

Myanmar, Asia-Pacific | Complex Emergency



Myanmar Red Cross volunteers are providing critical relief supplies to internally displaced people (IDPs) in Hsi Hseng township, southern Shan State, Myanmar in March 2022. (Photo: Myanmar Red Cross Society)

Revised Appeal №: MDRMM016	To be assisted: 202,000 people	Appeal launched: 10/05/2021
Glide №: OT-2021-000042-MMR	DREF allocated: 181,395 CHF	Date published: 06/07/2022
Operation Start date: 12/03/2021	Operation End date: 31/03/2023	
Operational Strategy Revision	Revision #1	

IFRC Secretariat funding requirement: 4.5 million CHF
Federation-wide funding requirement: 6.3 million CHF
To assist: 202,000 people

TIMELINE



The Myanmar Red Cross Mobile Medical Team has been providing medical care to people in camps for internally displaced people IDPs in Taunggyi since 1 March 2022. (Photo: MRCS Taunggyi)

Early February 2021: On 1 February, the Myanmar Armed Forces (MAF) detain key members of the newly elected parliament and announce "ruling administration" leadership, with a 12-month state of emergency. The following day, the State Administration Council (SAC) is formed with military leadership. Street and neighbourhood protests commence. A civil disobedience movement (CDM) then initiates in the health sector, eventually extending to banking, transport and other services.

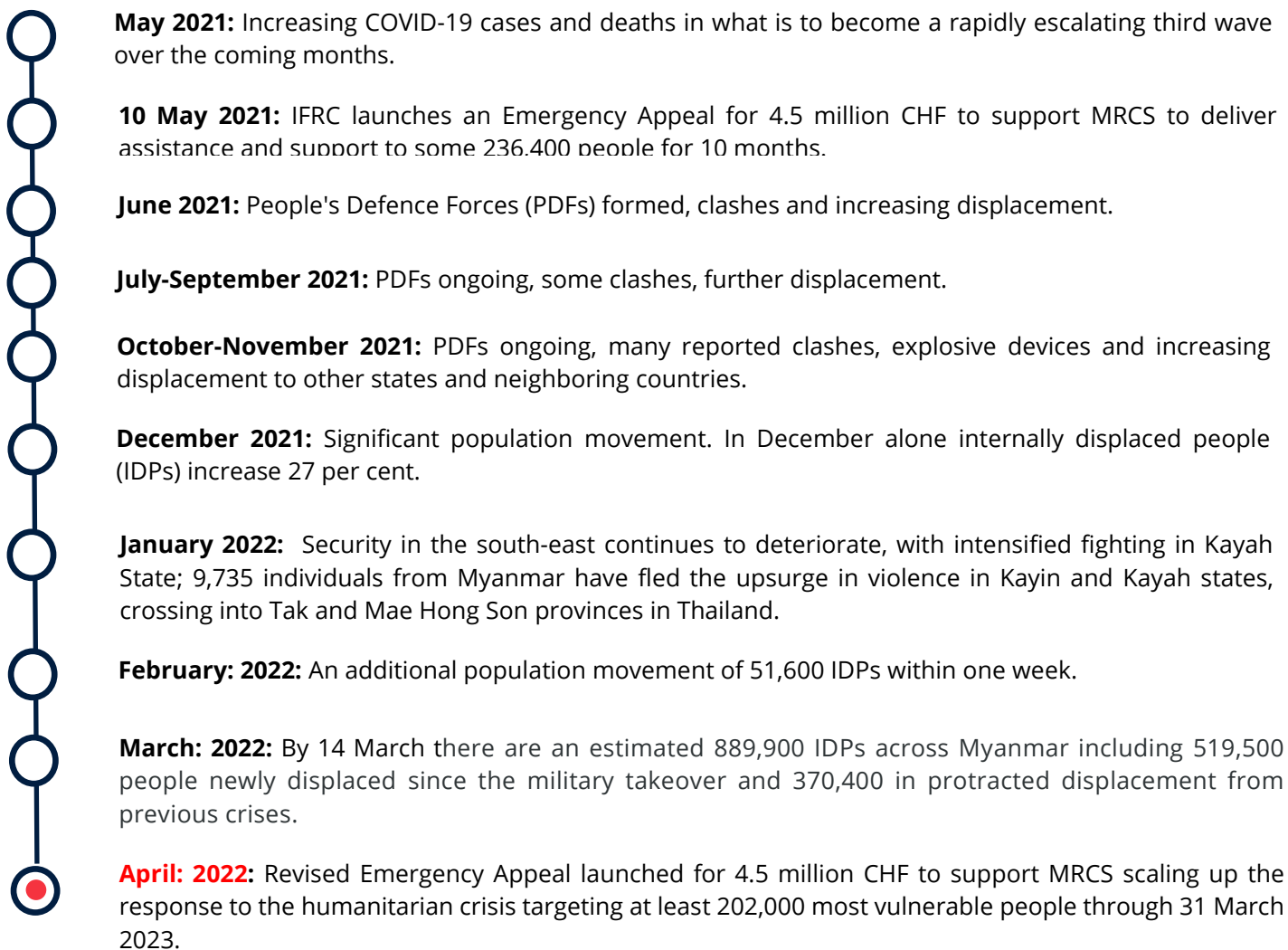
By mid-February 2021: Protests spread across country. Regulations and curfews instated. General strikes and limited access to cash. Nightly internet restrictions imposed.

By late February 2021: MRCS, with the support of IFRC, develops an emergency plan of action on 24 February to reach affected people with first aid and ambulance services. Partners contribute bilaterally and IFRC offers DREF funding. Tensions then escalate, casualty rates increase and attacks on health services become more frequent.

March 2021: Intensity of incidents increases, and casualty rates rise, especially in townships under martial law and in major cities.

Mid-April 2021: Legislative body in exile CRPH announces a national unity government (NUG). Clashes escalate further between ethnic armed organisations (EAOs) and MAF in Kachin State.

Late April 2021: Ongoing sporadic protests and increasing trend of violent incidents impacting on property as well as destruction of houses by fire.



OPERATIONAL STRATEGY REVISION

This revision of the IFRC Emergency Appeal addresses the rapidly evolving operational context and the resulting increase in humanitarian needs across Myanmar. Accordingly, it also extends the timeframe of the operation by one year. This revised Emergency Appeal endeavours to maintain operational relevance and responsiveness for the provision of humanitarian assistance, including preparedness, to the affected populations. Note that the title of this revised appeal has been changed from 'civil unrest' to 'complex emergency', reflecting the aggregation of humanitarian needs due to political tensions and related situations of violence. Information describing the accomplishments under the Emergency Appeal, up until 30 November 2021, is available in [Operations Update No. 2](#).

DESCRIPTION OF THE EVENT

Since Myanmar's military intervention on 1 February 2021, the country has remained in a state of political crisis as the economy falters and the humanitarian situation worsens. The country is now entering the second year of this crisis, where the complexity and multi-dimensional characteristics have been fuelled by ongoing inter-factional tensions. The Civil Disobedience Movement (CDM) continues to express its opposition to the State Administration Council (SAC) in towns and villages across the country.

The security and humanitarian situations across Myanmar thus remain tense, with escalating violence and armed clashes in multiple states and regions, as well as increasing humanitarian needs.

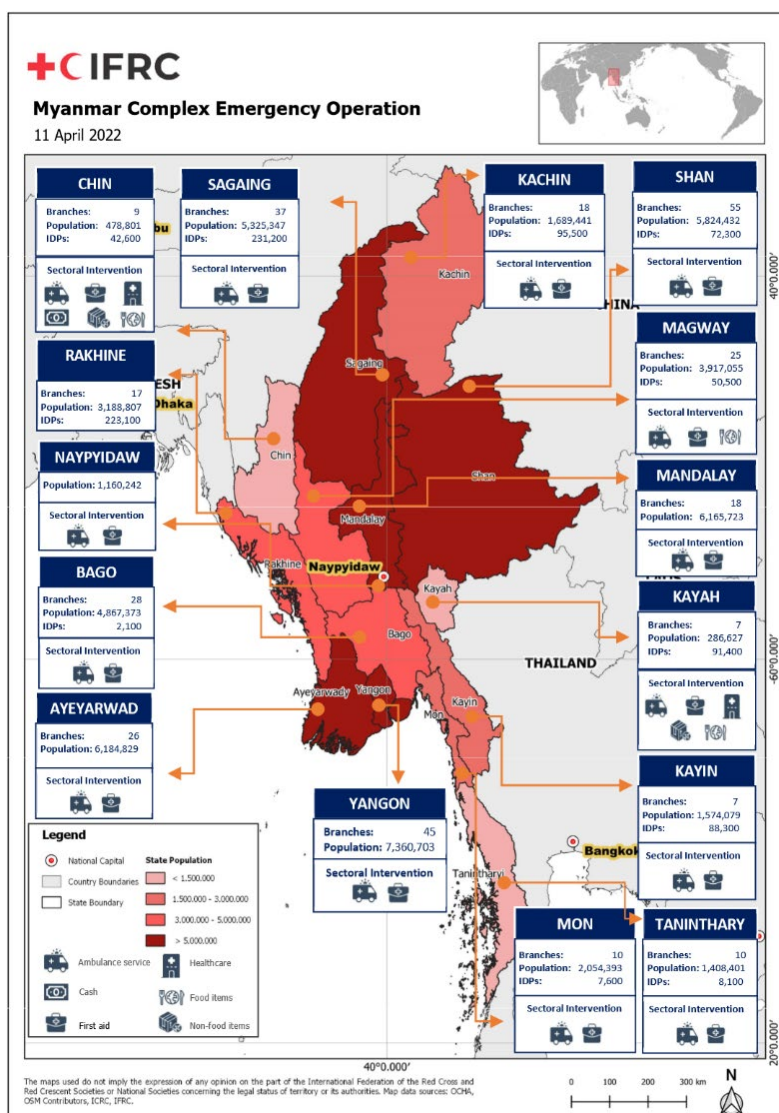
People's Defence Forces (PDFs) have been established across the country, some with informal linkages to numerous ethnic armed organisations (EOs). Attacks on government offices and MAF targets remain common, often involving explosive devices and more recently car-bombs. Simmering historical tensions persist across certain key states as well, and in some locations these tensions have become exacerbated by military intervention. Numerous new forces have emerged as well, and several armed ethnic groups, established many years before the military intervention, have become increasingly recommitted to insurgency, resulting in fresh fighting in areas that have been without conflict for decades.²

Main effects of the crisis

The people of Myanmar are dealing with an evolving crisis, where humanitarian needs have continued to escalate since the third wave of COVID-19 in 2021 and since the ongoing political unrest following the military intervention on 1 February 2021. Ongoing armed clashes across multiple states and regions, and the overall increase in violence, have caused widespread displacement and increased humanitarian needs. Clashes have intensified particularly in Kayin, Kayah and Chin states as well as in Magway and Sagaing regions, resulting in increasing civilian casualties and destruction of individual and collective property, and have spurred internal and cross-border displacement. Subsequently, thousands of people are without access to basic healthcare, water-sanitation-hygiene (WASH) and livelihoods.

As mentioned earlier, there has been significant displacement within the country following the increase of violence and security-related incidents beginning December 2021. According to UNHCR displacement statistics, there was a 27 per cent increase in internal displacement in the month of December 2021 alone and more than 53,000 people were newly displaced within just one week in the month of February 2022. Intense fighting in the south-east of Myanmar has also triggered large-scale displacement, with tens of thousands forced to flee their homes, seeking refuge at places of worship, community centres, in host communities or in the jungle. Their main needs are food, healthcare services and winter items to cope with cold weather.

As of 2 May 2022¹, there were 936,700 internally displaced people in Myanmar, of which 590,100 were displaced since the military intervention in February 2021. The main drivers for displacement were clashes in locations where people reside, insecurity and a lack of access to essential services. Previously, approximately 85 per cent of displaced people were located in the south-east of the country, however this proportion has since shifted and



¹ Myanmar Humanitarian Update No. 17: <https://reliefweb.int/report/myanmar/myanmar-humanitarian-update-no-17-19-april-2022>. Displacement figures fluctuate during any given month. These figures represent the number of people currently displaced. Cumulative numbers for returns and displacement are not always available.

currently about 47 per cent of displaced people are located in the south-east and 53 per cent in the northwest. An estimated 36,100 people have crossed the borders into neighbouring India (34,500) and Thailand (1,600) since 1 February 2021. More than 8,000 houses and other civilian properties, including churches monasteries, schools, and markets, have been burnt down or destroyed since February 2021, mainly in Chin (1,079), Kayah (819), Sagaing (4,416) and Magway (1,751).

Severity of humanitarian conditions

1. Impact on accessibility, availability, quality, use and awareness of goods and services

The [Humanitarian Needs Overview for Myanmar 2022](#), which was published on 31 December 2021, foresaw that approximately a quarter of the population, or more than 14 million people, would be classified as having humanitarian needs in 2022. This increase is driven by the social, economic and health impacts of COVID-19, worsening food security as well as conflict-driven displacement and protection needs since the events of 1 February 2021.

MRCS field reports also mentioned that most people fled their homes with almost nothing, losing their livelihoods; food became an urgent, basic need, as did clothing and blankets. Mission reports from mobile health clinics deployed to Mindat in Chin State in September 2021 and March 2022, and to Sagaing in April 2022, mentioned that one of the key concerns for displaced people was their future sources of food. Rice was the staple, yet the supply was cut off, although other food was available in limited quantities.

In this security context, timely access to conflict-affected populations in north-western Myanmar has also been extremely challenging, and this has delayed transportation of supplies, especially with roadblocks, checkpoints and curfew. This has limited humanitarian actors operating in Myanmar with the ability to reach vulnerable people in affected areas. Furthermore, there have been major disruptions to the basic operations of the State, as well as trade, banking and construction. Significant price rises on basic commodities, including food and fuel, have been recorded in many areas, while formal medical care and health services at hospitals, including maternal and new-born healthcare, have become extremely limited. According to [World Food Programme \(WFP\) price monitoring](#), the price of fuel increased by 18 per cent from February to March 2022 and has now more than doubled (to 133 per cent) since February 2021. This volatility in fuel prices is now likely to continue amid supply disruptions following domestic policies and global events such as the Russia-Ukraine crisis.

Deterioration in overall food security continues in 2022 due to the prolonged impact of COVID-19, ongoing clashes and conflict, insecurity, economic instability and rising unemployment. Input and labour challenges have led to difficulties in agricultural production starting in 2021, when 50 per cent of crop producers faced difficulties in production. This continues to impact food supply.²

2. Impact on physical and mental well-being

The impact on formal medical care and health services at hospitals, including maternal and new-born healthcare, has been significant. Very few health services, including hospitals and clinics, are operating. Health services that do operate do so on a sporadic basis, with few or no medical personnel present at the facilities. Health services also lack medicines and medical supplies.

MRCS staff and volunteers that have been providing mobile health services in temporary IDP shelters at monasteries and churches in Chin State reported that people had no access to primary health care services. They encountered many people with untreated non-communicable diseases such as diabetes, hypertension and asthma, as conflict had disrupted access to crucial medical treatment. Many were reported to be suffering from seasonal flu, pneumonia, skin infections, diarrhoea and gastritis as well. These conditions were possibly caused, or exacerbated, by the amount of time people had spent in forests after fleeing conflict. Such environments

² [Myanmar Humanitarian Update No. 17](#). This included 24 per cent of crop producers who reduced area planted compared to the same period during a typical year, and 18% of crop producers who expected to reduce harvested area.

exposed them to inclement weather, lack of shelter, unsafe drinking water and unhygienic sanitation facilities. Some women received antenatal care and there was high demand for contraceptives among young women.

In terms of mental well-being of the population, there is a quasi-universal need and demand for psychosocial support, since people have been experiencing enormous levels of stress, fear and insecurity. Besides general concerns over disrupted immunization, health problems identified among children under five who were treated at the MRCS mobile health clinic included mostly seasonal flu-like symptoms, fevers and skin infections possibly caused by poor hygiene. Among the patients treated during mobile health clinic deployment, over 10 per cent of cases reported were hypertension, diabetes and cardiovascular complaints.³ It was also observed that due to the current living conditions for IDPs, skin infections, diarrhoea, gastritis, urinary tract infections, pneumonia and bronchitis are on the rise.

WASH needs are dire in the IDP camps as well, at monasteries and churches, and also in the communities around the camps. In Mindat, women and girls urgently need sanitary pads, soap and other WASH items. Presently there are insufficient latrines and bathing facilities in the places where IDPs are sheltering, including temporary IDP sites and IDP camps.

3. Risks & vulnerabilities

Given the rapidly changing nature of the context, limitations on access to certain populations, and the deteriorating security situation in many areas of the operating environment, vulnerabilities and risks to the population persist across several critical areas. These include increasing casualty rates as protests continue, increased displacement across the country, a lack of access to crucial medical services for lifesaving assistance, further deterioration in the humanitarian situation as essential services dwindle, further increases in commodity prices and restrictions on utilities and services including fuel and electricity. Spikes in COVID-19 also present a risk to the population particularly given the low vaccination coverage.

The compounding impact of COVID-19 and civil unrest has also negatively affected people's coping mechanisms, as they are taking on debt, spending their savings and selling off assets as a result of increasing unemployment and soaring prices of basic needs. This creates reduced ability to deal with future shocks and significant food security needs in the short and medium terms. Key population groups include those in the heavy conflict areas, the newly displaced, the urban and peri-urban poor families including those living in informal settlements and communities who have lost access to their livelihoods.

The International Labour Organization (ILO) estimates that in 2021, some 1.6 million jobs were lost in Myanmar, leaving just 18.9 million women and men employed.⁸ During September 2021, inflation then increased to 7.3 per cent.⁷ The local currency, the Kyat, has fluctuated dramatically, dropping by 60 per cent⁶ in September 2021, while costs for food items, fuel and other essential goods have soared. This economic and political volatility is thus projected to have driven almost half of the population into poverty during 2022. Agriculture, construction, garments, tourism and hospitality are among the hardest hit industries.

The MRCS, with the support of IFRC and partners in country, continues to identify risk and mitigation measures that can be taken to minimise the impact for beneficiaries, volunteers and staff.

³ IFRC exposure story: Over the Mountain - MRCS Treat Thousands in Chin State. <https://ifrc.exposure.co/over-the-mountain>

CAPACITIES AND RESPONSE

1. National Society response capacity

1.1 National Society capacity and ongoing response

The MRCS has been on the ground since the beginning of the complex emergency and has extensive operational coverage across Myanmar. It is the largest humanitarian organization in the country and its staff and volunteers have been supporting affected communities for a protracted timeframe, through their comprehensive network of 330 branches in the 14 states/regions and immediate access to over 7,000 active, trained volunteers. MRCS has over 600 departmental and field-based staff with technical capacities, including:

- Disaster Management Department, skilled in leading on complex emergencies, working alongside the Operation Management Unit (OMU) for disaster response;
- First Aid & Safety Services Department, supporting branches with first aid skills and equipment;
- Logistics Department, with strong procurement, transportation and stock management systems;
- Humanitarian Values and Communication Department to support messaging, focusing on MRCS operations according to the Fundamental Principles of the RCRC movement;
- Organizational Development Department, supporting branch development and youth and volunteer development; and
- Health Department, providing ongoing COVID-19 response assistance.

MRCS has 30 warehouses across the country with current pre-positioned stock levels to reach up to 21,500 households. It also has strong cash readiness capacity, with SOPs for cash distribution. In 2020, MRCS reached 6,952 households with cash grant assistance and is well placed to rapidly scale up distribution assistance once cash access at scale becomes feasible. MRCS is also highly experienced in designing and delivering conditional cash grant assistance through long-term engagement in protracted crisis contexts, such as in Rakhine. As co-chair of the Cash Working Group (CWG), MRCS is also well placed to monitor changing trends in the operating context and identify scope for various forms of cash and voucher assistance. All branches have an Emergency Management Fund and the MRCS is working to refresh the knowledge on its use for all the Branches.

Humanitarian access to reach conflict-affected populations remains a major challenge for both MRCS and other humanitarian organizations. Travel restrictions currently exist due to the security context, military checkpoints, stringent administrative authorisation requirements and COVID-19 related regulations. This has impacted the distribution of humanitarian resources and direct support from personnel, and has disrupted monitoring and evaluation activities including data collection and verification.

Despite these challenges, MRCS has managed to secure access to deliver crucial humanitarian assistance to populations in hard-to-reach areas. They continue to adapt to the operational environment to overcome these challenges. The strategy of the response continues to be to provide emergency first aid and medical assistance, to address gaps in primary healthcare access, to deliver immediate relief assistance and provide early recovery support to reduce socio-economic vulnerability. This appeal follows the priority areas under the MRCS Emergency Plan of Action targeting 196 out of 330 townships in all 14 regions and states, including Naypyidaw. This appeal also aims to support MRCS to enhance its response capacity as a contingency measure for the deteriorating political situation.

As of 30 March 2022, a total of 16,532 people (55 per cent female, 45 per cent male) had received first aid services across 623 'first aid' camps in 202 townships, with 2,002 volunteers mobilised. A total of 4,559 people (70 per cent male, 30 per cent female) received clinical health care services. The MRCS Mobile Health Clinic team has made four deployments to Mindat, Chin State, providing basic health care to 8,922 people through three mobile health

care services. The mobile clinic team consisted of 11 members including two doctors, three nurses, four volunteers and one driver. Through the emergency health services a total of 9,399 referrals were provided and 189 women giving birth were assisted with urgent medical help. Provision of these emergency health services involved using 174 regular ambulances and approximately 170 localised transport arrangements at township level, including boats and motorbikes. In addition to health services, MRCS also provided unconditional cash assistance to 465 households in Mindat. Each household received 200,000 kyat (\approx 107 CHF).

Between 2 February and 10 April 2022, MRCS distributed non-food items including hygiene parcels, family kits, COVID prevention kits, blankets, tarpaulins and school kits to 4,178 households, or approximately 15,662 people living in camps in southern Shan State.

1.2 Capacity and response at the national level

Myanmar has a vibrant and diverse civil society with several active civil society organisations (CSOs) and community-based organisations (CBOs). Recently, many civil society members are facing administrative and financial challenges to operate, and this in turn has impacted the capacity of these organisations to provide humanitarian support to those in need.⁴

Several local organisations and faith-based organisations provide support to the community in a low-profile manner, delivering health assistance, unconditional cash grants and food and non-food items, especially in hard-to-reach areas.

MRCS Emergency Plan of Action

During February 2021, the MRCS launched an initial Emergency Plan of Action with a comprehensive response including major support for providing first aid and ambulance services across 194 townships and 16 of the 17 Regions/States. Specific areas of the intervention and scope are tabled below.

Area of intervention	Scope
First Aid and Ambulance services	National coverage across 330 Townships for Enhanced First Aid Capacity for RCV services and CBOs and Ambulance Services.
Basic Health services for communities	Community level access to basic emergency health assistance and strengthened local capacities in basic health and first aid expertise focused on most vulnerable groups in high-risk locations.
Socio-Economic support	Relief and food assistance for households facing immediate food insecurity and other forms of hardship. Assistance to vulnerable households with livelihood support and restoration.
Enhanced Disaster Response Capacity	Ensure MRCS disaster response capacity for small to medium scale plus disasters at a nationwide level, with a particular focus on regions/states with annual vulnerability to natural disaster.
Psycho-social support and protection	Provide specialised support, basic counselling and debriefing assistance to people with traumatic experiences and/or separation from or loss of family and/or people due to the current events. Support referral assistance.
Communications-MRCS role and mandate	Manage the profile and reputation of the MRCS amongst the general public and key stakeholders including the authorities, affected communities, donors and external partners, ensuring that MRCS is perceived positively and understood as a neutral, impartial and independent humanitarian actor focused on the provision of life-saving assistance to all people affected by the crisis.
PMER, Information Management & CEA	To support effective information management, analysis and reporting and to ensure systems in place for community engagement and accountability.

⁴ Gender Equality Network, We Are Hard to Ignore Now, Women in Myanmar Resistance Movement, July 2021.

Operational capacity & Branch Development	Enhance Staff and Branch operational capacity across all 330 township branches and 17 Units/Departments responsible for providing operational support and quality program service delivery to the response Skills development for Staff and RCVs is incorporated into each of the planned interventions to required technical levels and at scale. Training plans allow a minimum of 400 RCVs trained across each sectoral area, covering all 330 townships and allowing additional capacities in urban townships.
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2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

IFRC has a country delegation based in Yangon and is closely supporting MRCS with planning and coordination. This includes assistance with preparing the consolidated MRCS Emergency Plan of Action at the beginning of the civil unrest in February 2021 to facilitate coordinated partner support. The revised Emergency Appeal, complemented by the revised Operational Strategy, is part of a Federation-wide approach to support MRCS in its response to the Myanmar emergency operation. IFRC and six participating national societies (PNS) are present in Myanmar providing support to MRCS with ongoing operational delivery and to assisting through modalities of both multilateral (appeal) and bilateral support to the MRCS National Response Plan. Two other PNS, the Australian Red Cross and British Red Cross, continue to actively support MRCS and participate in coordination mechanisms remotely. PNS present in Myanmar include American Red Cross, Danish Red Cross, German Red Cross, Finnish Red Cross, Norwegian Red Cross and Swedish Red Cross.

In addition to their support to this emergency appeal, some PNS provide operational support to the MRCS operation on civil unrest/ complex emergency, German and Swedish Red Cross continue to provide support to MRCS first aid service delivery. Swedish Red Cross has also provided significant support for WASH and health programming including financing of medicines for mobile clinics. Danish Red Cross continues to focus their support on strengthening MRCS health services and providing emergency items. Finnish Red Cross has provided first aid consumables and PPE to support the response in all states and regions. Norwegian Red Cross has provided considerable support for the implementation of mobile health clinics deployed to Chin and Southern Shan.

Additional IFRC members provide support and are actively engaged in coordination. Several national societies located in the Asia-Pacific region maintain close linkages to MRCS. More detail about IFRC membership overall support to MRCS can be obtained from page four of the [IFRC Operation Plan 2022](#).

The IFRC Myanmar Country Delegation, with the support of the IFRC Asia-Pacific Regional Office (APRO), has continued to work closely with MRCS since the onset of the crisis, in line with its capacity-strengthening and coordination mandate. The IFRC secretariat works with MRCS to plan, coordinate and activate the DREF and subsequent expansion into an Emergency Appeal to ensure sustained delivery of humanitarian assistance, in coordination with the IFRC membership. IFRC steadfastly maintains its support for the MRCS COVID-19 response, which commenced in March 2020. Through this support, the MRCS has reached more than 2.8 million people with COVID-19 risk and prevention information, nearly 2.3 million people have been supported with COVID-19 vaccinations and more than 400,000 people have been supported with healthcare and relief in COVID-19 quarantine and self-isolation. IFRC has also provided crucial support for flood response and increasing MRCS disaster preparedness through the DREF mechanism.

Membership coordination mechanisms

At the operational level, and specifically for this Emergency Appeal, IFRC continues to strengthen coordination

with its members, both on the thematic areas and on geographical focus. IFRC held a consultation with in-country members to present the scope of this revision of the appeal, to ensure complementarity and distribution of resources, and to incorporate feedback from the IFRC network.

More broadly, the IFRC and the MRCS are co-facilitating a membership coordination initiative to operationalise the IFRC's Agenda for Renewal. This seeks to ensure that the MRCS is at the centre of collective IFRC network actions and seeks to better align and pool resources and capacities in line with MRCS priorities.

Movement coordination

During 2022, ICRC continues large-scale humanitarian programmes in Rakhine, Kachin and Shan as part of ongoing operations. It is also increasing its response to the humanitarian needs of conflict-affected persons in Chin, southern Shan, Kayah and Kayin states. In these states, ICRC mainly focuses on health and COVID-19 response, shelter, food security, water and sanitation, mine risk education awareness and the re-establishment of family links. ICRC is scaling up discussions with MRCS on emergency response in the Magway, Sagaing and Mandalay regions as well. It encourages joint operations with MRCS wherever pertinent, as well as complementary actions, providing direct assistance to the population affected by armed conflict.

MRCS leads in-country monthly Movement Coordination Meetings. Tripartite leadership meetings with MRCS, ICRC and IFRC are frequently held that support Movement coordination in key response areas and guide strategic engagement in a highly complex operating environment. Additional tripartite coordination mechanisms are in place for security and communications. Since the beginning of the Myanmar Civil Unrest response, both the Tripartite Security Cell as well as Tripartite Communications meetings have been held on a regular basis to review and communicate key information about incidents and to facilitate analysis of public perceptions, risks and trends across key operational interventions.

Where feasible and within scope of its mandate, IFRC provides support to the MRCS to implement its operations in complementarity with ICRC activities. With the MRCS and PNS, the IFRC held a consultation session with the ICRC in the process of revising this emergency appeal, in order to ensure optimal alignment in planning.

2.2. International humanitarian stakeholder capacity and response

External agencies, including UN agencies, have limited operational capacity in intervention areas set out in the 2022 Humanitarian Response Plan (HRP). They typically encounter greater access issues and restrictions compared to MRCS. The HRP assumes that humanitarian actors may continue to face severe access constraints across Myanmar, including staff safety and security, restrictions on movements, delayed travel authorizations (TA), administrative obstacles such as problems with visas of international staff, and the confiscation of or slow customs clearance of humanitarian supplies.

At the country level, IFRC, ICRC and MRCS participate as observers in meetings of the Humanitarian Country Team chaired by the UN Office for the Coordination of Humanitarian Affairs (OCHA) held both during disasters and nonemergency times. MRCS and the IFRC are also observers in the UN Myanmar Humanitarian Fund (MHF) Advisory Board, and regular coordinate with humanitarian partners in key clusters such as health cluster and Cash working group where MRCS acts as the co-lead. Partnership engagement discussions with key UN actors, including OCHA, WFP and WHO are conducted to identify areas of cooperative support to increase reach to the most affected communities with timely support at scale including immediate relief assistance and further follow up assistance with social safety nets to address the full impacts of the crisis.

In partnership with WFP, MRCS has been able to target the most vulnerable communities in peri-urban townships near Yangon and Mandalay, including townships under martial law since mid-March 2021. As of 30 November 2021, MRCS reached 171,687 households (856,702 people) with rice supplies for one month. During March 2022, in southern Shan State, WFP, with support from MRCS, also provided 2,400 people with food items. Each individual

was provided with 13.5kg of rice, 0.9kg of oil, 0.15kg of salt and 1.8kg of beans. These in-kind distributions complement the planned activities under the Emergency Appeal, which will target the most vulnerable with cash and in-kind relief supplies across several regions/states in response to immediate needs and negotiation for humanitarian access.

There are many international non-governmental organisations (INGOs) operating in Myanmar, working to support development and assist people affected by humanitarian crises. They are dedicated to improving the lives of people in the country across more than 25 sectors, with the top 10 being health, livelihoods, disaster response, gender, food security, WASH, peace building, agriculture, education and protection. These INGOs respond to short-term humanitarian emergencies and long-term development needs, and their work is broadly divided into two areas; 75 per cent of activities are focused on development and 25 per cent dedicated to humanitarian emergencies.⁵ Yet as with other external agencies, their work is impacted by restrictions associated with the complex emergency.

3. Gaps in the response

Given the country's dynamic security context, significant information gaps exist in the overall humanitarian needs of the population. A rapid needs analysis was thus conducted to inform the development of the second Operational Update report⁶ in November 2021. This analysis determined that adjustment is required to the operational strategy in order to address emerging gaps between humanitarian needs of the affected population and the support services being provided.

Specific contextual findings of the assessment included a worsening economic situation, increased instances of violence, higher rates of displacement and greater challenges associated with movement restrictions. The worsening economic situation has led people to sell personal assets, including income generating assets, to cover basic living expenses. An increase in violence and clashes has also exacerbated displacement as affected people seek refuge in other states or neighbouring countries. Casualties and injuries have been widely reported, along with destruction of homes. Military checkpoints and the associated restrictions on movement have increased the difficulty people have in obtaining adequate information to accurately quantify these events. Although UNOCHA has been able to report that the people of Myanmar are facing an unprecedented political, human rights and humanitarian crisis, with needs escalating dramatically since the military intervention and since the severe COVID-19 third wave in 2021.

This has generated additional needs in new areas, with increased displacement due to the spread of conflict. According to the Myanmar Global Humanitarian Overview, over 14.4 million people⁷ require life-saving humanitarian assistance. This includes: emergency first aid and ambulance services; access to basic health services, incorporating mental health and psychosocial support; and basic needs and income generation support. The omnipresent risk of natural disasters, primarily floods and cyclones, also poses a further element of potential challenges to the complex emergency.

To assist with addressing capacity gaps to meeting these increasing humanitarian needs across the country, MRCS has embarked on a plan to develop its organisational and operational capacity, including the capacity of its staff and volunteers. The plan also aims to ensure that necessary legal, ethical and financial foundations, systems and structures are established and sustained. Furthermore, MRCS continues to maximise the support available through the Federation-wide approach to enhance its readiness to support people affected by the complex emergency.

⁵ Myanmar Information Management Unit <https://themimu.info/>

⁶ IFRC Operation Update Report no.2: Myanmar Civil Unrest Operation timeframe: 01/02/2021 to 30/11/2021

⁷ [Myanmar | Global Humanitarian Overview \(unocha.org\)](https://www.unocha.org/myanmar/global-humanitarian-overview)

OPERATIONAL CONSTRAINTS

The operating environment incorporates constraints across several critical areas that have significantly impacted the rate of implementation. During the first few months after the military intervention, import of goods became increasingly restrictive. From September 2021 through the end of the year, all agencies reported challenges and significant delays with procurement of medical equipment and other core humanitarian response items. These were a result of limitations in both the global supply chain as well as staffing and systems limitations in key ministries, due to the ongoing complex emergency. This led to decisions to procure most of the in-kind items and ambulances locally.

From the beginning of 2022, the operating context in Myanmar has become increasingly challenging as well, and given the volatile situation, some companies have withdrawn or halted their business in-country. Transport and supplies (domestic flights, railway, freight) were also heavily affected. Consequently, some procurement processes that had been initiated locally resulted in limited offers, none of which addressed the needs specified by MRCS. To assist in overcoming this constraint, some procurement plans have been shifted to international procurement. This was also supported by the special approval that MRCS received regarding tax exemption and import of items.

Security issues and restricted movement have impacted implementation of this emergency operation as well. Access for humanitarian organisations in many parts of the country remains challenging due to security restrictions, stringent requirements for authorisation, and COVID restrictions. Situations involving civil unrest and clashes between parties continue to worsen, and increased movement of displaced people has been recorded in many parts of the country, especially in Kayin and Kayah, as well as along the borders with Thailand and India. Some people initially targeted for humanitarian assistance have relocated to other states or townships too, which further complicates targeting and implementation. Thus, restricted country travel and remote working remains the prevalent arrangement for both international and national staff.

Financial transactions have also been disrupted through the suspension of private banking services and this is having an immediate impact across all areas of operation. Since February 2021 there has been a lack of access to funds in cash, thus payment of national staff, as well as volunteer incentives, is a key issue. Further, staff face challenges to access payments due to limited ATM operations and limited cash withdrawal from banks nationwide, particularly in major cities. International transactions can still be made, often with delays, however, transfer to agency accounts including MRCS bank accounts is limited by domestic bank operating levels.

The entire country is thus affected by a deteriorating economy and rising prices, local market instability and disruption of essential services. The high population movement following an increase in violence across the country has complicated the beneficiary selection process as well.

These above conditions have also ultimately halted MRCS cash intervention, both cash for food and for multi-purpose cash grant, which was planned as a lifesaving response. Market monitoring is ongoing to ensure relevance of the plan and to progress implementation, with due flexibility.

FEDERATION-WIDE APPROACH

The revised Emergency Appeal, complemented by this Operational Strategy, is part of a Federation-wide approach to support MRCS in its response to the complex emergency in Myanmar. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities, including bilateral activities and activities funded domestically, and will assist to leverage the capacities of all members of the Federation in the country, to maximize the collective humanitarian impact. The MRCS is at the centre of the overall response.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the MRCS in the response to the ongoing complex emergency. This includes the MRCS's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the fundraising ask of the IFRC secretariat.

The IFRC and six participating National Societies (PNSs) are present in-country, while additional Federation members provide support and are actively engaged in Movement coordination. This also includes National Societies in the Asia-Pacific region that maintain close linkages to MRCS. PNS have continued to support MRCS with ongoing programme delivery as well as assisting through modalities of both multilateral (Appeal) and bilateral support to the MRCS National Response Plan, for both the complex emergency and the COVID-19 response. PNS support for the Complex Emergency response has included health (first aid, ambulance, MHPSS, medical, community health), WASH, multipurpose cash, disaster management and national society strengthening. Elaboration about Federation members and the support that they provide to MRCS is provided above, under section 2.1.

OPERATIONAL STRATEGY

Vision

Through the revised Emergency Appeal, at least 202,000⁸ people deemed the most vulnerable will be provided with essential humanitarian support covering 14 states and regions. This support will encompass emergency first aid and ambulance services, expanded basic health care services, livelihood support and provision of basic needs. The geographic focus was initially on states and regions where civil unrest, clashes and protests took place with humanitarian support primarily consisting of emergency first aid and ambulance services. The interventions are now further prioritised to Kayah, Kayin, Shan and Chin states, and to Magway and Sagaing regions, since these areas have been the most affected by the crisis and are currently where needs remain unmet. Given the dynamic nature of this emergency, MRCS has pre-empted the likelihood of needing to broaden the geographic scope of the response to other states and therefore will remain prepared for and responsive to meeting emerging humanitarian needs.

When the initial MRCS Emergency Plan of Action was issued during March 2021, the complex emergency was still in its early stage, and it was difficult to predict with any precision the emerging crisis that was to unfold. Information and data gleaned at that time was yet to reveal the full extent of the crisis in terms of figures on casualties and injuries. However, it was anticipated to increase substantially. Given this, the Emergency Plan of Action (EPOA) focused more on preparedness for a first aid and ambulance support response to the emerging

⁸ This target includes additional outreach through prepositioned stocks in the Mobilisation Table to increase MRCS disaster preparedness measures. The revised target is slightly reduced based on the changes at the activity level and targeting beneficiaries (i.e., livelihoods/vocational trainings have been taken out due to the continuous movement of the initially targeted people, and due to changing priority needs).

crisis, along with necessary capacity building to enable pre-emptive rapid scaling up of response preparedness in priority locations, as well as contingency response preparedness across all states and regions.

Revision of the Emergency Appeal has been guided by several sources of key information and learning gained throughout the response thus far. These include two lessons-learnt workshops, conducted by MRCS in November 2021⁹ and March 2022¹⁰ to show the way forward for the continuation of the response to the emergency. Accordingly, this guiding information is reflected throughout the revised Operational Strategy.

Critical challenges to be overcome during this operation include market disruptions, lack of access to basic services and social safety nets and limited capacity across the country including on COVID-19 prevention and disaster response. This will be achieved by providing and improving emergency and primary healthcare services, relief assistance and socio-economic support for affected populations across many of the 14 regions and states. The scope of the MRCS 24-month response plan covers emergency first aid and medical assistance, access to basic healthcare support, increased disaster response capacity and support to address overall socio-economic vulnerability through both immediate relief assistance and targeted livelihoods assistance.

The main changes included are:

- upgrading and standardising all MRCS ambulances, including procurement of six additional ambulances and procurement of inventory of spare parts for future maintenance;
- maintaining existing first aid posts at the current level and scaling up provision of first aid services through ambulances and clinics, including training of first aid to community;
- provision of WASH support, especially in IDP sites, including emergency latrines and/or improvement of existing latrines, water tanks and household water filters and distribution of clean water through water trucking;
- scaling up systematic inclusion of PGI components through both mainstreaming and specific activities, to support dignity, access, participation and safety (DAPS) of all community members particularly in IDP sites, where protection issues are increasing;
- provision of food items in southern Shan State, Chin State, Kayah State and Kayah, and other affected states/regions where cash is not feasible;
- support affected individuals with in-kind assets or cash or vouchers for livelihoods restoration and strengthening economic activities;
- provision of multi-purpose cash grants (MPCGs) to meet immediate basic needs; and
- expanded support for enabling approaches for national society development (NSD), particularly RCVs' wellbeing, corporate infrastructure systems, disaster risk reduction (DRR), communication of national society mandates and auxiliary status, coordination, and partnerships.

Targeting

1. People to be assisted

Targeting will prioritize groups in the most vulnerable locations and includes the following categories:

- peri-urban areas with socio-economic challenges, with relief needs focused on major cities;
- regions/states with existing vulnerabilities with populations at risk of increased displacement;
- hard-to-reach areas where MRCS has managed to secure access to deliver humanitarian assistance.

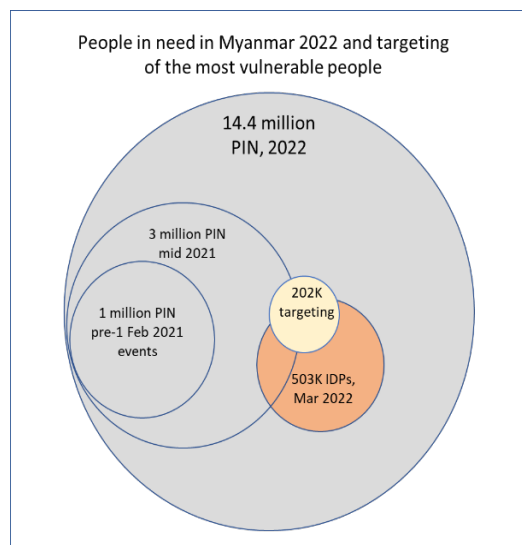
⁹ Lessons Learnt and Planning Workshop - Myanmar Civil Unrest Operation, 2-3 November 2021

¹⁰ Lessons Learnt Workshop - Myanmar Civil Unrest Operation 28-29 March 2022

Identified priority groups in the most vulnerable townships include:

- people directly affected physically, psychologically and/or socio-economically by violence in hotspots;
- people affected by emerging violence and newly displaced people;
- vulnerable and affected people in peri-urban areas with socio-economic challenges;
- people in regions/states with existing vulnerabilities at risk of increased displacement; and
- displaced people safely returning to their homes after observing relative stability.

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 disabilities, older persons, those suffering from chronic illnesses and families with children under five years old.



This diagram illustrates people in need (PIN) on HNO 2022 and the targeting of this appeal. It is however not clear if the 1 million people PIN for 2021 is included in the projection of PIN for 2022.

2. Considerations for protection, gender and inclusion (PGI)

The [Humanitarian Needs Overview for Myanmar \(HNO\) 2022](#) that was published on 31 December 2021, predicts that approximately a quarter of the population, or 14.4 million people, of whom 4.9 million are women and 5 million children, will be classified as requiring humanitarian support during 2022, up from about 1 million in need prior to February 2021. This increase is driven by the social, economic, and health impacts of COVID-19, worsening food insecurity as well as mass movement since the events of 1 February 2021 and subsequent need for protection. Furthermore, there are significant protection implications in the current context with numerous arrests and detentions, accompanied by a revoking of related protection laws. These factors have generated an array of new needs and have exacerbated the vulnerability of specific groups. MRCS will thus integrate and mainstream PGI throughout their program planning and implementation, including trainings, such as the MHPSS online training. MRCS will continue to collaborate with its partners, particularly ICRC and PNS, to scale up PGI support for affected people as humanitarian needs continue to increase.


3. Considerations for climate risks and planned risk reduction steps


Myanmar is susceptible to disasters caused by climate events including cyclones and floods, and in terms of vulnerability to climate risks it has suffered deteriorating resilience capacity, given interruptions to public services and systems throughout 2021¹¹ and subsequent undermining of response capacity. Prepositioning of household items, throughout MRCS warehouses provides contingency response resources that can be utilised for natural disasters such as cyclones and floods.

¹¹ [Humanitarian Needs Overview Myanmar 2022](#), issued in December 2022.

PLANNED OPERATIONS

INTEGRATED ASSISTANCE

 Livelihoods	Female: 15,210	Male: 14,790	953,000 CHF
			Total target: 30,000
Objective:	The livelihoods of most affected households are restored and strengthened.		
Priority Actions:	1. Provision of food items for 3,000 households in Southern Shan, Chin, Kayah, Kayin and other affected states/regions. 2. Provide skills development opportunities including training for most vulnerable individuals. 3. Support 3,000 households with in-kind assets or cash or vouchers for livelihoods restoration and strengthening economic activities.		

 Multi-purpose Cash	Female: 10,140	Male: 9,860	650,000 CHF
			Total target: 20,000
Objective:	Households are provided with unconditional multipurpose cash grants to address their basic needs.		
Priority Actions:	1. Multipurpose cash grants to at least 4,000 households Provision of multi-purpose cash grants (MPCG) to meet immediate basic needs, including repair of housing, based on an assessment that cash is feasible.		

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT / COMMUNITY HEALTH)


	Health & Care	Female: 20,787	Male: 20,213	1,045,000 CHF
				Total target: 41,000
Objective:	Health risks of targeted communities are reduced, and communities' health and wellbeing are improved.			
Priority Actions:	<div>1. Provide MHPSS sessions to affected community</div> <div><ul style="list-style-type: none">Provision of mental health and psychosocial support (MHPSS) to population and staff/volunteers in need, throughout the operation period. This, on several occasions as appropriate, is to be done alongside health and hygiene promotion.</div> <div>2. Community Health</div> <div><ul style="list-style-type: none">Dissemination of community health risk messages and hygiene promotion.Provision of emergency hygiene kit/parcel, individual hygiene kit (IHK) and COVID prevention kits.</div> <div>3. Medical Services</div> <div><ul style="list-style-type: none">Basic healthcare through mobile health clinics.Ambulance referral services.Provision of emergency first aid services.</div> <div>4. Upgrading the quality of ambulance services and ensure standardised equipment and tools are made available. This is to be done through the procurement of six advanced life-saving ambulances, provision of spare parts and support to maintain ambulances in all states and regions.</div>			


	Water, Sanitation and Hygiene (WASH)	Female: 7,605	Male: 7,395	108,000 CHF
				Total target: 15,000
Objective:	To reduce risk of water-borne disease and improve dignity through provision of WASH assistance to communities, especially, those in displacement sites, through community and organisational interventions.			
Priority Actions:	<div>1. Provision of emergency latrines and/or improvement of existing latrines to ensure accessibility and protection components are incorporated (partition between male and female, lighting, etc.).</div> <div>2. Provision of water tanks and household water filters and distribution of clean water through water trucking to communities accompanied by post-distribution monitoring.</div>			

3. **Hygiene promotion, coupled with distribution of hygiene kits**, to increase awareness of community engagement, health and dignity.


PROTECTION AND PREVENTION

(PROTECTION, GENDER AND INCLUSION - PGI, COMMUNITY ENGAGEMENT AND ACCOUNTABILITY - CEA)

	Protection, Gender and Inclusion	60,000 CHF
Objective:	Targeted communities, including members in all their diversity and in particular those most vulnerable, are supported with information and services enhancing dignity, access, participation and protection.	
Priority Actions:	<ol style="list-style-type: none"> 1. Develop and provide relevant protection mechanisms Sexual and Gender-based Violence (SGBV) messaging, referral mechanisms, providing child protection messaging. 2. Provision of dignity kits to 3,000 women, particularly in displacement sites where access to certain feminine goods is limited. This includes distribution of warm clothes, boots and other winter items. 3. Through mainstreaming, integrate PGI in each technical sector to ensure access, inclusion and safety for different groups throughout all operations with a cross-cutting nature. This is done through vulnerability and needs assessments, vulnerability criteria and consideration of targeted support to the most vulnerable. This also includes psychosocial support to the survivors of SGBV. 	

	Community Engagement and Accountability (CEA)	83,000 CHF
Objective:	Targeted communities are consulted and are able to share their views about assistance received or planned, and programmes and operations are planned and adapted accordingly.	
Priority Actions:	Ensure integration of CEA in various sectors by ensuring involvement of communities in needs assessments, programme planning, implementation and evaluation. Conduct regular communication activities, ensure that people are kept informed of operational plans and progress and have information to make suggestions about the operation. Also support MRCS in setting up community feedback mechanisms and provide staff and volunteers with CEA orientation/training.	

Enabling approaches

	National Society Strengthening (NSS)	733,000 CHF
Objective:	To develop the organisational and operational capacity of MRCS and ensure that necessary legal, ethical and financial foundations, systems and structures are established and sustained.	
Priority Actions:	<ol style="list-style-type: none"> 1. Volunteers' safety and wellbeing <ul style="list-style-type: none"> • Provide active RCVs (targeted for response) with sufficient insurance coverage. • Provide active RCVs with adequate protective items and equipment. • Ensure RCVs (for response) undergo induction. 2. Corporate infrastructure and systems <ul style="list-style-type: none"> • Staff/RCVs skilled in core communication area. • Disseminate key messages/statements to profile/safeguard MRCS response. • Train staff/RCVs in IM and data management. • Improvement of MRCS Planning, Monitoring, Evaluation and Reporting (PMER) system and tools. • Support to renovate and improve warehouse quality and management. 3. Strengthen capacity of community-based disaster risk reduction (DRR), response and preparedness <ul style="list-style-type: none"> • Ensure that disaster response resources are strategically pre-positioned in priority locations. • Train RCVs/staff in core DM areas. • Develop emergency response capacity (equipment and trainings) of branches. 4. Develop shared identities and improved internal and external communication by ensuring that communication products effectively profile the NS role and mandate. 5. Ensure that the auxiliary status of NS is well understood by relevant public authorities, humanitarian partners and communities by conducting activities/forums with messaging on MRCS role and mandate to key stakeholders. 	

	Coordination and Partnerships	371,000 CHF
Objective:	To strengthen coordination and partnership within the Movement and with relevant external actors to maximise response capabilities, including assistance to prepare the consolidated MRCS Emergency Plan of Action that facilitates coordinated partner support.	
Priority Actions:	<ol style="list-style-type: none"> 1. Membership Coordination: Support MRCS, which is leading the overall response, by ensuring a coordinated approach with the six participating National Societies in country and with PNSs, who support the operation through the appeal. 2. Engagement with external partners: Continuously coordinate with various non-Movement partners in country including members of the Humanitarian Country Team (HCT). IFRC is also participating in various clusters and working groups. 	

- 3. Movement Cooperation:** As part of Strengthening Movement Coordination and Cooperation (SMCC), MRCS, IFRC, ICRC and participating National Societies continue to coordinate via established platforms such as Movement coordination meetings hosted by MRCS. IFRC and MRCS are also coordinating with the ICRC on security-related considerations as well as on potential complementarity of action where required.



Secretariat Services

22,000 CHF

Objective:

To strengthen Secretariat services for continued support to MRCS.

Priority Actions:

- 1. Human Resources:** MRCS established an ad-hoc operation structure with the support of IFRC consisting of an operations manager and 18 staff, supporting Cash, PMER, IM, finance, logistics, health, etc. Insurance, personal protective equipment (PPE) for COVID-19 prevention and visibility items are provided to personnel supporting the response. The IFRC country delegation have been supporting MRCS providing technical support as required to ensure accountability and compliance. IFRC also deployed an operations manager for five months and is currently deploying a PMER surge coordinator and Cash coordinator to support MRCS operations. IFRC has also supported MRCS with communications rapid response personnel and will provide continued technical support in communications throughout the appeal.
- 2. Planning, Monitoring, Evaluation & Reporting (PMER) and Information Management (IM):** A PMER coordinator is currently being deployed via rapid response mechanism to support improvement of MRCS monitoring and reporting systems and tools, incorporating IFRC monitoring and reporting standards. Regular updates are issued during the operation's timeframe including a final report. A final evaluation will be conducted to ensure accountability and effectiveness of the operation. An operation dashboard has been developed by the IM team as well, with the support of IFRC to provide comprehensive and interactive updates on the operation.
- 3. Logistics:** Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Given the current challenges in country, IFRC logistics in country are working closely with MRCS counterparts in managing the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to the IFRC standards, processes and procedures. The IFRC APRO global humanitarian services and supply chain management (GHS & SCM) unit in Kuala Lumpur is supporting the operation to source internationally some household items for prepositioned stocks and ambulance procurement.
- 4. Communications and advocacy:** IFRC support will be provided to MRCS to increase their outreach and advocacy, including humanitarian diplomacy. This includes managing the profile of MRCS amongst public and key stakeholders, as well as the authorities, communities and external partners, to ensure that MRCS is perceived as a neutral and impartial humanitarian actor providing life-saving assistance to all people affected by the crisis. Ongoing dissemination of messages to stakeholders, as

well as sustained engagement with interlocutors at all levels on a timely basis, will help ensuring safe and timely response capacity. Emblem management as well as consistent visibility of MRCS remain an ongoing priority.

- 5. Security:** The MRCS security framework will apply to all MRCS staff and volunteers throughout the response. All MRCS staff and volunteers received awareness on security and the Seven Fundamental Principles. The IFRC security plans apply to all IFRC staff throughout. Area-specific security risk assessments are conducted for any operational area should any IFRC personnel to be deployed there; risk mitigation measures are identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged to, complete the IFRC Stay Safe e-learning courses. IFRC and ICRC are monitoring the security context through the provision of technical safety and security input and support MRCS, as needed, during the humanitarian response. Any required additional technical support will be sought through the Regional/Global Security unit.
- 6. Finance and Administration:** IFRC will extend the necessary support to the operation to review and validate budgets, timely fund transfers, technical assistance to the MRCS regarding expense justification procedures and the review and validation of operational liquidations.

Risk management

Risk	Likelihood	Impact	Mitigating actions
Disruption of financial systems/banking services.	Moderate	<ul style="list-style-type: none"> Disruption to operational procurement. Compounding disruption to local economic environment. 	<ul style="list-style-type: none"> Support MRCS to analyse, map and plan for financial challenges. Communicate with financial institutions to regularly gain insight into their capacity and feasibility. FSPs' feasibility being updated regularly.
Increase in prices and inflation.	High	<ul style="list-style-type: none"> MRCS personnel and population struggle to meet living costs – may impact retention of personnel. Operational procurement exceeds budget allocation. Greater demand for relief resources. 	<ul style="list-style-type: none"> MRCS to maintain involvement with national cash working group to keep abreast of mapping, market assessment and adjustment to transfer values. Regularly review budgets to ensure that savings from cost fluctuations can be reallocated to other activities. Continue discussion with MRCS HR and leadership about financial challenges that staff face and the need to adjust cost-of-living allowance. Formalise progress (by policy or regulation) and reach agreement with partners.
Limited transport (road, air) and supply chain restrictions adversely affect local market capacity. Delays with import	High	<ul style="list-style-type: none"> Scarcity of essential supplies. May fuel inflationary pressure on local supplies 	<ul style="list-style-type: none"> Pre-position items that may be required for response to current or future emergency. Support MRCS to analyse, map and plan for logistical challenges including risk

of internationally procured goods.			<p>assessment for challenging locations (risks/access).</p> <ul style="list-style-type: none"> • A regular meeting with APRO Logistics, Procurement and Supply Chain Management (LPSCM) for alternative supply chain options, depending on changing environment.
Ongoing tensions continue to restrict personnel movement.	Moderate	<ul style="list-style-type: none"> • Delayed implementation of operations. • Decrease in operational monitoring. 	<ul style="list-style-type: none"> • Advocate to and communicate with local authorities regularly to ensure authorisation to deliver humanitarian assistance.
An increase in IDPs that may affect targeting of beneficiaries.	Moderate	<ul style="list-style-type: none"> • Greater challenge with identifying new locations of IDPs. 	<ul style="list-style-type: none"> • Pre-position humanitarian resources that may be required for current or future emergencies.
Access restriction.	High	<ul style="list-style-type: none"> • Delayed implementation of operations. 	<ul style="list-style-type: none"> • Keep donors informed on the challenges and potential operational delays.
New wave of COVID-19/significant increase in incidence.	Moderate	<ul style="list-style-type: none"> • Delayed implementation of operations due to impact on personnel. 	<ul style="list-style-type: none"> • MRCS/IFRC to maintain planning, reporting and treatment capacity – including pre-positioned resources, boost personnel vaccination rates. • Increase and maintain the capacity for medical transfer/ambulance support.
Increase in insecurity, clashes and violence that affect staff and volunteer safety (IFRC and MRCS).	High	<ul style="list-style-type: none"> • Increased rate of displacement. • Increased demand for operations resources. • Delayed implementation of operations. 	<ul style="list-style-type: none"> • IFRC to maintain compliance with current security guidelines. • IFRC security guidelines/advisory updated for minimal movement and are shared with PNS & MRCS. • Maintain tripartite (IFRC, MRCS and ICRC) security cell meetings. • MRCS maintain/scale up plans for first aid/ambulance support, including national coverage prioritising high-intensity cities/townships. • Security protocols for mobilising volunteers reviewed accordingly.
Misunderstanding of MRCS position as a neutral actor.	Moderate	<ul style="list-style-type: none"> • May impact safety of IFRC/MRCS/ICRC personnel. • May negatively impact on acceptance of MRCS and reach to affected populations 	<ul style="list-style-type: none"> • MRCS continue to reinforce the role of all staff and RCVs. • Ensure ongoing emblem management, adherence to practical guidelines and code of conduct. • Maintain dissemination of key messages to all stakeholders.
Reputation damage of MRCS that may be incurred through misinformation or other means.	Moderate	<ul style="list-style-type: none"> • May impact safety of IFRC/MRCS/ICRC personnel. • Potential impact on donor relations and fundraising opportunities. 	<ul style="list-style-type: none"> • MRCS activity planning to involve greater collaboration with communities. • MRCS to monitor community perceptions of its operation and address any issues accordingly.

		<ul style="list-style-type: none"> • May exacerbate difficulties with access to affected populations. 	<ul style="list-style-type: none"> • MRCS remain vigilant for any activity, including communication, that may breach operational protocols. • Ensure all volunteers and staff understand Red Cross principles, values and guidelines and operationalise them through their activities.
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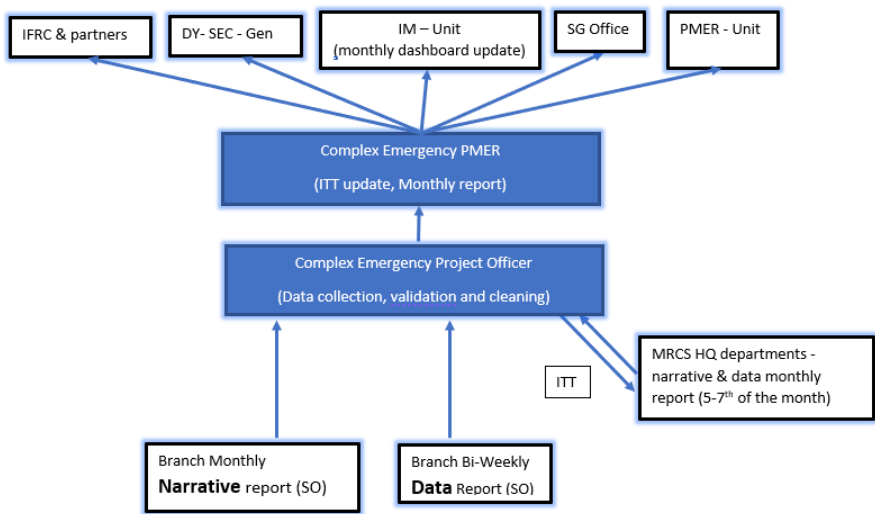
Quality and accountability

Efforts to ensure quality and accountability in this operation will continue to encompass a broad spectrum. This will include regular audits, programmatic evaluations and operational evaluations. Emphasis will also be placed on rationalising resources according to need while remaining flexible and adaptive to the dynamic, complex emergency context. This will be part of the shared vision among the Red Cross Red Crescent Movement to consolidate, streamline and link common services or support that it currently provides.

Regular monitoring and evaluation of the programme will continue through a centralised data collection system that is used to produce MRCS, IFRC and Federation-wide products, including operational updates, pledge-based reports and information management products such as monthly updating of the MRCS complex emergency dashboard on the IFRC Go platform.

Weaknesses in MRCS PMER processes that were identified during the early stage of this operation and raised during the lessons learned workshop in March 2022, will be addressed through capacity building and the development and application of relevant tools and monitoring processes to ensure compliance across MRCS. Additional staff will be recruited for data validation and cleaning for regular Indicator Tracking Table (ITT) and dashboard updating. Clear roles and responsibilities across the different organisational levels will be established to improve PMER efficiency for the operation. A new data collection format for all branches and departments to attach with narrative layout will be developed, along with providing capacity building training to staff to achieve effective application of these developments. An inception workshop will be conducted that provides all relevant staff with working knowledge of the new formats, monitoring and evaluation system, reporting flow and timeline.

The below diagram depicts the revised reporting flow and timeframe.



For accountability to targeted communities, cross-cutting approaches of CEA and PGI will continue to complement and strengthen sectoral programming.

The following key indicators will be tracked.

#	Indicators: Livelihoods and basic needs
1	Number of targeted households that have enough food, cash or income to meet their survival threshold.
2	Number of people trained in vocational skills trainings to increase income sources.
3	Number of people reached with food assistance or cash for basic needs.
4	Number of people supported with livelihoods restoration and strengthening economic activities.
#	Indicators: Health and WASH operations
1	Number of people reached by NS with services (clinical) to reduce relevant health risk factors.
2	Number of health volunteers trained to implement community-based health awareness activities.
3	Number of people trained by NS in first aid emergency services.
4	Number of people reached with emergency FA/clinical health care services during emergencies.
5	Number of people reached with emergency hygiene kits ¹² , IHKs ¹³ , COVID prevention kits and dignity kits. ¹⁴
6	Number of people reached with community health risk messages, including hygiene promotion.
7	Number of people reached with psychosocial support.
8	Number of NS Staff and volunteers trained in PSS skills.
9	Number of people referred to clinical support by ambulance services.
10	Number of households provided with water tanks.
11	Number of households provided with water filters.
#	Indicators: Strategies for implementation
1	Percentage of scheduled activities held according to plan and with minimum participation levels.
2	Percentage of active RCVs (targeted for response) with sufficient insurance coverage.
3	Percentage of active RCVs (targeted for response) equipped with sufficient protective items and equipment.
4	Percentage of recruited and inducted RCVs (for response).
5	Number of staff/RCVs skilled in core communication area.
6	Number of Key messages/statements to profile/safeguard MRCS response.
7	Number of staff/RCVs skilled in IM and data management.
8	Percentage of targeted, pre-positioned items in priority location.
9	Number of RCVs/staff trained in core DM areas.
10	Number of branches with emergency response capacity (encompassing; disaster response resources strategically pre-positioned, RCV have access to adequate protective items and equipment, existence of an operational Emergency Management Fund).
11	Number of comms products and activities which effectively profile NS role and mandate (neutral and impartial).
12	Number of activities/forums reached with messaging on MRCS role and mandate to key stakeholders.
13	The operation demonstrates evidence of effective and coordinated international disaster response.
14	Level and timeliness of technical and operational support mobilised.
15	Number of surge deployments.
16	Mechanism for effective response preparedness identified and implemented.
17	Number of trainings conducted on community engagement and accountability.
18	Number of volunteers trained for CEA.
20	Compliance achieved with fleet management and logistics processes to IFRC policies.

¹² Sanitary napkin (2 pack), toothbrush (5), toothpaste, towel (5), bath soap, laundry soap, tissue (2 roll), detergent powder, steel cup for drinking (2), hairbrush.

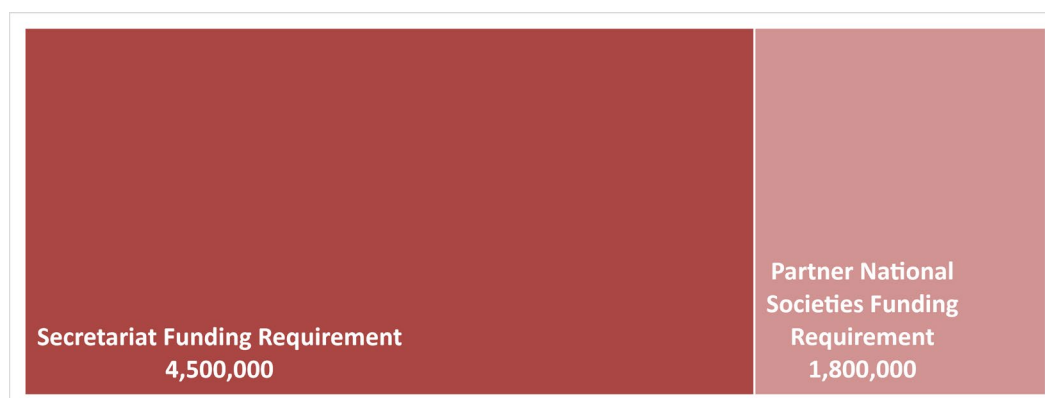
¹³ T-shirt (men), male longyi, towel, cotton, toothpaste, toothbrush for adult, bath soap, disposable razor (twin blade), tissue roll (2 ply), 100% native plant pulp, bag (red colour) with MRCS logo and message.

¹⁴ Panties, sanitary napkin (2 pack), t-shirt, female longyi, brassiere, nail clipper, slipper, comb, shampoo (5 sachets), laundry soap, bag.

21	Number of activity reports produced that inform IFRC and NS reflection and practice from this response.
22	Number of reports capturing review from this operation.
23	Number of PMER trainings conducted.
24	Number of warehouses renovated.

FUNDING REQUIREMENT

Federation-wide funding requirement*



*For more information on Federation-Wide funding requirement, refer to section, Federation-wide Approach

Breakdown of the IFRC secretariat funding requirement



OPERATING STRATEGY

**MDRMM016 - Myanmar Red
Cross Society - Complex
Emergency**

Planned Operations		3,374,000
Livelihoods		953,000
Multi-purpose Cash		650,000
Health		1,045,000
Water, Sanitation & Hygiene		108,000
Protection, Gender & Inclusion		60,000
Community Engagement & Accountability		83,000
Risk Reduction, Climate Adaptation & Recovery		475,000
Enabling Approaches		1,126,000
Coordination & Partnerships		371,000
Secretariat Services		22,000
National Society Strengthening		733,000
TOTAL FUNDING REQUIREMENTS		4,500,000

all amounts in Swiss Francs (CHF)

Contact information

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

In the Myanmar Red Cross Society (MRCS)

- **Secretary General:** Prof. Dr. Htin Zaw Soe, email: htinzawsoe@redcross.org.mm
- **Deputy Secretary General for Program and Operation:** Dr. Nyo Nyo Wint, email: nyonyowint@redcross.org.mm

In the IFRC

- **IFRC Country Delegation for Myanmar:** Nadia Khoury, Head of Delegation, email: nadia.khoury@ifrc.org
- **IFRC Country Delegation for Myanmar:** Christie Samosir, Operations Manager, email: christie.samosir@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Alexander Matheou, Regional Director, email: alexander.matheou@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Joy Singhal, Head of the Health, Disaster, Climate and Crisis Unit, email: joy.singhal@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Ahmad Ali Rezaie, Operations Coordinator - Southeast Asia, email: opsCOORD.southeastasia@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Rachel Punitha, Acting Interim Communications Manager, email: rachel.punitha@ifrc.org
- **IFRC Regional Office for Asia Pacific:** Alice Ho, Regional Head of PMERQA, email: alice.ho@ifrc.org
- **IFRC Geneva:** Christina Duschl, Senior Officer Operations Coordination, email: christina.duschl@ifrc.org

For IFRC Resource Mobilization and Pledges Support:

- **IFRC Regional Office for Asia Pacific:** Cessie Petchi, Partnership in Emergencies Coordinator, email: PartnershipsEA.AP@ifrc.org

For In-Kind Donations and Mobilization Table Support:

- **IFRC Regional Office for Asia Pacific:** Siokkun Jang, Logistics Manager; email: siokkun.jang@ifrc.org

Reference



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)