



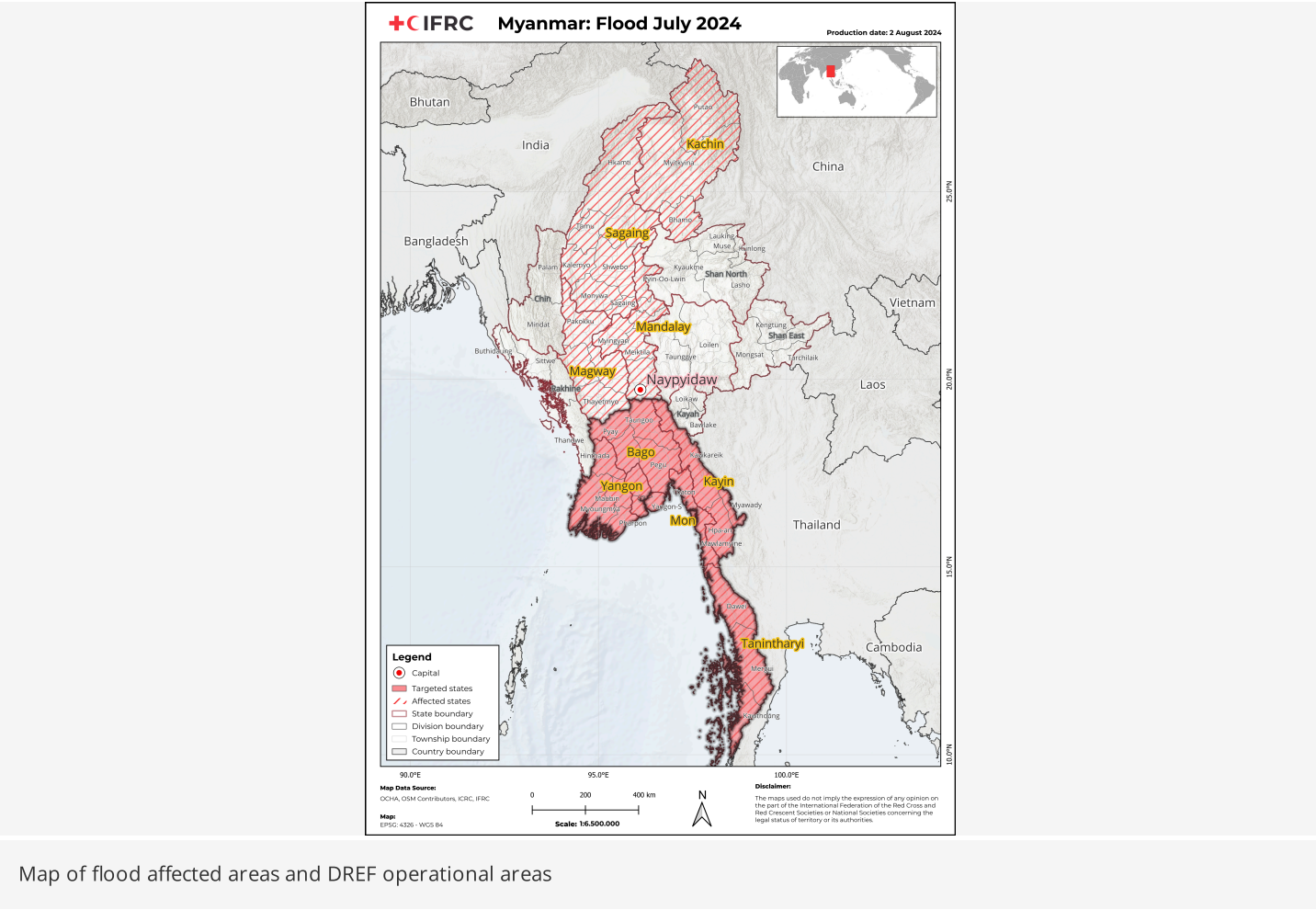
MRCS explaining about CEA hotline to recipient (Photo: MRCS)

Appeal: MDRMM020	Total DREF Allocation: CHF 825,215	Crisis Category: Orange	Hazard: Flood
Glide Number: FL-2024-000104-MMR	People Affected: 106,792 people	People Targeted: 15,000 people	People Assisted: 29,638 people
Event Onset: Sudden	Operation Start Date: 09-08-2024	Operational End Date: 31-05-2025	Total Operating Timeframe: 9 months

Targeted Regions: **Ayeyarwady, Kayin, Mon, Tanintharyi, Yangon, Bago Region (West)**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation, 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



Date of event

29-07-2024

What happened, where and when?

Monsoon rains in Myanmar caused severe flooding of many rivers and waterways across the country. Myanmar Red Cross Society (MRCS) began responding on 30 June 2024 when heavy rains in northern Myanmar, started from Kachin state, caused rivers, including Ayeyarwady river, to overflow, displacing people and damaging 45 wards and 29 villages.

By 1 July 2024, MRCS reported that the Ayeyarwady River in Myitkyina rose over 1.3 meters (4.2 feet) above its danger level, flooding low-lying areas. On 7 July, water levels in the Ayeyarwady, Chindwin, and smaller rivers continued rising to dangerous levels, affecting Kachin, Mandalay, and Sagaing regions. By 11 July, floods had spread to other areas, displacing more than 31,000 people and causing reported deaths in Sagaing region and Kachin state, though conflicting information made the exact numbers unclear.

By late July 2024, flooding worsened in Sagaing and Magway regions due to overflows from major rivers, damaging farmlands and forcing many people to flee their homes. Water levels in rivers like the Ayeyarwady, Sittoung, and Bago rose above danger levels, causing widespread flooding in Kayah, Mon, Bago, and Ayeyarwady regions. In the southeast, the flooding affected nearly 154,000 people in Kayah, Kayin and Mon states, as well as Bago and Tanintharyi regions. On 29 July, flooding in Yangon’s Taikkyi and Kungyangon townships displaced over 12,000 people, with many seeking shelter in monasteries.

Heavy rains were exacerbated by Typhoon Gaemi, which hit Taiwan on 25 July 2024, bringing additional cloud cover and rainfall to Myanmar. By early August, river levels continued to rise, threatening communities in central and lower Myanmar, including the Ayeyarwady delta, Rakhine, Mon, Tanintharyi, Yangon, and Bago regions. The flooding caused extensive damage to homes, farmland, and



infrastructure, leaving thousands of families in urgent need of assistance.

By mid-August, floodwaters had receded in most parts of upper Myanmar; however, some areas in Bago remained flooded as rainfall moved further south. The extent of flooding varied over time, yet certain regions remained inundated for prolonged periods. The most

affected states were Ayeyarwady, Rakhine and Tanintharyi, Sagaing and Bago.

Since 9 September, heavy rains from the monsoon season and remnants of Typhoon Yagi exacerbated flooding incidents across the country, which was already severely affected by earlier floods. While Central Myanmar remained the hardest hit, the targeted areas also experienced significant impacts.

The second wave of flooding in Myanmar impacted over 1 million people nationwide. By the end of October 2024, most affected communities had largely returned to their homes. (Reference: UNHCR Flash Update on Flooding in Myanmar, 27 October 2024)

On 28 March 2025, before communities had a chance to fully recover from the flooding, a powerful 7.7 magnitude earthquake struck central Myanmar, with the epicenter located in Sagaing Region. The earthquake caused widespread devastation, including in areas previously affected by monsoon flood specifically Bago region.

The earthquake in Myanmar has affected an estimated 1.35 million people, displacing over 206,000 and damaging more than 120,000 houses, 64,000 latrines, and key infrastructure. As of 30 June 2025, the Myanmar Red Cross Society (MRCS) has reached over 192,000 people with emergency shelter, cash, food, health, WASH, and protection assistance, supported by 671 Red Cross Volunteers from 24 township branches. The operation is gradually shifting toward early recovery, including transitional shelter, cash assistance, livelihoods, and community-based health and WASH.

Despite these efforts, needs remain acute, with approximately 70 per cent of affected people have yet to receive assistance. Many households still live in makeshift or damaged shelters with limited privacy and sanitation, while monsoon rains worsen living conditions. WASH gaps are severe, particularly in rural areas where inadequate latrines and poor drainage have increased the risk of waterborne diseases.

Markets are gradually recovering, with stable food and NFI prices despite inflationary pressures, but livelihoods remain disrupted and purchasing power weak. Protection and psychosocial needs are also rising, especially among children, older people, and persons with disabilities. Urgent priorities include shelter support, WASH improvements, cash-based assistance, and protection services to address ongoing and evolving needs.



MPCA amounting to MMK 400,000 were distributed to targeted recipients.



MRCS utilised waiting time during MPCA distribution for safe shelter awareness

Scope and Scale

On 2 August 2024, the MRCS National Emergency Operations Centre (EOC) reported that at least 106,792 individuals (33,130 households) across Kachin, Magway, Mandalay, Kayin, Bago, Yangon, Ayeyarwady, Mon, and Tanintharyi states/regions had been affected by flooding. Both rural and urban populations in these areas were impacted.

In Upper Myanmar, including Kachin, Magway, and Mandalay, floodwaters had already receded as these regions had experienced

flooding earlier than others. The MRCS promptly deployed resources to assist these areas during the initial flooding phase.

By mid-August, water levels in some areas had receded further. According to OCHA, as of 16 August, the floods had impacted over 393,000 people nationwide, including those in the target areas of this DREF operation: Kayin, Bago (West), Yangon, Ayeyarwady, Mon, and Tanintharyi. In these six regions, at least 77,129 people were reported affected.

More than 28,000 households had been displaced across 399 temporary evacuation centres and in the homes of relatives in over 36 townships in Kayin, Tanintharyi, Bago, Mon, Yangon, and Ayeyarwady. As the water receded, displaced populations gradually returned to their homes.

According to WFP’s DIEM impact calculation, as floods continued throughout July 2024, flooded cropland expanded from 613,491 hectares on 1 July to over 1.3 million hectares by 12 August 2024. The flood extent across the states and regions shifted over time, although some areas remained inundated for most of July–August 2024. The most affected states were Ayeyarwady, Rakhine, and Tanintharyi in early July 2024, with Ayeyarwady still flooded by mid-August. Bago began experiencing flooding on 17 July, with persistent floodwaters that lasted until 2 September 2024.

Based on Damage and Needs Assessment (DANA) reports from MRCS branch offices and local authorities, the immediate needs of flood-affected populations as of August 2024 included drinking water, food, hygiene materials, kitchen sets, warm clothing, and healthcare services. A detailed sectoral needs analysis is provided in the Needs (Gaps) Identified section.

The March 2025 earthquake further exacerbated the needs of affected communities and placed additional strain on MRCS resources, which were already stretched by multiple disaster responses, including the flooding caused by Typhoon Yagi. The 28 March 2025 earthquake drastically altered the operational context, forcing MRCS to re-prioritize lifesaving actions in earthquake-affected areas. A significant portion of MRCS’s human resources—including technical personnel, volunteers, and emergency teams—were immediately redirected toward the earthquake response. This included the reallocation of experienced technical teams from sectors such as WASH, CASH, and Health to earthquake operations, which impacted the continuity of other MRCS operations, including this DREF.

Source Information

Source Name	Source Link
1. Myanmar: Impact of the southwest monsoon. ACAPS	https://www.acaps.org/fileadmin/Data_Product/Main_media/20240827 ACAPS Myanmar - Impact of the southwest monsoon 01.pdf
2. Myanmar Earthquake - Operation Update #3 (MDRMM023)	https://go-api.ifrc.org/api/downloadfile/91011/MDRMM023OU3
3. Myanmar Humanitarian Update No. 44. OCHA	https://www.unocha.org/publications/report/myanmar/myanmar-humanitarian-update-no-44-19-february-2025
4. MIMU Report Vulnerability in Myanmar 2018	https://themimu.info/node/70635
5. Myanmar Economic Monitor June 2024: Livelihoods Under Threat	https://documents1.worldbank.org/en/publication/documents-reports/documentdetail/099061124195517221

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	Beyond the intervention supported through this DREF Operation, MRCS undertook a range of initial response intervention from its own resources, branch-level capacities



and support from partners.

Earlier in the onset of flooding in the upper Myanmar, MRCS Kayin and Magway Supervisory Committees distributed essential shelter items—including family kits, shelter toolkits, and tarpaulins—to affected households, providing immediate relief to families whose homes had been damaged or destroyed. When the hits lower Myanmar, MRCS branches in Mon, Kayin, Yangon, Bago, Tanintharyi, and Ayeyarwady actively delivered First Aid services and hospital referrals, assisting injured individuals, pregnant women, and patients requiring urgent care.

MRCS was also heavily engaged in search and rescue and evacuation operations, deploying branch-level equipment such as boats, buoys, and lifejackets to reach vulnerable people stranded by the floods. To support these early actions, MRCS allocated funds from the Emergency Management Fund (EMF), enabling responding branches to carry out immediate life-saving interventions. At the same time, National Headquarters dispatched relief stocks, including emergency shelter and WASH-related items, to affected states and regions, with distributions continuing in severely affected areas such as Kachin and Kayin.

Additionally, the Danish Red Cross confirmed the repurposing of resources from the Kachin Special Operations (KSO) project to bolster MRCS's flood response in Kachin State.

IFRC Network Actions Related To The Current Event

Secretariat

In addition to working with MRCS for the launch and implementation of this DREF, the IFRC Myanmar country delegation (CD) maintained regular coordination with the MRCS, closely monitoring weather forecasts and situational developments to assess the need for an escalated response. IFRC works in close collaboration with MRCS and the broader IFRC network to support the development of MRCS's overall response plan.

On 21-22 September 2024, IFRC supported MRCS in convening the IFRC network and the ICRC for a Flood Operation Planning Workshop. The workshop aimed to establish a well-coordinated response strategy for the flood operation, ensuring an effective and unified approach.

Additionally, the IFRC Myanmar Country Delegation provided regular updates on the evolving situation to the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur, supported MRCS with GO field reports, and disseminated critical IFRC Network information to facilitate informed decision-making and enhance operational coordination.

IFRC extends its support in sourcing essential household items (tarpaulins, blankets, solar lamps, jerry cans) internationally and ensures the local procurement for hygiene parcel and dignity/individual hygiene kit completed within operation timeframe and in compliance to procurement procedures. IFRC supported MRCS Logistics team to plan for dispatchment of NFIs to state and region's warehouses and ensure the stock taking and update being done regularly.

Participating National Societies

The Participating National Societies have offered immediate support to the MRCS since the beginning of the monsoon flooding that firstly affecting Kachin state and spreading out to the central and southern Myanmar. The Danish Red Cross approved the repurposing of resources from the Kachin Special Operations (KSO) project to strengthen MRCS's flood response in Kachin State. This support included the use of pre-positioned NFIs and other existing resources already available in the area. Such



flexibility enabled MRCS to scale up assistance in the hardest-hit communities, complementing the interventions funded through the DREF and contributing to a more comprehensive and timely humanitarian response.

Finnish Red Cross and Swedish Red Cross, with IFRC, supported MRCS developing its flood response plan, particularly providing technical guidance and input in health and WASH needs analysis, capacity and response priorities. As water-borne diseases tends to increase with floods, MRCS counts on the technical support provided by Finnish Red Cross, Norwegian Red Cross and Swedish Red Cross. In addition to acute watery diarrhoea (AWD) case monitoring and the response, MRCS is also supported in incorporating key messages on AWD-related risks into the current flood response. German Red Cross, American Red Cross and IFRC have been working closely providing technical assistance in refining the MRCS CVA SOP and FSP mapping.

Lastly, MRCS has in-country technical support in Disaster Management, Health, WASH with all in-country partners (National Societies of Denmark, Finland, Germany, Norway and Sweden).

ICRC Actions Related To The Current Event

ICRC sub-delegations in flood-affected areas, in coordination with MRCS HQ, provide support to local MRCS State/Region supervisory committees. Since late June 2024, ICRC supported MRCS flood response in Kachin. In Kachin, in the immediate aftermath of flooding, ICRC donated raincoats, lifejackets, tarpaulins and fuel for the MRCS boat. In July 2024, ICRC donated aqua tablets for MRCS flood response in Kayin, Mon, Tanintharyi, East Bago. Furthermore, ICRC supported MRCS Communication in public awareness messages linked to risks of explosives in cases of flooding. ICRC also offered support towards MRCS focusing on the risks of separation of families during flooding emergency.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	As of 6 August 2024, temporary evacuation centres that had been established by authorities in Kachin, Sagaing, Magway and Mandalay were closed as displaced population have returned from the evacuation centres. DDM offices in the affected area provided assistance of Food and Non-Food Items (NFIs). Authorities also reported the provision of support for the renovation of houses damaged by the flood.
UN or other actors	The United Nations World Food Programme (WFP) distributed relief food assistance to families affected by floods in Myanmar's Ayeyarwady Delta Region, aiming to support 35,000 displaced people in evacuation centres with rice and fortified biscuits. Under the coordination of humanitarian clusters, several other humanitarian agencies provided essential health assistance to 5,300 people, distributed non-food items, including shelter materials, to over 21,000 people, and delivered dignity kits to 1,900 people. Additionally, more than 10,600 child protection kits were distributed, and WASH items reached over 120,000 people. (Reference: OCHA. Myanmar Flood Situation Report No 3. 27 September 2024)



Are there major coordination mechanism in place?

MRCS has established response mechanisms that include strategies for engagement and advocacy with local stakeholders, including authorities and organisations. In this response and as part of the implementation of its auxiliary role to public authorities in the humanitarian field, MRCS coordinates with the Department of Disaster Management (DDM), the Department of Meteorology and Hydrology (DMH) and local authorities. Additionally, MRCS and IFRC engage on ongoing disaster preparedness coordination as active members of the OCHA and MRCS co-lead Emergency Response Preparedness Working Group.

Needs (Gaps) Identified



Shelter Housing And Settlements

A total of 59,000 families (240,000 individuals) affected over Kachin, Kayin, Sagaing, Tanintharyi, Bago, Magway, Mandalay, Mon, Yangon and Ayeyarwady were reported, with two persons reported dead (1 from Kayin and 1 from Sagaing). By 6 August 2024, over 28,000 families (110,000 individuals) were displaced in 399 temporary evacuation centres and in their relative homes over 36 townships from Kayin, Tanintharyi, Bago, Mon, Yangon and Ayeyarwady.

To accommodate displaced families, local authorities opened 399 temporary shelter centres. These shelters, located in schools, monasteries, churches, and community buildings, provided temporary refuge, though some were unable to accommodate all displaced individuals. Some displaced people sought refuge with relatives or within host communities that were not affected by the floods. Flooding also affected internally displaced person (IDP) camps, leading to onward displacement.

By the end of October 2024, communities affected by the flooding had largely returned to their homes. However, the need for early recovery efforts, particularly in repairing and rebuilding homes, remained critical. (Reference: UNHCR Flash Update on Flooding in Myanmar (27 October 2024).

Essential items such as tarpaulins, blankets, hygiene supplies, and solar lamps were identified as urgent needs.

MRCS prioritized to distribute relief items from existing stocks, which then were replenished by this DREF operation. The procurement of shelter items such as tarpaulins, blankets, solar lamps, and jerry cans was sourced internationally to adhere on the IFRC standard item quality.

Some of the affected areas experience flooding every monsoon season, underscoring the need for strengthened community resilience, particularly in safe shelter awareness. To address this, MRCS has trained trainers among its staff and volunteers to implement the Participatory Approach for Safe Shelter Awareness (PASSA), a participatory disaster risk reduction method focused on shelter safety. This initiative will empower the affected communities with the knowledge and skills necessary to enhance their resilience to future disasters, ensuring they are better prepared to protect their homes and livelihoods.



Livelihoods And Basic Needs

The high water levels in flood-affected areas caused extensive damage to agricultural land, significantly disrupting farming activities. As of 12 August 2024, the World Food Programme (WFP) reported that 1.3 million hectares of cropland had been affected by monsoon flooding.

Myanmar's wet season (May–September) is crucial for agricultural production, with 85 per cent of crops sown during this period. The July–September floods coincided with key growth phases for monsoon rice, maize, oil-seed crops, and pulses, leading to widespread damage to standing crops, soil erosion, and reduced yields. This agricultural disruption resulted in food shortages, hunger, and loss of livelihoods, particularly for rural farmers who depended on agriculture for survival.

Beyond crop losses, the floods also caused livestock deaths, increased animal diseases, and reduced agricultural labour opportunities, further weakening household incomes. In a country where most people relied on agriculture as their primary livelihood, these setbacks pushed many affected households to adopt negative coping mechanisms, such as using savings meant for income-generating activities, taking high-interest loans, or selling productive assets to cover immediate basic needs such as food and shelter repair.

While some flood-affected areas in urban and semi-urban locations still had functional and accessible markets, many rural communities



continued to face severe economic hardship. The damage to cropland and infrastructure disrupted production and distribution networks, with over one-third of all businesses and more than half of agricultural enterprises reporting significant losses. This worsened food insecurity, as rising food prices made recovery even more difficult for affected populations. To support early recovery, MRCS provided multi-purpose cash assistance (MPCA) to communities, complemented by the distribution of essential relief items.



Health

Infrastructural damage, such as submerged roads and collapsed bridges, caused by the floods significantly disrupted healthcare access, restricting the movement of affected individuals to health facilities. Households in flood-affected areas experienced adverse weather conditions and inadequate access to health and care services, which increased their vulnerability to vector-borne and waterborne diseases such as dengue, malaria, diarrhoea, and cholera. Vulnerable groups, including older people and pregnant women, faced severe challenges in accessing essential healthcare services.

To mitigate these risks, flood-related health awareness sessions were rolled out as a preventive measure to reduce health complications. MRCS worked in close collaboration with local health authorities to provide basic health services, hospital referrals, and emergency support to those most in need.

Since July 2024, acute watery diarrhoea (AWD) cases were reported in at least nine states and regions in Myanmar, including Ayeyarwady, Bago, Kayin, Magway, Mandalay, Mon, Rakhine, Tanintharyi, and Yangon. A total of 5,364 mild to moderate cases and approximately 160 severe cases requiring hospitalization were recorded as of 17 February 2025. Reported trends showed a significant increase in AWD cases during the peak flood months (July–September 2024). While the number of cases gradually declined by the end of December 2024, new cases continued to be reported, indicating that the risk of AWD transmission had not yet been fully contained (Myanmar Health Cluster Bulletin, 28 February 2025).

To respond to emergency health needs, MRCS mobilized over 550 trained First Aid volunteers across the six targeted states and regions. Volunteers were deployed in rotational teams to deliver first aid, ambulance, and referral services, ensuring timely emergency support for affected households. In addition, volunteers carried out health and hygiene promotion activities, emphasizing handwashing, safe water practices, and disease prevention. These efforts were critical in reducing immediate health risks while strengthening community awareness and resilience in flood-affected areas.



Water, Sanitation And Hygiene

Severe flooding displaced thousands of people, damaged WASH infrastructure, contaminated water sources, and forced communities to relocate. While displaced populations required immediate humanitarian assistance, support was also essential in their areas of origin to restore safe water and sanitation facilities upon their return.

Across the country, more than 5.6 million people were estimated to be in need of WASH assistance. The overflow of sewer systems and septic tanks due to the floods contributed to the increasing spread of waterborne diseases and damaged safe water sources previously used by communities. Dissemination of safe hygiene practices remained a priority need.

In response, MRCS rehabilitated its Water Purification Unit, which had previously been deployed during Cyclone Nargis, to provide clean water to affected communities in Ayeyarwady and Bago. Additionally, the operation highlighted the critical need to enhance the capacity of RCVs in emergency WASH, particularly in the maintenance and operation of water purification units, to strengthen MRCS's ability to respond effectively to future emergencies.



Protection, Gender And Inclusion

Protection needs remained a critical concern, particularly as many of the flood-affected areas were already characterized by high levels of vulnerability linked to recurring disasters, hostilities and violence, and economic hardship. To ensure assistance reached those most at risk, MRCS applied its established vulnerability criteria in determining target populations for support.

In addition, MRCS integrated gender- and age-sensitive actions across its interventions. Within the health sector, this included the distribution of dignity kits to support menstrual hygiene management for women and girls, as well as the provision of psychosocial support (PSS) for children, helping to address their unique needs in the aftermath of the disaster.



Migration And Displacement

While MRCS did not implement stand-alone activities under the migration sector, the target population of this IFRC-DREF operation included people evacuated from their homes, returnees, and, in some cases, internally displaced persons (IDPs) who had already been displaced prior to the floods. Support to these groups was integrated across other sectors, ensuring that their specific needs were addressed through relief distributions, shelter support, health, WASH, and protection interventions.

At the institutional level, MRCS is guided by its Migration Strategy, which is aligned with IFRC standards and rooted in a rights-based approach consistent with the Movement's Fundamental Principles. This strategy provides direction for ensuring that migration-related vulnerabilities are systematically considered and addressed within the Society's humanitarian operations.



Community Engagement And Accountability

Learning from previous operations, MRCS recognized that close coordination with communities is essential to ensuring the success of interventions. Establishing a systematic and effective feedback mechanism, alongside appropriate information-sharing and participatory methods, was prioritized to enhance transparency, accountability, and trust with affected populations.

In earlier operations, a centralized hotline managed at headquarters had been used. However, this model led to challenges, as one person handling a high volume of calls increased the risk of missed feedback. For the current operation, which spanned six states and regions, MRCS adapted by activating six hotlines at the branch level, enabling each targeted branch to directly manage community feedback and ensure information was communicated more effectively to the populations they serve.

To strengthen this system, selected branch volunteers with CEA responsibilities were trained on how to solicit, receive, and respond to community feedback through multiple channels, including in-person consultations, branch hotlines, and community suggestion boxes. Additionally, the headquarters hotline was maintained and shared with community members as an alternative option, providing multiple layers of accessibility for beneficiaries to raise their concerns and receive timely responses.



Environment Sustainability

MRCS has experience in integrating climate-smart approaches into its operations. As part of its commitment to sustainability and reducing environmental impact, household NFIs as well as hygiene and dignity kits were distributed in reusable containers, enabling affected families to benefit from both the items and their long-term utility while minimizing plastic and disposable waste.

In addition, MRCS began rolling out its newly developed climate-smart shelter guidance, designed to ensure that emergency shelter solutions are both sustainable and better able to withstand future climate-related disasters. By integrating these approaches into shelter programming, MRCS is helping communities not only recover from immediate shocks but also strengthen their resilience against the increasing risks posed by a changing climate.

Operational Strategy

Overall objective of the operation

The overall objective of this DREF Operation was to meet the immediate humanitarian needs of 15,000 people (3,000 HHs) affected by floods in the Kayin, Bago (East), Yangon, Ayeyarwady, Mon, and Tanintharyi states/regions. The operation aimed to provide multiple and integrated assistance, including essential household items, multi-purpose cash grants, and provision of hygiene items, awareness raising, emergency health care, and emergency WASH. The operation was planned for a nine-month period to provide immediate response and early recovery efforts.

Operation strategy rationale

Following the severe flooding that impacted multiple regions of Myanmar in mid-2024, including Kachin, Magway, Mandalay, Kayin, Bago, Yangon, Ayeyarwady, Mon, and Tanintharyi, the Myanmar Red Cross Society (MRCS) carried out a comprehensive humanitarian response. While water levels in the upper regions subsided by the end of July, flooding in the central and lower regions such as Kayin, Bago (East), Yangon, Ayeyarwady, Mon, and Tanintharyi persisted, leading to widespread displacement and destruction of homes. To address these urgent needs, a DREF operation was launched to support 15,000 people (3,000 households) most affected by the monsoon floods across Kayin, Bago (East & West), Yangon, Ayeyarwady, Mon, and Tanintharyi. MRCS led the response in close coordination with IFRC network members, prioritizing communities along riverbanks and low-lying areas. Emergency shelter assistance was provided through the distribution of tarpaulins, blankets, kitchen sets, family kits, and shelter toolkits to help families recover and restore basic living conditions.

Flooding severely disrupted market access and food supply chains, causing price increases and worsening food insecurity, with more than half of agricultural businesses reporting adverse impacts. To address urgent needs, the Myanmar Red Cross Society (MRCS) prioritized Multi-Purpose Cash Assistance (MPCA), providing MMK 400,000 (approx. CHF 114) per household to 2,964 households, including MMK 40,000 for transportation costs. Due to challenges with financial service providers, the cash was delivered through a cash-in-envelope mechanism in line with the MRCS CVA SOPs. This support helped families meet basic needs, reduce negative coping mechanisms, and protect livelihoods.

Alongside cash, MRCS provided essential household and WASH items, including hygiene parcels and dignity kits for women and girls, while also rehabilitating a water purification unit and distributing jerry cans to ensure safe water access. Approximately 557 trained Red Cross Volunteers supported health and WASH interventions, including first aid, ambulance services, and hygiene promotion sessions focused on preventing waterborne diseases such as diarrhea and cholera. These combined efforts strengthened household resilience, supported early recovery, and helped mitigate public health risks in the aftermath of the floods.

To reinforce these efforts, MRCS also adapted and disseminated Information, Education and Communication (IEC) materials on safe shelter practices and flood risk awareness, originally developed under Cyclone Mocha operations, ensuring communities were better informed about protective behaviours. This combination of relief and early recovery interventions provided affected populations not only with immediate emergency support but also with tools and knowledge to strengthen resilience in the aftermath of the floods.

By the end of the operation, MRCS had successfully reached a total of 29,638 people across the five targeted regions. This included 13,883 men and 15,755 women, supported through multisectoral interventions comprising emergency relief items for shelter and WASH, health interventions, hygiene promotion, and cash assistance. Specifically:

- 16,030 people were reached with shelter assistance.
- 12,448 people were reached with MPCA.
- 25,812 people were reached with WASH assistance.
- 3,246 people were reached with health interventions.
- 3,240 people were reached with protection, gender and inclusion (PGI) assistance.

As some individuals and households received more than one type of assistance, MRCS ensured robust data validation processes were in place to prevent double-counting.

Approximately 95 per cent of the reached population resides in peri-urban and rural areas. This is largely attributed to the presence of active MRCS branches in these locations, which allowed for rapid mobilization and effective last-mile delivery of assistance. At the same time, the operational focus reflects MRCS's targeting and selection criteria, which prioritize support to the most vulnerable households. Many of these communities are situated in low-lying areas along rivers, which were among the hardest-hit by the floods. As primarily agriculture-dependent populations, their livelihoods were directly impacted by the inundation of farmland, loss of crops, and livestock deaths, leaving them with limited coping capacity.

Through this targeted approach, the interventions not only addressed urgent humanitarian needs but also contributed to restoring basic services, protecting livelihoods, and strengthening community resilience against future flooding events.



Targeting Strategy

Who was targeted by this operation?

MRCS aimed to reach 15,000 people (3,000 HHs) affected by the monsoon floods in Kayin, Bago (East & West), Yangon, Ayeyarwady, Mon, and Tanintharyi states/regions. MRCS led the response in close coordination with IFRC network members. MRCS remained committed to enabling the affected populations to be represented and meaningfully participate in decisions that affected them; continuously analysing the specific needs, preferences, capacities, barriers to access, and safety risks for each group; and revising and adjusting activities, focusing on “doing no harm” and leaving no-one behind.

The target groups included:

1. Households with a fully or partially damaged house without reaching their basic needs and/or living in unsafe conditions / environment.
2. Households with destroyed water and sanitation facilities that pose an increased risk of diseases.
3. Those whose livelihoods are severely impacted and could potentially adopt negative coping mechanisms that hinders their recovery.
4. Displaced individuals living in temporary shelters/ camps or other settlements that are often overpopulated and congested with insufficient ventilation, with limited access to safe and dignified WASH facilities, which could lead to increased risk of health and protection issues.
5. Families with people in situations of vulnerability (children, people with disabilities, pregnant women, lactating mothers, elderly, among others).

Explain the selection criteria for the targeted population

This IFRC–DREF operation targeted people with the highest levels of vulnerability, including those whose houses had been destroyed or damaged, who had been evacuated and/or displaced, and who had not yet received substantial support from other actors. Priority was given to individuals and households with pre-existing vulnerabilities prior to the floods, taking into account the various dimensions of vulnerability. These included women-headed households, single-parent households with children under five, displaced individuals, minor-headed households, unaccompanied children, households with widows, the elderly, people with disabilities, pregnant or lactating women, and those with chronic illnesses.

MRCS determined the selection criteria in each location through consultation and collaboration with local stakeholders, including community leaders and institutions, ensuring adherence to the identified vulnerability factors and upholding the Fundamental Principles, particularly impartiality.

Total Assisted Population

Assisted Women	15,755	Rural	95%
Assisted Girls (under 18)	-	Urban	5%
Assisted Men	13,883	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	29,638		
Total Targeted Population	15,000		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Distribution of cash in envelope pose potential risks: 1. Safety and security to RC personnel and beneficiaries 2. Fraud and corruption	• Ensure distribution points are secure and near to the residential areas. • Beneficiaries to attend distribution sites in turn to avoid over crowding. • MRCS will work closely with community and leaders to ensure transparency and coordination with community committees. • Strengthen community engagement and communication, ensuring beneficiaries understand the program, the objective, the process and what their rights are. • Establish CEA mechanism and regular information to community on raising concerns and feedback. • Exit interviews and post distribution monitoring are scheduled. • MRCS to follow the CVA SOP and the segregation of duties between functions.
Safety and security of staffs and volunteers.	MRCS continues to strengthen its safety and security management. Since 2023, MRCS, with IFRC and ICRC support, has conducted several security trainings and dissemination sessions. Every MRCS state/ regional committee has an identified security focal point who actively monitors the security situation and liaise with MRCS's national security focal point in HQ. IFRC continues to provide support on safety and security management, in coordination with ICRC and IFRC network members. MRCS volunteers are covered by the IFRC Global Accident Insurance policy. MRCS staff has health and life insurance. As all of the current insurance policies do not include conflict-related injuries, MRCS will need to complete the last step to activate a



	safety net to fill the coverage gap via an already codified Solidarity Fund.
Escalation of the situation in the areas that could impact the implementation of the operation under this DREF operation or hinder access by MRCS and IFRC personnel.	MRCS and IFRC conduct constant monitoring of the external context in the areas of operation and nationally. Contingency plans that can address changes in circumstances should be developed, so that the operational strategy could be revised as needed. MRCS conducts continued advocacy for access to specific locations and communities.
Operational disruptions related to access (including access to services, security, and acceptance) and administrative processes (including access to funds).	IFRC and MRCS conduct frequent joint reviews of administrative and operational processes, as well as engage in continued humanitarian diplomacy and community engagement to obtain increases humanitarian access and make visible their principled humanitarian actions. Additionally, ensure regular market monitoring to check for item shortages/price fluctuations, close monitoring of fund transfers and managing donor expectations accordingly.

Please indicate any security and safety concerns for this operation:

Security and safety concerns for this operation are medium level. The current situation in the targeted locations is closely monitored by MRCS national security focal point and in coordination with the targeted state/ regional supervisory committees and township branches. As of early August 2024, the local branches have access to the planned targeted areas. The National Society's safety and security regulations apply throughout the duration of the operation to its staff and volunteers.

The IFRC Myanmar country delegation's security focal point will support and work with the MRCS to monitor the security situation and will provide safety and security-related inputs regarding the operation. All personnel under IFRC security responsibility will operate in accordance with the existing IFRC Minimum Security Requirements. All IFRC staff must complete the IFRC Stay Safe 2.0 e-learning courses, with MRCS staff and volunteers encouraged to also complete these since they have already been translated into Myanmar language for ease of access. As needed, IFRC will support MRCS-led security briefings for all MRCS staff and volunteers involved in the operation.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Implementation



Shelter Housing And Settlements

Budget: CHF 176,630
Targeted Persons: 15,000
Assisted Persons: 16,030
Targeted Male: 7,481
Targeted Female: 8,549

Indicators

Title	Target	Actual
# of people provided with emergency shelter assistance	15,000	16,030



# of people in affected community provided with safe shelter awareness	500	600
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Narrative description of achievements

MRCS distributed 6,060 tarpaulins, 6,060 blankets, and 3,007 solar lamps to 4,099 households in affected areas, providing critical shelter support to families impacted by the disaster, exceeding the original target.

To complement these distributions, MRCS conducted safe shelter awareness sessions, reaching 600 people across targeted communities, exceeding the original target. These sessions provided practical guidance on safer construction practices and maintaining resilient living conditions.

In March 2025, MRCS organized a Participatory Approach for Safe Shelter Awareness (PASSA) refresher training, with 12 participants including staff and Red Cross Volunteers (RCVs). The training enhanced knowledge on safer shelter practices and promoted community-led risk reduction and preparedness.

To ensure long-term impact, MRCS identified and began training a pool of "Shelter Champions" from within its staff, with technical support from the IFRC Shelter Coordinator. These Shelter Champions will act as focal points for promoting safe shelter practices and building resilience in their respective communities.

A Post-Distribution Monitoring (PDM) survey was conducted with 426 households, representing 10 per cent of total recipients. Key findings are highlighted in the Lessons Learnt section.

Planned support to branches for cleaning houses and public areas was not implemented, as assessments confirmed there was no remaining need for this activity.

Lessons Learnt

- Procurement delays highlighted the need for prepositioned shelter stocks at both national and branch levels to ensure rapid mobilization of items immediately after a disaster.
- Establishing a standardized list of non-food items (NFIs) is necessary to ensure consistency in distributions and to guide donations from partners and stakeholders, especially local donations.
- Community-based approaches, such as identifying, training and maintaining a pool of Shelter Champions across all State and Region, are effective in strengthening long-term resilience and should be replicated in future operations
- Household Vulnerabilities: PDM findings revealed that most households were host households (76 per cent), while 21.4 per cent were non-displaced and only 2.6 per cent displaced. Vulnerabilities included chronic illness (34 per cent), pregnant/lactating women (12 per cent), physical disability (5 per cent), and mental disability (1 per cent, likely underreported).
- Shelter & Item Appropriateness: The majority of households (82.4 per cent) lived in permanent shelters, while smaller proportions lived in semi-permanent, longhouses, emergency tents, or under tarpaulins. Items distributed were found to be highly appropriate, with 99.3 per cent reporting them useful or very useful, and most (90.2 per cent) in active use. This demonstrates the overall effectiveness of the relief package.
- Unmet Needs: Nearly half of households (49.5 per cent) identified cash assistance as their most critical unmet need, followed by food (27.3 per cent), NFIs (26.9 per cent), medicine (4.1 per cent), and shelter (1.9 per cent). This underscores the importance of expanding cash-based interventions alongside in-kind assistance to better meet diverse needs.
- Accountability & Participation: While most households (95.7 per cent) received information on distribution timing, but lower percentage of people answered for questions if they were informed about items (59.6 per cent), selection criteria (60.1 per cent), or the distribution process (64.4 per cent). This suggests that although MRCS conducted briefings during distributions, more time and varied information-sharing methods are needed to ensure recipients are thoroughly informed. Strengthening community engagement and participation remains essential to improve trust and accountability.
- Feedback & Complaint Mechanisms: Awareness and use of feedback channels were limited, with nearly half of households unaware of available complaint mechanisms. This indicates a significant communication gap. Ensuring that all beneficiaries are made aware of accessible, safe, and responsive feedback and complaint mechanisms will be critical in future operations to strengthen accountability and trust with communities.

Challenges

- International procurement processes, particularly obtaining import permits, caused significant delays in distribution of relief items due to concerns that replenishment would be delayed.
- Limited local stock availability slowed the replenishment of essential relief items, underscoring the need for prepositioned supplies



and stronger vendor agreements.

- Access to certain affected areas was constrained by flood damage and ever-changing security conditions, requiring frequent adjustments and contingency planning for transportation and distribution.
- Maintaining trained shelter personnel at branch level remains a challenge, as technical expertise is concentrated in a few locations and not always available when urgently needed.



Multi Purpose Cash

Budget: CHF 413,753

Targeted Persons: 15,000

Assisted Persons: 12,448

Targeted Male: 5,905

Targeted Female: 6,543

Indicators

Title	Target	Actual
# of households provided with multi-purpose cash assistance to meet their basic needs	3,000	2,964

Narrative description of achievements

At the end of the operation, MRCS provided MPCA to 12,448 people from 2,964 households, with each household receiving 400,000 MMK (114 CHF) in line with Myanmar's Survival Minimum Expenditure Basket (SMEB). A key factor in the smooth implementation of this assistance was early and continuous engagement with communities and local stakeholders.

This collaboration enabled MRCS to access affected populations and validate their needs, ensuring transparency, alignment with community needs, and adherence to MRCS's humanitarian principles. As part of standard practice, MRCS prioritizes advocacy with authorities before commencing any intervention.

Building on this foundation, MRCS established village- and township-level committees to further strengthen the intervention. Leveraging their local knowledge, these committees played a vital role in identifying eligible and prioritized beneficiaries, gathering information on community needs, and fostering open communication between MRCS and the affected communities. This inclusive approach not only enhanced aid delivery but also reinforced trust and transparency.

To maintain transparency, beneficiary lists and selection criteria were publicly displayed in accessible locations. In line with its CEA commitments, MRCS informed recipients of feedback channels, including HQ and branch hotlines. Hotline numbers were displayed on banners, placed in strategic community spots, and included inside cash envelopes.

Distribution session also served as opportunities to deliver essential messages on proper cash use, avoiding third-party payments, safe shelter practices, PGI, and hygiene awareness. This ensured that beneficiaries received both financial assistance and critical safety information.

To measure the effectiveness and impact of the assistance, MRCS conducted PDM two weeks after the distribution, reaching a total of 220 people from 220 households in 3 States and Regions, Tanintharyi, Bago and Mon, 16 wards and villages. The results of this assessment showed that most of the recipients use cash to buy food and replenishing kitchen supplies, as well as medicine. Furthermore, 14 per cent of the respondents were using this assistance to support their livelihoods.

Lessons Learnt

- PDM revealed that 81 per cent of respondents felt cash assistance was not delivered in a timely manner. This highlights the importance of stronger planning, prepositioning, and coordination to ensure cash reaches households faster.
- Beneficiaries expressed varying preferences for receiving assistance. While cash in hand remains the most preferred option, mobile money was also identified as a strong alternative. Factoring in these preferences in future response design would increase community satisfaction and uptake.



- Future operations should consider incorporating alternative cash delivery modalities—such as mobile money, direct bank transfers alongside cash-in-envelope. A diversified approach would reduce dependency on local bank liquidity, improve efficiency, and enhance beneficiaries' access to assistance, particularly in areas with limited financial infrastructure.
- CEA: The operation demonstrated strong progress in accountability practices, with more than 75 per cent of respondents reporting that they were aware of available feedback mechanisms and that they had been informed about the distribution process, including the time, date, location, selection criteria, and reasons for their inclusion. While only about 20 per cent of respondents made use of feedback channels—most commonly through the hotline or village leaders—this reflects an encouraging level of community engagement. Notably, 80 per cent of those who provided feedback confirmed receiving a response from the organization, showing that mechanisms in place were effective in addressing concerns and closing the feedback loop. Moving forward, there is an opportunity to build on these positive foundations by further increasing community confidence in the system, expanding awareness of available channels, and encouraging even greater participation.

Challenges

- Operational difficulties with the cash-in-envelope modality persisted, as some local banks were unable to provide the large cash volumes required for distributions at one time. This caused delays and necessitated multiple withdrawals, slowing down delivery.
- Documentation requirements excluded some vulnerable households, particularly families unable to provide proof of a family certificate during verification. To mitigate this, MRCS expanded its SOPs to allow community leaders to issue recommendation letters to confirm household eligibility. While this was an important step, the experience highlighted the need to further broaden alternative verification mechanisms to ensure vulnerable groups are not unintentionally excluded.
- Physical access remained an obstacle for some recipients, who had to travel more than 60 minutes to reach distribution sites. This created additional burdens in terms of cost, time, and safety, particularly for women, elderly persons, and people with limited mobility, noting that MRCS distributed amounts include a contribution for transport to ensure these costs are covered.
- Back-to-back disasters that hit Myanmar (this DREF was immediately followed by the launching of Typhoon Yagi EA operation a month after, and the EQ operation 6 months after). This has diverted MRCS resources to respond to another disaster, thus stretching their capacity to implement timely. This is also due to high reliability on HQ lead for CVA interventions, highlighting the importance of further capacity-strengthening in cash at the local level.



Health

Budget: CHF 6,923
Targeted Persons: 3,000
Assisted Persons: 3,224
Targeted Male: 1,344
Targeted Female: 1,880

Indicators

Title	Target	Actual
# of people reached through health interventions	100	114
# of people reached with health promotion activity	3,000	3,110
# of volunteers and staff provided with health intervention training	120	22

Narrative description of achievements

MRCS facilitated 114 patient referrals in Bago, Yangon, Kayin, Ayeyarwady, and Mon, enabling individuals requiring urgent medical care to access appropriate health facilities in a timely manner. In addition, First Aid services were provided to five people, addressing immediate health needs within affected communities.

To strengthen community health awareness, MRCS organized 35 health education sessions focusing on cholera, typhoid, dengue haemorrhagic fever (DHF), diarrhoea, and acute respiratory infections (ARI). Conducted across five states and regions—Bago, Ayeyarwady,



Yangon, Kayin, and Mon—these sessions reached 3,110 community members (1,278 male; 1,832 female). The sessions provided practical guidance on disease prevention, early recognition of symptoms, and when to seek treatment, helping reduce the risk of disease outbreaks in flood-affected areas.

As part of its ongoing capacity-building initiatives, MRCS conducted an online Epidemic Control for Volunteers (ECV) training in November 2024. A total of 22 participants successfully completed the course, strengthening MRCS’s volunteer capacity to prevent disease transmission and respond effectively to potential outbreaks. While the number of participants was lower than originally targeted, this was due to human resource constraints and competing operational priorities, as MRCS was simultaneously responding to two other disaster operations. Nevertheless, the training contributed to sustaining a skilled volunteer base able to support epidemic preparedness and response in future emergencies.

Lessons Learnt

- Trained local RCVs effectively delivered health promotion at the township level, reducing reliance on HQ support and ensuring sessions were timely, relevant, and aligned with local community needs.
- Expanding the pool of trained RCVs and staff would widen coverage, allowing more communities, including remote areas, to access consistent and accurate health information.
- Digital platforms offer a scalable way to build volunteer capacity, providing flexible and cost-effective training when in-person sessions are limited by access or resources.

Challenges

- Patient referral services were only available in seven townships (Pyay, Padaung, Belin, Kyeikmaw, Nyaungdon, and Hmawbi), limiting coverage and leaving gaps in areas without referral mechanisms. Underreporting was also noted, as First Aid and referrals were primarily conducted during the initial response phase, when local resources were overstretched and operating conditions were highly constrained.
- Service availability depended heavily on township-level infrastructure, particularly access to functional ambulances, which was inconsistent across locations.
- Regular maintenance of ambulances remained a challenge, reducing reliability and readiness for emergency referrals.
- Limited human resources and competing priorities constrained the frequency and reach of community health awareness sessions in some branches.



Water, Sanitation And Hygiene

Budget: CHF 92,549
Targeted Persons: 15,000
Assisted Persons: 25,763
Targeted Male: 12,216
Targeted Female: 13,547

Indicators

Title	Target	Actual
# of people provided with WASH assistance	15,000	25,763
# of people (and households) reached by hygiene promotion activities in the response period	15,000	10,362
# of volunteers provided with WASH/emergency WASH training	120	49
# of people who have been supplied by RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)	3,000	0



Narrative description of achievements

At the end of the operation, MRCS distributed 3,200 family-sized hygiene parcels and 5,230 ten-litre jerry cans in Yangon, Ayeyarwady, and Mon, supporting 15,401 people to maintain hygiene and access essential WASH supplies.

Furthermore, a total of 64 WASH awareness sessions were conducted across 11 townships, reaching 10,362 community members (5,045 males; 5,317 females). These sessions promoted safe hygiene and sanitation practices, focusing on clean water use, proper handwashing, safe food handling, and the importance of clean toilets.

Key WASH messages were also delivered during the waiting periods at household item and cash distribution sites, reinforcing behaviours such as washing hands with soap for at least 20 seconds—particularly after using the toilet, before eating, and after coughing or sneezing.

To strengthen local capacity, two Hygiene Promotion training courses were held in Bago and Yangon, reaching a total of 49 MRCS staff and Red Cross Volunteers (RCVs) from 12 townships. These trainings enhanced knowledge and skills on safe hygiene practices, enabling participants to continue promoting hygiene awareness and behaviour change within their communities.

In Ayeyarwady, one water purification unit was restored and is now operational. The original plan was to produce and distribute water to affected areas; however, due to delays in sourcing parts locally, the restoration was completed after the immediate water needs had subsided. This restored unit will be able to support future needs and emergencies in the area. Meanwhile, in Bago, restoration could not be completed within the reporting period due to supply chain and technical expertise constraints.

Lessons Learnt

- Vendor mapping for standard relief items should include suppliers for maintenance parts, ensuring they are identified and available when needed.
- Resource and capacity mapping is essential to enable rapid mobilization of technical teams when repairs or maintenance are required. This enables rapid mobilization of qualified teams when required, ensuring timely response and operational readiness before a disaster strikes.
- Contingency plans should be in place to mitigate the impact of sudden large-scale emergencies on ongoing operations, ensuring continuity of planned activities.

Challenges

- Rehabilitation of the water purification units was delayed due to limited availability of spare parts in-country.
- Procurement timelines were further extended by long public holidays, which affected both stock availability and vendor operations.
- Water distribution is most critical during the early emergency phase; once this phase passes, needs shift towards recovery of local water sources rather than large-scale water trucking.



Protection, Gender And Inclusion

Budget: CHF 41,535

Targeted Persons: 3,000

Assisted Persons: 3,240

Targeted Male: -

Targeted Female: 3,240

Indicators

Title	Target	Actual
# of people received dignity kits	3,000	3,240



Narrative description of achievements

A total of 3,240 dignity kits and 3,240 individual hygiene kits were provided to 4,099 households. The allocation of kits was based on household composition. Households with women received dignity kits, those with men received individual hygiene kits, and families with both men and women were provided with both. All kits included basic hygiene items, such as soap, a toothbrush, toothpaste, and a towel, ensuring recipients had access to essential personal care supplies.

The dignity kits included menstrual hygiene products, a longyi, a T-shirt, and underwear, while the individual hygiene kits contained a longyi, a T-shirt, underwear, and a razor blade along with common hygiene essentials. These distributions were conducted alongside hygiene parcels from the WASH section, ensuring that recipients received comprehensive hygiene support.

With IFRC support, MRCS developed and rolled out a template inclusive of sex- and age-disaggregated data (SADD) for all sectors, enabling gender-sensitive monitoring. While gender-disaggregated data collection has been implemented, age-disaggregated data collection is still under discussion and will be gradually introduced in the ongoing Earthquake operation.

A safeguarding risk assessment was conducted in the early stages of the operation to identify potential protection risks and define Safeguarding action points. However, due to capacity and human resource gaps, not all action points could be implemented. The recruitment of a PGI Technical Officer in July—two months beyond the initial operational timeframe—delayed full execution of the safeguarding plan.

The MRCS Child Protection Policy has been a guideline for planning and implementing interventions, ensuring that child safeguarding measures are effectively integrated throughout the operation.

Lessons Learnt

- Sensitizing MRCS implementing teams—particularly local RCVs—on the importance of collecting age-disaggregated data is essential. A standard template should be applied across all operations and regions to prevent confusion caused by different formats.
- Given that many recipients are reluctant to provide their exact age, it is more practical to use broader age categories (below 18 as children, and 18 and above as adults) to improve response rates and data consistency.

Challenges

- Collecting age-disaggregated data remains difficult due to recipients' reluctance to share personal information. The lack of standardized age categories across operations and donors adds further complexity.
- Recruitment of technical staff has been delayed due to difficulties in finding suitable candidates within the required timeframe, affecting timely implementation of planned activities.



Community Engagement And Accountability

Budget: CHF 3,728

Targeted Persons: 15,000

Assisted Persons: 29,638

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of complaints and feedback received, responded by MRCS	100	80
# of volunteers and staff provided with CEA orientation	50	11
# of community members that receive information and updates on	15,000	29,638



channels that the communities have chosen.

Narrative description of achievements

MRCS has reactivated all CEA hotlines across six states and regions involved in this operation, Ayeyarwady, Bago, Kayin, Mon, Tanintharyi, and Yangon, to ensure improved communication with affected communities. These hotlines served as accessible channels for beneficiaries to ask questions, provide feedback, and lodge complaints related to the assistance received.

Hotline numbers were widely publicized by being printed on banners at distribution points, included on flyers distributed alongside relief items and cash assistance, and verbally communicated during distributions. Through this effort, approximately 29,000 people were reached with information about available feedback mechanisms.

To further improve engagement, MRCS conducted a CEA orientation for 11 Red Cross Volunteers (RCVs), representing each targeted state and region. The training equipped RCVs with knowledge on CEA principles, communication skills, and complaint-handling processes, enabling them to respond effectively to community concerns and ensure timely referrals.

Throughout the operation, MRCS achieved a strong 80 per cent response rate to complaints and feedback received, demonstrating its commitment to accountability and responsiveness. The remaining cases primarily related to requests for additional assistance—issues that extended beyond the decision-making authority of hotline staff. This experience highlights an opportunity to further expand the pool of trained CEA personnel and strengthen coordination between frontline teams and decision-makers, ensuring that all feedback can be addressed more efficiently in future operations.

Lessons Learnt

- Sustaining the CEA hotline at the branch level is essential to ensure continued access to feedback mechanisms beyond the emergency response period. Branch-led management allows for faster, context-specific follow-up and greater ownership at the community level.
- Regular and targeted capacity building for CEA focal points and volunteers at the branch level is critical. This should include training on complaint-handling, sensitive case referral, and community communication skills.
- Diversifying the pool of CEA-trained personnel by developing a roster of technical volunteers can reduce dependency on a small number of individuals and improve service continuity during peak operational periods.
- Introducing simple, low-cost, low-tech tools alongside hotlines could help improve accessibility, especially in areas with poor phone network coverage or for people unfamiliar with hotline systems.

Challenges

- The current hotline system is managed by a small team—only one to two volunteers at branch level and two staff at HQ—handling feedback from across the country. This limited capacity slows down response times and increases workload pressure during peak periods.
- Targeted recruitment and capacity building for CEA professionals at the branch level is hindered by the limited availability of candidates with adequate CEA background or relevant experience.
- In some remote areas, poor mobile network coverage and limited community familiarity with hotline systems reduce the effectiveness of this feedback channel.



Secretariat Services

Budget: CHF 38,234

Targeted Persons: 0

Assisted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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# of financial reports in compliance with IFRC procedures	2	2
# of communication materials and videos produced and disseminated	2	2
# of IFRC monitoring and support missions	5	8

Narrative description of achievements

The IFRC Operations Manager, PMER Delegate, Senior Operations Officer, and other IFRC management and technical staff worked closely with MRCS throughout all aspects of this DREF operation.

IFRC supported MRCS in organizing the Operation Planning Workshop on 21–22 September 2024, with participation from IFRC Network members and the ICRC to ensure a well-coordinated approach. In addition, MRCS, with IFRC support, convened two further coordination meetings to maintain dialogue and collaboration among stakeholders.

The IFRC Senior Operations Officer actively supported MRCS's operational teams in the field across multiple sectors, participating in nearly all implementation locations. Over the course of the operation, the Senior Officer conducted eight field missions and joined two joint monitoring visits in Kayin and Mon branches, where teams engaged with affected communities, branch staff, and volunteers.

As part of advocacy efforts, IFRC supported MRCS in engaging with stakeholders and authorities to facilitate humanitarian access. The Senior Operations Officer also accompanied MRCS during advocacy missions to help secure access for interventions.

The IFRC Communications Officer accompanied MRCS to the field to collect communications materials and human-interest stories from affected communities and volunteers, highlighting MRCS's role in the emergency.

The IFRC Asia Pacific Regional Office (APRO) led the international procurement of essential relief items (e.g., tarpaulins, blankets, and jerry cans), while both the IFRC Country Delegation and APRO provided technical oversight and due diligence for local procurement.

IFRC also supported MRCS in refining its Cash and Voucher Assistance (CVA) Standard Operating Procedures (SOPs). This process, facilitated by a CVA consultant deployed under the Typhoon Yagi operation, focused particularly on strengthening the cash-in-envelope delivery mechanism, which is currently being tested in both the monsoon flood and Typhoon Yagi responses.

Lessons Learnt

- Strengthening local technical capacity for monitoring is essential. By building a pool of branch-level staff and volunteers who are trained in monitoring and reporting, MRCS can ensure oversight continues even when access constraints limit joint field visits.
- Incorporating buffer time for procurement into planning is critical. While international and local procurement often face delays, preparedness measures such as vendor agreements and prepositioned stocks can reduce dependency on long supply chains.
- Early advocacy and relationship-building with authorities improves humanitarian access. Investing in these relationships before emergencies occur can make it easier to secure approvals during crisis situations and improve MRCS Humanitarian Diplomacy.
- Both international and local procurement require significant lead time due to limited stock availability and lengthy import permit processes. These constraints should be factored into planning, with preparedness measures and prepositioned stocks established to minimize delays.

Challenges

- Joint monitoring visits were difficult to organize due to limited access and the complex operational environment.
- Procurement was delayed by limited local stock and lengthy import permit processes, which slowed the delivery of relief items to affected communities.
- Humanitarian access was constrained in certain areas due to disaster impact and security concerns, requiring flexibility in planning and adjustments to operational timelines.



National Society Strengthening

Budget: CHF 51,866



Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of EOCs activated	6	6
# of volunteers covered by health insurance and provided with necessary PPE	200	100
# of lessons learn workshop conducted	1	0

Narrative description of achievements

MRCS activated its National Emergency Operations Centre (EOC) and six branch-level EOCs to coordinate response efforts efficiently.

To better equip branches and volunteers, MRCS headquarters dispatched PPE, visibility gear, and emergency kits to requesting branches, ensuring that Red Cross Volunteers (RCVs) were well-protected and prepared for relief operations in this and future emergencies.

All mobilized RCVs engaged in the operation were covered under the IFRC Global Accident Insurance Scheme, providing protection while on duty.

MRCS's profile and response efforts during the emergency were highlighted through communications and audiovisual materials collected at the local level, including human-interest stories prepared by the MRCS headquarters team with support from the IFRC Secretariat.

To monitor and assess progress, MRCS and IFRC jointly planned and conducted PDM and field monitoring visits. However, due to access restrictions and security constraints in some areas, joint visits were limited. Despite these challenges, MRCS ensured that monitoring and feedback mechanisms remained active to track the quality and timeliness of interventions.

Lessons Learnt

- A formal Lessons Learned Workshop (LLW) could not be conducted during the reporting period, as resources were redirected to the earthquake response in March 2025.
- Instead, simple data collection through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) was carried out with selected staff members to capture initial insights.
- The DREF operation was implemented alongside two other major disaster responses, highlighting the need to maintain a pool of technical human resources that can be mobilized quickly. This would ensure adequate coverage and prevent overstretching staff when multiple emergencies occur simultaneously.
- Procurement challenges were encountered, including delays in international procurement processes and difficulties in transporting items to branches. The experience underlined the importance of exploring options for faster procurement and prepositioning to ensure more timely delivery of relief items.
- Insecurity in some areas limited access and delayed timely assistance. Furthermore, the number of flood-affected households far exceeded the available relief stocks, making it difficult to determine eligibility and resulting in frustration among affected communities.
- While it is acknowledged that immediate action is not always feasible during complex emergency operations, the experience showed that stronger systematic planning and advance preparedness measures are necessary to minimize delays and ensure more efficient delivery of assistance.

Challenges

- Competing emergencies, such as the March 2025 earthquake, limited the ability to conduct planned learning activities (e.g., LLW), forcing reliance on lighter data collection methods.
- Limited staff availability during overlapping responses constrained participation in FGDs, KIIs, and monitoring activities.



- Ensuring continuity and full coverage (including health) of all Volunteers required internal mechanisms in place such as Solidarity Fund activation and additional administrative and financial coordination, which placed pressure on operational timelines and stressed the need to improve the duty of care for volunteers in emergencies.
- Logistics for field visits and PDM planning were delayed due to access constraints and competing priorities across multiple responses.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRMM020 - Myanmar - Floods

Operating Timeframe: 09 Aug 2024 to 31 May 2025

Selected Parameters			
Reporting Timeframe	2024/8-2026/4	Operation	MDRMM020
Budget Timeframe	2024/8-2025/5	Budget	APPROVED

Prepared on 08/Jun/2026

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	825,215
DREF Response Pillar	825,215
Expenditure	-621,807
Closing Balance	203,408

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	50,365		50,365
AOF2 - Shelter	165,850	121,641	44,209
AOF3 - Livelihoods and basic needs	388,500	356,019	32,481
AOF4 - Health	6,500	6,023	477
AOF5 - Water, sanitation and hygiene	86,900	64,690	22,210
AOF6 - Protection, Gender & Inclusion	39,000	37,504	1,496
AOF7 - Migration			0
Area of focus Total	737,115	585,877	151,239
SF11 - Strengthen National Societies	52,200	7,624	44,576
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	35,900	28,306	7,594
Strategy for implementation Total	88,100	35,930	52,170
Grand Total	825,215	621,807	203,409

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

Please explain variances (if any)

The allocated DREF amount was CHF 825,215, out of which CHF 622,130 was spent, and the remaining balance of CHF 203,409 will be returned to the DREF pool. Overall, approximately 75 per cent of budgeted funds were implemented, noting that the vast majority of key emergency response indicators were reached or exceeded.

The variance observed across several budget lines is primarily due to the nature of DREF operation that prioritised relief and immediate



response activities in the context of multiple, back-to-back disasters affecting Myanmar. As urgent lifesaving needs took precedence, longer-term resilience-building activities and Disaster Risk Reduction (DRR) interventions could not be implemented as originally planned. This resulted in notable variances in AOF1 – Disaster Risk Reduction, AOF2 – Shelter, and AOF3 – Livelihoods, as funds allocated for resilience programming were not implemented.

Under AOF5 – Water, Sanitation and Hygiene (WASH), key planned activities faced significant delays. For example, one water purification unit in Bago could not be repaired within the reporting period due to supply chain challenges and the limited availability of technical expertise. In addition, the earthquake in central Myanmar in March 2025 required the urgent mobilization of MRCS resources and personnel to earthquake-affected areas, which meant that planned water distribution activities under this operation could not be carried out as scheduled. These factors contributed to under-expenditure in this area.

Variance was also noted under SFI1 – Strengthening National Societies, as planned training and capacity-building activities at both headquarters and branch levels were not realized. The series of overlapping disasters placed extraordinary demands on MRCS, with technical leads at HQ, trained RCVs, and supporting staff fully engaged in emergency response operations. As a result, they were unable to conduct or participate in the trainings initially planned for this reporting period. This highlights how recurrent and large-scale disasters can limit the ability of National Societies to invest in institutional development and capacity strengthening. At the same time, the recruitment processes for several staff positions were also delayed, as resources were redirected to concurrent emergencies. Staff were only brought on board after the first half of the implementation period, leading to lower-than-planned expenditures in this budget line.

Finally, the inflation of the local currency is another reason why overall budget was under-implemented. The initial budget prepared in August 2024 used an exchange rate of CHF 1 = MMK 3,500, while some of the bank transfers made to MRCS in 2025 used exchange rates of CHF 1= MMK 4,000, resulting in more local currency available for expenditure, and therefore fewer CHF spent than budgeted, once converted back.



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