Myanmar Red Cross Society

Strategic Plan 2016 - 2020

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Preface

Myanmar has been undergoing dynamic changes recently. Likewise, Myanmar Red Cross Society (MRCS) has been experiencing changes in its legal status, structure and functions based upon the 2015 Myanmar Red Cross Society Law and developments in the humanitarian field worldwide. Many aging staff were being replaced by younger ones, and, a new Central Council and Executive Committee will be coming in during 2016 as stipulated by the new MRCS Law. We felt that all of these changes are for the better.

In the working environment, topics such as Violence Prevention, Disability Inclusion, Youth Empowerment and Gender Diversity are being addressed in all programs/projects undertaken by MRCS. Sustainability forms an indispensable requirement for all activities with Community-based, Branch development approaches forming the basis of the activities. All of these are reflected in the present Strategy 2016 – 2020.

Development of the present Strategy started with the mid-term review of the Strategy 2011 – 2015 in 2013. A delegate from a Partner National Society, Swedish Red Cross, helped develop the Strategy 2011 – 2015 while partial assistance was obtained from an IFRC delegate for the mid-term review. The present Strategy 2016 – 2020 was developed solely by MRCS staff. This would indicate the significant capacity development of our staff over the years and they are to be congratulated for it.

Even though there are changes, one thing that does not change is our desire to be the leading humanitarian organization within the country, helping vulnerable people where-ever they exist, in-country or abroad. We are determined to see that this desire does not fade but grow evermore over the ensuing years.

Tha Hla Shwe
President
Myanmar Red Cross Society
8 January 2016

1. Introduction

Myanmar's opening up, both economically and politically, and with greater international cooperation, in pursuing its reform agenda, poses a high potential for rapid growth and development, which will facilitate the promotion of human development. Along with this is the complex peace process, aimed at negotiating settlement between the Myanmar Government and the ethnic armed groups. Related to that is an unparalleled diversity of development contexts–ranging from on going conflict and post conflict settings, severe rural poverty, to the challenges of fast growing urban development-which implies that development terms like poverty reduction, community resilience or inclusive governance means different things in different states and regions. This complexity poses challenges to government and development partners alike.

The changing socio-economic situation in Myanmar, results to increase and diverse humanitarian needs. An increasing number of groups, including from the corporate sector, are interested to work with the MRCS in humanitarian services. Along with the new MRCS Law 2015, which embraces a wider participation by different sectors and the community in general, in its humanitarian activities, the national society will need to adapt to the changing situation, increasing its humanitarian space, with the challenge to maximise benefits for the vulnerable while mitigating its harmful consequences.

With significant complex challenges facing Myanmar, it calls on MRCS for support, as auxiliary to the government, not only in its

traditional services addressing weakness in health, hygiene and sanitation, disaster risks, including those related to climate change, but also in regard to issues in migration and urbanization, environmental degradation, and displaced population due to internal conflicts. These have been looked into according to priorities identified, during the development of the new Strategy of the National Society to help improve the situation of the most vulnerable and increase their resilience. During the mid-term review of the Myanmar Red Cross Society (MRCS) Strategic Plan 2011 to 2015, these issues and priorities already surfaced and thus considered in the new Strategy.

The widespread flooding situation which affected Myanmar during the months of July and August 2015, affecting 12 out of 14 States and Regions required MRCS to scale up its relief assistance, mobilizing its trained volunteers from its more than 200 branches throughout the country to respond and help the displaced population from the disaster. This once again hyped the core service of MRCS in helping the situation of the most vulnerable through life saving interventions and relief assistance in urgent situations.

In this 2016 to 2020 MRCS Strategy with a mission statement - "Develop safe and resilient communities through integrated community based initiatives, promoting humanitarian values by the network of volunteers and members", the National

Society flags community resilience building through partnerships and coalition, during the next five years, which is anchored on the International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020 and contributing to Sustainable Deevelopment Goals (SDG). MRCS, thus, looks forward to another dynamic work with its volunteers in the promotion and delivery of humanitarian service, and hopes to be supported by the International Federation of the Red Cross and Red Crescent Societies (IFRC), the International Comittee of the Red Cross (ICRC), its Movement Partners, as well as external partners including the private sector in the years to come.

"Develop safe and resilient communities through integrated community based initiatives, promoting humanitarian values by the network of volunteers and members"

2. Myanmar Context

(i)   Macroeconomic, political and social context

Myanmar is a Union of 7 states, 7 regions and Nay Pyi Taw Council area. It's strategically located between India and China. The country is rich in minerals including petroleum and natural gas, and also has significant deposits of precious and semi-precious stones. The population of Myanmar is 51,486,253 comprising of 24,824,586 male and 26,661,667 female[1]. The urban population is estimated to be 33% of total population. Annual growth rate is 0.86%. Ethnic minorities constitute about 15% of the total population. Two-thirds of people live in the rural areas. The country is geographically and culturally diverse, with 135 groups speaking over 100 languages and dialects.

Population size (million) (2014)[2]	51.49: 24.8 male; 26.6 female,
Total number of Households	10,877,832 (approximate Household size in Myanmar is 4.4 person per household)
Population density (March 2014)	76 persons per square kilometre (km2)
Sex ratio of male and female (2014)	93 males per 100 females
Population size of Myanmar (2014)	5th largest population in ASEAN countries
Annual Population growth (2014)	0.86 %
Median Age (2014)	27.1
Literacy rate (persons aged 15 years and over) (2014)	89.5%
Unemployment rate (age 15 and over)	3.9%
Life expectancy (2014)	m/f 63.9/69.9 years
Infant (< 1 yr.) mortality rate (2014)	62 per 1,000 live births
Under five mortality rate (2014)	72 per 1,000 live births
Maternal Mortality Ratio (2013)[3]	200 per 100,000 live births
Fertility Rate per woman (2014)	2.29
Human Development Index (2014)	150
GDP real growth rate (2014 est.)[4]	7.7%

The country's 15–28 age cohort currently represents 13 million people, 40% of the working population, who contribute and will continue to contribute their efforts and skills to enhancing productivity and competitiveness[5].

Myanmar has been ranked 150th out of 187 countries in the Human Development Index (HDI) 2014[6], with 25.6%[7] of the population living below the national poverty line with a daily income of less than 1.25 USD.

1 Reference - Myanmar's 2014 Census Report (2014)www.dop.gov.mm
2 Indicated 2014 data is taken from "The 2014 Myanmar Population and Housing Census''
3 WHO, Myanmar Statistics Summary 2015
4 The World Factbook October 2015
5 WHO Country Cooperation Strategy Myanmar 2014−2018
6 United Nations Development Programme, Human Development Report, Myanmar, 2014.
7 Asian Development Bank Fact Sheet-Myanmar, December 2012.

Since the transition to a civilian government in 2011, Myanmar has begun an economic overhaul aimed at attracting foreign investment and reintegrating into the global economy. Economic reforms have been instituted which attracted foreign investors. Myanmar's abundant natural resources, young labour force, and proximity to Asia's dynamic economies have attracted foreign investment. Despite these improvements, living standards still need to be improved for the majority of the people residing in rural areas[8].

In its national strategies and vision, Myanmar aims, and is committed to build an economically developed nation that exceeds the human development targets. The country has achieved economic growth since adopting a market-oriented system in 1988, with trade soaring by a factor of >20 by 2009–2010[9].

November 8 2015 is a landmark general election in Myanmar. The vote will be the first to be held under the country's military-backed, quasi-civilian government, which has been pushing through expansive political and economic reforms since 2011, bringing the country out of decades of authoritarian rule and international isolation. Myanmar's sudden transition towards democracy from decades of international isolation has been welcomed by the international community[10].

Myanmar has signed a ceasefire deal with eight armed groups, in the hope of ending decades of conflict. Resolving the conflicts is seen as central to Myanmar's attempts to reform after decades of military rule[11]. Although seven of the armed groups which have been involved in the talks did not sign

the final deal, Myanmar is optimistic of its peaceful future.

For the Myanmar Red Cross Society, along the abovementioned economic, political and social landscape, the national society aims to strengthen its role as auxiliary to the government in humanitarian service.

(ii)   Health Status

Myanmar faces multiple constraints and risks that may limit its progress Key constraints   include a deficient infrastructure and human capital development. On the other hand, economic growth has been the most effective tool for reducing poverty. The Integrated Household Living Conditions Assessment (IHLCA) survey indicates that one in every four Myanmar citizens is considered poor[12]. Moreover, the IHLCA report shows that 84% of poverty is found in rural areas and disparities are pronounced across states. Findings on significant disparities between regions and groups are indicated by differences in access to, and quality of, health services, particularly affecting ethnic minorities, poor people, and people living in remote areas and the findings that more children in rural areas are stunted than in urban areas[13].

The Government of Myanmar, on the other hand, is committed to improving access and quality of health as part of its reform agenda aimed at raising the overall level of social and economic development in the country. The country is consistently endeavouring, with its limited resources, to attain its health objectives and maintain its trends in key health indicators. The country aspires to achieve Universal Health Coverage (UHC) as part of its Vision 2030 for a healthier and more productive population[14].

Among specific diseases, the leading causes of death and illness in the country are TB, malaria and HIV/AIDS. The TB prevalence rate (as confirmed by the 2009–2010 nationwide TB surveillance survey) is three times higher than the global average and one of the highest in Asia. In 2011, WHO estimated that there were 506 prevalent and 381 incident TB cases per 100,000 population, respectively. Malaria is a major cause of death and illness in adults and children. As per morbidity trend of 1988–2011, the number of cases of malaria range from 4.2 million to 8.6 million a year and 76% of the population live in malaria endemic areas. With regard to HIV/AIDS, the epidemic is considered to have stabilized nationally since 2000, with 'hot spots' of high transmission in several locations. The major challenge at present is to scale up HIV treatment, which now covers only about 1 in 3 of those in need[15].

The country is currently facing the double burden of communicable and non-communicable diseases (NCDs). Chronic NCDs with shared modifiable risk factors – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol – include cardiovascular disease, diabetes mellitus, cancer and chronic respiratory disorders.

On children's health, each year, around 56,000 children under five die in Myanmar–43,000 of them younger than 1 month. Despite improvements, the country's under-5 and infant mortality rates are the highest among ASEAN member countries[16], and many of these deaths are preventable. Child mortality rates are higher in the central plains, in rural areas, among families without formal education and among children from the poorest families. The main direct causes of deaths among children under-5 continue to be acute respiratory infections, diarrhoea and malaria, exacerbated by underlying malnutrition, which contributes to around 50 per cent of these deaths[17].

The Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private system both in the financing and provision. Health care is organized and provided by public and private providers. The private, for profit, sector is mainly providing ambulatory care though some providing institutional care has developed in Yangon, Mandalay and some large cities in recent years[18]. In line with the National Health Policy, groups such as Myanmar Maternal and Child Welfare Association, including the Myanmar Red Cross Society are also taking some share of Primary Health Care service provision and their roles are also becoming important as the needs for collaboration in health become more prominent[19].

8 The World Factbook October 2015

9 Asian Development Bank. Myanmar in transition: opportunities and challenges. Manila, 2012

10 http://edition.cnn.com/2015/07/09/asia/myanmar-elections-date-set-qa/

11 http://www.bbc.com/news/world-asia

12 United Nations Development Programme. Integrated household living conditions survey In Myanmar (2009–2010): technical report. Yangon, 2011.

13 WHO Country Cooperation Strategy Myanmar 2014–2018

14 Myanmar Health Care System 2014

15 WHO Country Cooperation Strategy Myanmar 2014–2018

16 UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality 2011 , New York, 2011

17 http://www.unicef.org/eapro/Myanmar_Situation_Analysis

18 Myanmar Health Care System 2014

19 Myanmar Health Care System 2014

(iii)   Disaster Vulnerability

Myanmar is vulnerable to a wide range of natural disasters and it is one of the most at-risk countries in Asia-Pacific. While the country's coastal regions are particularly exposed to cyclones, tropical storms and tsunamis, rainfall-induced flooding are a recurring   phenomenon across the country. According to the Index for Risk Management (INFORM)2015 which measures the risk of humanitarian crises and disasters in 191 countries, Myanmar is ranked tenth in the world[20]. According to the World Risk Report 2014, Myanmar has a World Risk Index of 9.14[21], which is considered a high risk.

As auxiliary to the government, MRCS provides significant support in responding to disasters. In the recent massive flooding that hit the country in July - August 2015, MRCS has been the first responder and provided urgent help to the affected population. MRCS has gained a lot of experience and has increased its capacity to respond to a range of disasters from the Cyclone Nargis operations in 2008, Cyclone Giri, Shan earthquake, Magway floods and the 2015 massive flooding.

3.   MRCS's role and mandate

The legal base for the National Society is the 1959 "Burma Red Cross Act" which has been amended in 1971, 1988 and in 1998. In 1988 the National Society was renamed "Myanmar Red Cross Society".

In August 2015, the new MRCS Law 2015, which is the revised MRCS Act, was signed by the President of Myanmar. It strengthens the role of the national society (NS) as auxiliary to the Myanmar Government in humanitarian services. It states that the NS has the President of the Union government as patron of MRCS, and it will carry out humanitarian services not only in Myanmar but also collaborate with other sister NSs internationally. It further states that in accordance with strategic guidance and policies within the movement MRCS shall coordinate and partner with other Civil Society Organizations (CSOs), UN organizations and non-government organizations to carry out the same objectives and purpose to support vulnerable people. The new MRCS Law encourages public and community,

private sector and Civil Social Organizations to join the MRCS to contribute their expertise to help most vulnerable people.

Regarding services, MRCS' mandate in Disaster Management is regulated through the Government Standing Order issued in 2009. MRCS is member of two national level committees in Disaster Management, and contributes to the Contingency Plan of the Humanitarian Country team and the Myanmar Action Plan in Disaster Risk Reduction. It is working closely with the Ministry of Social Welfare, Relief and Resettlement, and the Department of Meteorology and Hydrology in areas of Disaster Management and Risk Reduction. MRCS is also a member of the Health Subcommittee, and is widely recognized as working closely with the Ministry of Health in the area of primary health care and health education. The governance of the National Society is supported through the MRCS Central Council at national level, its supervisory committees at state and region level, and its executive committees at township level. According to the new MRCS Law 2015, interested members of the public, private sector and CSOs, may participate in the electoral process of the Central Council and Central Executive Committee of the MRCS.

4.   Organization

The highest governing body of MRCS is the General Assembly which is convened every three years. The Central Council (CC) is the governing body of MRCS between the sessions of the General Assembly. According to the new MRCS Law 2015, MRCS' Central Council has 63 members, out of which, 15 are elected representing Union, State and Region level branches, 13 are proposed by government ministries related to Red Cross whose position shall be at least Director-General, 10 members are elected by social organizations related to Red Cross, 10 representatives are proposed by the Government, and 15

Red Cross volunteers, each proposed by the 15 Region or State Red Cross supervisory committee and Union territories Red Cross supervisory committee respectively. The Council shall, among its members, elect and appoint 11 members for the Executive Committee. Elected Executive Committee members shall, among them, elect one President, one Vice-President, one Secretary General, two full-time executives and six part-time executives. They are responsible for planning and providing policy directions and guidance, as well as monitoring the MRCS' work.

MRCS Governing Board is led by its President, and the management is led by a Secretary General who is also the Executive Director and member of the Executive Committee. He is supported by a Deputy Secretary General. The programmes and support services are headed by Directors.

There are 15 Red Cross Supervisory Committee at regional/state level, 64 at district level and 330 branch offices at township level, throughout the country. While, generally, it has no paid staff at the branch level, apart from those with projects supported by partners, starting 2014, MRCS has employed supporting staff to assist the volunteer leadership at the state and region level who is the Grade1

Officer(G1). This is done in conjunction with the national society's steps being undertaken to have more active branches delivering services according to its strategic directions and plan, with better reporting and sharing information. The 330 township branches have Red Cross volunteers (RCVs) who are organized in RC brigades with a nominal strength of around 556. However, this number varies in practice. The RCV in charge of the daily running of the branch is the Second-in- Command (2 IC) Officer – often a person with considerable RC experience and strong dedication to the task. MRCS is highly

dependent on its volunteer base for its activities throughout the country. The number of paid staff is around 469 (September 2015). Since MRCS moved its National Headquarters to the new capital, Nay Pyi Taw in 2010, the staffs has been divided between the NHQ and the office in Yangon.

5.   Developing the New Strategic Plan

The process of developing the MRCS Strategic Plan 2016 to 2020 was started with a two-day session on updating MRCS leadership on the process of Strategic Plan development and Operational Planning, which was facilitated by the IFRC in July 2014. After the workshop, MRCS organized group-ings among the partici-pants to already initiate a process of conducting a review and analysis of its internal and external environment preparato-ry to the development of the new MRCS Strategy.

In mid-2013, MRCS led a review of its Strategy 2015 with participation of representatives from its branches. The pur-pose of the review was to capture the key pro-gress and achievements of the MRCS Strategic Plan 2015 and identify challenges and opportunities for the future, including critical organizational and managerial issues for consideration of MRCS. This process was done which was also a preparation for the development of the next MRCS Strategy. Thus, aside from the two-day update on strategic plan development, this review process was an effective preparatory process as well, towards the development of the new MRCS Strategy.

Realizing that the new MRCS Strategy being developed could be a continuation, enhancement, or a new direction for MRCS in the next 5 years after 2015, the findings from the mid-term review of SP 2011 – 2015 in 2013 and a workshop in 2014 were analysed, consolidated and served as inputs for the 2015 activities. Further developmental activities in 2015 included the followings:

A. Internal and External Environment Review

Two workshops were organized and facilitated by the Organizational Development (OD) Department of MRCS: one was at the NHQ level and the other one was at the branch level. The purpose of the two workshops was to further the conduct of assessment and analysis of vulnerable people and communities, of stakeholders, of external and internal environment using SWOT, and including the results from the 2nd OCAC review that MRCS had in 2014, results of discussions from G1s[22] meetings and the MRCS Central Council meetings. It also included a review of the highlights and challenges of MRCS 2011 to 2015 Strategy implementation.

22 G1 or Grade 1 Officer is the volunteer executive head of MRCS at the region or state level

B. Drafting the new MRCS Strategy

Based on the respective results and analysis presented by the different groups who were given the respective tasks, which were further sorted out by MRCS in a Workshop to identify priorities according to MRCS mandate and the directions of the IFRC Strategy 2020 and the Sustainable Development Goals 2030, MRCS started to draft its 2016 to 2020 Strategic Plan, defining its Vision, Mission, Goals, Strategic Objectives and Outcomes. This process was undertaken between July to November 2015 with the participation of Movement partners and with the initial draft presented to the MRCS Central Council during its 75th Council Meeting in September, for further comments and suggestions. After presenting the final draft to MRCS concerned stakeholders and Movement Partners, the final

document shall be submitted to the Governing Board of MRCS in December 2015, for approval. This will be followed with dissemination of the plan to MRCS branches and external stakeholders and partners with operational planning done at different levels of the MRCS structure which shall be a separate document.

Significant findings from the internal and external environment review, which inform the process of developing the new MRCS Strategy, are provided hereunder.

INDEPENDENCE

UNITY

VOLUNTARY SERVICE

UNIVERSALITY

The findings emphasized the capacity of MRCS having a large structure with presence in 330 township branches throughout the country performing humanitarian activities as auxiliary to the government. For efficient response during disasters, MRCS maintains 28 Warehouses at its HQ in Nay Pyi Taw and another in Yangon, as well as at state/ region level which comply with the IFRC logistic guidelines.

The National Society has conducted Organizational Capacity Assessment for Certification (OCAC) process in order to identify the strengths and areas for improvement on critical capacities of the organization which was reviewed after two years (2014), to identify progress on the actions taken as a result of the first OCAC process, and further gaps that need strengthening. OCAC findings identified priority action to be taken on National Society Development (NSD) referring to development of new MRCS Statutes and Emblem law, operational planning based on new MRCS Strategy, resource mobilization,

Branch capacity assessment is also a continuing process in MRCS to support branch development. This was reinforced with the conduct of Branch Organizational Capacity Assessment (BOCA) which is facilitated by the IFRC, and is now the procedure that MRCS is adopting.

The midterm review report on the implementation of MRCS Strategy 2015 reflected key issues under the broad headings of: resilience and integration, sustainability, humanitarian positioning and coordination. These themes are also addressed in the development of the new MRCS Strategy.

The National Society, being highly dependent on its volunteer base for its activities throughout the country, including those who are leading the branches, continues to motivate its active volunteers. As a result, motivated and dedicated volunteers continue to serve with MRCS, such as the trained RC volunteers in 2010 under the MRCS Community Based Health and First Aid (CBHFA) programme who are still working and supporting the branch activities. This is also true with other MRCS volunteers who continue to support operations of the National Society in disaster response and in the monthly deployment to internally displaced population (IDP) camps in Rakhine State to provide humanitarian services since 2012.

MRCS has increased its capacity in disaster preparedness and response after a number of massive responses it has undertaken such as during Cyclone Nargis in 2008 and the extensive flooding in July 2015. The National Society identifies community resilience as its ultimate goal with better integrated

programme delivery, incorporating gender and social inclusion considerations. There is a huge potential for First Aid as a service exclusively provided by the institution but this needs intensive engagement with appropriate government agencies and a significant improvement in its implementation.

MRCS recognizes the importance of cross-cutting issues such as gender and diversity in all aspects of its work and committed to ensuring that gender is considered in programming- in design, planning, implementation, monitoring and evaluation, participation in decision making, allocation of resources and benefits and access to service. Beneficiary communication has been identified to be an important tool for accountability and clear sharing of information.

On the other hand, MRCS has also recognized that the lack of permanent staff in its branches at the state/region level for program implementation and service delivery has some drawbacks on the performance of the branches. Fund raising activities need to be fully addressed so that core services implementation is strengthened.

The analysis also identified clear signs that MRCS is over-stretched, such as accepting proposed short-term projects which give heavy workload to the staff that leads to poor quality of monitoring, evaluation and reporting results. It is crucial for MRCS to take time to consolidate programmes and prioritise institutional and organisational strengthening. Establishing limits to expansion of activities in order to strengthen its core management functions, systems and staff capacities, and its programme quality, is essential so that MRCS can move forward in a more systematic way.

MRCS recognized the increasing interest on Red Cross activities by the university/college youth who can be recruited to join the MRCS. Thus, strengthening MRCS' ability to recruit and retain appropriately skilled staff and volunteers which is keys to effective service delivery.

The increasing number of companies and corporations in Myanmar is a potential support to MRCS as partners in humanitarian activities. The continuous growing number of humanitarian players in Myanmar stimulates MRCS to continue positioning itself as the organization that serves the most vulnerable during disasters, conflicts and other situation of violence, as well as an organization, which is auxiliary to the government, that significantly contributes to improving the health status of the nation through its community based health programmes at community level across the whole country through its unique presence of active volunteers and members.

6.   Strategic Issues and Challenges

A number of strategic issues and challenges have also been discussed during the development of the MRCS Strategy 2016 to 2020 including priority areas that need to be continued from Strategy 2015. The issues considered most relevant were:

6.1.   Resource Mobilization

RResource mobilization is identified as one major critical issue to be addressed by MRCS in 2016 and the years ahead. While MRCS is delivering relevant services to the most vulnerable, there is a continuing concern for its sustainability, in financial and human resource terms. The Resource Mobilization (RM) Department requires the strategy to implement an organized and systematic system which should involve the MRCS branches and draw significant income for MRCS. Financially, the Resource Mobilization Department should position MRCS as an organization of choice in terms of public and corporate support. The department

should engage in strategic public campaigns to further elevate the image of MRCS. There must be a conscious effort to diversify the organization's income streams. MRCS First Aid as a service exclusively provided by the institution is a huge potential, but this needs intensive engagement with appropriate government agencies and a significant improvement in its implementation.

6.2. Volunteer Management System and Capacity building for Volunteer Leaders

With the changing socio-political environment of Myanmar, even the staff and volunteers of MRCS acknowledge the changing patterns of volunteering in the country. MRCS, therefore, needs to review its volunteering system in order to have a more systematic volunteering development program catering to different age levels: Red Cross youth, community volunteers and volunteer brigade. This will also enable MRCS to be an organization of choice in volunteering by individuals and by groups. The uniformed MRCS volunteer brigade continues to be the pillar of the national society in delivering the much needed services to the most vulnerable. Efforts must be exerted to continue engaging them in its activities. This should be coupled with continuous capacity building in service delivery and leader-

ship development to motivate active volunteers, as well as encourage others to volunteer to MRCS. The role of the youth in supporting the MRCS in its humanitarian activities which will develop in them humanitarian consciousness is crucial.

6.3 Red Cross Dissemination

With the new MRCS Law 2015, the national Society will need to hype RC dissemination throughout the country for better understanding and support at different levels. MRCS volunteers should be strong advocates of the Red Cross in their respective areas. Clear understanding about the auxiliary role of MRCS guided by the seven fundamental principles, will generate better participation and build

a stronger image of the Red Cross in general, and MRCS in particular, in a competitive environment.

6.4. Human Resource Management

In a competitive environment where MRCS has experienced fast trained staff turn-over because of attractive job offers by other organizations, poses a challenge to the National Society to be able to develop a human resource management system that retains a highly qualified core structure and manages human resources according to established standards and policies. Staff development should be part of the HR management system to enable staff, individually and collectively, to enhance their knowledge and expertise for the benefit of the National Society, for colleagues and for themselves. It should be a continuous process of improving professional, personal, technical, or managerial performance. This should be coupled with salary standards that are regularly reviewed.

6.5. PMER system

In order to establish a sound integrated planning, monitoring, evaluation, and reporting (PMER) at the National Society to have a cohesive implementation and follow-up of activities from the branch to HQ level, the PMER system of MRCS should be continually reviewed and updated with participation from the branches. MRCS is continuing the process of doing an annual consolidated planning and budgeting which is improving every year, and this should also be applied in the way that program activities are designed according to MRCS established goals and outcomes for a more organized reporting and follow up with integrated contribution to building community resilience.

6.6. Cooperation Agreement Strategy

Adherence to the MRCS CAS guidance document, signed by respective partners of the National Society, will facilitate a more coordinated implementation of supported activities, according to the MRCS Strategy, rather than drawn into creation of additional burden and structure. The CAS document should be regularly reviewed with partners led by MRCS to update the conditions indicated.

6.7. Decentralization

Discussion on more decentralized organization taking on a bigger responsibility and autonomy at branch level needs to be discussed further in terms of policies and implementing guidelines. This mechanism could be pilot tested with a few MRCS branches, a combination of strong and developing branches, for better guidance in implementation.

7. MRCS Vision, Mission and Goals 2016 - 2020

7.1. Our Vision

In revisiting the MRCS Vision 2015 and reflecting on the current situation in Myanmar, projecting its future in the humanitarian context, as well as the status of the National Society as member of the International Federation of Red Cross and Red Crescent Movement, MRCS adopted the Vision for 2020 which is-

"To be a well-functioning National Society with the capacity of providing humanitarian services to the most vulnerable people in Myanmar and beyond".

7.2. Our Mission Statement

The MRCS mission statement was also reviewed and updated which states-

- Develop safe and resilient communities through integrated community based initiatives, promoting humanitarian values by the network of volunteers and members.

- Play an auxiliary role to the State in humanitarian field through strong legal base

7.3.   Our Values

MRCS identified the following core values that will guide their work in 2016 to 2020-

- Promotion and adherence to the Red Cross/Red Crescent Fundamental Principles at all times.

- Adoption of a culture of mutual respect and understanding in every area of work.

Goal 1:

Build healthier and safer communities, reduce vulnerabilities, and strengthen resilience.

Strategic Objective 1.1:

To enhance the capacity of targeted communities to mitigate the impacts of health emergencies, disasters, conflicts and other situations of violence and to reduce effects of climate change.

Outcomes:

1.1.1.   Targeted communities have the capacity to assess risks and respond in

coordination with other local actors.

1.1.2.   Trained vulnerable communities have better resilience in disasters.

1.1.3.   Trained communities have the capacity to cope with health emergencies, and, water and sanitation needs.

1.1.4.   Targeted disaster and conflict affected communities received livelihood suport.

1.1.5.   People affected by disasters, conflicts, other situations of violence and consequences of migration received effective and efficient Restoring Family Links (RFL) services.

1.1.6.   Trained staff and volunteers have ability to respond to consequences of conflicts and other situations of violence.

Strategic Objective 1.2:

To ensure that MRCS has effective disaster preparedness and response capacity at all levels.

Outcomes:

1.2.1.   MRCS staff and volunteers practice Early Warning Early Action (EWEA) for disasters.

1.2.2.   Targeted communities in the vulnerable areas are able to carry out community initiatives to achieve better resilience with support from trained staff and volunteers.

1.2.3.   Trained staff and volunteers apply appropriate techniques in disaster response and recovery phase through community participation.

1.2.4.   MRCS emergency response, relief and recovery are supported by effective and systematic logistics functions.

Strategic Objective 1.3:

To strengthen the capacity of communities to address their needs of health, water and sanitation with support of trained staff, volunteers and key stakeholders.

Outcomes:

1.3.1.   Empowered communities have ownership to address their health needs, problems and risks by using local resources to achieve better health status and resilience.

1.3.2.   Trained staff and volunteers are able to impart knowledge and skills to communities in the areas of prevention, promotion and rehabilitation of health.

Strategic Objective 1.4:

To strengthen trained staff, volunteers and community members to deliver effective and sustainable First Aid and Safety Services in disasters and daily emergencies.

Outcomes:

1.4.1.   Trained staff and volunteers are equipped with sound knowledge and skills of First Aid and are able to respond to injuries and sudden illness in emergencies.

1.4.2. Trained community members have appropriate knowledge and skills in First Aid and are able to respond to injuries and sudden illness in emergencies.

1.4.3. First Aid and Safety Services are self-sustainable for their promotion and regular updating.

1.4.4. MRCS First Aid service is recognized by the Government as an effective and essential service.

1.4.5. MRCS is recognized as a sole organization who can certify first aiders in the country.

Strategic Objective 1.5:

To strengthen MRCS voluntary non-remunerated blood donation program to contribute to the significant increase of a safe blood supply in the country.

Outcomes:

1.5.1. Red Cross volunteers and youth support voluntary blood donation to meet safe blood requirement of the country.

Strategic Objective 1.6:

To develop and practice an integrated community based model as a standard approach to build resilient communities.

Outcome:

1.6.1. Integrated community based model is practised in all projects/programs.

Goal 2:

Promote the understanding and respect for the Red Cross Principles, humanitarian values, International Humanitarian Law, and develop a culture of non- violence and peace.

Strategic Objective 2.1:

To strengthen the role of all members, staff, volunteers, and youth in undertaking humanitarian diplomacy to support vulnerable people in Myanmar.

Outcomes:

2.1.1. Red Cross humanitarian services and volunteering are better supported and recognized.

2.1.2.   Needs of vulnerable people are recognized by decision makers through Red Cross humanitarian diplomacy effort.

Strategic Objective 2.2:

To promote the role of Red Cross, Red Cross Principles, emblem, humanitarian values and International Humanitarian Law (IHL) within the country.

Outcome:

2.2.1.   Red Cross as an organization and its services are well-understood, well-received and supported based on the Red Cross fundamental principles.

Strategic Objective 2.3:

To strengthen Communication and IT capacity at all levels to ensure effective and smooth communication, information and reporting in both emergency and normal times

Outcomes:

2.3.1.   Affected communities receive humanitarian services and information in a timely manner through strong communication capacity and system.

2.3.2.   Red Cross humanitarian services are well-reported and supported through improved Information, Communication and Technology (ICT) system.

Strategic Objective 2.4:

To promote social inclusion and a culture of non-violence integrated with all programmes at community level to strengthen community resilience.

Outcome:

2.4.1.   Social inclusion and a culture of non-violence are promoted in MRCS community based programs.

Strategic Objective 2.5:

To mainstream gender and diversity, violence prevention, psychosocial support, social inclusion and community engagement as cross cutting issues into all humanitarian activities.

Outcomes:

2.5.1.   Lives of vulnerable persons/groups are improved.

2.5.2.   All programs include a community engagement component based on a set of minimum standards for accountability.

2.5.3.   Community engagement capacity of staff and volunteer is strengthened to maximize the impact of programs and operations.

2.5.4.   Community participate and are involved in all stages of program cycle.

2.5.5.   Communities receive life-saving information, skills and practices that enhance their resilience.

2.5.6.   Social coherence is promoted in affected communities.

Goal 3:

Function effectively as a National Society, well-resourced and with robust capacity at all levels.

Strategic Objective 3.1:

To undertake further development of MRCS at all levels while strengthening the auxiliary status of MRCS according to its new Law.

Outcome:

3.1.1.   MRCS Strategic Plan based on Statutes, Policies and Regulations are consistent with the MRCS Law.

Strategic Objective 3.2:

To improve the capacity and system of State/Region and branches to respond to humanitarian needs.

Outcome:

3.2.1.   Branches are restructured and developed in line with MRCS Law and Statutes.

Strategic Objective 3.3:

To recruit, train and retain competent and committed volunteers for call on humanitarian services.

Outcomes:

3.3.1.   Trained volunteers from all strata of the communities are retained to perform humanitarian services.

3.3.2.   Learning opportunities for volunteers and youth are provided.

Strategic Objective 3.4:

To strengthen the capacity, capability and protection of staff and volunteers who are consistently promoting and participating in MRCS activities.

Outcome:

3.4.1.   Staff and volunteers receive safe access to vulnerable communities at all times.

Strategic Objective 3.5:

To encourage the active participation of professional Red Cross volunteers and members with different qualifications, skills and experiences, in all activities.

Outcome:

3.5.1.   Competent and eligible members and volunteers become the representatives of humanitarian services.

Strategic Objective 3.6:

To empower the Red Cross Youth to take part actively and lead in the promotion of humanitarian activities.

Outcome:

3.6.1.   The Red Cross Youth are involved in the decision making and implementation of community based activities (Youth as Agents of Behaviour Change - YABC).

Strategic Objective 3.7:

To scale up the resource mobilization capacity at all levels to become self-sufficient, sustainable and independent.

Outcome:

3.7.1.   MRCS provides humanitarian services at all levels with diverse funding sources.

Strategic Objective 3.8:

To strengthen Planning, Monitoring, Evaluation and Reporting (PMER) capacity to ensure accountability, efficiency and effectiveness.

Outcome:

3.8.1.   PMER capacities, capabilities and competences of MRCS staff and volunteers are improved.

Strategic Objective 3.9:

To strengthen the financial management system and capacity at all levels for timely service delivery to the most vulnerable people by effective use of funds in transparent and accountable manner.

Outcomes:

3.9.1.   The fund management is regulated in NS with accountability and transparency by updated financial rules and procedures.

3.9.2.   The NS has adequate skilled staff and branch volunteers to comply with the financial regulations, procedures and reporting.

3.9.3.   Financial risks are mitigated by appropriate and effective risk management system.

3.9.4.   The NS has indirect cost recovery system in place.

Strategic Objective 3.10:

To strengthen human resource management system and procedures to retain committed and qualified staff.

Outcomes:

3.10.1. Each staff has job satisfaction and a sense of safety in their working environment.

3.10.2. Staff possess proficient administrative and management capacity at all levels.

Strategic Objective 3.11:

To strengthen the capacity of National Society to be able to help within the Movement.

Outcome:

3.11.1. Qualified staff and volunteers are deployed within the Movement.

Strategic Objective 3.12:

> To adopt a more effective cooperation, coordination and partnership mechanism through agreed Partnership Framework.

> Outcome:

> 3.12.1. Red Cross humanitarian services led by MRCS are supported according to a Partnership Framework among the partners, local and international organizations and the corporate sector.

8. Cross-cutting Issues

8.1. Gender and Diversity

The importance of gender and diversity issues in all aspects of MRCS work is recognized. Greater emphasis will be put on ensuring that gender and diversity is considered in programming- in design, planning, implementation, monitoring, evaluation and participation in decision making, allocation of resources and benefits and access to services.

Natural disasters, conflicts, social and political instability may affect men and women differently. MRCS acknowledges that equal participation of both men and women in all MRCS' actions not only ensures gender equality, but also increases the efficiency and effectiveness of the work of the organization.

8.2. Violence prevention

The UN Committee on the Rights of the Child's report in 2012 on Myanmar noted its concern about the "widespread violence against and abuse of children, and the lack of appropriate measures, mechanisms and resources to prevent and combat domestic violence, including physical and sexual abuse and the neglect of children; the limited access to services for abused children; and the lack of data." The same report called for sustained public education and awareness-raising on physical violence against children and a global review of violence against children that includes prevention education and cooperation with International NGO partners for technical assistance .

In the recent needs assessment carried out by MRCS, "safety and violence prevention for women

headed families, disabilities, intellectually incapacitated person, under five age children, orphans, pregnant women, nursing and breast feeding mothers, homeless elderly persons" was identified as one of the key real needs of the vulnerable people. With the experience gained by the support received from UNICEF, UNHCR and Canadian Red Cross, and having a strong network of volunteers at grass root level, MRCS is now in a better position to include violence prevention as a cross cutting issue in its programming.

8.3   Social Inclusion

Social inclusion is about strengthening connections between groups of people and enabling individuals to fully participate, contribute and benefit from a society. With the ambition to fulfil its mandate and reach out to all vulnerable groups across the country, Myanmar Red Cross Society is committed to mainstreaming an inclusive and diversified development approach into its programming that provide equal access to the same opportunities for participation, contribution, decision-making, and social and economic well-being for all vulnerable men and women, with or without a disability, in their programming. Its goal is to ensure that all programmes benefit men and women equally, regardless of ethnicity, religion, physical or mental impairment, and gender, according to their different needs, and with input and equal participation at all levels within the National Society.

8.4. Climate Change

Climate change could have major consequences for the people of Myanmar and that the MRCS will by necessity, need to be flexible in responding to potentially unknown challenges. As an example, higher temperatures may affect   old-aged people and children, especially in the central part of Myanmar which suffers from extreme heat during summer or from flooding during monsoon season. These changes could also have adverse consequences for agriculture production and food security.

8.5. Community engagement and accountability

Community engagement and accountability (CEA), also known as beneficiary communication, is a participatory process and commitment to provide timely, relevant and actionable life-saving and life-enhancing information, foster two-way communication and behaviour change, promote dialogue and support an environment of transparency and accountability across MRCS operations. This will ensure that people and communities participate and guide community resilience approaches and ultimately bring about the behaviour and social changes needed to address risks and underlying vulnerabilities. Community engagement and accountability has links with both communications and with PMER and shall be mainstreamed in all MRCS programmes and operations.

9.   The enabling actions

9.1.1   To continue the partnership framework process to enable partnership with MRCS is harmonious and fruitful directed to achieving goals according to the MRCS Strategy.

9.1.2.   To continue the conduct of consolidated annual planning and budgeting process involving different levels of MRCS, fulfilling OCAC and BOCA indicator standards.

9.1.3.   To implement a community-based approach in which all activities are integrated using common tools and methods to build community resilience

9.1.4.   To disseminate information on the new MRCS Law 2015 and its Statutes to its branches, volunteers and stakeholders.

9.1.5.   To encourage women and youth participation in decision making roles.

9.1.6.   To create peer to peer learning and sharing practice between adult and youth generation.

9.1.7.   To disseminate awareness of climate change and adaptation to vulnerable population.

9.1.8.   To transfer and relay the responsibility to respective state/region RC (decentralize) so that they can carry out branch development activities and support the vulnerable people directly without asking support and funding from HQ.

9.1.9.   To ensure improved quality and accountability of humanitarian assistances and services through community engagement and communications.

9.1.10. To apply effective project and program cycle management using systematic PMER approach.

10. Approach (Community-based and integrated approach)

MRCS will continue to apply community-based approach in most of its activities in the future. Guided by its mission which is to "Develop safe and resilient communities through integrated community based initiatives, promoting humanitarian values by the network of volunteers and members", MRCS will continue its steps to undertake a common community-based approach to build community resilience with better coordination, harmonization and integration in its community-based programmes.

The steps being undertaken by MRCS started with the development of the Integrated Community Assessment for Building Resilience (ICABR) guidance document which shall be the common assessment tool, which is a multi-sector approach, which shall be used by all programmes of the National Society. This is followed with a planning and designing guidelines, both of which aim to be more coordinated and integrated and have a program approach to community resilience building.

The overall objective in the future is to plan, design and implement programmes to reduce vulnerability among target population in an integrated manner to be more cohesive in supporting strengthening community resilience. This will be more cost effective and holistic support to the target communities with active participation of MRCS branches from the start of implementation to ensure sustainability of activities, with capacity building provided along the process.

The approach of integration and better coordination through common community-based strategies shall be coupled with strengthened coalition and external partnership with other sectors to support building community resilience which is aligned with the IFRC Framework for Resilience.

The cross-cutting themes shall be given emphasis in community-based activities which include gender and diversity, violence prevention, social inclusion, climate change, and community engagement accountability. Promotion of the Red Cross and Red Crescent Fundamental principles shall be the backbone in MRCS' humanitarian activities.

In order to further support the goal of MRCS to adopt a common community-based and integrated programming, MRCS Cooperation Agreement Strategy (CAS) process shall be a continuing process.

11. Partnerships

11.1. National Partners

MRCS is strengthening its partnership with the following on indicated activities:

- Local Authorities and the State and Region Local Governance – Disaster preparedness and response and community based health, DRR and branch development.

- Ministry of Health – Community-based health and Promotion of Voluntary Blood Donation

- Ministry of Social Welfare, Relief and Resettlement – Disaster preparedness and response, DRR, Restoring Family Links and Emergency Operation Center (EOC)

- Department of Meteorology and Hydrology – Disaster Risk Reduction, Early Warning

- Myanmar Maternal and Child Welfare Association (MMCWA)- Elderly care services

- Department for Divisional Affairs – Water and Sanitation concerns

- Ministry of Education - Voluntary blood donor program, School Red Cross, First Aid for teachers, School Based Disaster Risk Reduction

11.2.   Movement partners

For the future MRCS is looking forward to work in partnership with the corporate sector. MRCS is working closely with the IFRC which extends support multilaterally together with the British Red Cross Society, Finnish Red Cross, Hong Kong Red Cross, Japanese Red Cross Society, Norwegian Red Cross, Swedish Red Cross and Qatar Red Crescent, and with Cartier Foundation and Samsung through the Korean Red Cross. It also works closely with the ICRC and the in-country bilateral Red Cross Partners: American Red Cross, Australian Red Cross, Danish Red Cross, Swedish Red Cross and Qatar Red Crescent. Bilateral Movement Partners that MRCS is working with that are not based in the country includes Canadian Red Cross, Red Cross Society of China, Singapore Red Cross, Austrian Red Cross and Turkish Red Cross.

11.3.   UN agencies and INGOs

The National Society works with UN agencies which include UN-OCHA, UNDP, UNOPS, UNICEF, UNHCR, UNFPA, and World Health Organization. For INGO, MRCS coordinates with Save the Children in some areas of its work. There is a significant increase in number of organizations and Movement partners wanting to work with the MRCS in sectors which the MRCS has already shown considerable competence e.g. CBHFA, DRR, DM. The CAS process is the mechanism that the National Society is adopting to ensure that support and coordination are within the strategic directions of MRCS.

Working with Principles

more information:

11.4.   Corporate Partners

MRCS has started advocacy and linkage with potential corporate to support implementation of its community-based programmess. During the widespread flooding in Myanmar in July to August 2015, there was a strong response from the corporate sector to support MRCS in its flood response operations. For the new MRCS Strategy 2016 to 2020, the National Society shall undertake more robust steps to link with the corporate sector both nationally and internationally. Two new international corporate partners of MRCS are the Cartier Foundation and SAMSUNG (through the Republic of Korea National Red Cross) supporting its Water and Sanitation programme.

12.   References

- IFRC Strategy 2020

- MRCS Strategic Plan 2011-2015

- MRCS Disaster Management Policy

- Health in Myanmar 2014, Ministry of Health

- The World Factbook October 2015

- WHO, Myanmar Statistics Summary 2015

- WHO Country Cooperation Strategy Myanmar 2014–2018

- Asian Development Bank. Myanmar in transition: opportunities and challenges. Manila, 2012

- United Nations Development Programme. Integrated household living conditions survey In Myanmar (2009–2010):technical report, Yangon, 2011.
- UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality 2011 , New York, 2011

13. Glossary

Strategic Plan:
document that guides the overall work of a National Society at all levels for the coming few years (3-5 years)

Strategic Planning:
Enables a vision of the future to be realistic through an integrated and rational system of decisions. It builds on and reflects strategic thinking.

Strategy:
the direction and scope of an organization over the long term, which achieves advantage for the organization through its configuration of resources within a challenging environment to meet the needs of vulnerable groups and to fulfil stakeholder expectations.

Vision:
Identifies the image of ideal future success towards which the organization is working. It is a future in which the organization's purpose and mission is achieved.

Mission:
The overall purpose of the National Society, defining what it stands for and what it aims to achieve.

Strategic Goal:
what the National Society is committed to achieve in the longer-term planning

Strategic issues:
topics/subject matters/actions that will bring impact to the National Society in the long run in carrying them out but will require time and resources and also involve decision making of the governance

Key strategies:
main actions/activities to
be carried out thematically to achieve the strategic goals

Core Areas:
refers to the National Society and its organization structure

Saving lives:
refers to the National Societies' mandate to prevent harm and to protect and rescue the most vulnerable peoples, saving their lives from natural and man-made disasters and crises.

DRR:
Disaster Risk Reduction
Disaster Relief: provision of basic subsistence needs/assistance during or immediately after a disaster to preserve life

Disaster Response:
provision of relief and recovery assistance to meet the needs of those people affected

CBHFA:
Community-based Health and First Aid (in Action)

The most vulnerable:
the communities that are easily affected by the impacts of hazards, and disasters

ToT:
Training of Trainers

M&E:
Monitoring and Evaluation

RFL:
Restoring Family Links

IHL:
International Humanitarian Law

Humanitarian Diplomacy:
is the responsibility of everybody in the RC to persuade decision-makers on local, national and international level for the benefit of National Societies and their beneficiaries.

RM:
Resource Mobalization

EC:
Executive Committee

ARTI:
Acute Respiratory Tract Infection

PMER:
Programme Monitoring, Evaluation and Reporting

CAS:
Cooperation Agreement Strategy

IFRC:
International Federation of Red Cross and Red Crescent Societies

ICRC:
International Committee of the Red Cross

SBDRR:
School Based Disaster Risk Reduction

CBDRM:
Community Based Disaster Risk Management

CCM:
Central Council Meeting

WHO:
World Health Organization

UNICEF:
United Nations Children's Fund

UNFPA:
United Nations Fund for Populationn Activities

UNHCR:
Office of the United Nations High Commissioner for Refugee