

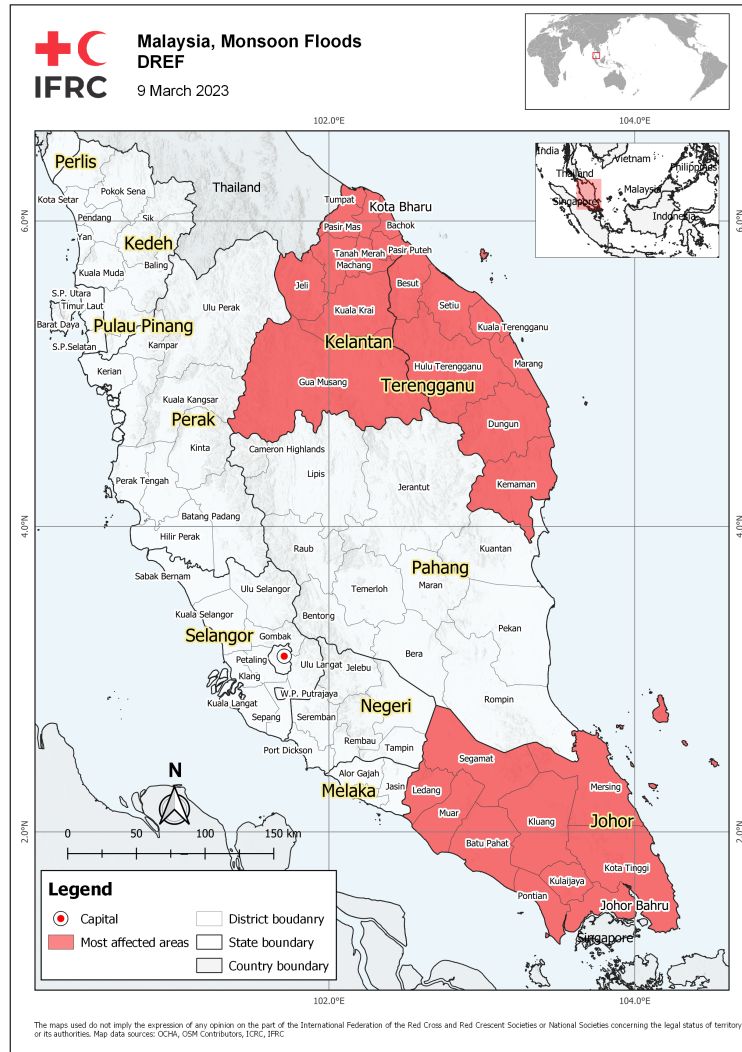


Beneficiary registration activity conducted in Johor. (Photo: MRCS)

Appeal: MDRMY009	Total DREF Allocation CHF 500,000	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2022-000379-MYS	People Affected: 117,865 people	People Targeted: 14,000 people	
Event Onset: Sudden	Operation Start Date: 2022-12-25	New Operational end date:	Total operating timeframe: 6 months
Targeted Areas:	Johor, Kelantan, Terengganu		

Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions

Description of the Event



Map of the most affected areas (Source: IFRC IM)

What happened, where and when?

The Malaysian Meteorological Department (MetMalaysia) had predicted that the northeast monsoon period would commence on 7 November 2022, earlier than anticipated, and persist until March 2023. This forecast materialized, with the monsoon rains continuing through March 2023. This protracted rainfall resulted in widespread flooding across the Malaysian peninsula, impacting the states of Johor, Melaka, Negeri Sembilan, Pahang, and Selangor, as well as exacerbating the pre-existing flood situation in Kelantan and Terengganu from December 2022.

In Terengganu state, a minimum of eight districts were affected by the floods, necessitating the evacuation of 40,318 people to 296 evacuation centers. Among these evacuees were 13,356 children, 1,649 elderly individuals, and 223 people with disabilities. Kemaman emerged as the most severely affected district, followed by Besut, Hulu Terengganu, Setiu, Dungun, Kuala Nerus, Kuala Terengganu, and Marang. As of the morning of 19 December 2022, four rivers in Terengganu had reached hazardous levels.

In Kelantan state, a minimum of nine districts were impacted by the floods, leading to the evacuation of 30,862 individuals to 136 evacuation centers. Among these evacuees were 12,166 children, 1,114 elderly individuals, and 129 people with disabilities. Additionally, twelve roads in four Kelantan districts had to be closed. By 19 December 2022, the water levels of eight major rivers in Kelantan had exceeded the danger threshold.



In addition to Kelantan and Terengganu, several rivers in four other states (Kedah, Selangor, Melaka, and Sarawak) recorded water level readings above their danger levels. In Terengganu and Kelantan, the majority of houses in flood-affected villages were partially submerged, with floodwaters reaching heights of up to three meters in those areas.

Johor was the hardest-hit state during the March 2023 flood, with over 42,000 people evacuated to relief centers. The extent of the flooding in March exceeded historical averages, marking an unprecedented event.

In total, 113,180 people were affected by flooding from December 2022 until March 2023.

Notes:

Picture 1: Hygiene promotion activities conducted in Johor. (Photo: IFRC)

Picture 2: MHPSS activities for children in Johor. (Photo: IFRC)



Picture 1



Picture 2

Scope and Scale

Severe Flooding and Landslides - December 2022:

On 22 December 2022, 108 areas experienced flooding, and 16 landslides occurred. Additionally, seven roads and three bridges sustained damage reported by the Malaysian Public Works Department ('Jabatan Kerja Raya' or JKR). The National Disaster Management Agency (NADMA) reported flooding and landslides across 20 districts in Johor, Kelantan, Pahang, Perak, and Terengganu, resulting in five fatalities and displacing 71,503 people, who sought shelter in 439 evacuation centers.

While the east coast of the Malaysian peninsula typically witnesses year-end monsoon floods, the displacement of residents in December 2022 exceeded previous years. NADMA reported extensive damage to roads and bridges, primarily in Kelantan and Terengganu, making access to affected areas challenging. Six roads connecting Terengganu and Kelantan in the Setiu district were completely closed to all vehicles due to worsening floods. In response to three reported deaths, electricity was intentionally cut off in some areas in Kelantan and Terengganu as a safety precaution, affecting communication due to power outages and weak telecommunication signals.

Search and Rescue Challenges:

The lack of suitable boats hindered search and rescue efforts through the waterways formed by submerged roads. During the height of the flooding, the Besut district became entirely isolated as all roads were submerged in all directions, impacting food supplies and access to services. The rapid water rise affected areas in Terengganu and

Kelantan that had previously been untouched by floods.

Impact in Terengganu and Kelantan:

Local reports from the Terengganu state chapter indicated that the floods were three times larger in scale than any previous flood event. In Terengganu, 1,641 flood victims initially sought shelter at 15 relief centers. However, continuous rain and rising water levels to three meters at certain locations forced their relocation.

Terengganu state saw eight affected districts, with 40,318 people evacuated to 296 centers, including 13,356 children, 1,649 elderly individuals, and 223 people with disabilities. Kemaman was the hardest-hit district, followed by Besut, Hulu Terengganu, Setiu, Dungun, Kuala Nerus, Kuala Terengganu, and Marang. On 19 December 2022, four rivers in Terengganu reached dangerous levels.

Kelantan state experienced flooding in nine districts, evacuating 30,862 people to 136 centers, including 12,166 children, 1,114 elderly individuals, and 129 people with disabilities. Twelve roads in four Kelantan districts were closed, with eight major rivers surpassing danger levels by 19 December 2022.

Impact Beyond Terengganu and Kelantan:

In addition to Kelantan and Terengganu, several rivers in four other states (Kedah, Selangor, Melaka, and Sarawak) recorded water levels above their danger marks. Initial reports from Terengganu and Kelantan indicated that most houses in affected villages were partially submerged, with floodwaters reaching up to three meters. Evacuees expressed the need to clean their houses to return once the water receded.

High-intensity rainfall began in Johor state on 28 February 2023, leading to flash floods on 1 March 2023. Initially, Segamat had the highest number of evacuees, but Batu Pahat surpassed it, recording 35,099 evacuees on March 9, 2023. A total of 11,818 families were displaced and sought relief at 198 centers across the state. On March 9, 2023, Batu Pahat district recorded 32,312 evacuees, followed by Muar with 4,151 people and Tangkak with 2,499 people.

Ten rivers in Johor were recorded above the danger level during this flooding event. Notably, Sungai Batu Pahat at the Bekok Dam (Batu Pahat) reached 20.03 meters (m), while Sungai Muar in Buloh Kasap (Segamat) reached 9.44m, and Sungai Muar in Bukit Kepong (Segamat) reached 5.14m. Overall, floods affected 10 districts in Johor, compounding the challenges faced by communities already affected by the December 2022 floods.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Malaysia country team provided technical assistance to MRCS in the design, implementation, and monitoring of the activities, since the start-up of this IFRC-DREF operations.</p> <p>The IFRC Malaysia country team also supported the MRCS Project Manager on its project management, which encourages MRCS to have regular meetings to review its implementation progress and also to review its financial expenditure progress.</p> <p>The IFRC Malaysia country team supported MRCS to get the necessary support from the IFRC APRO technical team and support team for this IFRC-DREF operations. MRCS received support from the APRO teams, including the CASH unit, PGI unit, CEA unit, Logistic unit, and IM unit.</p>
Participating National Societies	<p>For the Johor flood, the Singapore Red Cross donated two water purification units to MRCS and deployed two volunteers to support MHPSS activities in Johor.</p>



ICRC Actions Related To The Current Event

ICRC is not directly involved in implementing the activities planned under this IFRC-DREF operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>National Disaster Management Agency (NADMA), National Security Council of Malaysia (MKN), the Fire-Rescue Department of Malaysia, Royal Malaysia Police, Civil Defense Malaysia, and MetMalaysia monitored areas affected by the floods. They released updates and warning notices regularly to the public through their social media and websites. The Special Malaysia Disaster Assistance and Rescue Team (SMART) was mobilized to respond to the disasters. Personnel from the Malaysian Armed Forces, Royal Malaysian Police, Fire-Rescue Department of Malaysia, Malaysia Civil Defense Force, and other agencies were also mobilized to provide support and evacuate the affected people.</p> <p>Ministry of Welfare (JKM) and Civil Defense Malaysia also supported the evacuation centers to prevent the unwanted rise of Covid-19 cases and to assist the flood victims, including registration for welfare support and medical requirements. JKM provided meals to the people in the evacuation centers.</p> <p>State governments were on high alert to assist the main federal agencies, with assistance such as the requirement for heavy machinery and generators in the event of a power outage.</p>
UN or other actors	
Are there major coordination mechanisms in place?	
<p>NADMA remained the lead agency to coordinate disaster response nationwide, where MRCS supported as an auxiliary entity. They regularly updated the needs on the ground to all implementing stakeholders and MRCS received regular updates on the gaps in humanitarian services.</p> <p>In Johor, the State authorities led the agency coordination in disaster response. MRCS Johor actively coordinated with the state authorities.</p>	



Needs (Gaps) Identified

Shelter Housing And Settlements

In Johor, a total of 11,818 families were displaced and sought relief at 198 evacuation centres statewide. People stayed at the evacuation centres for up to two weeks. The authorities allowed people to stay a few extra days, while they were in the process of cleaning their homes.

Health

MRCS supported the district health office with emergency medical services, patient transfer, and transporting nurses to perform mobile health outreach. According to the state government, 24 health facilities were affected by the floods, impacting medical stocks and equipment. In Kelantan and Terengganu states, the main health concerns were diarrhoea and skin diseases.□

In Terengganu, affected districts expressed concern about not having sufficient medical services, as some clinics were underwater. In Kelantan, it was highlighted that people feel distressed as a concern. The Johor state was able to manage the healthcare services adequately, and no waterborne diseases had been reported.

Based on the effects of the flood on the communities, the MRCS identified various MHPSS needs and concerns due to displacement. The MRCS team conducted continuous assessments to further identify the health and MHPSS needs of the affected population.

Water, Sanitation And Hygiene

In Terengganu's Besut and Hulu Terengganu districts, it was reported that there was only a 50 per cent capacity for water supply and sanitation amenities were stated as insufficient. In Kelantan, one particular village reported having a 75 per cent capacity for water supply, and it had been contaminated.

At least three villages in Segamat, Johor had their water supplies disrupted for three days, and had been dependent on the delivery of mineral water by boats. In Batu Pahat, local authorities distributed water in evacuation centres through burst pipes, but the distribution was deemed insufficient as the needs were high. People in the affected flood areas raised concerns about potential waterborne diseases, such as Typhoid fever, cholera, dysentery, and hepatitis.□

Coincidentally when the floods struck parts of Johor, an emergency WASH training had just concluded in Kelantan. Soon after the training, six trained volunteers were immediately deployed to assist in assessing the needs of those affected by the floods in Johor.



Livelihoods And Basic Needs

People have lost access to livelihoods and income due to floods and/or have had their family income-generation activities restricted. The majority of the livelihood activities of the people in the flood-affected areas in Kelantan, Terengganu, and Johor were farming, animal husbandry, self-employment, and employment in manufacturing for some residents in parts of Johor. Access to financial resources was needed by the affected population to meet their daily basic needs, to clean and perform minor repairs on their ho

Objective and Strategy Rationale

Overall objective of the operation

The overall objective of this operation was to provide effective integrated relief assistance to 2,800 households severely affected by floods in three target states (Kelantan, Terengganu and Johor) for six months, which included health services (including PSS), emergency WASH, and MPCA.

Response strategy implementation

MRCS and IFRC Malaysia closely monitored the floods and coordinated the response with the Government of Malaysia (GoM) at the district level. This includes collaborating with the Social Welfare Department (JKM), National Disaster Management Administration (NADMA), and the Malaysian Civil Defence Force (APM), which leads the response effort. MRCS mobilized their staff and volunteers in affected branches to collect secondary flood-related data through local authorities. MRCS played a complementary role in the search and rescue operations conducted by government agencies. Additionally, MRCS deployed staff from its national headquarters to support assessment and early responses in Terengganu, Kelantan, and Johor.

MRCS conducted various activities in response to the floods, including providing hygiene kits, multi-purpose cash assistance (MPCA), emergency water, sanitation, and hygiene (WASH) services (including clean water distribution and household storage distribution, hygiene promotion), mobile health clinics, health awareness initiatives, and Mental Health and Psychosocial Support (MHPSS) services. These activities were funded by IFRC-DREF (CHF 500,000).

The flood response by MRCS, funded through IFRC-DREF, concentrated on targeted flood-affected states: Kelantan, Terengganu, and Johor. Two waves of flooding occurred between December 2022 and March 2023. The first wave in December 2022 affected Kelantan and Terengganu, while the second wave in March 2023 heavily impacted Johor. A total of 2,809 households, or 12,707 people (Male: 6,305, Female: 6,402), received MPCA, and 1,500 households (an estimated 7,500 people) received hygiene kits. The same communities that received MPCA also benefited from hygiene promotion and health awareness programs, including COVID-19 awareness and MHPSS activities.

Multi-Purpose Cash Assistance (MPCA):

A total of 2,809 households, with an estimated 12,707 people (average of 4.5 family members per household), received MPCA. Among these households, 59 percent had male heads, while 41 percent had female heads. The amount of MPCA provided was MYR 500 (approximately CHF 105) per household. This amount was determined based on 70 percent of the minimum expenditure basket (MEB) for one household, calculated by MRCS. The MEB was based on the basic food and hygiene items needed in a household and was defined through a market price survey.



Health Services:

MRCS conducted mobile health clinics in Kelantan, Terengganu, and Johor to perform health screenings, referrals, and triage for COVID-19 status to identify and isolate COVID-positive individuals in quarantine centers. The health outreach reached 2,160 people. Common health issues reported by communities visiting the mobile clinics included skin diseases (skin rash and irritation), stomachaches, and diarrhea. MRCS also implemented health and wellness awareness activities for the 2,809 households.

MRCS served 8,000 people in evacuation centers and target villages with various MHPSS interventions, including Psychological First Aid (PFA), child-friendly activities, and psychoeducation sessions. These activities were conducted by trained MRCS volunteers and coordinated through the District of Health in various target areas.

WASH Services:

Under WASH, MRCS distributed hygiene kits to 2,800 target households in the early stages of the emergency, including 1,500 hygiene kits purchased under IFRC-DREF and another 1,300 hygiene kits purchased through other donations received by MRCS. Overall, MRCS reached 12,707 people from targeted communities with hygiene promotion activities, conducted alongside health awareness initiatives, COVID-19 awareness campaigns, and MHPSS activities mentioned earlier. Hygiene promotion was conducted in all three states. Additionally, MRCS delivered 82,916 liters of treated water to 6,765 people in Johor and Kelantan and distributed 800 water storage containers to 800 households in Johor.

Community Engagement and Accountability:

MRCS assessed the communication needs of affected populations and found that mobile phones were the preferred form of communication. It was also noted that some areas may lack internet access and electricity, necessitating alternative communication channels. More people preferred sharing information through mobile phones, friends, and family compared to printed materials. MRCS aims to develop more interactive forms of communication in the future.

MRCS established a feedback mechanism based on previous IFRC-DREF responses and used it in this operation to benefit affected communities. MRCS communicated with communities affected by the flood through Information, Education, and Communication (IEC) materials and booklets, providing demonstrations on how to use distributed goods, such as home care kits, and offering risk communication for health issues during floods. MRCS also established a bulk SMS account to reach communities, especially for updates on cash distribution and other important news.

Protection, Gender, and Inclusion:

MRCS considered the inclusion of vulnerable groups in their assessments and actively included them in the distribution of hygiene kits, MHPSS, WASH, and MPCA. Vulnerable populations included children, single mothers, persons with disabilities, and seniors.

Targeting Strategy

Who will be targeted through this operation?

MRCS coordinated closely with agencies on the ground to engage affected communities and ensure the selection of recipients for the distribution of assistance was well-targeted based on clear criteria, targeting those most in need. The general criterion were households affected by flood and the most vulnerable households (under B40 family group), with additional vulnerability criteria that may include the income situation, level of damages of the shelter, etc. MRCS considered the vulnerability criteria such as the elderly, pregnant and lactating women, women-headed households, and households caring for persons with disabilities in selecting the target beneficiaries. During the Internal registration of beneficiaries, the sex, age and disability disaggregated data (SADDD) for the target population



was collected during the implementation phase of this operation.

The target states were selected using the following criteria:

1. Flood-affected area with medium and heavy flood impact;
2. Number of affected population evacuated to relief centres;
3. Those not receiving assistance from other agencies.

Explain the selection criteria for the targeted population

The targeting was done based on criteria to define who are most vulnerable households. A participatory approach involving the affected communities, local authorities and MRCS volunteers was taken to select the target households. The selection criteria focused on the most vulnerable households who whose residential houses and means of livelihoods were affected. Additional vulnerability criteria such as female and child headed households, pregnant and lactating women, widows, people with disabilities were also applied. Based on the vulnerability conditions, some households were eligible to receive more than one form of assistance.

Total Targeted Population

Women:	5,600	Rural %	Urban %
Girls (under 18):	-	80.00 %	20.00 %
Men:	8,400	People with disabilities (estimated %)	
Boys (under 18):	-	5.00 %	
Total targeted population:	14,000		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Reputation damage of MRCS that may be incurred through misinformation or other means.	<p>a) MRCS activity planning involved collaboration with communities through its CEA activities.</p> <p>b) MRCS monitored community perceptions of its operation and addressed any issues accordingly through CEA activities and PDM exercise.</p> <p>c) MRCS remained vigilant for any activity, including communication, that may breach operational protocols. Staff and volunteers had been oriented on the communication protocol.</p> <p>d) Ensured all volunteers and staff understand Red Cross principles, values, and guidelines and operationalize them through their activities.</p>
There was still a potential COVID-19 outbreak in the targeted villages and volunteers responding to the floods.	a) MRCS included COVID-19 SOPs into its response and ensured continuous COVID-19 messaging throughout health promotion activities and distribution of PPEs.



b) MRCS referred to the IFRC COVID safe programming pilot guide.

c) MRCS ensured coordination with government agencies, especially the Department of Health and health promotion to the affected communities regarding the health protocols.

Heavy rains may induce landslides which will block off access and potentially create bigger needs in the affected population. There were no additional landslides during the flood operations.

a) MRCS monitored with relevant agencies to ensure staff, volunteers, and communities were aware of high-risk areas and able to act accordingly.

b) MRCS considered appropriate logistics to reach out to the targeted areas, such as having a 4WD vehicle for the operations. Each state was able to rent their own vehicle based on the need in the field.

Increase in prices and inflation. There were no significant price increases or inflation during the operations.

a) MRCS maintained involvement with national technical coordination forums to keep abreast of mapping, market assessment, and adjustment to the response plan. Even though there was no price inflation during the operations.

b) Regularly, budgets were reviewed to ensure that savings from cost fluctuations can be reallocated to other activities.

Please indicate any security and safety concerns for this operation

There were no major threats in Malaysia that directly impacted the implementation of operational activities. There were some issues of delayed access due to flooded roads. However, there were no observed increase in health risks in terms of COVID-19, mosquito and waterborne diseases, or debris and vehicle accidents.

Adequate measures were put in place to mitigate the security risks. The field implementation guide for MRCS branches and volunteers for COVID-19 context was referred to, as well as the IFRC-DREF implementation plan to minimize risk. MRCS followed the existing government and Red Cross Red Crescent (RCRC) Movement guidance related to the COVID-19 crisis during this operation. The IFRC oriented MRCS on the COVID-19 safe programming pilot guide Asia Pacific 2020, referencing the mitigation risk. MRCS used appropriate logistics to reach the targeted areas, such as a 4WD vehicle for the operations, either rented or borrowed from the national headquarters office, and volunteers were equipped with PPE during the operations.□

MRCS continued the coordination with the local government and the other agencies to avoid the overlap of assistance to flood-affected people.



Implementation

	Health	Budget	CHF 12,114
		Targeted Persons	14000
		Persons Assisted	12707
Indicators		Target	Actual
# of people reached with psychosocial support activities		14000	12707
# of people provided with health services		14000	12707

Narrative description of achievements

Mobile Health Services:

MRCS operated mobile health teams, providing medical assistance to flood-affected individuals. A total of 2,160 patients received treatment from the MRCS medical team.

Due to limited resources and trained medical personnel within the state chapter, MRCS relied on local health authority staff, particularly from District clinics, to deliver comprehensive health services. MRCS played a vital role in providing referral services to the affected communities residing in temporary shelters.

Health Awareness and PPE Distribution:

In addition to medical services, MRCS conducted health awareness programmes and distributed Personal Protective Equipment (PPE) to all programme participants. These initiatives were integrated into the mobile health clinic and MHPSS sessions. Approximately 12,707 individuals of the 2,809 households assisted by MRCS, benefited from this activity.

MHPSS Services:

MRCS established MHPSS teams that engaged with approximately 8,000 affected people, offering emotional support and addressing their basic needs. The MHPSS response involved the deployment of two volunteer groups: one focused on providing Psychological First Aid (PFA) to adults, and the other concentrated on engaging children through child-friendly activities.

For adults, the MHPSS team members conducted private conversations in quiet settings to maintain confidentiality. They also performed assessments to identify specific MHPSS needs and concerns.

Activities designed for children and adolescents encompassed art activities, dancing, singing, psychoeducation, calming exercises, and various physical activities. To facilitate these activities, the team prepared 10 MHPSS toolkits, equipped with items such as balls, coloring books, puzzles, playdough, crayons, colored pencils, board games, and Uno cards.

According to the PDM report, 52.33 per cent of respondents, or their household members, participated in both



PFA sessions and child-friendly activities. An overwhelming majority (96.74 per cent) found the MHPSS activities to be helpful. Among the respondents, 50.56 per cent reported the benefits of both activities, while 26.97 per cent specifically highlighted the benefits of PFA sessions.

Lessons Learnt

- Incorporating PFA training into preparedness activities, especially in disaster-prone states, is crucial for enhancing capacity and responding effectively to the needs of affected populations. Furthermore, establishing MHPSS focal points in each area to act as coordinators or team leaders can significantly enhance the effectiveness of response efforts.
- Collaboration and engagement between the PDM and the District Health Office are essential for the effective delivery of mobile health activities and MHPSS services. Strengthening this collaboration can result in improved outcomes and better support for the affected communities.

Challenges

- The trained PFA volunteers were not available during the deployment to the targeted areas, creating a shortage of volunteers in the targeted areas

	National Society Strengthening	Budget	CHF 66,697
		Targeted Persons	74
		Persons Assisted	60
Indicators		Target	Actual
# of lessons learned workshop conducted		1	1
# of volunteers and staff trained and oriented		74	60

Narrative description of achievements

Volunteer Training and Capacity Building:

Over 60 volunteers (male: 30, female: 30) were trained across three states, with some receiving additional training for their respective teams to enhance the human resource capacity for IFRC-DREF activities. Although the number falls short of the initial target, the teams were utilized for both Kelantan and Terengganu activities due to the proximity of the target communities.

Communication Tools and Briefing Packs:

Communication tools were procured and actively used during the operations. To ensure clarity about their roles, responsibilities, and safety, briefing packs were developed for all volunteers.

COVID-19 Preparedness:

All volunteers and staff were equipped with COVID-19 PPE, including face masks, gloves, and hand sanitizers. COVID-19 self-testing kits were provided to volunteers and staff, and all volunteers were insured for the duration



of this IFRC-DREF operation.

Enhanced Communication Equipment:

MRCs acquired five sets of communication equipment, which were effectively utilized during the operations to improve communication between staff and volunteers deployed to the flood-affected areas.

Lessons Learnt

- Some trained volunteers were not able to be deployed due to their regular work in the government offices. MRCS will consider potentially secure agreements with the government offices so that volunteers in the government service can be quickly released for deployment.
- MRCS to review the current list of volunteers available with the right skill sets in the disaster-prone states, and to conduct training for states with limited volunteers

Challenges

- Majority of volunteers are teachers and cannot be easily released for deployment.
- Volunteer recruitment at chapter level did not get sufficient response from volunteers with the required skill levels.

	Migration	Budget	CHF 0
		Targeted Persons	74
		Persons Assisted	60
Indicators		Target	Actual
# of volunteers and staff oriented on migration approach		74	60

Narrative description of achievements

As reported earlier, over 60 volunteers were trained and oriented across three states to enhance the human resource capacity for IFRC-DREF activities.

MRCS has developed a simple guidance on a Do and Don't while engaging with migrants and this document has guided the internal orientation to all MRCS staff and volunteers. Looking at the recipients of the assistance, for this IFRC-DREF, there was no non-Malaysian aid recipient.

Lessons Learnt

- MRCS will continue to provide guidance and capacity building through orientation and training on the Migration and Displacement approach of the Movement to staff and volunteers. This will enhance the readiness of staff and volunteers in their engagement with migrant and displaced people in the disaster response context.
- Additionally, the adjustment of assessment tools and registration tools will continue based on the needs.



Challenges

- MRCS staff and volunteers still have limited knowledge and skills in the engagement with migrant communities.

	Secretariat Services	Budget	CHF 5,750
		Targeted Persons	10
		Persons Assisted	12
Indicators		Target	Actual
# of monitoring visits conducted by IFRC Malaysia team		3	3
# of IFRC Malaysia team supported MRCS on this operation		10	12

Narrative description of achievements

Support from IFRC Malaysia Delegation:

The IFRC Malaysia delegation provided crucial project management and day-to-day technical support throughout this IFRC-DREF operation.

Monitoring Visits:

Furthermore, the IFRC Malaysia delegation conducted three monitoring visits to Kelantan, Terengganu, and Johor. One visit to Kelantan and Terengganu was also carried out in collaboration with the IFRC APRO WASH Senior Officer. During these monitoring visits, comprehensive technical guidance and valuable feedback were offered to MRCS staff and volunteers, both at the national headquarters (NHQ) and chapter levels. □

Technical Support from IFRC APRO:

To ensure the effective implementation of the operation, MRCS benefited from technical support and guidance provided by the IFRC APRO technical team. This team encompassed expertise in areas such as PGI, CEA, IM, Logistics, WASH, Health, and Finance.

Lessons Learnt

- **Enhancing Project Management Skills:** MRCS's technical leads would benefit from further enhancement in their project management skills, especially in the domains of financial management and reporting. It is strongly advised that MRCS prioritize providing additional training to key staff members in these areas.
- **Effective Training Initiative:** During the course of this DREF operation, MRCS's key staff members participated in Project Management training facilitated by the Red Ready project. This training proved to be valuable, equipping key staff with the necessary understanding and skills for proficient project management.

Challenges



- Operational Documentation: MRCS is still lacking in generating systematic, written progress updates and effectively tracking its achievements throughout ongoing operations. This gap has posed challenges when it comes to compiling comprehensive final reports.
- Budget Monitoring: Another area that requires attention is MRCS's budget planning versus budget expenditure (BvA). The finance department at MRCS would benefit from improvements in delivering regular BvA progress updates. This should be accompanied by scheduled BvA update meetings. During this IFRC-DREF operation, the IFRC Malaysia delegation played a substantial role in guiding and initiating periodic progress meetings with MRCS.

	Protection, Gender And Inclusion	Budget	CHF 2,450
		Targeted Persons	74
		Persons Assisted	60
Indicators		Target	Actual
# of child safeguarding risk analysis assessment conducted		1	1
# of staff and volunteers trained on PGI		74	60

Narrative description of achievements

Child Safeguarding Measures:

MRCS recognized the significance of child safeguarding and took proactive steps to address it. A Child Safeguarding Risk Assessment, conducted on 19 January 2022, with the support of IFRC, revealed that MRCS's activities fell within a medium to high risk range in terms of child safeguarding concerns. As a result, each sector developed initial do's and don'ts checklists for volunteers to adhere to during their respective activities, based on the risk assessment findings.

Sensitization and Training:

In February 2022, a follow-up training session on Child Protection was conducted. This training aimed to sensitize both MRCS staff and volunteers to Child Safeguarding issues and was facilitated by IFRC PGI technical staff. Over 60 volunteers and staff actively participated in these critical activities. A mapping on safeguarding was also done in Johor to ensure that volunteers are aware of the protection needs of children during MRCS activities.

Addressing Vulnerable Populations:

MRCS conducted an assessment to identify vulnerable populations, encompassing various categories such as unaccompanied children, female-headed households, pregnant and lactating mothers, migrants, people with disabilities (PWDs), unaccompanied seniors, and the chronically ill. This assessment equipped MRCS with valuable insights into the needs of vulnerable groups, allowing for tailored responses to cater to these needs.

During the implementation of activities, MRCS ensured inclusivity by providing wheelchairs for PWDs, establishing child-friendly spaces for children during MHPSS activities, and incorporating vulnerable individuals into the criteria for MPCA.



MRCS had initially targeted 74 staff and volunteers for these initiatives. However, due to a smaller number of volunteers recruited during the operations in Kelantan and Terengganu, the final count reached 60 staff and volunteers. It's important to note that the same volunteer contributed to operations in both Kelantan and Terengganu, optimizing resource allocation.

Lessons Learnt

- In this IFRC-DREF Operation, MRCS started to conduct the Child Safeguarding Risk Assessment, which could be a good start for MRCS to put into practice this analysis in all of MRCS programming.
- In practice, MRCS has some activities that could be considered to have a PGI component integrated already into their activities, but it was not yet systematically applied to the program design and implementation process. This PGI integration should be included in each program's standard operation procedure.

Challenges

- In this IFRC-DREF Operation, MRCS has begun conducting the Child Safeguarding Risk Assessment, which could serve as a good starting point for MRCS to implement this analysis in all of its programming.
- In practice, MRCS has some activities that could be considered to include a PG component already integrated into their activities, but it has not yet been systematically applied to the programme design and implementation process. This PGI integration should be included in the SOP of each programme.

	Community Engagement And Accountability	Budget	CHF 5,432
		Targeted Persons	14000
		Persons Assisted	12707
Indicators		Target	Actual
# of volunteers and staff oriented on migration approach		74	60
# of people reached by the DRR awareness activities		14000	12707

Narrative description of achievements

CEA Orientation:

MRCS staff and volunteers, totaling over 60 people, received a brief CEA orientation before each activity through briefing packs. This orientation included an introduction to a community feedback mechanism, empowering them to disseminate information about MRCS and guide community members on providing feedback. The feedback channels utilized during the operation were a hotline number and a feedback box.

IEC Material Development and Distribution:

IEC materials for health, hygiene promotion, MHPSS activities, and MPCA activities were thoroughly reviewed, adjusted, and produced. These IEC materials were then distributed to the targeted communities during sectoral activities conducted within the community. In particular, Disaster Risk Reduction (DRR) awareness received



special attention in Johor, and MRCS ensured the introduction of the feedback mechanism to communities.

Community Feedback According to PDM:

According to Post-Distribution Monitoring (PDM) data:

- Approximately 78.8 per cent of respondents were aware of how to provide feedback to MRCS, while 21.2 per cent were not.
- Nearly half (49.5 per cent) preferred using a representative to convey their queries, while the remaining half (48.49 percent) favored contacting MRCS via telephone calls or messages.

The operation initially targeted 2,800 households, equivalent to 14,000 people, assuming an average of five family members per household. In actual, MRCS reached 2,809 households, serving a total of 12,707 people.

Lessons Learnt

Based on the challenges during the operations:

- MRCS HQ needs to communicate with state government about the role of the National Society during disasters.
- MRCS needs to involve communities in decision-making so that assistance is relevant to the needs.
- MRCS to ensure to have sufficient resources to do follow-up calls or to use bulk SMS to send reminders to be beneficiaries if their phone numbers are available.

Challenges

- MRCS was late in getting approval from the district officer as they operate only within office hours.
- Some feedback from beneficiaries who were unsatisfied with the registration process.
- Some beneficiary recipients from the list did not show up to the event, causing a shortfall in registered recipients.
- People not on the recipient list turned up to the event expecting to receive assistance.

	Multi-purpose Cash	Budget	CHF 326,633
		Targeted Persons	14000
		Persons Assisted	12707
Indicators		Target	Actual
# of households who received MPCA		2800	2809

Narrative description of achievements

Cash Assistance Distribution:

In total, cash assistance was effectively transferred to 2,089 households, comprising an estimated 12,707



individuals based on their registered data. Among these households, 59 per cent were headed by males, while 41 per cent were headed by females and received the assistance.

Cash Transfer Process:

MRCS disbursed the MPCA using a combination of bank transfers and cash in envelopes for households without a bank account. MRCS has consistently utilized Maybank as its Financial Service Provider (FSP) for the past two years.

Beneficiary Registration:

Volunteers conducted beneficiary registration in January 2022 for Kelantan and Terengganu and later in May for Johor, utilizing the Red Rose Data Collect system.

Beneficiary Selection Criteria:

The selection of beneficiaries adhered to predefined main criteria and vulnerability criteria. The primary criteria included individuals whose homes were partially or fully damaged by the flood (38.0 per cent). The second most significant criterion was whether people were evacuated to temporary accommodation centers (37.8 per cent). In terms of vulnerability, a majority of recipients reported having children or babies within their households (41.64 per cent). Another 30.4 per cent mentioned having senior citizens within their households, while 7.67 per cent reported having a person with a disability in their households.

PDM Findings:

According to PDM findings:

- Most respondents confirmed successful notification by MRCS regarding their cash assistance (94.0 per cent). All cash recipients received the promised RM500.
- Nearly all respondents (97.6 per cent) indicated that they had fully spent the cash assistance from MRCS.
- Food was identified as the most essential need covered by the cash assistance (41.57 per cent), followed by household goods (23.49 per cent). Other common expenditures included shelter repairs (16.06 per cent), medical expenses (6.63 per cent), hygiene products (6.22 per cent), and rent payments (2.81 per cent).
- However, only 69.8 percent of respondents deemed the assistance sufficient to cover their basic needs. Among those who found it insufficient, two main reasons were cited: the amount being too small to meet basic needs (24.49 per cent) and the presence of a large-sized household to support (10.61 per cent).[□]
- Some respondents acknowledged receiving additional assistance from NGOs or the private sector (37.14 per cent) or from the government (15.1 per cent).

Lessons Learnt

- The newly trained volunteers were unfamiliar with the beneficiary registration process flow. This process should be documented in an SOP and communicated through training for MRCS volunteers. The ongoing development and finalization of the CVA SOP must be prioritized.
- The CEA component, including introductions and briefings for targeted individuals, should be integrated into the CVA SOP. It should be concise and clear to enhance people's confidence in providing personal data. MRCS must also ensure continuous CEA training for its staff and volunteers.

Challenges

- Duplication of CVA applications occurred, with more than one form received for some households. MRCS had to reorient volunteers to ensure better coordination during the registration process and to conduct thorough verification of registered beneficiaries.



- Beneficiaries expressed concerns about potential scams, leading some to avoid filling out the forms. MRCS volunteers had to provide comprehensive information about MRCS flood response activities and introduce themselves adequately by presenting their identity as MRCS volunteers.
- The majority of trained CVA volunteers were unavailable for deployment in this operation, necessitating MRCS to train new volunteers within a short timeframe to implement the CVA.

	Water, Sanitation And Hygiene	Budget	
		CHF 80,924	
		Targeted Persons	
		14000	
		Persons Assisted	
		12707	
Indicators		Target	Actual
# of households provided with a set of essential hygiene items		1500	1500
# of people reached by hygiene promotion activities		14000	12707
# of people provided with safe water (according to WHO standards)		10000	6765
# of assessments/monitoring visits undertaken and shared		3	3

Narrative description of achievements

Water Distribution to Communities:

In total, 82,916 liters of clean water were distributed, benefitting over 6,765 individuals across 1,353 households. The majority of water processing and distribution occurred in Johor, where nine individuals operated the WASH basecamp from March 9 to 16 March 2023. They produced 19,116 liters locally and sourced an additional 55,800 liters from the Parit Sulong waterpoint.

Water Truck Deployment in Kelantan:

In December 2022, MRCS deployed a water truck to distribute clean water for drinking and domestic use to targeted households in evacuation centers in Kelantan. A total of 8,000 liters were distributed across four evacuation centers, serving 477 households (2,385 people). This effort supported personal hygiene maintenance. As the municipal water supply was swiftly restored, residents returned home, resulting in fewer people reached compared to the original Kelantan and Terengganu targets. Additionally, the initial plan to distribute buckets to 2,000 households was not carried out. The purchased 2,000 buckets were instead utilized as prepositioned stocks for potential disasters.

Additionally, a total of 800 buckets and 800 jerry cans were distributed to 800 households in Johor.

Hygiene Kit Distribution:



MRCS distributed hygiene kits to 2,800 households in Kelantan, Terengganu, and Johor states. This included 1,500 kits purchased under the IFRC-DREF operation and an additional 1,300 kits provided by ongoing MRCS projects.

Concurrent Hygiene Promotion:

Hygiene promotion sessions were conducted concurrently with the kit distributions in target communities across Kelantan, Terengganu, and Johor. MRCS developed IEC materials covering health and WASH information, emphasizing hygiene kit contents, guidance on personal hygiene during COVID-19, and information on waterborne diseases such as cholera and typhoid, commonly associated with floods. These IEC materials were distributed to communities receiving MPCA and hygiene kits.

MRCS organized face-to-face hygiene promotion activities in conjunction with health awareness initiatives, including COVID-19 and dengue awareness. Public placement and display of IEC materials were also implemented in various public spaces.

Lessons Learnt

- MRCS needs to enhance the promotion of its feedback mechanism among the affected population during emergency responses. Providing additional feedback channels beyond the hotline number, especially in rural areas, such as the use of a feedback box, should be considered.
- Prepositioning emergency WASH equipment is essential, given the limited availability of suppliers in Malaysia. MRCS should prioritize its efforts to improve readiness for prepositioning emergency WASH equipment in advance and initiate plans to establish a preferred supplier for key items.

Challenges

- Procuring WASH materials and replacement parts remains challenging due to overseas suppliers are based in India and the UK. Malaysia lacks equivalent vendors that could serve as alternatives. This challenge extended to the procurement of buckets through IFRC, originating from India, and also resulted in delays for MRCS in obtaining tax exemptions for these imported items.



Financial report

DREF Operation

FINAL FINANCIAL REPORT

MDRMY009 - Malaysia - Floods

Operating Timeframe: 25 Dec 2022 to 30 Jun 2023

Selected Parameters			
Reporting Timeframe	2022/12-2023/8	Operation	MDRMY009
Budget Timeframe	2022/12-2023/6	Budget	APPROVED

Prepared on 25/Sep/2023

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	500,000
DREF Response Pillar	500,000
Expenditure	-481,802
Closing Balance	18,198

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	326,633	170,435	156,198
PO04 - Health	12,114		12,114
PO05 - Water, Sanitation & Hygiene	80,924	192,548	-111,624
PO06 - Protection, Gender and Inclusion	2,450		2,450
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		117,139	-117,139
PO10 - Community Engagement and Accountability	5,432	819	4,612
PO11 - Environmental Sustainability			0
Planned Operations Total	427,553	480,941	-53,389
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	5,751	860	4,891
EA03 - National Society Strengthening	66,697		66,697
Enabling Approaches Total	72,448	860	71,587
Grand Total	500,000	481,802	18,199



[Click here for the complete financial report](#)

Please explain variances (if any)

The funding allocation for this operation was CHF 500,000 for a period of six months of implementation. By the close of the operation, the total expenditure was CHF 481,802, with an overall balance of CHF 18,199 to be returned to the IFRC-DREF pot.

There were numerous variances in each sector's expenditure in the final financial report due to missing budget coding for the actual expenditures.

The main significant variances are as follows:

- Under Multi-purpose cash, the report did not capture the actual expenditures. Some amount was booked for Risk Reduction, climate adaptation, and recovery, but there were no activities under this line for this IFRC-DREF operation.
- Under WASH, the report showed overspending, while under Health, there was zero spending. This occurred because all activities under Health were booked under WASH.
- Under Secretariat Services, the original budget included logistic costs as requested by the logistics unit. However, in the actual expenditures, all the logistic costs were allocated to the relevant items under specific sectors.

Contact Information

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[Click here for the reference](#)

