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## Operations Update

### Myanmar: Civil Unrest Response

 International Federation  
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRMM016	GLIDE n° <a href="#">OT-2021-000042-MMR</a>
Operation update n° 1	Timeframe covered by this update: February 2021 to July 2021
Operation start date: 10/05/2021	Operation timeframe: 10 months until 31/03/2022 (The operation timeframe is 12 months including 2 months of DREF period)
Funding requirements (CHF): CHF 4,500,000 Current coverage: 26% (including in-kind donation)	DREF amount initially allocated: CHF 181,395
N° of people being assisted: 285,400	
<p><b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> MRCS leads on the overall response and on Movement coordination in Myanmar and receives both technical and financial support from Movement Partners. IFRC is supporting MRCS closely in planning and coordination.</p> <p><b>In Country Partners</b> IFRC, ICRC and Partner National Societies (PNS) are present in-country as follows, American Red Cross, Danish Red Cross, German Red Cross, Finnish Red Cross, Norwegian Red Cross, Swedish Red Cross.</p> <p><b>Supporting Partner National Societies</b> Australian Red Cross, British Red Cross, Canadian Red Cross, Japanese Red Cross, Hong Kong branch of Red Cross Society of China, Singapore Red Cross, Thai Red Cross, The Republic of Korean National Red Cross, Turkish Red Crescent, Philippine Red Cross, Qatar Red Crescent, Monaco Red Cross and Cruz Vermelha De Timor-Leste.</p>	
<p><b>Other partner organizations actively involved in the operation:</b> The humanitarian sector response readiness is being coordinated by the Humanitarian Country Team (HCT) via The United Nations Office for the Coordination of Humanitarian Affairs (OCHA).</p> <p>The MRCS is coordinating closely with UN Agencies, through OCHA in affected townships, to ensure humanitarian response plans are coordinated in each location.</p> <p>The MRCS is partnering with the World Food Programme (WFP) for rice distribution, in targeted locations where additional humanitarian needs have been identified.</p> <p>MRCS is also partnering with the World Health Organization (WHO) for basic health assistance and has established partnerships with the United Nations Refugee Agency (UNHCR) and United Nations Office for Project Services (UNOPS) for reaching affected populations.</p>	

## Summary of major revisions made to emergency plan of action:

**Revision of disaster preparedness stocks**, specifically, non-food items (NFIs) have been carried out to meet the growing needs of the crisis-affected population, and to further enable MRCS to be response ready in a context where civil unrest has impacted and disrupted the supply chain within the country. In view of this, having pre-positioned stock in the country has become an increasing priority. In the current operating context, there is also reduced access to other means of rapid humanitarian assistance, including cash grants, as well as challenges for timely transport of items to locations immediately affected by disaster.

Originally, pre-positioned stock items were planned for in-country procurement. Due to the current procurement challenges in the local market, and restrictions on both banking and commercial imports, the plan is now amended to mobilize additional supplies through international channels with the support of the IFRC Global Humanitarian Services & Supply Chain – Asia Pacific (GHS&SCM-AP) Unit.

The revision involves the increase in quantities of specific items (Tarpaulins, Mosquito Nets and Blanket), and a revision in budget, based on international mobilisation including freight and logistics costs. See below table:

Items	Original Quantity	Revised Estimation in the Mob table	Approx. unit cost in CHF (Reference EA)	Total variance in CHF
Tarpaulin	7000	16000	20.349	183,141
Blanket	6000	8000	7.854	15,708
Mosquito net	4000	6000	2.499	4,998
Note				203,847
- Quantities included also for Family Shelter Kits - 4000 Tarpaulin, 4000 Blankets and 2000 mosquito nets				4.53%
- Unit costs are indicative- including the freight and transportation charges				

An increase of pre-positioned stock items budgeted at CHF 203,847 (4.53% to the EA funding needs). IFRC has accordingly launched a Mobilization Table in July 2021 seeking in-kind donations from partners. Considering the complicated importation process, and logistical challenges (air, sea & road). When and wherever possible, IFRC GHS&SCM-AP Unit will coordinate the mobilization of in-kind donation contributions from donors via a single consignment dispatch from IFRC Regional Warehouse's stocks in Kuala Lumpur.

## A. SITUATION ANALYSIS

### Description of the disaster

The humanitarian impact of the civil unrest in Myanmar has continued to impact on affected populations since the political crisis on 1 February 2021.

In February and March, affected populations required first aid, ambulance services and emergency medical assistance in major cities and townships across the country.

During March and April, the number of people displaced increased significantly in areas of protracted crisis, including Kayin, Northern Shan and Kachin, renewed or escalating clashes between the Myanmar Military and Ethnic Armed Organisations (EAOs) resulted in additional levels of displacement.

In May and June, clashes between newly formed People's Defence Forces (PDFs) generated further displacements. These have occurred in regions/states previously not experiencing this level of instability. These included Kayah, Chin State (Mindat townships), Magway Region, Shan South, Mon State and Sagaing. In the period since early April, incidents of people injured during street protests substantially reduced, however, the security context was characterised by increased incidents of explosive devices, affecting in particular, locations with public administration and security forces.

Socio-economic vulnerabilities already exacerbated by COVID-19 impacts in 2020 have increased. The numbers of households with reduced/minimal coping capacity are estimated to have increased significantly. This includes people in peri-urban locations, incorporating six townships under martial law since March 2021. Affected populations include

### TIMELINE-2021

01-Feb	Myanmar Civil Unrest
02-Feb	State Administration Council (SAC) formed under Myanmar Military Leadership
Early Feb	Protests-initially peaceful, then with increasing incidents Civil Disobedience Movement (CDM)-ongoing
March-April	Protests and Incidents Ongoing <b>Displacements:</b> Renewed/Escalated clashes between Myanmar Armed Forces (MAF) and EAOs
May - June	Increased Incidents of Explosive Devices Displacements: PDFs Formed in Regions/States previously stable
End July	Intensified third wave covid 19-National impact Floods across 5 Regions/States
Early Aug	Myanmar Military announced Caretaker Government for 2 years

economic migrants from other states/regions who faced sudden job loss in factories following incidents in these townships between February and April 2021.

The third wave of COVID-19, impacting across Myanmar since June 2021 has significantly exacerbated the existing humanitarian crisis. Public health sector response capacity has been limited, and the new forms of COVID Variants have resulted in high levels of related morbidity and mortality. Associated regulatory measures, including extended stay-at-home orders have also had additional socio-economic implications.

Between late July and Mid-August, humanitarian needs in Myanmar included the impacts of sustained flooding in 22 townships in 5 regions/states. (Details are summarised in Needs Analysis section below)

Compounding the areas of increased insecurity, population displacement and other areas of humanitarian needs detailed above, economic activity, as well as humanitarian and development interventions have been constrained by disruptions to the banking sector. These disruptions, linked to the Civil Demonstration Movement (CDM) have been ongoing in response to the events of 1<sup>st</sup> February. Humanitarian response agencies have had limited access to cash-based modalities to reach affected populations at scale. Financial sector disruptions are also impacting increasingly on the overall logistics supply chain with reduced supplier payment options.

A further consequence of the civil unrest and associated CDM response has been reduced public health sector capacity over the last six months. In a context of reduced service capacity as well as increased transport and security challenges, access to basic as well as emergency health services has become increasingly difficult. Households with limited financial resources and support networks have been particularly impacted.

All 17 States and regions are impacted by the multiple effects of the crisis, with specific townships in at least 11 of these hard-hit states/regions in need of immediate assistance. Six townships in Yangon and in Mindat township in Chin State remain under Martial Law. Many regions and townships continue to be impacted regulatory and control measures that include curfews, detentions, and property searches. In some of areas of protracted crisis, displacement numbers have increased. There has also been a corresponding decrease in access and response capacity by many humanitarian actors, as a combined result of both security and COVID related regulatory measures.

Six months since the onset of the Myanmar Civil Unrest, there is no resolution of the crisis, and the associated humanitarian impacts are both now intensified and protracted. In August 2021, the Myanmar military has announced caretaker government for the next two years.

## Summary of current response

### MRCS Response to date

MRCS' Emergency Response Plan (ERP) (initially for 4 months) was launched in February 2021. Response interventions focused on reaching affected people with emergency first aid and ambulance services. ERP coverage encompassed 196 of Myanmar's 331 townships in 16 of the 17 regions/states.

A DREF, now incorporated into this Emergency Appeal, as well as supporting partners bilateral financial contributions provided support to this initial ERP.

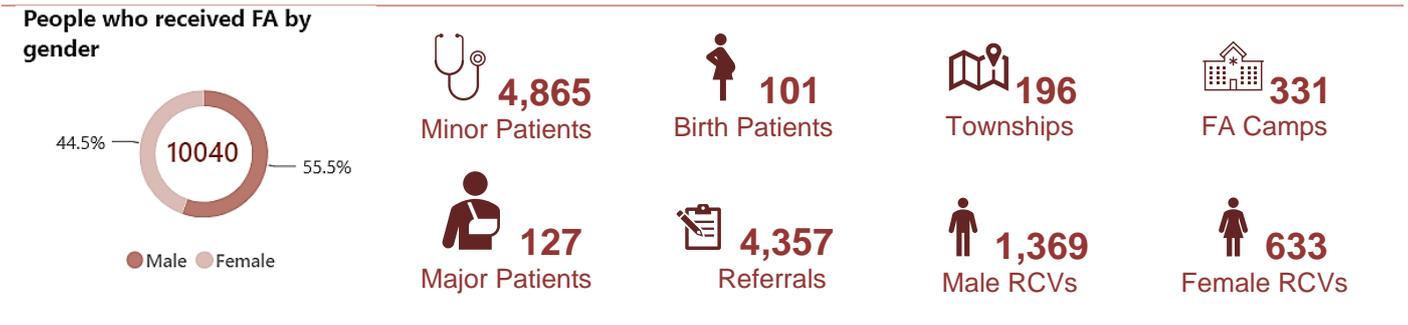
In Mid-April, MRCS expanded the four-month plan into a 12-month Response Plan by the National Society. 'MRCS EPoA -Myanmar Civil Unrest' - Emergency Response Plan for MRCS (MRCS- ERP).

The expanded Response Plan recognised the ongoing humanitarian need and based on the evolving crisis, anticipated operational response capacity at a national scale across several areas of interventions. The plan incorporates humanitarian support to the affected population through sustained provision of lifesaving first aid and ambulance services along with additional interventions, including socio-economic support and relief assistance to reach affected people across key areas of need.

As of 3 August 2021 MRCS had reached over ten thousand affected people. Figure 1 below provides a breakdown of people reached by services, location, and gender.

TIMELINE-2021	
24th Feb	MRCS Develop 4 mth ERP supported by IFRC (DREF) and Partners (Bilateral)
16-Apr	MRCS Launched 12 month Emergency Response Plan (ERP)
10th May	IFRC Launched Emergency Appeal (EA)
Mid July	Emergency Appeal increases NFI requests (Mob Table Launched)
Mid August	Operational Update-Emergency Appeal

**Figure 1: Response Interventions Feb- 3 Aug 2021**



As detailed also in Figure 1 above, over 2,000 Red Cross Volunteers (RCVs) have been engaged across 331 First Aid Camps. Response interventions have been in the 196 townships with the highest levels of incidents and related injuries. MRCS RCVs have assisted 4,865 minor and 127 major cases as well as 101 birth patients and 4,357 referrals cases that needed urgent medical assistance.

### MRCS -ongoing response capacity

MRCS current operational capacity incorporates 143 regular ambulances and 170 additional transport vehicles including motorbikes and other local transportation modes to support emergency health assistance and transfer. Advanced skills in Trauma First Aid have been included in operational preparedness, with a series of rapid scale up trainings conducted in March and April. In the current environment, advanced skills in Psychological First Aid (PFA) have also been identified as a priority area for RCVs in providing ambulance and first aid services to affected people.

In the current context, sustained access to the affected communities is a key concern. Determinants include access authorisations and more recently, COVID-19 constraints and regulations. Humanitarian reach is also impacted by operational complexities including banking sector disruption and limited access to cash-based support modalities, alongside reduced supply chain to support in-country procurement.

Both Cash and in-kind intervention (including a range of NFIs) are key components under the plan, for both emergency and mid-term assistance and MRCS has experience and capacity to implement both cash and in-kind modalities in emergencies. Response planning will adjust to different implementation challenges and opportunities in targeted townships across each Region/State. MRCS feasibility analysis of banking options through its network of township branches is ongoing. Timing of interventions also impacts on appropriate modalities in a shifting operating context.

### Red Cross Red Crescent Movement In Country

IFRC, ICRC and the Eight Partner National Societies (PNS) are present in-country<sup>1</sup>: Additional Federation members, provide support and are actively engaged in Movement coordination. This also includes National Societies in the Asia Region who maintain close linkages to MRCS.

### IFRC Presence

IFRC, through the Myanmar Delegation, supported also by the Asia-Pacific Regional Office, is working closely with MRCS in planning and coordination for both the Myanmar Civil Unrest Response and providing support, initially through the DREF, with subsequent expansion into this Emergency Appeal. IFRC is also supporting the COVID response (ongoing since March 2020) and assisting in disaster preparedness initiatives for the current Monsoon season, incorporating updates to internal and external partners and support with pre-positioned stock and overall disaster preparedness activities.

### Actions of partner National Societies and the ICRC

**Partner National Societies:** are supporting MRCS in ongoing program delivery as well as assisting through modalities of both multilateral (Appeal) and bilateral support to the MRCS National Response Plan

Federation members provided direct support to assist MRCS with the first four-month rapid scaleup of first aid and ambulance service encompassed investments in first aid equipment, supplies and training, as well as RCV equipment and support to facilitate MRCS in reaching affected population across the 196 townships with emergency first aid services and ambulance assistance. Within the 12-month NS-ERP additional bi-lateral partner support included assistance to MRCS plans incorporates basic health services and cash programming for livelihoods assistance.

**The ICRC** continues its operations in the traditional conflict affected states of Rakhine, Chin, Kachin and Shan, focusing on the new conflict dynamics / humanitarian needs, as well as offering support to the scale up of the prevention and response to the 3rd wave of COVID-19, in close cooperation with the MRCS and Movement partners. In addition, the

<sup>1</sup> See page 1 above for full details of in-country and supporting partner national societies.

ICRC and MRCS are cooperating to scale up the response in new and emerging areas affected by violence and or recent skirmishes such as Mindat, Magwe, Southern Shan and Kayah. Humanitarian access has been difficult to establish, but initial deployments have now started, despite the extra challenges of the Covid19 pandemic.

### **Movement Coordination Mechanisms**

MRCS leads on Movement coordination in Myanmar. Regular in-country Movement Coordination Meetings (MCMs) are held by MRCS. Additional tripartite coordination mechanisms are in place for Leadership, Security Cell and Communications. Tripartite Leadership meetings with MRCS, ICRC and IFRC are supporting coordination in key response area and guiding strategic engagement in a highly complex operating environment.

Since the beginning of the Myanmar Civil Unrest Response, both Tripartite Security Cell as well as Tripartite Communications meetings are being held on a regular basis, supporting review and communication of key incidents and public perceptions and facilitating analysis of risks and trends across key operational interventions as well as in specific regions/states.

### **Overview of non RCRC actors in country**

MRCS, along with IFRC is represented in the Humanitarian Country Team (HCT) and the UN Myanmar Humanitarian Fund (MHF) Advisory Board and participates in key clusters. MRCS is co-lead of the Cash Working Group.

External agencies, including the UN, have existing operational capacity in intervention areas set out in the 2021 HRP, focused on areas of protracted crisis. In June 2021, UNOCHA released an addendum to the Myanmar Humanitarian Response Plan (HRP) which responds to additional humanitarian needs since the events of 1 February 2021. The HRP addendum targets an additional 2 million people with assistance in multiples sectors and in additional locations outside the scope of the initial 2021 HRP. The HRP Addendum is framed as an interim emergency response plan and emphasizes the need for continued analysis of needs and response approaches.

MRCS has additional partnerships with UN Agencies to support specific interventions in the sectors of livelihoods and health assistance.

Between June and July, MRCS, in partnership with WFP has been able to target the most vulnerable communities in a peri-urban township in Yangon, including townships under martial law since mid-March 2021 to reach 68,424 Households (253,730 people) with rice supplies for 1 month, these in-kind distributions complement the planned activities under this Emergency Appeal which will target most vulnerable with cash and in-kind relief supplies across several regions/states in response to immediate needs and negotiation for humanitarian access.

## **Needs analysis and scenario planning**

### **Needs Analysis**

Myanmar has a population of 55 million<sup>2</sup> people across 330 townships within 17 states. However, in the country's context there remains significant gaps in information on overall humanitarian needs. Humanitarian needs are substantial across many regions and states and across multiple sectors, Regular monitoring is required in line with the unfolding crisis.

In the current unstable environment, critical factors of humanitarian impact include market disruptions, lack of access to basic services, including emergency and basic health services, social safety nets, and limited capacities across the country. Humanitarian needs have further increased since July 2021 due the COVID-19 third wave and seasonal disaster impacts, including most recently widespread floods. In July 2021 the highest rate of Covid 19 infection in Myanmar has been recorded and onset of seasonal monsoon has to date has estimated a total affected population at 26,273 HH (125,006 people). At the peak of the floods in early August, 2,962 HH (13,003) people were in 27 temporary shelters across 10 of the 24 affected townships.

Across many of the 17 region and states, populations are affected by intensified conflicts with increasing rates of internal displacement. Affected populations also including people faced with further reduction in livelihoods and/or safety nets, as well as sudden job loss associated with the multiple effects of the civil unrest. In early 2021, UN-Habitat estimated that approximately 400,000 people in Yangon were living in 423 informal settlements, together accounting for approximately 8 per cent of the city's population. Hlaing Thar Yar township, which saw intense violence as part of the crackdown in mid-March, accounts for one-third of the total informal settlement residents in the city.

The mid-term framework of MRCS 12-month response plan scope out targeted socio-economic support for basic livelihood and income generation activities to address the expanding socio-economic vulnerability.

All populations have ongoing challenges to access emergency medical assistance as well as basic healthcare support. Women, children, and the elderly especially require targeted support to access health services including essential

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<sup>2</sup> 2014 DOP Census Figures. Higher Department of Population (dop.gov.mm)

maternal and reproductive health services. Affected populations also require accompanying psychological support given the nature of the crisis, with high levels of anxiety for affected people. An identified need from MRCS is to further enhance the Psychological First Aid within the existing emergency First Aid services. A focus-on building community level capacities on basic first aid is also a priority in this response.

Identified priority groups in the most vulnerable townships include the following categories:

- People directly affected physically, psychologically and or socio-economically by violence in conflict hot spots.
- People affected by violence in emerging conflict situation and new displacement.
- Vulnerable and affected people in peri-urban areas with socio-economic challenges
- People in regions/states with existing vulnerabilities at risk of increased displacement.
- Displaced people safely returning to their homes after observing relative stability.
- People in regions/states where vulnerability to natural disaster is acute (Rakhine, Mon, Ayeyarwady, Bago and Tanintharyi Regions).

Within this geographic focus, household targeting will include additional vulnerability criteria. This will include a focus on women/child-headed households, pregnant or lactating women, persons with disability, elderly, those suffering from chronic illnesses and families with children under five years old.

In the evolving context, the support to strengthen and enhance MRCS' central and localised response capacity underpins the logic of this response plan. The operational framework has acknowledged the needs around disaster preparedness to support MRCS through complementary provision of immediate relief assistance in priority areas. Protection, gender, and inclusion as well as interventions to address psychological impacts of the crisis are cross cutting needs of high sensitivity under the plan. Enhanced capacity of Red Cross Volunteers (RCVs) in these areas is fundamental to strengthen and enhance MRCS' support services across all affected townships

Since June 2021, immediate relief assistance has also become a priority for populations in townships impacted by clashes between PDF and security forces. Ongoing population displacement is creating an imperative need for relief supplies as well as basic healthcare assistance. This includes, but is not limited to, Demoso township in Kayah State and Mindat township in Chin state and Kani and Pale townships in Sagaing Region.

With the Monsoon season, enhanced localized response capacity is required. Reduction of basic services during this crisis, creates significant risks for populations who may be injured or displaced by floods and cyclones. Expectations on MRCS to provide immediate response support as recovery assistance is high. The need for enhancing branch level response capacity is addressed in key areas of the operational plan below.

*Details of anticipated scenario planning, including humanitarian consequences and response framework are detailed in the Emergency Plan of Action (EPOA)*

## **Operation Risk Assessment**

The operating environment incorporates risks and constraints across several critical areas.

### **Communications**

Since June 2021 Internet and mobile services, which had significantly impacted communications from 1 February 2021 is restored to a functional level, facilitating remote working modalities at operational level. The risk of further internet restrictions remains and should inform contingency planning for the operations response.

### **Disruption of Banking Services**

With reduced banking services based on the order issued by Central Bank of Myanmar, basic operational functions related to MRCS procurement and supplier payments, as well as staff salaries and financial transfers to Branches continues to be significantly impacted. Since June 2021, there has been increasing capacity for electronic payment via MPU system credit card. However, limitations of ATM services and online bank appointments for cash withdraw are ongoing challenges. Adjustments in operations are made on ongoing basis, in response to changing rules and regulations affecting banking services and financial transactions. Feasibility for planned cash and vouchers assistance are analysed on a continuous basis through the Cash Working Group, clusters/sectors, and other forums, including options of working through different financial service providers (FSP).

### **Logistics**

Due to the ongoing conflict, road and air transportation continue to be an ongoing challenge that has adversely affecting the local market capacity for essential commodities that are either normally imported or transported from other parts of

country. As a result, unavailability of essential supplies in the local market including food items and escalating cost that has implications on operational plan of local procurement. Procurement processes include continuous monitoring of suppliers for local procurement of key procurement items, while requesting international procurement where feasible. Given the situation, there is a general restriction on international imports with disrupted supply chain in country. Though certain humanitarian supplies are given considerations for import licenses, the likelihood of delays in international imports remains high.

Operation related movements including distribution of relief good in the affected areas are also restricted with necessary security approvals by authorities in place. Due to these logistics challenges, pre-positioning of items that may be required for immediate response to emergencies remains imperative.

**Profile, Visibility and Stakeholder Engagement on MRCS role and mandate**

Profiling of MRCS role and RCRC mandate based on the 7 Fundamental Principles has been a critical consideration for engagement and management of the operation. MRCS continue to reinforce the role of all staff and RCVs to provide a neutral, impartial, and independent humanitarian action. This extends not only to services offered but to all forms of engagement in public forums in particular, social media.

Emblem management as well as consistent visibility of MRCS with continued investment on visibility including uniforms, equipment, and ambulances signage along with ongoing adherence to practical guidelines and code of conduct is critical for acceptance and recognition by all. Ongoing dissemination of key messages to stakeholders, as well as sustained engagement with interlocutors at all levels is critical to ensure safe and timely response capacity.

Ensuring high levels of accountability and transparency in reaching the most affected communities, demonstrating neutral and impartial humanitarian services is essential. MRCS led, and managed needs assessments and interventions will demonstrate this at community level.

**Sustained Delivery of Operations**

Operating through 330 branches with active trained volunteers in 17 states/regions, MRCS is able to reach vulnerable people across the country, as demonstrated during the Cyclone Nargis response. The current multifaceted crisis places considerable demands on the organisation and branch networks. For Civil Unrest Response Over 2,000 RCVs have already been engaged to date and for Covid-19. MRCS continue to engage around 7,000 RCVs across the nation.

Sustained investment in MRCS operations and Branch capacity, supporting safety, duty of care and well-being of staff and volunteers, as well as further recruitment and skills development is required, alongside sufficient equipment and logistical capacity to reach communities quickly and at scale.

**B. OPERATIONAL STRATEGY**

**Overall Operational objective:**

*To reach 285,400<sup>3</sup> people with humanitarian assistance addressing multiple needs of affected populations. This includes emergency first aid and ambulance services and access to basic health services, incorporating psychosocial support; basic needs and income support, enhanced readiness to support people facing the risks of floods and cyclones and increased operational capacity of MRCS staff and volunteers for meeting ongoing humanitarian needs across the country.*

In the given operational context, MRCS plan and respond with a strategy of geographical and sectorial targeting, as needs across country continue to change and grow rapidly.

During the early months of unrest and protest, MRCS assisted a large number of affected populations that needed first aid, ambulance services and emergency medical assistance across major cities and townships in the country. Continued events of violence alongside constrained access to health services especially for the affected and needy section of the population, requires MRCS to continue providing first aid and ambulance services including basic emergency medical assistance across all states and regions.

MRCS- Emergency Response Plan	Appeal Intervention Category
<p><b>A. First Aid and Ambulance Services,</b>  <b>B. Basic healthcare Services,</b>  <b>E. Psycho-social Support and Protection</b></p>	<p>Health            (Including First Aid and Ambulance Services)</p>

<sup>3</sup> Target now include additional reach through pre-positioned stocks of disaster preparedness items in Mobilisation Table.

Integrated within the Health component of the emergency appeal, MRCS's emergency response plan strategy includes strengthening of psycho-social support service and protection capacities as important areas of capacity enhancement while delivering first aid and basic health services to the affected population. Early in the response, a series of advanced skills training in Trauma First Aid was conducted for rapid scale-up of capacity. In the current environment, advanced skills in Psychological First Aid (PFA) have also been identified as a priority area for RCVs in providing ambulance and first aid services to affected people.

The operational strategy is predicated on an integrated delivery model. The intervention logic aims to assist the affected population with socio-economic support activities which includes basic relief supplies, cash and/ or in-kind provision of food assistance. The plan aims to target the most vulnerable groups with basic livelihood support for income generation and livelihood restoration support. Planned interventions for cash and / financial transfer modalities will be adapted in relation to feasible options in each affected geographic location across all targeted townships, beneficiary consultations will be undertaken with communities and local stakeholders, also to ensure that the most vulnerable groups are reached. Geographical targeting will prioritise most affected townships in the regions / state that experience high levels of displacement and suffered socio-economic impacts.

MRCS- Emergency Response Plan	Appeal Intervention Category
<b>C. Socio-economic Support</b>	 Livelihoods and Basic Needs

Coordinated planning and implementation approach between sectors and services will be incorporated into geographical response plan that accounts for integrated needs of the targeted population. *[Refer needs analysis section for details on selection criteria]*

MRCS- Emergency Response Plan	Appeal SFI/ Enablers
<b>D. Enhanced Disaster Response Capacity</b>	 Disaster Risk Reduction (and) Strengthen National Society

The Disaster Risk Reduction intervention is intended to enhance MRCS's overall preparedness capacity for Disaster Response. The plan supports MRCS capacity with disaster preparedness stocks of Shelter NFIs and associated training needs for ERT, NDRT, Staffs and RCVs including training for cash interventions in emergencies. In line with MRCS SOPs for Branch level skill enhancement, staff and RCVs will be equipped with Preparedness and Contingency Plans. The branch skill development plans around disaster response will include trainings of NDRT based on new curricula, basic disaster management trainings for staff and volunteers and trainings for the emergency response team based on needs. Trainings are also planned around logistics management, IM and other operational skills like road safety, fleet and warehouse/ stock management and reporting. With the current challenge of Covid 19 restrictions MRCS continues to conduct trainings through online means where possible. With recent appointments within Civil unrest structure, and as the Covid 19 situation improves in country, the plan for face-to-face and practical trainings are delayed and shall commence around the fourth quarter of 2021.

Under the plan of action, it is also aimed to equip priority branches with emergency response equipment such as water purification units in addition to provision of branch level emergency funds where necessary with a strategy to enhance HQ and branch rapid response capacity.

MRCS- Emergency Response Plan	Appeal SFI/ Enablers
<b>F. Communication and Dissemination of MRCS Role and Mandate</b>	 Influencing others as strategic partners
<b>G. Information Management (IM), PMER and CEA</b>	 Ensuring Accountability
<b>H. Operational Capacity of MRCS.</b>	 Strengthen National Society

As described in the Emergency Plan of Action, the operational strategy for intervention or/ enablers includes the above three area.

Communication investments will support MRCS public profile and stakeholder relations to ensure respect and understanding of MRCS Role. This includes Dissemination MRCS Mandate & Red Cross Law to stakeholders, Communication to support visibility and positioning of MRCS and social media profile management.

The strategy for intervention to ensure accountability mainly focuses on Information management PMER and CEA capacity enhancement activities which comprises trainings, support to IM and IT works and other related operational support.

Investment in the Operational needs of MRCS is critical to enhance staff and branches operational capacity for multi-sector response at required National Scale. This entails the following:

- RCVs Equipped and Supported
- Skilled Branch Leaders & RCVs (additional recruitments/trainings)
- Operations, Infrastructure and Equipment

MRCS works with local agencies at Township level to support timely access for addressing priorities and needs of vulnerable groups. Stakeholder consultations, drawing on HV/Communications Department supported messaging ensures that MRCS's mandate and fundamental principles are well understood and respected by all.

The recent collaboration of MRCS with WFP for food distribution in the peri-urban regions of Yangon and Mandalay under martial law demonstrated viable models of community engagement, participation, and community accountability in a complex setting. Communication with local stakeholders and community members prioritised updated information on selection criteria, and delivery methods. These models will inform further planned socio-economic interventions as well as planned relief distributions.

Interim reflections on intervention will take opportunities to put forward recommendations and learnings through consultations and workshops as feasible at operational level to inform response and beyond.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Health</b>  <b>People reached:66,400</b>  Male:33,400 (<i>assumption 50%- disaggregated targeting cannot be determined</i>)  Female:30,000</p>	
<b>Health Outcome AOF4.01: Vulnerable people's health and dignity are improved through increased access to appropriate health services</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People reached by NS with services to reduce relevant health risk factors.	66,400	10,040 <sup>4</sup>
<b>Health Output A4.1.1: Communities are provided by NS with services to identify and reduce health risks</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of health volunteers trained to implement community-based health awareness activities.	200	NA
<b>Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People reached by NS with services to reduce relevant health risk factors.	66,400	10,040
<b>Health Output 2.1. Improved access to health care and emergency health care for the targeted population and communities.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People trained by NS in first aid emergency services	1120	NA
People reached with Emergency FA and clinical health care services during emergencies.	53400	NA
People reached with emergency hygiene kits	21000	NA
<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>

<sup>4</sup> As of 3 August 2021, with 55.5% Male and 44.5% Female beneficiaries

People reached by psychosocial support.	7000	NA
<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
100 NS Staff and volunteer trained in PSS skills.	100	NA
<b>Progress towards outcomes</b>		
<p>MRCS continues to provide first aid and ambulance services including emergency health referral for urgent medical needs in conflict affected areas across states and regions. The services include Trauma first aid psychological support to the affected population. In Yangon area MRCS is facilitating primary health care support through static clinics, with additional outreach capacity. Scale up will include further outreach services for emergency health care and assistance based on needs and feasibility in the affected regions at branch level.</p> <p>MRCS has concluded the procurement of First Aid (small and advance kits), including provision of equipment, PPE and safety gears that was planned for the first four months response.</p> <p>Individual and family hygiene kits including the dignity kit packages planned under the scope of EA are intended to be procured locally and are designed as MRCS standards to address the most urgent needs of vulnerable population affected by the crisis. Market analysis for the procurement of these hygiene kits is slightly delayed in the month of July due to the two reasons described in the report (high rate of covid infection within MRCS logs department and non-reactive market situation at the moment. Follow up to kick start the procurement processes with MRCS logistics team is planned in the third quarter of 2021.</p> <p>MRCS has prioritised increased capacities in psycho-social support capacities. With support from the IFRC Asia Pacific MHPSS Training and Learning Collaborative, PFA training roll-out will contextualise skills and learnings to the current operating environment. The first training, originally planned in early August, is now planned for September delivery, reflecting the impact of COVID-19 on operations since June. Meanwhile, MRCS FA and health technical team continues to conduct online sessions with its first aid and health support teams based on needs.</p> <p>Moving forward, the mid-term response and community level interventions that includes training of volunteers on CBHFA and community level health awareness activities, is needed to be contextualised with MRCS involving expertise in the area based on current feasible options.</p>		

 <p><b>Livelihoods and basic needs</b>  <b>People reached:50,200</b>  Male:25,100  Female:25,100</p>		
<b>Livelihoods and basic needs Outcome AOF 3.01: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Targeted households that have enough (food, cash, incomes) to meet their survival threshold.	10,000	NA
<b>Livelihoods and basic needs Output A3.1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People trained in vocational skills trainings to increase income sources.	200	NA
<b>Livelihoods and basic needs Output A3.1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People reached with food assistance or cash for basic needs.	15000	NA
<b>Livelihoods and basic needs Output A3.1.3: Household livelihoods security is enhanced through food production, increased productivity, and post-harvest management (agriculture-based livelihoods)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>

People supported with in-kind assets or cash or vouchers for starting/strengthening economic activities.	15000	NA
<b>Livelihoods and basic needs Output A3.1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
People supported with in-kind assets or cash or vouchers for starting/strengthening economic activities.	20000	NA
<b>Progress towards outcomes</b>		
<p>Since the Emergency Appeal was launched in May 2021, the socio-economic environment has continued to deteriorate, and relief assistance has become an increasing priority. Significantly, the number of people displaced since 1 February 2021 is estimated at around 206,000, according to recent UN updates<sup>5</sup>. This population face either temporary or in some cases protracted displacement and require immediate humanitarian assistance to meet basic needs.</p> <p>Mindat in Chin State, Regions of Magway, South state of Shan, Kayah and Kayin as well as Sagaing are priority locations for humanitarian needs. International humanitarian actors are facing significant constraints to access these areas. The MRCS access is also affected by access constraint, dependent on each location. In this context, an incremental approach is required to the planning and delivery of livelihood support, which aligns to geographic priority areas, combined with MRCS vulnerability criteria for household targeting<sup>6</sup>. Access and feasible forms of cash / financial transfers permits, assessments and planning incorporating immediate relief assistance and livelihoods restoration interventions will be undertaken in the most affected townships in the regions / states referenced above including new emerging areas. These areas currently experience high levels of displacement and related socio-economic impacts.</p> <p>Currently the options for cash, voucher, and in-kind emergency assistance for food is a priority intervention in these locations and are being explored by MRCS. In the current situation, with limitations in banking system, alternatives to direct cash distributions are being explored. This includes options for mobile financial transfers as well as in-kind relief assistance including food distributions through branches.</p> <p>Unconditional and conditional cash grant transfers remain critical given the ongoing socio-economic deterioration. Opportunities to reach communities will be progressed as access and the operating context permits. The MRCS, with support from partners, has strong capacity in both conditional and unconditional cash transfers. Unconditional cash transfers have most recently been used to address socio-economic needs through COVID-19. In other locations, including Rakhine state, MRCS has developed substantial expertise in undertaking conditional cash transfers as a key element of livelihood restoration and/or strengthening, combining cash grants with business planning assistance and related livelihood and vocational training assistance. With the current limitations of access to cash provision in Myanmar, both conditional and unconditional cash grant assistance will be linked to feasible forms of either banking for cash transfer assistance as relevant to the operational context in each location.</p>		

<b>Strengthen National Society – Enabler 3 -SFI1</b>		
<b>S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competences and capacities to plan and perform</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
80% of scheduled activities held according to plan and with minimum participation levels	80%	NA
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Percentage of active RCVs (targeted for response) with sufficient insurance coverage	100%	100%
Percentage of active RCVs (targeted for response) with sufficient protective items and equipment	100%	75%
Percentage of recruited RCVs provided inductions for response	100%	70%
<b>Output S1.1.6: National Societies have the necessary corporate infrastructure and systems in place</b>		

<sup>5</sup> (RBAP) MYANMAR EMERGENCY UPDATE as of 01 August 2021

<sup>6</sup> Details of criteria included within EpoA, incorporate women/child-headed households, pregnant or lactating women, persons with disability, elderly, those suffering from chronic illnesses and families with children under five years old.

Indicators:	Target	Actual
Number of staff / RCVs skilled in core communication area	40	NA
Number of Key messages/ statements to profile/ safeguard MRCS response	4	3 <sup>7</sup>
Number of staff / RCVs skilled in IM and data management	60	NA
<b>Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
Indicators:	Target	Actual
Percentage of targeted pre-positioned items in priority location	80%	NA
Number of RCVs staff trained in core DM areas	440	NA
Number of TS branches with emergency response capacity (equipment and fund)	5	NA
<b>S1.02: National Societies develop deeply shared identities and improved internal and external communication</b>		
Indicators:	Target	Actual
Number of communication products and activities which effectively profile NS role and mandate (neutral and impartial)	5	4 <sup>8</sup>
<b>Output S1.2.2: The auxiliary status of NS is well understood by relevant public authorities and clearly articulated in domestic law and policy</b>		
Indicators:	Target	Actual
Number of activities/forums reached with messaging on MRCS role and mandate to key stakeholders	5	NA
<b>Progress towards outcomes</b>		
<p>The Operation with MRCS's coordination and implementation lead, continues to prioritise activities and intervention based on situation and needs. Starting 1 July 2021, MRCS has proposed a Structure for Civil Unrest Operation under the management of MRCS DM department. The structure incorporates 19 positions encompassing a Project Coordinator, CEA Coordinator, Logistics coordinator, PMER Manager with other support positions in the area of FASS and PSP, Cash, WASH, Comms, HR and finance.</p> <p>The trainings and skill development activities planned under the scope of operation continue to be 'on-job' for all sectors and fronts due to Covid 19 restrictions and current country context, face-to face meetings and activities are limited to only essentials based on case-by-case approvals by MRCS leaderships.</p> <p>Movement partners have received updated Key Messages accompanied by a Q&amp;A produced on a fortnightly basis, which serve to guide them in their external communications with media, donors, and other stakeholders. IFRC has also supported MRCS to profile its activities across international news media, global IFRC, Asia Pacific and National Society social media as well as other digital platforms, providing editorial support to the MRCS Twitter and other social media accounts which have attracted growing audiences and followers.</p> <p>As captured under the summary of revision the pre-position stocks planned under the EA is currently being mobilised from in-kind donations through the IFRC Mobilisation Table support by IFRC Global Humanitarian Services &amp; Supply Chain – Asia Pacific (GHS&amp;SCM-AP) Unit. To date coverage for in-kind donations of pre-positioned stock is 50%</p>		

## International Disaster Response- SFI 2

### Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
The operation demonstrate evidence of effective and coordinated international disaster response	Yes	Yes
<b>Output S2.1.1: Effective and respected surge capacity mechanism is maintained.</b>		
Indicators:	Target	Actual

<sup>7</sup> 3 key messages are issued so far

<sup>8</sup>Include- 1 infographic, 2 press releases, 1 exposure photo essay

2 surge deployments, level and timeliness of technical and operational support mobilized.	2	3
Mechanism for effective response preparedness identified and implemented	Yes	NA
<b>Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of trainings conducted on community engagement and accountability	2	NA
Number of volunteers trained for CEA	40	NA
Number of materials produced for CEA activities	1	NA
<b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Compliance with fleet management and logistics processes to IFRC policies	Yes	Yes
<b>Progress towards outcomes</b>		
<p>To support the operation with a desired level of quality assurance three rapid response surge deployments have been mobilized to date, which includes one short term surge PMER deployment supported by Australian Red Cross, one surge Communication deployment supported by the Appeal and one surge Operation Manager deployment supported by German Red Cross. A consolidated Operations Manager role to support both -Myanmar Civil Unrest and the COVID-19 response has been established covering for the remaining period of the Appeal. In this context the IFRC's Rapid Response Mechanism has proven to be successful for a timely development of technical resources based on immediate situation needs in crisis.</p> <p>In the area of community engagement and accountability, MRCS is committed to developing contextually appropriate skills and systems. The above staffing structure incorporates dedicated resource support in CEA and PMER. As detailed in the operational strategy above, effective models including those recently applied to the WFP food distribution in Yangon will inform other socio-economic support activities, as well as relief distributions.</p>		

<b>Influence others as leading strategic partner - Enabler 1 SFI 3</b>		
<b>Outcome 3.0.1 The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of activity report that inform IFRC and NS reflection and practice from this response	1	NA
<b>Output 3.1.3 IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of reports capturing review from this operation	1	NA
<b>Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.</b>		
<b>Output S3.2.1: Resource generation and related accountability models are developed and improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of PMER workshop conducted	1	NA
<b>Progress towards outcomes</b>		
<p>An initial reflection workshop will be held in September 2021 to reflect on progress under initial response phase and to confirm planning priorities for next phase.</p>		

## Effective, credible and accountable IFRC- Enabler 2 -SFI 4

### Outcome S4.01: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
Effectiveness, credibility, and accountability is ensured	Yes	Yes

### Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders

Indicators:	Target	Actual
Compliance with financial processes in line with IFRC policies and procedures	Yes	Yes

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### Progress towards outcomes

No Financial audits are conducted yet for this operation; however, the previous operations and project confirm compliance with IFRC financial policies and procedures.

The first MRCS financial report due by 31 August 2021. The current appeal coverage is 26% (including in-kind donations)

## D. Financial Report

The financial report will be reported in the next reporting.

## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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## 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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.