water sources development	9 (100%)
	Baseline: 12 March 2014	Seven school latrine construction	7 (100%)
Baseline: 12 March 2014	Six school latrines	6 (100%)	
Number of households targeted have adopted disaster and health risk mitigation practices	Community-based disaster risk management project		
	-	7,699	-
	Health		
	-	129	129 (100%)
WatSan project			
	-	-	
Output 1.1: 320 communities in 80 townships with disaster and health-related risks are reached through community safety and resilience (CSR) programming in disaster risk reduction (DRR), health, and water and sanitation.			
1.1.1. Framework of integrated approach in community-based programming is developed and used	CSR		
	-	Implement CSR in two townships of Mon state with multisector assessment as guiding point to determine community priority needs	Implemented in two townships of one state (10 communities) (100%)
	Health		
	-	Implement CBHFA in 10 townships and 241 communities with DRR, WatSan and branch development integrated	119/10 (49%; 100%)
DM/DRR			
-	Implement CBDRR and SBDRR ⁵ activities in 30 communities and schools in three townships with CSR as goal Implement Urban DRR and SBDRR activities in six wards and school in three townships with CSR as goal.	A total 36 communities, six wards and 35 schools in six townships reached through CBDRR, urban DRR and SBDRR activities. (100%)	

⁵ School-based disaster risk reduction

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
1.1.2. Number of vulnerable townships and communities engaged with MRCS community based DRR, health and water and sanitation activities with CSR as goal.	CSR		
	-	10 communities in two townships	10 communities in two townships (100%)
	Health		
	-	119 communities in 10 townships	119/10 (100%)
	DM/DRR		
	36 communities, six wards, 35 schools in six townships	36 communities, six wards and 35 schools in six townships reached (100%)	
1.1.3. Number of targeted communities with improved understanding of its vulnerability and hazards and participation in risk reduction activities.	CSR		
	-		Initial stage
	DM/DRR		
	-	36 communities, six wards, 35 schools in six townships	Not assessed yet
	Health		
	119 communities in 10 townships	119/10 (100%)	
1.1.4. Number of targeted communities with health seeking behaviour and practice preventive measures against waterborne/	Health		
	-	119 communities in 10 townships	119/10 (100%)
	WatSan		
	Eight villages in two townships	Eight villages in two townships (100%)	
1.1.5. Number of targeted schools with improved awareness of hazards and participation in risk reduction activities.	DM/DRR		
	-	35 schools in seven townships	A total 35 schools in seven townships reached through CBDRR, urban DRR and SBDRR activities. (Ayayewaddy) 10 schools, Rakhine 20 schools, Mandalay Shan Yangon five schools) (100%)
1.1.6. Number of targeted communities using and maintaining water and sanitation and hygiene practice	WatSan		
	-	Eight	Eight (100%)
	CBHFA		
	-	146	146 (100%)
	CSR		
	-	Initial stage	
1.1.7. Number of targeted communities which are sustaining community based activities to build CSR	CSR		
	-	-	Initial Stage
	DM/DRR		
	-	36 communities, six wards, 35 schools in six townships	-
	CBHFA		
-	129	129 (100%)	

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
		WatSan	
	-	Eight	Not identified yet
1.1.8. Number of households/ communities supported with livelihoods to support CSR		CSR	
	-	-	Initial stage
		DM/DRR	
	-	36 communities	Not identified yet
		CBHFA	
	-	Four	Two (50%)
1.1.9. Multi-sector assessments, analysis of results and monitoring missions are undertaken.		CSR	
	-	Two townships/10 communities	Two townships/10 communities (100%)
		DM/DRR	
	-	41 communities and six wards	A total 41 communities and six wards completed multisector assessment (100%)
		CBHFA	
	-	Five	Five (100%)
1.1.10 Number of trained community volunteers actively involved in the programme and retained		CSR	
	-	-	1,140
		DM/DRR	
	-	-	1,066 (736 Norwegian Red Cross and 330 Hong Kong Red Cross)
		Health	
	-	-	1,119
		WatSan	
	-	130	144 (111%)
Output 1.2: DRR is mainstreamed into various emergency and recovery activities to reduce vulnerability and future disaster risks.			
1.2.1. Relief and recovery plan of action(s) contain DRR activities.	-	-	-
1.2.2. Guidelines for integrating DRR in recovery activities are developed and available	-	-	-
Output 1.3: MRCS has contributed to the control of HIV and other communicable and non-communicable diseases in the country.			
1.3.1. 6.7% of people living with HIV (PLHIV) supported versus total cases in target areas	-	No IFRC funding	-
1.3.2. Statistics on communicable diseases and non-communicable diseases identified through community assessments versus interventions done	-	44	44 (not finalized yet)
Output 1.4: MRCS has provided first aid and safety services to people in need throughout the country.			
1.4.1. Number of persons trained in basic first aid (FA) • Number of school teachers received FA instructors' training	-	85	85 (100%)

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
• FA instructors trained on safety services through ToT on home and road accident prevention		137	137 (100%)
1.4.2. First aid curriculum updated with revision of manual ⁶			Done
1.4.3. Number of people provided with actual first aid interventions	-	-	1,207
1.4.4. Percentage increase of income in commercial first aid compared to 2010 data	2010 CHF15,000	20% increase	CHF 18,580 (100%)
Output 1.5: MRCS has supported the mobilization of voluntary non-remunerated blood donors in the country.			
1.5.1. Number of voluntary blood donation promoters		-	126
1.5.2. Percentage of increase in number of blood donors recruited compared with 2010 statistics	2012 4,200	-	4,142 youth blood donors (99% of baseline)
Outcome 2: MRCS is better structured and organized at all levels to deliver quality community-based services to the vulnerable people in Myanmar.			
70 percent of all internal guidelines and standard operating procedures (SOPs) are revised to support community-based programmes.	End of 2011 97 branches	66 branches	310 branches (467%)
80 percent of targeted branches are actively implementing the branch development model			
HR and volunteer guidelines/manuals are developed/updated	-	-HR procedures revision -Staff regulations revision -Induction book production -Grievance procedure	-HR procedures revision -Staff regulations revision -Induction book production -Grievance procedure (87%)
Output 2.1: MRCS is supported technically and financially in achieving its strategic goals set in its Strategy for 2011-2015.			
2.1.1. Percentage of regional and township branches leadership and RCVs which have received dissemination session of new Strategy 2015	End of 2012 143 leaders	660	628 (95%)
2.1.2. Percentage of targeted branches with community-based programmes which have developed a plan of action for 2014.	End of 2012 34 branches	30	30 (100%)
2.1.3. Percentage of targeted branches which are trained and using the new branch financial guidelines	-	-	251 participants trained in project townships
Output 2.2: MRCS's capacity and systems are improved at all levels to undertake community-based and disaster response activities.			

⁶ This is a new indicator, added in order to capture the performance of the activity, which eventually will be used for donor reporting

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
2.2.1. Percentage of regional and township branches leadership and RCVs who have received dissemination session of branch development (BD) model	End of 2012 143 branches	660 RCVs	588 (89%)
2.2.2. Percentage of the targeted township branches which have initiated new income generation (IG) activities	End of 2011 One branch	Five	Two (40%)
2.2.3. Percentage of state/regional and township branches which have achieved a higher branch score (20% increased annually)	End of 2011 34 townships with Grade B and below	48 ⁷	82 (171%)
Output 2.3: MRCS has progressively involved the Red Cross youth in active participation in the MRCS's decision-making and playing a key role in programme implementation through improved branch youth activities.			
2.3.1. Number of Red Cross Youth (RCY) representative in the MRCS Central Council as per revised legal act (<i>approval is still in process</i>)	2012 December. Draft revised law	34 RCY	34 RCY (100%)
2.3.2. Percentage of Youth Red Cross members involved in programme activities	End of 2012 20%	150 RCY	150 RCY (100%)
2.3.3. Number of Junior Red Cross committees organized for members to join as Red Cross Volunteers on township level	End of 2012 and 2013 31 RCY committees 2012; 62 RCY committees in 2013	66 committees	129 (195%)
Output 2.4: MRCS has maintained a pool of highly competent staff, fulfilling their defined roles and being fairly rewarded within a human resource (HR) system of accountability.			
2.4.1. HR policy developed, approved and disseminated to all branches and stakeholders	-	<ul style="list-style-type: none"> • Training policy development • Grievance procedures development • Internship policy development • Revised HR procedures • Revised staff regulations • Awareness training on code of conduct and HR policies • Translation of all HR policies • Child protection policy in practice matrix are developed and integrated in the whole HR process 	<ul style="list-style-type: none"> • Training policy development • Grievance procedures development • Internship policy development • Revised HR procedures • Revised staff regulations • Awareness training on code of conduct and HR policies • Translation of all HR policies • Child protection policy in practice matrix are developed and integrated in the whole HR process <p>150% on policy awareness training, 50% completion of policy development, 30% policy development is under discussion and 20% of policy development is on approval</p>

⁷ In the LTPF (version 2, October 2013), target was stated as 33 branches

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
2.4.2. Annual performance appraisal (PA) has been monitored and analyzed	December 2013 85% of PA review completed at the end of year	Normal probation review Year-end performance review	Normal probation review Year-end performance review Interim review 95% of year end performance review are on time
2.4.3. Staff turnover rate reduced	December 2013 38%	Reduced to 20%	11% turnover rate for only resignation 15% turnover rate including all kinds of causes Over 100% achievement in reduction of turnover rate
2.4.4. Core staff within MRCS core structure identified	July 2013 62 staff are core Jan to Dec 2013 19% of total staff is supported by MRCS	Core staff identified and funded	MRCS own budget charged to not only core staff but also some support staff (100%)
Output 2.5: A volunteer management system is developed to enhance voluntary service to the vulnerable people.			
2.5.1. MRCS volunteer systems, guidelines and training curriculum are revised and used	-	All project and programmes follow MRCS volunteer management guidelines	All project and programmes follow MRCS volunteer management guidelines (80%)
2.5.2. Number of Red Cross volunteers (RCV) recognized in Red Cross celebrations and events	End of 2012 110	200	251 (126%)

Comments on progress towards outcomes

Increased safety and resilience of vulnerable communities

Contributing to the achievement of the outcome 1, the activities according to the outputs expected reflected a very satisfactory performance during the reporting period.

The mobilization and active participation of vulnerable communities to directly support community activities in health, DRR and WatSan during the reporting period, has generated an increased level of community awareness of disaster and health risks and its prevention and preparedness on the part of the communities. This is reflected in the performance against targets set which generally ranges between 82 to 104 percent. This is in terms of number of vulnerable communities with MRCS community-based DRR, health and WatSan activities and adoption of health seeking behavior and identification of risks and the development of plans to mitigate risks. On livelihood support to households as a component to building community resilience, performance is still either not implemented yet or 50 percent completed.

These achievements have been facilitated by a large body of community volunteers trained in all programmes. Notably, the performance in the number of trained community volunteers in CSR, DRR, community-based health and WatSan reflected a more than 100 percent achievement although targets were not set for all of the components.

The goal of building CSR through a common community-based approach by facilitating the consolidation and harmonization of relevant components of existing MRCS community-based programmes and projects. This is carried out through an organized multi-sector approach which contribute to the shaping/achievement of characteristics embodying community resilience, and has continued to be worked on during the reporting period in 20 communities in two townships. At the same time, using the existing DRR and health community projects as entry points to building a multi-sector approach to strengthen community resilience was also done by MRCS. This approach is aimed at developing a common community-based programming for MRCS' different services and strengthen the National Society's ability to reduce the vulnerability of communities, while strengthening community resilience.

Structure and organizational ability of MRCS

MRCS is still awaiting for the approval by the Myanmar government of the proposed revised MRCS Act. While in the state of waiting, the National Society has undertaken extensive NSD processes in preparation for its implementation (*please refer to comments in Business Line 5*).

The BD model continued to be disseminated and implemented with good performance and active participation by the branches. There was also good percentage performance of state/regional and township branches which have achieved a higher branch score (expected 20 percent increase annually), which is 171 per cent of the target. On the other hand, of the 30 branches with community-based programmes targeted to have developed a plan of action for 2014, where a 100 percent achievement was reported.

However, the initiative of township Red Cross branches to undertake income generation activities, needs further follow up having yielded only 40 percent of the set target.

Referring to human resources systems, policies and procedures, performance during the reporting period was encouraging which includes the establishment of MRCS core staff and funding their costs by MRCS funds.

Red Cross youth involvement and volunteer management

The Red Cross youth have actively participated in MRCS programme activities. Youth committees were organized at township level in order to encourage more youth to participate. The performance in these areas ranged between 100 and 195 percent against the target.

Business Line 4: "To heighten Red Cross Red Crescent influence and support for our work"

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Outcome 1: IFRC/MRCS has promoted the understanding and respect for the Red Cross principles, diversity, human dignity, and reduced intolerance, discrimination and social exclusion in Myanmar.			
Number of publications in Myanmar on humanitarian issues refer to the Red Cross Red Crescent Movement	2011 Five publications	8,000	7,442 (93%)
The new Red Cross law allows and practices more diversity, independence and impartiality of MRCS actions	-	Approved by Parliament	Submitted to Parliament through MoH (50%)
Output 1.1: MRCS is actively involved in humanitarian diplomacy to support vulnerable people in Myanmar by defining strategies to advocate and disseminate to higher-level authorities.			
1.1.1. Finalization of tool kit for parliamentarians	-	-	-
1.1.2. Number of parliamentarians from central/states/regions participating in advocacy meetings	2011 Three times	Six times 120 parliamentarians	Twice 47 parliamentarians (33%)
Output 1.2: MRCS has promoted the Red Cross principles, values and international humanitarian law (IHL) to mobilize support to the Red Cross Red Crescent Movement within the country.			

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
1.2.1. Number of participants/dissemination sessions at government training centres	2011 9,610	8,000 ⁸	7,442 (93%)
1.2.2. Number of internal and external dissemination sessions	2011 849	1,000	1,038 (104%)
1.2.3. Number of branches which conduct dissemination session on township level	2012 Five	100 branches ⁹ 3,000 community	18 branches (18%) 2,589 community (86%)
Output 1.3: MRCS's communication system and capacity are strengthened at all levels.			
1.3.1. Number of communication trainings and trained communicators	2012 Two trainings, 87 volunteers	Two trainings 84 volunteers	Two trainings 87 volunteers (104%)
1.3.2. Number of emergency activity reports from trained branches	2012 94	100 reports	75 reports (75%)
Output 1.4: IFRC has actively participated in the Humanitarian Country Team (HCT) meetings and kept a close working relationship with the donor community and other national and international humanitarian actors.			
1.4.1. Number of HCT and Myanmar Humanitarian Donor, INGO and cluster group meetings attended	-	IFRC participates in 12 HCT meetings; 12 INGO meetings; Six donor meetings; 12 cluster meetings	IFRC participates in 12 HCT meetings; 12 INGO meetings; Two donor meetings; Six cluster meetings (100%)
1.4.2. Number of references to MRCS/IFRC in OCHA humanitarian updates and other publications	-	-	References to MRCS in OCHA Bulletins on Rakhine and Kachin response
1.4.3. Information and coordination meetings with humanitarian actors conducted	-	Information and coordination meetings conducted	Sensitivity session on international disaster law conducted with government, UN, INGOs; pre-disaster meeting involved external humanitarian actors (100%)
Output 1.5: MRCS supported by IFRC has contributed to collecting reliable information on humanitarian issues in Myanmar and strengthening advocacy towards the Myanmar government, donor governments and other stakeholders to increase the humanitarian space.			
1.5.1. Number of reports received from branches (both normal and emergency times)	2012 271	500 branch reports ¹⁰	463 (93%)
1.5.2. Number of new project proposals submitted to the Govt of the Union of Myanmar (GoUM) and donors	2012 Three	1	Branch development plan for three townships (100%)
1.5.3. Number of townships where programme activities are taking place	-	30	60 (200%)
Output 1.6: MRCS' legal base is revised and approved to enhance the national society's functioning and service delivery in the country.			

⁸ In the LTPF (version 2, October 2013), target was stated as 10,000 participants

⁹ In the LTPF (version 2, October 2013), target was stated as 120 branches

¹⁰ In the LTPF (version 2, October 2013), target was stated as 100 branch reports

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
1.6.1. MRCS new legal base is approved by the Central Council (CC) and submitted to GoUM for approval	2012 December	Approved by parliament	Submitted to Parliament through Ministry of Health (50%)
1.6.2. The revised NS's statutes/regulations have been approved in General Assembly of MRCS.	-	Statutes to be developed, pending on the approval of the new MRCS law	-
Outcome 2: MRCS has achieved a higher level of self-sufficiency, sustainability and independence by improving its income generation activities.			
MRCS has generated more income than in the baseline year 2010	2010 102.8 million Myanmar Kyat (MMK)	-	In discussion
MRCS has diversified its resource mobilization to support its services	-		In discussion
Output 2.1. A resource mobilization unit in MRCS is established with defined policy, objectives and strategies.			
2.1.1. Income generation (IG) resource mobilization (RM) unit is established and resourced	2011	-	RM unit reclassified as division
2.1.2. RM/IG policy is approved by Central Council	2011	-	Finalized
2.1.3 IG handbook is developed	2011	-	Developed
Output 2.2. Existing income generation (IG) activities are mapped, and a donor database and pilot income generation activities are developed for replication in the future.			
2.2.1. Catalogue of best practice in income generation is drafted	-	In the process	In the process
2.2.2. Donor database is conceptualized	-	Developed	Developed
Output 2.3. Income generation initiatives are rolled out to a minimum of five township branches with community-based programmes per year.			
2.3.1. Pilot income generation activities are undertaken in five targeted township branches with community-based activities	-	Five	Two branches (40%)
2.3.2. Fundraising events have taken place in and initiated by states or regions and on headquarters level	-	Initiated at HQ level in three regions/states	Initiated at HQ level
Output 2.4. Business opportunities for higher income generation are identified and strengthened.			
2.4.1. Resource mobilization plan defining corporate partnership, membership, links with media, events, and enhanced business related to service is in place ¹¹	-	-	Corporate partnership initiated

¹¹ The addition of this new indicator is to capture the initiation of the corporate partnerships

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
2.4.2. Business plans for running income generation activities are reviewed and updated	-	-	Two plans developed
Outcome 3: Sufficient resources are mobilized by MRCS with IFRC assistance to support the implementation of the 2012-2015 Planning Framework.			
Programme implementation plan for 2014 is fully funded	-	Commitments of donors in place.	Except for OD, programmes fully funded (80%)
Higher percentage of core costs coverage by MRCS sources	-	Core costs and core structure in place	Core costs vis-à-vis core structure started implementation during the year
Output 3.1. MRCS has developed an appropriate resource mobilization strategy.			
3.1.1. Resource mobilization strategy is developed	-	Resource mobilization strategy is developed	In developing process
Output 3.2. MRCS has closely worked with all partners and donors to mobilize the resources to support the implementation of the 2012-2015 Planning Framework.			
3.2.1. Budget of implementation plan 2014 is fully funded by partners	-	MRCS has received funding for 80% of its programme costs	MRCS received 80% funding for its programme costs (100%)
3.2.2. MRCS has secured multi-year funding from donors	-	MRCS is being supported with multi-year funding	MRCS is being supported to access multi-year funding
3.2.3. MRCS has is supported by new donors and donor diversity achieved	-	-	Support received from new donors; MRCS also initiating corporate partnerships

Comments on progress towards outcomes

Promotion of Red Cross work and principles

There was a continued advocacy done by MRCS on the Red Cross during the year in a number of high-level meetings which the National Society has conducted. Pledges of support received by the National Society from the local state government leadership included:

- Coverage of cost of insurance coverage for volunteers;
- Coverage of administrative expenses for Red Cross response activities to emergencies;
- Land to be provided for the construction of Red Cross township branch offices;
- Red Cross uniforms for Red Cross Volunteers.

Dissemination sessions among government agencies on humanitarian issues during the reporting period reached a performance of 93 percent or 7,442 participants; while it reached 104 percent or 1,038 persons reached among internal and other external dissemination sessions.

Dissemination activities conducted by township Red Cross branches during the year was not as high as in 2013 as the branches while projecting a high target for 2014 based on the high performance in 2013, reached only 18 percent of the target 100 branches and reached a total of 2,589 people or 86 percent. This needs to be reviewed by MRCS.

MRCS intensified its advocacy to state and region parliamentarians to promote the auxiliary role of the National Society with inputs provided by the ICRC and the IFRC. They have started to do this during the latter part of the year in Yangon.

To strengthen MRCS communications capacity, communications trainings were conducted during the year and reached 104 percent of the target for volunteers to be trained, or a total of 87 volunteers. This resulted to

75 percent emergency activity reports received from trained branches and 93 percent turnout of reports received from branches (both normal and emergency times).

The proposed MRCS Act as amended, has been submitted to the Lower and Upper Parliaments (Pyithu Hluttaw and Pyihuaungsu Hluttaw) for approval, in October 2014 through the MoH and the Attorney General's Office. The law is expected to receive approval from the Lower and Upper Parliaments in 2015.

Higher level of self-sufficiency through income generation activities

The National Society is pursuing its efforts to improve its income generation capability through its established RM division which is in the development stage and a work in progress, being a new division of MRCS. The RM division policy and procedures has been finalized. It has also developed an income generation handbook and a donor database. The draft catalogue of income generation best practices (including those in the field) is still being reviewed. Donation boxes are also continuing to be placed at the airport and top hotels in Yangon, and supermarkets. Corporate partnership has been initiated. RM strategy is in the development process.

Sufficient resources mobilized for the implementation of the 2012-2015 Planning Framework

As mentioned under Outcome 3 the budget for 2014 is fully covered.

MRCS conducted a workshop on the preparation of its consolidated 2015 plan and budget on 23 and 24 September which will allow sharing of information among programmes and identify gaps. The first one was in November 2013.

Business Line 5: "To deepen our tradition of togetherness through joint working and accountability"

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
Outcome 1: Close coordination and management between MRCS and IFRC are maintained to ensure joint working and accountability.			
Monitoring tools are systematically used in all IFRC funded programmes	-	-	Done with regular review through coordinated PMER
Coordinated planning with all partners are conducted on a yearly basis	-	Coordinated planning to be completed	Completed (100%)
Output 1.1. The IFRC country office has maintained an effective management structure to provide MRCS with technical and financial support.			
1.1.1. Agreement between MRCS and IFRC on core structure of the delegation is made	-	IFRC maintains country presence with sufficient financial resources to maintain office in 2014	Core structure to be based on MRCS 2014 plan
1.1.2. Budget for core structure 2013 is secured	-	IFRC maintains country presence with sufficient financial resources to maintain office in 2014	IFRC delegation core structure in 2014 is funded from Nargis balance
1.1.3. IFRC has highly qualified delegates in place/ recruited	-	Six	Eight (133% due to Rakhine/ Kachin Operations)
Output 1.2. MRCS, with IFRC support, has strengthened its planning, monitoring, evaluation and reporting (PMER) capacity and financial management to improve its accountability and donor reporting and their qualifications and competencies through learning, training, knowledge and experience sharing.			
1.2.1. Quality of financial and narrative reports is significantly improved	-	-	In progress

Measurement			
Indicators	Baseline (where available)	Annual target	Year to date actual
1.2.2. All IFRC-funded projects/programmes have an agreed monitoring and evaluation (M&E) plan and the plan is implemented which is linked to LTPF development operational report	-	-	In progress with a coordinated PMER mechanism being developed
1.2.3. RMS or resource management system is used by MRCS ¹²	-	-	RMS not started yet; started common reporting template
1.2.4. New financial software is used in MRCS headquarters	-	Navision working effectively	Navision being used effectively (100%)
1.2.5. MRCS financial audit is undertaken for every financial year	-	Yearly audit	Done every year (100%)
Output 1.3. MRCS has improved its coordination with all partners concerned.			
1.3.1. Monthly coordination meetings with Red Cross Red Crescent Movement partner are conducted	2012	12	11 (92%)
1.3.2. Coordination meeting with non-Movement partners is organized at least once per year	2012	Two	Two (100%)
1.3.3. MRCS has strengthened its participation in central, regional and local coordination meeting with the Govt and humanitarian stakeholders	2012	-	MRCS participated in three committees with GoUM and humanitarian stakeholders
Output 1.4. MRCS has participated in the Federation-Wide Reporting System (FWRS), and the organizational capacity and assessment certification (OCAC) process.			
1.4.1. Information for FDRS (formerly FWRS) is regularly updated	-	Regular updating of information in FDRS	MRCS consistent in updating FDRS (100%)
1.4.2. Organizational Capacity and Assessment (OCAC) process has been discussed within MRCS	-	OCAC process ongoing	Second OCAC assessment was done in December

Comments on progress towards outcomes

The most notable achievements seen during this reporting period are as follows:

- A second OCAC process was done internally by MRCS in December 2014 to determine how much had been accomplished from the plan of action that was made after the first OCAC process. This was followed with an OD/CB mapping exercise with partners.
- MRCS had a two-day workshop on strategy development process, supported by the IFRC in preparation for the actual drafting of the MRCS Strategy 2016 to 2020
- The yearly financial audit for 2013 financial year was completed
- Navision financial software has been implemented and is being effectively utilized

¹² This is a new indicator, to capture the new initiative of MRCS in this subject

- A capacity strengthening process for PMER is continuing, supported by the Swedish Red Cross.

Technical and financial support from IFRC for MRCS

The process of recruiting another facilitator for the cooperation agreement strategy process of MRCS which was started in 2013 was undertaken.

The year 2014 was a year of new delegates replacing former ones in DM and health. It was challenging, in the first five months to have a DM/DRR delegate to provide majority of support to the country delegation (75 percent), while also supporting the Partner National Societies which had seconded the delegate to the delegation (25 percent). It was a challenge as travelling was necessary to report back to the HQ in Norway. On the other hand, additional delegates reported to the country delegation which included a livelihoods delegate for Rakhine Special Operations to be based in Rakhine itself and a beneficiary communications delegate.

Stakeholder participation and feedback

MRCS' community-based activities in DRR, CBHFA and WatSan always generate a significant community participation at all levels as a way of ownership and support for them to sustain the activities.

Specific account on this includes the following:

The CSR goal of MRCS which is expected to propel a common community-based framework for the National Society is in itself facilitating community participation using multi-sectoral approach in assessment, preparation of the community plan of action and working together to implement community initiatives to support areas identified in the plan of action. Existing community committees are mobilized to propel the process. Aside from the community, local government leaders are also involved in the activities for good coordination and support.

In DRR, at field level, all community based disaster risk reduction (CBDRR) activities are managed by village disaster management committee (VDMC) who are elected by the community members. Every month, VDMC members convene a meeting to discuss programme implementation and to provide guidance to project staff at field level. At township level, the CBDRR/urban DRR project activities are coordinated through township disaster management committee which is the government-nominated body to coordinate all DRR activities in their respective townships.

At national level, MRCS and IFRC, in collaboration with the Ministry of Social Welfare, Relief and Resettlement, have organized a high level advocacy workshop on international disaster law, participated by all ministries and departments, UN, INGO, local NGOs and donor agencies.

In CBHFA, community volunteers are satisfied with their efforts and contribution towards their own community development. They said they now know to organize, mobilize and facilitate their community development activities. They also mentioned that they feel responsible for their own community development. They want more capacity building training to be able to continue activities on their own after the funds are phased out. The township medical officer (TMO) is the chairman of township project steering committee and regularly participates in monthly coordination meeting and project steering committee meetings. Basic health staff are working together with community volunteers with the guidance of TMO in health education, vaccination programmes and referral services.

On strengthening of MRCS first aid and safety services department, the beneficiaries expressed high level of satisfaction on knowledge of first aid measures that they have gained through different programmes since first aid is the entry point of all programmes.

In stakeholder participation of community based water, sanitation and hygiene promotion programme:

1. Township authority supported the programme and provided joint monitoring and supervision in hardware construction phase of programme activities, selection and negotiation of land for water source development of project areas at Natogyi and Ngazun townships. Positive feedback was received after focus group discussion during a joint monitoring visit made by township and MRCS branches for the development of the WatSan support according to the community needs. The support and participation of Red Cross branches, local authorities and relevant government departments or agencies, also continue to contribute towards the success of these initiatives.
2. The feedback from individual villagers or households among the targeted families is relayed through monthly household visits conducted by community volunteers in their participatory hygiene and sanitation

transformation volunteer record book. This feedback is transmitted through monthly volunteer's record book/reports produced by the volunteers – this information is then captured in the monthly report produced at township level by the relevant Red Cross branch for submission to HQ. Efforts to improve this practice of regular monitoring and reporting among volunteers is being carried out through supervisory visits of field-based and HQ staff.

Some of the perceptible impact observed during monitoring visit:

- People start using latrines where the rate has slightly increased, observed during weekly monitoring visit by RCVs. Hence, the impact perceived is an increased level of hygiene knowledge and behaviour change.
- Hygiene awareness among community has increased, specially related to hand washing. Most houses now possess water bucket and soap nearby their latrines.
- Women started to boil water, especially when the water looks muddy.
- Some progress observed during identification and priority of needs of community, where community actively participated in hardware activity construction part. Community contribution rates for tube well installation in Natogyi township was recorded 30 to 32 percent and Nagazun construction at 10 percent.

In strengthening MRCS capacity in emergency WatSan preparedness and response, MRCS branch capacity is developed through skilled emergency response training involving state/township level fire brigade officials and township officials, for immediate emergency response. Positive participation received from state and township authorities, demonstrated through their participation during training and lessons learnt workshop.

Key Risks or Positive Factors

Key Risks or Positive Factors	Priority High Medium Low	Recommended Action
<i>Positive factor</i> – MRCS continuing monitoring its development using OCAC process is a positive indicator of the National Society's effort and interest for development in many aspects of their activities for a well-functioning National Society	High	Activity be sustained and supported by the IFRC
<i>Positive factor</i> - Continuing high level advocacy efforts which MRCS has engaged in with several state or regional governments which have reaped positive outcomes such as commitments of land for the establishment of Red Cross branch offices and contributions towards volunteer costs	High	Need for follow up and sustain the activity
<i>Risk factor</i> - Although activities for regular programming in Rakhine state have resumed and reasonably stable for the time being, implementation delays may still occur due to the continuing uncertainty.	High	Sensitivity to the issues relating to the on-and-off security situation in Rakhine should form part of the planning of activities in Rakhine giving more emphasis on life-saving interventions and providing flexibility to development interventions.

Lessons learned and looking ahead

There are examples of lessons learned from the implementation of MRCS programmes and projects which could provide reference for the future and help in the replication of similar activities in other areas. Hereunder are some of it:

- In order to be effective in implementing a common community-based framework in MRCS for community resilience building, the central focal person at MRCS should facilitate, provide guidance, advice and give direction to the programme departments in order to be more unified and integrated in its approach, which is what is being called for at the community level.
- As the fund support to MRCS DRR projects is about to phase out, there is a realization that the livelihood components would have needed more time to ensure that the impact sought by the initiatives taken are achieved; more time would allow, for instance, to follow up on how the farmers are benefiting from the fertilizer training and how that leads to better agriculture practices and, eventually, better income for them

3. Strengthen the (community) advocacy work with the stakeholders at local level, which is an effective approach to raise awareness and obtain tangible support from the local authorities related to risk reduction challenges faced by communities.
4. Improve M&E systematically and across the project cycle.
5. Climate change adaptation and challenges associated to environmental degradation are aspects that need to be more explicitly addressed in the programmes.
6. Effective utilization of sector expertise (WatSan or health) is required especially when designing mitigation activities (hardware) included in the community action plan
7. Action plan of HQ should be developed depending on the actual plan of action from township and community level in order to have realistic and workable plan of action at every level. In addition, if project can plan and implement their activities in line with community plan of action, community and the project will get more participation and ownership of the outputs and outcomes.
8. Feedback from community is very important for community based approaches because this is the best way to appreciate community effort and participation in their community development as well as expressing their weak points as lessons learned.
9. Beneficiary knowledge and satisfaction need to be monitored in every monitoring visit of project staff.
10. To increase the level of community ownership, all community initiative activities such as rehabilitation and construction of water sources should be done by community themselves with some of their own resources and technical support from HQ.
11. To achieve the project goal, all staff and volunteers should know and understand thoroughly the project objectives, expected results and indicators
12. Improvement in hygiene behavior: Based on baseline data, people were observed to have adopted positive hygiene behavior change in villages in Pyabwe and Yasgyo townships due to regular monitoring and working together with the communities

Financial situation

[Click here to go directly to the financial report.](#)

How we work

All IFRC 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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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