

Myanmar | Complex Emergency Operation

<p>Emergency appeal No: MDRMM016</p> <p>Revised Emergency Appeal launched: 01/04/2022</p> <p>Revised Operational Strategy published: 06/07/2022</p>	<p>Glide No: OT-2021-000042-MMR</p>
<p>Operation update #3 (12-month report)</p> <p>Date of issue: 14/10/2022</p>	<p>Timeframe covered by this update: From 01/02/2021 to 31/05/2022</p>
<p>Operation timeframe: 26 months (01/02/2021 - 31/03/2023)</p>	<p>Number of people being assisted: 202,000</p>
<p>Funding requirements (CHF): CHF 4.5 million through the IFRC Emergency Appeal CHF 6.3 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 181,395</p>

To date, this Emergency Appeal, which seeks CHF 4,500,000, is 58 per cent funded. This funding has been crucial to enable the Myanmar Red Cross Society (MRCS), with the support of the IFRC, to continue providing humanitarian assistance and protection to the people on the move, as well to strengthen their preparedness efforts.



Myanmar Red Cross volunteers are providing critical relief supplies to internally displaced people in Inle Lake, Nyaung Shwe Township, Southern Shan State, Myanmar, March 2022 (Photo: Myanmar Red Cross Society).

A. SITUATION ANALYSIS

Description of the crisis

Since the 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 the crisis, where the complexity and multi-dimensional characteristics have been fuelled by ongoing inter-factional tensions. The pre-existing impact of COVID-19 has escalated the suffering of the people and the recovery has yet to be seen.

Fighting continues in states and regions across Myanmar to oppose the State Administration Council (SAC) in towns and villages. The security and humanitarian situation across Myanmar thus remain tense, with escalating violence and armed clashes. Nearly 2,000 civilians are reported as having been killed during the incidents since the military intervention¹. This has led to new displacements that, as of 2 September 2022, have resulted in more than 974,000 people displaced, including more than 250,000 children since 1 February 2021. This is an addition to the pre-existing displacement in the country, making up a total of over 1.3 million internally displaced people (IDPs) across the country². The number of IDPs is not stable as the IDPs remain on the move.

The increase in commodity prices, including food and fuel, due to inflation and global food supply, has worsened and increased the vulnerability of the affected people. Main services in the country have significantly reduced, such as banking, primary health services, and education. The disruption of the banking system has had an impact on access to cash, in turn delaying the delivery of humanitarian assistance, in addition to movement and access restrictions. The monsoon season has started and continues to cause heavy rain and flooding. During the month of June 2022, about 600 people were relocated to higher grounds due to flooding in Kachin state. In August 2022, the Myanmar Red Cross Society (MRCS) supported aid-delivering services with the people affected by the flood in Yak Sauk Township in Southern Shan State. With the reduction of primary health care across the country, the spread of communicable and waterborne diseases may increase challenges in accessing reproductive, maternal, newborn, child and adolescent health (RMNCAH), including antenatal care and support to pregnant women. More than four million children – half of the school-aged children – are estimated as not having accessed education for two full academic years.

There has been an increase in armed clashes between the Myanmar Armed Forces (MAF), ethnic armed organisations (EAOs) and the local People's Defence Forces (PDFs) in the country's northwest, as well as other parts of the country. More than 18,000 civilians' properties, including houses, churches, monasteries, and schools are reported as having been destroyed, burnt and searched, due to the clashes and violence, and people displaced in Sagaing and Magway regions and Chin state.³ The armed clashes have led to the increase of travel restrictions issued by the authority and to the limitation of humanitarian access, especially in the southeast and northwest.

Since June 2022, armed violence between the SAC and the Arakan Army (AA) has escalated in northern parts of Rakhine State. In August 2022, frequent fighting including the use of heavy weapons has been reported in Rakhine State — especially in the townships of Rathedaung, Buthidaung, Maungdaw (northern Rakhine), Mrauk-U, Minbya, Kyauktaw, (central Rakhine) and Taungup (southern Rakhine), and in Paletwa Township of Southern Chin State. The escalation of armed violence across Rakhine State and Southern Chin State has already had a marked humanitarian impact in those areas, including an increase in displacement in northern Rakhine State. Access is still challenging as many areas including waterways and roads have been blocked in northern Rakhine State, while medical supplies and food have been restricted into Paletwa Township in southern Chin State.

¹ [Myanmar Humanitarian Update No. 19, 28 June 2022](#)

² [Myanmar Humanitarian Update No. 21, 2 September 2022 by UN OCHA](#) . Note: 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

³ [Myanmar Humanitarian Update No. 20, 31 July 2022 by UN OCHA](#)

Summary of response

Overview of the host National Society and ongoing response

The MRCS with its extensive operational coverage across Myanmar has been on the ground since the beginning of the civil unrest that has expanded into a complex emergency. It is the largest national humanitarian organization in the country and its staff and volunteers have been supporting affected communities, through its comprehensive network of 330 branches in 15 states/regions and immediate access to over 7,000 active, trained volunteers. MRCS has over 600 departmental and field-based staff with technical capacities.

MRCS has managed to secure access to deliver crucial humanitarian assistance to populations in hard-to-reach areas, such as certain townships in Chin, Kayah and Southern Shan states, and Sagaing and Magway Regions. The MRCS continues to adapt to the operational environment to overcome these challenges. With increased displacement due to the spread of conflict, the strategy of the response continues to provide additional support in new areas such as emergency first aid and ambulance services; access to basic health services, incorporating mental health and psychological support; and assistance for basic needs and income generation support. The revised appeal follows the priority areas under the MRCS Emergency Plan of Action targeting 196 out of 330 townships in all 15 states/regions, including Naypyidaw. The appeal also aims to support MRCS to maintain operational relevance and responsiveness for the provision of humanitarian assistance, including preparedness, to the affected population.

Since the beginning of the response until 31 May 2022, MRCS has, through its nationwide response supported by different contributions, including this emergency appeal, reached 142,221 people from all states and regions, initially with emergency first aid and ambulance services and expanded to other relief and health assistance. About 18,300 people have received emergency and first aid services, and 16,790 people have benefitted from basic health care, among which, 8,922 people through four mobile health clinic deployments in Chin State, 2,800 people through one mobile clinic deployment in Southern Shan State and 5,068 people attended through a clinic in Dagon Seikkan in Yangon Region.

In addition, a total of 4,284 households (20,192 people) from Southern Shan and Chin States and Yangon region received multipurpose cash grants. The cash assistance was complemented by the distribution of food items to displaced people in Magway and Sagaing regions, Southern Shan, Chin and Kayah states. The food distribution has benefitted 8,835 households (approximately 37,216 people) in total. MRCS distributed non-food household items, such as shelter kits, hygiene kits, dignity kits, raincoats, blankets, and mosquito nets to IDPs in Southern Shan, Chin, Kayah and Kayah states, and Sagaing and Magway regions, reaching 8,324 households (approximately 33,186 people).

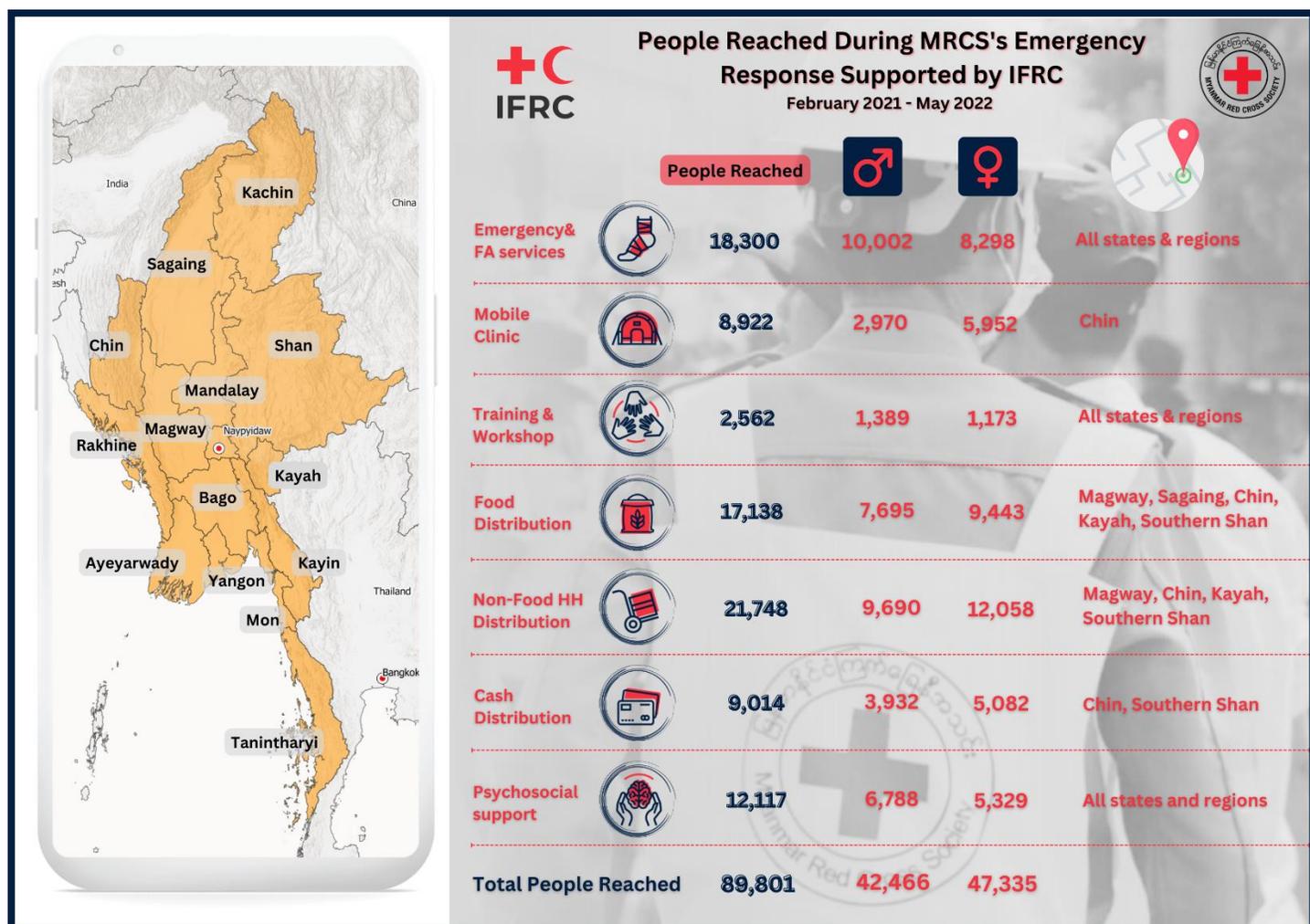
Besides responding to the needs on the ground, MRCS at the same time is putting an effort to increase its capacity to scale up responses by maintaining prepositioned stock in warehouses that will be able to respond to the needs of at least 21,500 families. Gradually since the end of 2021, MRCS has dispatched and prepositioned a total of 18,364 household items to its warehouses in states and regions around the country, such as family kits, shelter toolkits, kitchen sets, tarpaulin, hygiene parcels, hygiene kits, individual hygiene kit, and dignity kit. The increase in prepositioned stock was made possible through contributions of MRCS partners: IFRC, Danish Red Cross (DRC), Swedish Red Cross (SRC), Thailand Red Cross (TRC), The Republic of Korea National Red Cross (KNRC), Norwegian Red Cross (NorCross), British Red Cross (BRC).

To increase MRCS' capacity to respond, MRCS has also been focusing on building the capacity of its personnel to ensure the quality of its humanitarian services. A total of 3,199 people, including Red Cross Volunteers (RCVs), staff and community members were trained in Basic First Aid, Emergency First Aid Responder, Planning Monitoring Evaluation Reporting (PMER), Community Engagement and Accountability (CEA), Information Management (IM), and communication training.

Table 1. Breakdown of people reached under MRCS's emergency response as of 31 May 2022

No.	Activities	People Reached		
		Male	Female	Total
1.	Emergency and First Aid services	10,002	8,298	18,300
2.	Clinical services (Mobile Clinic Chin)	2,970	5,952	8,922
3.	Clinical services (Dagon Seikan Clinic)	1,450	3,618	5,068
4.	Clinical services (Mobile clinic Southern Shan State)	990	1,810	2,800
5.	Training and workshops	2,263	2,157	4,420
6.	Food distribution	16,935	20,281	37,216
7.	Non-food Household Items Distribution	14,921	18,265	33,186
8.	Cash distribution	9,183	11,009	20,192
9.	Psychosocial support	6,788	5,329	12,117
	Total	65,502	76,719	142,221

Out of the total number of people (142,221 people) benefiting from the MRCS response, the **IFRC appeal** has contributed to reaching **89,801 people** through emergency and first aid services, clinical services, food and non-food items, cash distributions and psychosocial support, mainly in Magway and Sagaing regions and Chin, Southern Shan and Kayah States. The following infographic summarizes the number of people reached per sector during MRCS's emergency response supported by IFRC.



Through emergency and first aid services, 18,300 people (55 per cent female and 45 per cent male) were supported through 648 first aid posts/stations in 204 townships across Myanmar by mobilizing 2,002 volunteers with the support of IFRC, SRC, Singapore Red Cross and TRC as an integrated contribution. A total of 8,922 people (30 per cent female and 70 per cent male) received clinical health care through mobile health clinic which made four deployments to Mindat, Chin state (jointly supported by NorCross, SRC, IFRC and ICRC).

In addition to health services, the IFRC appeal supported MRCS to provide unconditional cash assistance to 465 households (approximately 2,138 people) in Mindat, Chin State, as well as to 1,818 households (approximately 6,876 people) in Southern Shan, totalling 9,014 people. Furthermore, a total of 17,138 people in Southern Shan, Kayah, and Chin States, and Sagaing and Magway Regions have received food items. MRCS has also distributed household items (hygiene parcels, family kits, COVID-19 prevention kits, blankets, tarpaulins, and school kits) to 5,453 households (approximately 21,748 people) in Chin, Kayah and Southern Shan State, and Magway Region. In addition, this appeal has contributed to the capacity-strengthening of MRCS, its branches and its staff and volunteers.

Needs analysis

Given the country's dynamic security context and difficulties in reaching affected populations, significant information gaps exist in the overall humanitarian needs of the population. There has also been an important ongoing impact on formal medical care and health services at hospitals, including maternal and newborn healthcare. 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, the former of which are blocked from distribution in certain states and regions. It is also anticipated that the unstable security situation and frequent displacement across the Southeast and Northwest are exacerbating mental health issues among children and their caregivers, generating an increased need for child protection responses in these areas.

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 a reduced ability to deal with future shocks and significant food security needs in the short and medium terms. Key vulnerable population groups include those in intense 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.

MRCS field reports note that most people fled their homes with almost nothing, losing their properties and livelihoods. Mission reports from MRCS 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, in particular, rice as the staple. 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 the 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 exposed them to inclement weather, lack of shelter, unsafe drinking water and unhygienic sanitation facilities.

The Myanmar Economic Monitoring Report by the World Bank (as of July 2022) indicates that poverty has doubled compared with its level in March 2020, with approximately 40 per cent of the population now living under the poverty line in 2022, which was its level of poverty a decade ago. The Consumer Price Index inflation is estimated as increased by 17.3 per cent as of March 2022. Food price inflation rose to 15.4 per cent and non-food inflation reached 20.4 per cent. With the falling exchange rate of Kyats, domestic prices for food, fuel, and other imported goods are likely to increase over the short to medium term. Annual average inflation is expected to increase to 15 per cent in the fiscal

year of 2022. Increasing levels of armed conflict and limited access to quality agricultural inputs in some areas are expected to continue to limit productive activity⁴, likely leading to an increase in food insecurity in the country.

Inflation in commodity prices, including for food, fuel, shelter materials and non-food items, remains a major concern to partners in addressing the needs of the most vulnerable. The banking system has been disrupted all over the country, affecting the capacity of financial institutions and limiting access to cash. Local business people and bankers have reported that the country's central bank is still not providing private commercial banks with enough cash to meet demand in the country. Moreover, another challenge at the same time is the increasing devaluation of the nation's Myanmar Kyats, with the Central Bank of Myanmar fixing the official rate of exchange at 2,100 Kyat/ US dollar, down from the previous rate of 1,850 Kyat/ US dollar, effective 5 August 2022. Around the end of August 2022, the exchange rate of Myanmar Kyats to US dollars in the open market varies between 3,000-4,000 Kyat per US dollar. As a result, the prices of commodities have increased remarkably since then.

In the first week of July 2022, a joint IFRC-MRCS monitoring trip to Southern Shan State was conducted, visiting IDP camps located in Hsi Hseng, Kalaw and Taung Gyi townships. During this field visit, eight focus group discussions (FGDs) were held with around 48 people (men, women, youth and the elderly) living in those camps. In addition, nine key informant interviews were also held with relevant red cross volunteers (RCVs), MRCS officers, and the MRCS Branch Executive Committee (EC) responsible for Southern Shan State. In the following week, a similar monitoring trip was carried out in Sagaing Region. IFRC and MRCS held 12 FGDs with around 72 IDPs in camps in Monywa and Sagaing townships, and six key informant interviews were held with the RCVs, MRCS officers and MRCS Branch Executive Committee (EC) from Sagaing Region.

In the FGDs with the community, the MRCS-IFRC team collected their feedback about the MRCS' humanitarian services previously provided to them, especially about what went well, what did not go well, their perspective about the previous and current challenges, and their suggestions and recommendations for the MRCS' complex emergency operation in future. There was an increase of IDPs in the camps of both locations – Southern Shan State and Sagaing Region. Establishing a feedback mechanism was discussed with the community to ensure that they are aware of how to give feedback when needed. It was noted that the community prefers to discuss their feedback in person with the staff from MRCS, rather than provide feedback in writing. They also prefer to use a relevant hotline channel as a second option for their feedback to MRCS.

The MRCS-IFRC team also assessed the community's needs and current priorities. In terms of the community's needs, it was found that IDPs in Southern Shan State are in regular need of food, cash support and medical services. They are struggling to meet their needs due to a lack of income for over six months. As most of the IDPs in Southern Shan State are farmers, they want to continue their livelihood in agriculture. Compared to Southern Shan, IDPs in Sagaing Region need humanitarian assistance more urgently as there were limited numbers of humanitarian aid organizations in that region. The IDPs in the camps were in need of long-term support as they could not go back to their home, not only due to ongoing fighting but also due to the strong social tensions rooted in different ways in their communities. From the Key Informant Interviews, previous and current challenges were identified in terms of instability and coordination among the MRCS, other relevant partners and government departments in providing humanitarian services to the affected people in need.

Active fighting and clashes are still ongoing, and the situation has worsened in some areas during the last three months, especially in Sagaing and Magway Regions. Therefore, it is estimated that IDPs may remain in camps for another six months or more. Regular distribution of some personal hygiene items, items for schooling children, food and medicines and medical services are also a necessity.

⁴ [Myanmar Economic Monitoring Report by the World Bank as of July 2022](#)

Operational risk assessment

Given the rapidly changing nature of the context, limitations or restrictions on access to certain populations, and the deteriorating security situation in many areas of the operating environment, vulnerabilities and risks to the operation persist across several critical areas. These include an increase in insecurity, clashes and violence that affect staff and volunteer safety (IFRC and MRCS), increasing casualty rates as protests continue and increased displacement across the country.

It remains quite challenging for MRCS, as with many humanitarian actors, to access and reach the vulnerable populations most in need, due to those restrictions, and MRCS continues in the circumstances and context to apply the Fundamental Principles in their work. In light of the sensitive nature of the situation on the ground, MRCS may not always receive the relevant authorisations or green lights to reach certain populations. Accordingly, the timely supply of food, medicines and other types of humanitarian assistance to affected people continues to be challenging.

In addition, it is quite challenging for MRCS volunteers to obtain a complete picture of IDP numbers and needs in Sagaing and Magway Regions because of the unstable and high-risk situation. In other states and regions, there may be differences between lists of IDPs provided by the local authorities, based on the IDPs who register with the authorities, and the reality on the ground (where IDPs may be sheltering with host communities, may be unwilling to be registered, or there may be a reluctance to register increasing numbers of IDPs). This in turn adds to the challenges of providing assistance to vulnerable populations.

Finally, the current situation in certain states and regions is increasingly complex, with divided communities due to very deeply rooted tensions, perceptions and beliefs, as well as the spread of misinformation and erosion of trust. This continues to be one of the challenges that MRCS, like other humanitarian actors, faces in delivering humanitarian support to communities in certain areas, and which MRCS seeks to address through increased advocacy and communication about its mandate and its humanitarian work.

There are increasing numbers of local armed groups in certain states and regions, such as Sagaing region, causing more instability and insecurity, with increased armed clashes, attacks and robberies more generally. Consequently, it has become increasingly risky for the MRCS staff and volunteers as they may be exposed to these increased security risks, along with the general population. MRCS is strengthening its security framework to ensure appropriate monitoring of the safety and security of staff and volunteers in this unstable and risky situation. Due to rapid changes in the field, it was quite challenging to implement the activities as planned, and plans need to remain dynamic in accordance with the changes in the situations on the ground.

MRCS's staff and volunteers are increasingly stretched with the emergency response activities of the MRCS, as well as that associated with other humanitarian organizations. In light of the stress of their activities and their individual affectation, such as for those volunteers who have become IDPs due to armed clashes in their place of origin, there are concerns about their need for psychosocial support, which are factored into activities.

Further increases in commodity prices, inflation and restrictions on utilities and services including fuel and electricity, and disruption of financial systems and banking services affect the operations of IFRC and MRCS, as with most humanitarian organizations. This is leading to a shortage of cash, limited transport (road, air) and supply chain restrictions adversely affecting local market capacity, and delaying the importation of internationally procured goods. In particular, since April 2022, there have been additional lengthy delays related to the reception in Myanmar of internationally transferred funds, which has led to the reduced availability of funds for MRCS to carry out activities.

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

B. OPERATIONAL STRATEGY

Update on the strategy

[Operations Update No. 2](#) for the MDRMM016 Emergency Appeal informed the need for revision of the appeal. Subsequently, the revised IFRC [Emergency Appeal](#) and a [revised Operational Strategy](#) were published. The revision of the IFRC Emergency Appeal addressed the rapidly evolving operational context and the resulting increase in humanitarian needs across Myanmar. Accordingly, it also extended the timeframe of the operation by one year. Note that the title of this revised appeal was changed from 'Civil Unrest' to 'Complex Emergency', reflecting the aggregation of humanitarian needs due to political tensions and related situations of violence.

Since the first months of unrest and protest, MRCS's Operational Strategy has focused on providing immediate lifesaving assistance to a large number of affected populations. Emergency first aid, ambulance referral services and emergency medical assistance have been mobilized across major cities and townships. This assistance continues, however changes, based on the needs of affected people in key areas of the country, have been incorporated into the revised Operational Strategy in the following six areas — Chin, Kayah, Kayin and Shan States and Sagaing and Magway Regions, where there is a large number of IDPs in need of immediate support.

MRCS' Operational Strategy has accordingly moved to focus on providing more socio-economic support such as relief and livelihood activities including food security in the six-prioritized areas mentioned above. In addition, the strategy includes a renewed focus on Community Engagement and Accountability (CEA), including establishing community feedback mechanisms with the involvement of the community and integrating CEA throughout the operation building on the MRCS CEA policy

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Livelihoods		People targeted: 30,000	
		People reached: 17,138	
Objective:	<i>The livelihoods of most affected households (HH) are restored and strengthened.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of targeted households that have enough food, cash, or income to meet their survival threshold.</i>	4,868	30,000
	<i># of people trained in vocational skills trainings to increase income sources</i>	Planned	1,000

Food distribution was done in Chin, Kayah and Southern Shan States and, Sagaing and Magway Regions during July 2021 to May 2022, reaching 4,868 households (approximately 17,138 people). Due to the current situation and some access restrictions, teams needed to obtain authorizations from the relevant authorities at all the various levels - from state and region to townships, as well as passing through checkpoints on the grounds - to reach the affected population in the camps in those locations. The authorizations varied over time, depending on the security level on the grounds there. Because of the need to obtain authorizations from respective authorities and high-risk

security status, the distribution of food and cash took much more time than necessary. This caused a delay to MRCS' targeted activities and was one of the challenges that MRCS was facing during the reporting period.

Table 2. Food distribution - people reached through deployments during July 2021 - May 2022

Food Distribution	Township	HHS	Male	Female	Total
Chin Distribution (July 2021) *	Mindat	482	898	1,092	1,990
Kayah Distribution (October 2021) ****	Loikaw	156	235	331	566
Magway Distribution (December 2021) **	Pauk	320	716	713	1,429
Southern Shan Distribution (February-March 2022) ***	Taunggyi, Loilen, Naung Shwe, Lai Hka, Pindaya, Yak Sauk, and Kalaw	1,222	2,059	2,763	4,822
Kayah Distribution (February-May 2022) ****	Loikaw	297	368	420	788
Chin Distribution (March 2022)*	Mindat	115	223	272	495
Sagaing Distribution (April 2022) **	Mongwa, Sagaing, Shwebo and Kanbalu	338	567	624	1,191
Magway Distribution (May 2022) **	Kyauk Htu, Saw	498	907	1,043	1,950
Sagaing Distribution (May 2022) **	Mongwa, Sagaing, Shwebo and Kanbalu	464	812	1,041	1,853
Southern Shan Distribution (May 2022) ****	Loilen, Lai Hka, Yak Sauk, Kalaw	596	910	1,144	2,054
	Total	4,868	7,695	9,443	17,138

Food package * - Rice 25kg, Oil 1 L, Pea ½ viss, & Salt ½ viss,

Food package ** - Rice 25kg, Oil 1 L, Pea ½ viss, Salt ½ viss, & Fish can 4 boxes

Food package *** - Rice 25kg only

Food package **** - Rice 25kg, Oil 1 L, Dried noodle 6 pks, & Fish can 4 boxes

The armed clashes in Kayah State forced the people to escape from their homes in Loikaw and other cities to Southern Shan State in January 2022. They were supported by food and non-food item (NFI) by MRCS in the same month. In Southern Shan State, 25 kilograms of rice were distributed to each of 1,818 households (approximately 6,876 people) in two times – first to the seven townships of Taunggyi, Loilen, Naung Shwe, Lai Hka, Pindaya, Yak Sauk and Kalaw in March 2022, and second to four townships of Loilen, Lai Hka, Yak Sauk, and Kalaw in May 2022.

Moreover, in Magway Region, food distributions reached a total of 818 households (approximately 3,379 people) in Pauk township in December 2021, and Kyauk Htu and Saw townships in May 2022. Food distribution was done twice to the IDPs in Monywa, Sagaing, Shwebo and Kanbalu townships from Sagaing Region in April and May 2022, reaching 800 households (approximately 3,044 people). In Sagaing Region, there has been a lack of certain information on the actual number of the affected populations who are scattered in informal displacement sites and informal camps inside the monasteries and churches as well as in the local host community's residents. Ascertaining the number of IDPs in those areas, in order to determine the volume and method of response, is a challenge. Another challenge is the tendency of some IDPs who are staying in the host communities and who would not wish to let their stay known to others, despite the fact that they are receiving humanitarian assistance from MRCS or other humanitarian organizations. This is because of their safety and security reasons. Food and medicines have been strictly restricted by the authorities in those places. As expected, monitoring missions confirmed that IDPs were sometimes provided with a food supply for a period of 14 days through rice distributions, and needed a constant supply for a sustained period of time.



Multi-purpose Cash

People targeted: **20,000**

People reached: **9,014**

Objective:

Households are provided with unconditional multipurpose cash grants to address their basic needs.

Key indicators:

Indicator

Actual

Target

of people supported with multi-purpose cash grant

9,014

20,000

of people supported with essential household items

21,748

20,000

Table 3. Cash distribution: people reached from Chin and Southern Shan during December 2021 – May 2022

State/ Region	Townships	HHs	Male	Female	Total	Transfer Value (CHF)
Chin (October 2021) *	Mindat	158	327	399	726	108
Chin (March 2022) *	Mindat	307	636	776	1,412	108
Southern Shan (March 2022) **	Taunggyi, Loilen, Naung Shwe, Lai Hka, Pindaya, Yak Sauk and Kalaw	1,222	2,059	2,763	4,822	13.5
Southern Shan (May 2022) * *	Loilen, Lai Hka, Yak Sauk, Kalaw	596	910	1,144	2,054	13.5
	Total	2,283	3,932	5,082	9,014	

* 200000 MMK per HH

** 25000 MMK per HH

A total of 2,283 households, or approximately 9,014 people, were supported through an unconditional cash grant in Chin and Southern Shan States.

MRCS provided unconditional cash assistance to 465 households (approximately 2,138 people) in Mindat, Chin State, on two occasions, to address their basic needs. Each household received 200,000 MMK (approximately CHF 108).

In Southern Shan State, 25,000 MMK (approximately CHF 13.5⁵) of unconditional cash was distributed to each of 1818 households with 6,876 people in five townships of Taunggyi, Loilen, Naung Shwe, Yak Sauk and Kalaw in March 2022 and four townships of Loilen, Lai Hka, Yak Sauk, and Kalaw in May 2022. Originally, it was planned to support 200,000 MMK per household in all the locations targeted in this operation in Myanmar. However, only 25,000 MMK per household could be distributed due to the unstable situations at the ground level. During the reporting period, the authorizations from the authority concerned and the military on the ground differed from one another depending on the geographic locations and contextual situations at the ground level. MRCS is planning further cash distributions there at a later stage to continue supporting families in need.

⁵ Noting that different exchange rates were used for converting CHF to MMK due to their fluctuations over time. The exchange rate valued at the date when MRCS received the transfer from IFRC at its accounts is officially taken. 0.00054 CHF/MMK is the average exchange rate for this operation.



IDP receiving a dignity kit from MRCS, Southern Shan State, March 2022. (Photo: MRCS)

In terms of essential household items, 5,453 households (approximately 21,748 people) from Southern Shan, Chin and Kayah States and Sagaing and Magway regions were provided with NFIs such as blankets, mosquito nets, warm clothes, tarpaulins and water filters. Moreover, 2,883 dignity kits, 463 family kits, 30 shelter toolkits and 531 tarpaulins were also distributed to vulnerable households in the said areas.

Table 4. NFIs distribution: number of items from 10 different States and Regions through IFRC appeal during February 2021 – May 2022

No.	Relief Items	Designated Regions	Number of items distributed
1.	Small First Aid Kit	Bago, Tanintharyi, Mon, Kachin and Ayeyarwady	1,355
2.	Blanket	Southern Shan, Kayah, and Magway	5,000
3.	Mosquito Net	Magway, Southern Shan	3,000
4.	Individual Hygiene Kit	Kayah, Southern Shan	580
5.	Dignity Kit	Southern Shan, Kayah and Magway	2,883
6.	Family Kit	Southern Shan, Kayah, and Magway	463
7.	Shelter tool kit	Southern Shan	30
8.	Hygiene Parcel	Southern Shan, Kayah	2,711
9.	Tarpaulin	Southern Shan, Chin	531
10.	Water Filter	Magway, Chin	532
11.	Warm Clothes	Kayah and Chin	1,800
		Total	18,885

These different non-food items were distributed to 5,453 households (approximately 21,748 people) from Magway, Chin, Southern Shan and Kayah, as set out in detail in the following table:

**Table 5. NFIs distribution: people reached through IFRC appeal
February 2021 – May 2022**

State/ Region	Date	HHs	People
Chin	October 2021	200	925
Magway	December 2021	320	1,429
Southern Shan	February 2022	4,173	15,621
Kayah	February 2022	156	566
Chin	March 2022	307	2,131
Kayah	April 2022	297	1,076
Total		5,453	21,748

The 1,355 small first aid kits were distributed to 33 MRCS branches in the regions of Ayeyarwady (six branches), Bago (seven branches) and Tanintharyi (seven branches) and the states of Mon (10 branches) and Kachin (three branches), in order to support their community first aid activities.



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

People targeted: **41,000**

People reached: **39,339**

Objective: *Health risks of targeted communities are reduced, and communities' health and wellbeing are improved.*

Key indicators:	Indicator	Actual	Target
	<i># of people reached with emergency First Aid services</i>	8,205	41,000
<i># of people referred to clinical support by ambulance services</i>	10,095		
<i># of people reached with clinical health care through mobile health clinic deployment</i>	8,922		
<i># of people trained by NS in first aid emergency services</i>	1,749	1,120	
<i># of people reached by psychosocial support</i>	12,117	7,000	
<i># of NS Staff and volunteer trained in MHPSS</i>	42	100	
<i># of ambulances maintained, upgraded and procured</i>	174	N/A	

First Aid, Ambulance and Mobile Clinic Services

From March 2021 to May 2022, 18,300 people were reached through emergency ambulance and first aid services. Out of which, 10,095 out of 18,300 people received emergency ambulance services from MRCS through 173 ambulances. However, it is required to improve ambulance services to be well-equipped and standardized with tracking and control systems. Through four deployments of mobile health clinics, MRCS has provided basic health care to 8,922 people in Mindat, Chin State, including antenatal services, clean delivery kits for safe delivery, and also postnatal services including the delivery of infant kits, as well as birth spacing as part of reproductive health. A mobile health clinic team that was mobilized from Rakhine state consists of eleven members: two doctors, three nurses, four volunteers and two drivers.

Table 6: Breakdown of people reached through MRCS health services as of 31 May 2022

No.	Health Services	People Reached		
		Male	Female	Total
1.	Emergency ambulance services	6,010	4,085	10,095
2.	First Aid Services	3,992	4,213	8,205
3.	Basic health care (mobile clinic in Mindat)	2,970	5,952	8,922
4.	Psychosocial support (PSS)	6,788	5,329	12,117
	Total	19,760	19,579	39,339

Although three clinics were planned at Tarmwe, North Dagon and Dagon Seikkan, the clinic at Dagon Seikan was set up due to instability in the other two locations, and its activities were funded by another partner, the SRC. Accordingly, the results achieved to date are lower than the targets for health services established for the three locations. From 2021 to 2022 in Chin State, three MRCS deployments included mobile clinic services. Mobile clinic activity was much appreciated by the community, based on MRCS internal reports, as it met one of the community's urgent needs while the public health system was completely in collapse in that area. This activity responded to the demands of the community and was considered one of the most helpful achievements for the community in a time of urgent need.

This activity should be escalated in the next complex emergency response as it is still one of the prioritized needs of the community in Southern Shan State and Sagaing Region. Currently, the public health system is weak in most areas and much more limited, especially in rural and conflict areas. In these mobile clinic services, the medicine was supported by ICRC and other costs by IFRC. In the second deployment of Mindat, in August and September 2021, the cost of the accommodation of the mobile healthcare team was covered by the SRC.

In early 2022, MRCS launched two local procurement processes to purchase six ambulances, neither of which could successfully be concluded due to the lack of suitable offers. Following a review of options and the importance of promptly procuring the vehicles, MRCS and IFRC proceeded to procure these ambulances through the IFRC Fleet Hub in Dubai. During the reporting timeframe, the process was ongoing for the importation approval and obtention of tax exemption documents

Mental health and psychosocial support (MHPSS)

Mental Health and Psychosocial Support (MHPSS) activities have been conducted by the Restoring Family Links (RFL) focal person and RFL Ambassadors, the RCVs who have been assigned as Representatives by MRCS through the dissemination sessions on RFL and MRCS at the community level and IDPs camps. Furthermore, the PSS support would be continued to focus on the children and women in IDP camps in Southern Shan State and Sagaing Region in the next round of complex emergency.

From the IFRC-MRCS monitoring trips to the field in July 2022, teams identified the need of women and children for MHPSS, because most of them suffered much sleeplessness and stress from insecurity for their future, separation from family and friends and loss of their homes and properties. So, MHPSS support needs to be planned with the PSS focal persons selected from those of RCVs living in those townships, who have completed PSS training and have a strong willingness to work on the PSS support in the IDP camps.

Additional PSS training is planned to be specifically given to the active volunteers from State/Region branches working on the support of those IDP camps, especially for women and children who would be in need of such support.



MRC mobile health clinic, Chin State, September 2021. (Photo: MRCs).

Table 7: First aid-related trainings conducted in different State and Regions

No.	Training title	Times	Places	Male	Female	Total
1.	Emergency Medical Responder-Ambulance Training	3	Yangon, Mandalay, Ayeyarwady, Naypyitaw & Bago	67	5	72
2.	Basic First Aid for Emergency	50	Yangon, Mandalay, Magway, Tanintharyi, Ayeyarwady, Naypyitaw & Bago	738	819	1,557
3.	First Aid Instructor Training	2	Magway, Mandalay	30	30	60
4.	Mental Health and Psychosocial support	2	Staff, Yangon	11	11	22
5.	Emergency Medical Service	3	Yangon, Mandalay, Ayeyarwady, Naypyitaw and Bago	72	72	144
6.	Psychosocial support	1	For Red Cross Volunteers	10	10	20
Total		61		928	947	1,875

To increase the capacity of the Red Cross volunteers, a number of trainings were provided to RCVs from all States and Regions:

- Emergency Medical Responder (Ambulance Training on how to give emergency response by the ambulance crew including a driver and two RCVs)
- Basic First Aid for Emergency Training for RCVs as well as communities
- First Aid Instructor Training (ToT Training for giving Basic First Aid Training).

From January to March 2022, Basic First Aid Training, considered as Multiplier Training since it has been conducted by the RCVs who received First Aid Instructor Training (ToT), have been given to 1,557 people with technical support from MRCS' Head Quarters as well as with financial support from IFRC. Those training courses have given the opportunities to the Branches to operate Basic First Aid Training in their respective locations in Myanmar



Water, Sanitation and Hygiene

People targeted: **15,000**

People reached: **18,126**

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.*

Key indicators:	Indicator	Actual	Target
	# of people reached with emergency hygiene parcels, individual hygiene kits and hygiene promotion		18,126
# of people reached with provision of emergency latrines and/or improvement of existing latrines		Nil	As required
# of household provided with water tanks and household water filters		532	532

The emergency hygiene kits, hygiene parcels, dignity kits and family kits were distributed in the period of February 2021 to May 2022, in Kayah and Southern Shan states and Magway Region, as outlined in Table 4 earlier, reaching 18,126 people. This result is not separately included in the overall achievements, since already recorded under the distribution of NFIs.



MRCS distributing hygiene items, Southern Shan State, March 2022. (Photo: MRCS).

In addition, 532 Life Straw Personal or Life Straw Flex (household water filter and purifier of 20 liters) have been procured through IFRC support. In February 2022, each of them has been already distributed to 272 households in Kamma Township of Magway Region, and 260 in Hakha Township of Chin State, providing families with access to safe drinking water.



Protection, Gender and Inclusion

Objective:	<i>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.</i>		
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Key indicators:	Indicator	Actual	Target
	<i># of people provided with dignity kit</i>	2,883	3,000

Based on the appeal, 3,000 dignity kits were targeted and 2,900 kits have been procured. During the reporting period, 2,883 dignity kits were distributed to women in the IDP camps in Magway Region and Southern Shan and Kayah states from July 2021 to May 2022, as part of the consideration for their hygiene and dignity. The dignity kit consists of 11 items such as underwear, sanitary napkin, t-shirt, female longyi, bra, nail clipper, slipper, comb, shampoo, laundry soap, and a bag.

Protection, Gender and Inclusion (PGI) topic as part of PSS Training has been given to RCVs from Yangon Red Cross Branches. MRCS has been maintaining a protection focus in its response, for example ensuring that gender-differentiated shelter in camps, separate areas to dry clothing for men and for women (especially since many of the displaced are hosted in monasteries and ensuring that women-headed households were targeted in cash distributions.

Additionally, warm clothes for children and adults have been provided to 1,800 people with IFRC support in the IDP camps in Mindat of Chin State in August and October 2021.



Community Engagement and Accountability

Objective:	<i>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.</i>		
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Key indicators:	Indicator	Actual	Target
	<i># of trainings conducted on community engagement and accountability</i>	2	2
	<i># of volunteers trained for CEA</i>	83	80

	# material produced for CEA activities (translation for CEA guideline)	1	1
<p>Due to the travel restriction of COVID-19, online CEA Training was given two times in December 2021 and January 2022 with the participation of 83 RCVs (34 women and 49 men) from 15 States and Regions. RCVs from Kayah and Chin States could not attend the online training due to their limited internet connection. The CEA Minimum standard for 2021 has been translated into Myanmar Language. Therefore, RCVs would have easy access to it without any language barrier. Volunteers and staff at the branch level have become sensitized to the importance of CEA in working with communities and are supporting the establishment of CEA systems at the community level.</p> <p>The community feedback mechanism for the operation was discussed with the communities in the joint-monitoring trips of MRCS and IFRC to Southern Shan State and Sagaing Region in July 2022, outlined in more detail on page 6 above. As a result of the discussion, the first prioritized option preferred by the community is to discuss in person with them for their feedback on the humanitarian services they receive from MRCS. The second option is a hotline channel to be set up by the MRCS. The last one is the focal person selected from their IDP camps or their community. In future, MRCS would regularly assess the feedback from the community through the monitoring trips as well as other options recommended by the community.</p> <p>The MRCS CEA Coordinator supported by this emergency appeal is the only CEA staff providing technical support and strengthening the CEA system, with support from the IFRC Regional CEA Coordinator. The role also provided the CEA self-assessment workshop and report carried out at the organizational level in May 2022. Further, the CEA Coordinator provided CEA training for the volunteers outlined above. The CEA coordinator will support technically the community feedback mechanism to be put in place, according to the suggestion from the community gathered during monitoring.</p>			

Enabling approaches

	<h3>National Society Strengthening</h3>		
Objective:	<i>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.</i>		
Key indicators:	Indicator	Actual	Target
	<i>% of active RCVs (targeted for response) with sufficient insurance coverage</i>	100%	100%
	<i>% of active RCVs (targeted for response) equipped with sufficient protective items and equipment</i>	100%	100%
	<i>% of targeted pre-positioned items in priority location</i>	80%	80%

<i># of RCVs staff trained in core DM areas</i>	40	440
<i>Mechanism for effective response preparedness identified and implemented</i>	Yes	Yes
<i># of staff / RCVs skilled in core communication area</i>	460	400
<i># of activities/ forum reached with messaging on MRCS role and mandate to key stakeholders</i>	5	5
<i># of key messages/statements to profile/safeguard MRCS response</i>	1	As required
<i># of staff/RCVs skilled in IM and data management</i>	30	60
<i># of PMER workshop conducted</i>	1	1
<i># of PMER training conducted</i>	2	As required
<i># of warehouses renovated</i>	1	As required
<i># of activity reports produced that inform IFRC and NS reflection and practice from this response</i>	2	1
<i># of Organizational Development Training for Branch leaders</i>	2	60

Capacity building of MRCS personnel

A total of 73 trainings and 5 workshops have been conducted for the development of the organisational and operational capacity of MRCS. Accordingly, 2,486 staff and RCVs were trained and improved their skill and knowledge in the courses of Mental Health Psychosocial Support, Leadership, Volunteer Mobilization, Core Disaster Management, PMER, Information Management and Communications. Dissemination sessions were conducted for the newly recruited volunteers.

A PMER workshop (online) was conducted in March 2022 with 38 MRCS branch Supporting Officers from all States and Regions. Two online PMER training courses were provided to 87 RCVs from all States and Regions. Only one Data and Information Management Training was conducted with 30 RCVs in Mawlamyaing in Mon State in November 2021 although two training courses were planned to implement. As the emergency responses in Southern Shan have been prioritized from January to March 2022, the remaining Data and Information Management training was postponed.

In addition, nine communication training courses were given to the RCVs from Yangon Region to improve RCVs' skills in core communication in the course of 2021, such as how to communicate with headquarters, reporting,

how to use media channels, photo taking, sharing communication rules and regulations for the effective and safe use of social media.

The challenges for these activities are the instability of the Internet and sometimes electricity cut-offs during online training. The costs of IEC materials were higher than they were budgeted. Moreover, the training evaluation could not be done in person as it was conducted through *Zoom*. Community-based Health First Aid (CBHFA) and Public Health in Emergencies (PHiE) Training for Township RCVs were not given as planned due to the travel restriction of Covid-19 in those targeted areas at that time.

The Emergency Plan of Action (EPoA) Planning Workshop was conducted in MRCS' Yangon Office on 23 February 2022 with 31 staff from MRCS and IFRC. Prioritized needs, targeted locations and associated risks were discussed and finalized for future implementation at the workshop.

The lesson learned workshop of Civil Unrest/Complex Emergency Operation was conducted with 98 participants in-person, 20 online participants and President, Vice President, Deputy Secretary General, Directors, Chairpersons, Brigade Officers, Supporting Officers and staff from HQ and States & Regions participated for two days from 28 to 29 March 2022 at Royal Taung Gyi Hotel in Taung Gyi, Shan State. The workshop reflected on the achievements that MRCS has made so far in the operation and focused on the areas to further improve through the recommendations from the active participants, which included the following suggestions for future operations (2022 - 2023):

- To provide Red Cross dissemination at all levels including Red Cross Emblem
- To disseminate safety and security guidelines at all levels
- To ensure insurance for RCVs
- To develop guidelines on social media for RCVs
- To deliver awareness sessions on contingency plan
- To standardize the ambulance system with the installation of tracking and control command
- To develop capacity building (including training in emergency medical, first aid, reporting, ambulance, PGI, PSEA, MRE, Health, and WASH)
- To set up the proper Complaint, Feedback and Response Mechanism (CFRM)

In terms of communications products, IFRC continues to work closely with the MRCS communications team to support MRCS' public profile and stakeholder relations to ensure respect and understanding of MRCS role. This includes ongoing dissemination of key messages to internal and external stakeholders, including the IFRC network members, as well as producing a number of communications products such as Exposure photo stories, and audio/visual materials, promote the visibility and positioning of MRCS through IFRC and MRCS social media channels, such as [Twitter](#) and [Facebook](#).

The exposure photos stories published during the reporting period include:

- [Over The Mountain](#) , on the MRCS response in Chin State, published in December 2021
- [Helping With Kindness](#) , on the MRCS response in Southern Shan, published in May 2022

Additional articles were being developed for publication following June 2022.

Table 8: Trainings conducted in different States and Regions during February 2021 – May 2022

No.	Training	Qty	No. of participant				Total
			Staff	Volunteer (RCVs)	Male	Female	
1.	Basic Disaster Management	1		38	25	13	38
2.	Basic First Aid for Emergency	50		1,557	738	819	1,557
3.	First Aid Instructor Training	2		60	36	24	60
4	Emergency Medical Responder-Ambulance Training	3		72	67	5	72
5.	Planning, Monitoring, Evaluation and Reporting (PMER) training	2		87	51	36	87
6.	Community Engagement and Accountability (CEA)	2		85	51	34	85
7.	Communication Training - online	9		180	137	43	180
8.	Information Management Training - online	1		30	15	15	30
9.	Organizational Development Training for branch leaders	2		60	40	20	60
10.	Mental Health Psychosocial Support	2	22		21	21	42
11.	Lesson learnt workshop – March 2022	1	50	82	75	57	132
12.	Lesson learnt workshop (Midterm) – October 2021	1	65	56	81	40	121
13.	Planning Workshop	1	31		11	20	31
14.	PMER & CEA Workshop	1		36	21	15	36
15	Volunteers' development workshop	1		31	20	11	31
	Total	79	168	2,374	1,389	1,173	2,562

Local procurement

The following are the local procurements prepared under the complex emergency operation:

Table 9: Local Procurement by Myanmar Red Cross during February 2021 to May 2022

No.	Items	Quantity
1.	Small First Aid Kits	4,900
2.	Scoop Stretcher	220
3.	Replenishment Kit	75
4.	Ambulance Single Light Bar	61
5.	Helmet	1,000
6.	Raincoat	1,000
7.	First Aid Tent	185
8.	Splint	700

9.	First Aid Post Kit	40
10.	Hygiene Parcel	2,900
11.	Dignity Kit	2,900
12.	Individual Hygiene Kit	2,900
13.	Family Kit	2,000
14.	Blanket	5,000
15.	Shelter Tool kit	1,000
16.	Household water filter Life Straw	532
17.	Cartoon Poster	65
18.	Mosquito Net	3,000
19.	Tarpaulin	6,850
20.	Advanced First Aid Kit	40

Finally, this emergency appeal supported the following MRCS staff positions to contribute to the activities under this operation:

1. Operations Manager,
2. Information Management Coordinator,
3. CEA Coordinator,
4. Senior PMER Officer,
5. Senior Logistics Officer,
6. Project Officer,
7. FASS and PSP Officer,
8. Project Support Officer,
9. HR Officer,
10. Social Media Officer,
11. Cash and Voucher Officer,
12. Cash and Voucher Assistant,
13. WASH Assistant,
14. Project Assistant and
15. Driver.

Funds under this emergency appeal also support MRCS branch and headquarters office, furniture and equipment costs, as well as utilities and internet connection.



Coordination and Partnerships

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.

Key indicators:	Indicator	Actual	Target
	<i>The operation demonstrates evidence of effective and coordinated international disaster response</i>	Yes	Yes

Upon the launch of the IFRC Emergency Appeal in May 2022, IFRC immediately launched a [mobilization table](#) to seek and accommodate in-kind donations from its partners. The mobilization table is 50 per cent covered through in-kind donations and the remaining is covered through cash donations earmarked for the items listed in the mobilization table. This is made possible through the generous contribution of the BRC and KNRC.

IFRC, ICRC and six Participating National Societies (PNS) are present in-country⁶. These six PNSs and additional IFRC members provide support to MRCS' emergency operation, both through bilateral and multilateral modalities, and some have contributed to this emergency appeal. This also includes National Societies in the Asia Region that maintain close linkages to MRCS. ICRC and PNSs continue 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. IFRC continues assisting MRCS to coordinate resources and ensure the complementarity of support from its IFRC network partners in particular.

The IFRC Myanmar Delegation, with the support of the Asia Pacific Regional Office, works closely with MRCS since the onset of the crisis in planning and coordination for the development of DREF and subsequent expansion into Emergency Appeal to ensure sustained delivery of humanitarian assistance. During the process of revising and extending the [Emergency Appeal](#) and [Operational Strategy](#), a planning session with all MRCS departments was held to ensure integration and sustainability incorporated into the plans. A consultation session with PNSs and ICRC was then conducted by MRCS, with the close support of IFRC, to capture feedback from partners and ensure alignment with other bilateral support, and ensure an overall coordinated approach.

More broadly, the IFRC and the MRCS are co-facilitating a membership coordination initiative to operationalise the IFRC's Agenda for Renewal, focusing on the IFRC network and coordinating with ICRC. 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.

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 non-emergency 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 the health cluster and Cash working group where MRCS acts as the co-lead.

MRCS leads in-country Movement Coordination Meetings (MCMs) that are held on monthly basis. Additional tripartite coordination mechanisms are in place for leadership, security cell and communications. Tripartite leadership meetings with MRCS, ICRC and IFRC are frequently held, supporting Movement coordination in key response areas and guiding strategic engagement in a highly complex operating environment.

Since the beginning of the 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.

⁶ American Red Cross, Danish Red Cross, German Red Cross, Finnish Red Cross, Norwegian Red Cross, Swedish Red Cross



Objective:	<i>To strengthen Secretariat services for continued support to MRCS.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of surge deployments</i>	4	As required
	<i>Compliance achieved with fleet management and logistics processes to IFRC policies</i>	Yes	Yes

The IFRC supported MRCS with two remote surge deployments during the reporting period, one focused on cash and voucher assistance (CVA), and another focused on PMER, generously supported as staff on loan by the Australian Red Cross. The PMER surge delegate worked closely with MRCS in the appeal revision process and on pledge-based reporting, while also supporting the MRCS PMER team with data collection templates and systems across the MRCS operation. The CVA surge focused on CVA solutions for the emergency appeal, while also supporting the MRCS Disaster Management team with CVA preparedness, in particular with technical documentation regarding framework service provider agreements.

IFRC also supported MRCS with local surge deployments. As the Red Cross Supervisory Committee in Chin State needed some additional support in light of the response, volunteers of Magway's Red Cross conducted four surge deployments in Mindat in 2021 to provide humanitarian services like distribution of food items, NFIs and mobile health care.

The Operations Manager of the IFRC, while having overall management responsibility for this emergency appeal, ensured that they were closely working with MRCS in light of MRCS' ownership of the operation, placing them at the centre of IFRC actions. The IFRC Operations Manager also supported the MRCS more broadly in the revision of their overall response, their lessons learnt workshops and ongoing coordination and information efforts within the IFRC network.

The IFRC Senior PMER Officer, also partly funded under this appeal, is working closely with the MRCS complex emergency operations team as well as the MRCS PMER unit, supporting an improved PMER system including a regular reporting system, templates, data collection system and improved monitoring. Based on the monthly reports together with updated data, the operation PMER were supported in updating their internal dashboard and indicator tracking table (ITT) and providing regular monthly reports to the respective management staff.

Finally, the IFRC Senior Communications Officer funded partly under this appeal continues to work closely with the MRCS Communications team, supporting MRCS' public profiling and stakeholder relations to promote respect and understanding of MRCS' role, as well as highlight its operational achievements. This includes ongoing dissemination of key messages to members of the IFRC network and external stakeholders, as well as producing a number of communications products such as Exposure stories, audio/visual materials, visibility and positioning of MRCS and social media profile management.

Additional staff working in the IFRC Myanmar delegation, as well as in the Asia-Pacific Regional Office, provide continuous support to MRCS and to the IFRC delegation on logistics, finance, human resources, administration and security management, also ensuring compliance with IFRC processes and procedures.

D. FUNDING

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

The current appeal coverage is 58 per cent (excluding in-kind donations). Out of the total income received to date, the expenditure level has reached 33 per cent (CHF 864,161) as of 31 May 2022. An interim financial report is attached at the end of this report.

It should be noted that expenditure was booked on a preliminary basis when funds were transferred to the MRCS. Although the financial report indicates no expenditure in the area of focus of livelihoods and basic needs, or under the area of water, sanitation and hygiene, such activities have been carried out and achievements recorded in this operations update. Expenditure will be recorded to reflect this accordingly in the following operations update. Similarly, the budget and expenditure will be revised to reflect activities carried out in the area of focus of protection, gender and inclusion.

Contact information

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

In the Myanmar Red Cross Society

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For IFRC Resource Mobilization and Pledges support

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For planning, monitoring, evaluation and reporting (PMER) enquiries

- Mursidi Unir, interim PMER Coordinator in Emergencies; email: mursidi.unir@ifrc.org

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Link to IFRC Emergency landing page](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/3-2022/5	Operation	MDRMM016
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 26 Sep 2022

All figures are in Swiss Francs (CHF)

MDRMM016 - Myanmar - Complex Emergency

Operating Timeframe: 12 Mar 2021 to 31 Mar 2023; appeal launch date: 10 May 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	1,073,000
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	1,542,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	1,456,000
SFI2 - Effective international disaster management	398,000
SFI3 - Influence others as leading strategic partners	8,000
SFI4 - Ensure a strong IFRC	23,000
Total Funding Requirements	4,500,000
Donor Response* as per 26 Sep 2022	2,621,599
Appeal Coverage	58.26%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	189,953	0	189,953
AOF4 - Health	1,063,976	668,094	395,882
AOF5 - Water, sanitation and hygiene	6,039	0	6,039
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	625,024	32,263	592,761
SFI2 - Effective international disaster management	399,868	126,148	273,720
SFI3 - Influence others as leading strategic partners	5,751	35,886	-30,135
SFI4 - Ensure a strong IFRC	95,317	1,771	93,547
Grand Total	2,385,929	864,161	1,521,767

III. Operating Movement & Closing Balance per 2022/05

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,404,539
Expenditure	-864,161
Closing Balance	1,540,377
Deferred Income	0
Funds Available	1,540,377

IV. DREF Loan

* not included in Donor Response	Loan :	181,395	Reimbursed :	181,395	Outstanding :	0
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/3-2022/5	Operation	MDRMM016
Budget Timeframe	2021-2023	Budget	APPROVED

Prepared on 26 Sep 2022

All figures are in Swiss Francs (CHF)

MDRMM016 - Myanmar - Complex Emergency

Operating Timeframe: 12 Mar 2021 to 31 Mar 2023; appeal launch date: 10 May 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
British Red Cross	205,811	118,698			324,509		
China Red Cross, Hong Kong branch	23,030				23,030		
European Commission - DG ECHO	143,519				143,519		
Finnish Red Cross	105,904				105,904		
Japanese Red Cross Society	82,854				82,854		
Norwegian Red Cross	208,579				208,579		
On Line donations	1,025				1,025		
Red Cross of Monaco	21,731				21,731		
Swedish Red Cross	88,556				88,556		
Swiss Red Cross	135,000				135,000		
The Canadian Red Cross Society	17,886				17,886		
The Canadian Red Cross Society (from Canadian Gov	153,818				153,818		
The Netherlands Red Cross (from Netherlands Govern	214,535				214,535		
The Republic of Korea National Red Cross	878,213				878,213		
The Republic of Korea National Red Cross (from Repu	5,380				5,380		
Total Contributions and Other Income	2,285,841	118,698	0	0	2,404,539	0	
Total Income and Deferred Income					2,404,539	0	