



**Myanmar
Earthquake**

ONE YEAR REPORT

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Glossary of Terms and Abbreviations

BBS	Build Back Safer
BoQ	Bill of Quantities
CEA	Community Engagement and Accountability
CFM	Community Feedback Mechanism
CFS	Child-Friendly Space
CVA	Cash and Voucher Assistance
DRR	Disaster Risk Reduction
EOC	Emergency Operations Centre
ERT	Emergency Response Team
ERU	Emergency Response Unit
GBV	Gender-based Violence
IEC	Information, Education and Communication
IKD	In-kind Donation
LLIN	Long-lasting Insecticidal Net
MHPSS	Mental Health and Psychosocial Support
MPA	Multipurpose Assistance
MSU	Mobile Storage Unit
NSD	National Society Development
PASSA	Participatory Approach for Safe Shelter Awareness
PDM	Post-Distribution Monitoring
PGI	Protection, Gender and Inclusion
PHiE	Public Health in Emergencies
PMER	Planning, Monitoring, Evaluation and Reporting
PSEA	Protection from Sexual Exploitation and Abuse
RCV	Red Cross Volunteers





Emergency appeal №: MDRMM023
Emergency appeal launched: 29/03/2025
Operational Strategy published: 09/04/2025

Operation timeframe: 24 months
(28/03/2025 - 31/03/2027)

Funding requirements (CHF):
CHF 80 million through the IFRC Emergency Appeal
CHF 20 million Federation-wide

Timeframe covered by this update:
28/03/2025 to 31/03/2026

Number of people being assisted:
216,070 people

To date, this Emergency Appeal, which seeks CHF 100,000,000, is 28 per cent funded. Further funding contributions are needed to enable the Myanmar Red Cross Society, with the support of the IFRC, to sustain essential assistance and continue recovery activities for earthquake-affected communities.



An earthquake-affected woman with mobility constraints receives multipurpose assistance (MPA) through direct outreach by MRCS staff in Nyaungshwe Township, Southern Shan State, in January 2026, ensuring equitable access to humanitarian assistance. (Photo: IFRC)

Situation Analysis

DESCRIPTION OF THE CRISIS

On 28 March 2025, a 7.7-magnitude earthquake struck central Myanmar near Mandalay, causing severe damage across Sagaing, Mandalay, Naypyitaw, Southern Shan and Bago. The earthquake was shallow, at approximately 10 km depth, which contributed to intense ground shaking across the affected areas. A strong 6.7-magnitude aftershock followed about 12 minutes later, causing further damage in already affected locations. The event was one of the most significant earthquakes to affect Myanmar in recent history, with the rupture extending across a large section of the Sagaing Fault.

More than 17 million people were living in the wider affected areas, while more than 1.35 million people were reported to have been affected across more than 55 townships. Official reports indicated at least 3,815 people had died, more than 5,104 people were injured, and over 200,000 people were displaced. The earthquake caused widespread destruction to housing, public infrastructure and essential services. Reports from AHA Centre, indicated that more than 11,995 homes, 2,596 schools, 713 health facilities, 14,367 religious buildings and pagodas were partially damaged or destroyed.

The earthquake further deepened Myanmar's existing humanitarian and economic challenges. The World Bank's December 2025 Myanmar Economic Monitor reported that earthquake damage is estimated around USD 11 billion, around 14 per cent of national GDP. Around 15 per cent of households near epicenter reported loss of income or employment. The World Bank projects the economy to contract in FY2025/26, with only a moderate rebound expected in FY2026/27, mainly driven by reconstruction and targeted support.¹

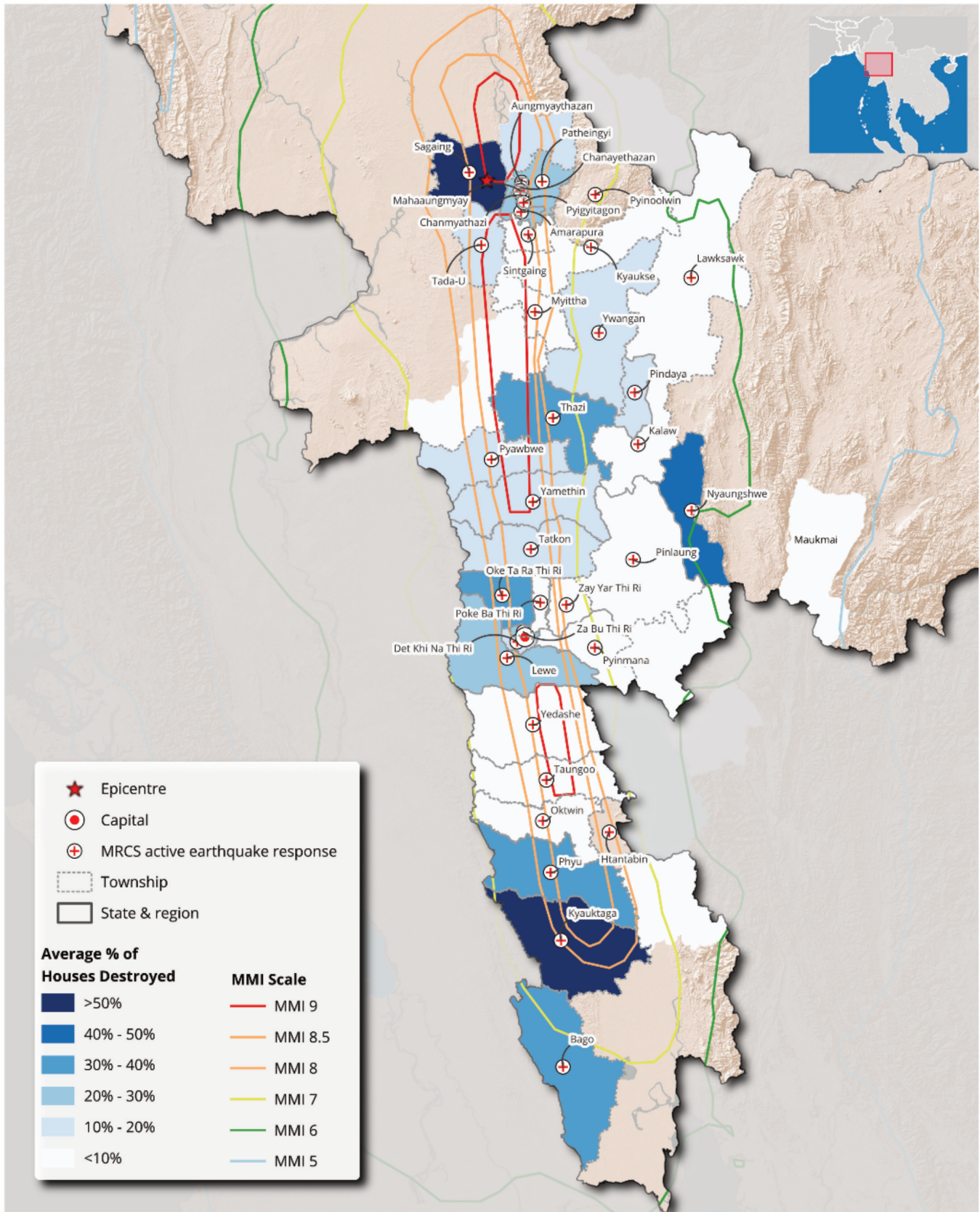
One year after the earthquake, physical access and basic service functionality have gradually improved across many affected areas. Major transport corridors, including the Yangon–Mandalay route, are operational, telecommunications have largely stabilised, and electricity supply has generally returned to pre-earthquake levels. Local markets have progressively recovered, with the majority of townships now reporting moderate to full market functionality. Supply chains for essential goods, including food, household items and construction materials, have largely resumed, supporting both household recovery and the continued use of cash-based assistance approaches. Many households have repaired or rebuilt damaged homes, while others continue to rely on transitional shelter arrangements or incomplete repairs due to financial constraints and limited access to support.

Although seismic activity has significantly reduced compared to the immediate aftermath of the earthquake, households are now increasingly facing a combination of economic and environmental pressures that continue to undermine recovery gains. Rising fuel prices and transport costs linked to broader regional instability, including the impacts of the Middle East crisis on fuel availability and pricing, have contributed to increasing costs of food, agricultural inputs and other essential commodities. These pressures are affecting household purchasing power, slowing livelihood recovery and increasing strain on small businesses and local markets.

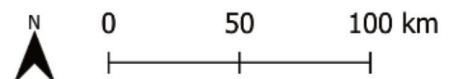
The World Bank reported that about 45 per cent of affected firms had returned to pre-earthquake activity levels by late 2025, while only around half of affected households had started repairs.

1. <https://documents.worldbank.org/curated/en/099120625204042781/pdf/P507203-7c4662b6-c1d8-4c3c-9b0c-d4835f2763cb.pdf>

OVERVIEW OF IMPACT ON HOUSING



Date Produced: 14 May 2026
 The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Data & Map: MIMU, USGS and MRCS



216,070

Total people reached

120,390

Female

95,680

Male

45,931

Total Household reached



Livelihood recovery has progressed at different rates across affected communities. While some households have benefited from temporary employment opportunities linked to reconstruction activities or the gradual reopening of businesses, many families remain highly vulnerable. Rural households in particular continue to face challenges linked to rising agricultural input costs, reduced economic opportunities and debt accumulation. Migration to urban centres in search of safer and more stable income opportunities has also increased in some areas. The cumulative impact of the earthquake, economic instability, conflict, extreme heat, seasonal flooding and other recurring shocks has still left many communities with limited coping capacity and heightened exposure to future hazards.

As the operation transitions further into recovery and resilience-building, the response increasingly focuses not only on restoring infrastructure and livelihoods, but also on strengthening household and community resilience to compounding risks. The operational context therefore remains complex, with recovery progressing steadily but remaining highly sensitive to renewed economic, climatic and humanitarian pressures.

SUMMARY OF RESPONSE

Overview of the host National Society and ongoing response

The Myanmar Red Cross Society (MRCS), established under the Myanmar Red Cross Society Law (2015), is the country's oldest and most widely present humanitarian organization. With an extensive branch network and trained volunteers across the nation, MRCS continues to play a leading national role in the earthquake response. MRCS's nationwide response capacity has been central to the operation. The National Society has 1,827 trained Emergency Response Team (ERT) volunteers available for response and deployment, in addition to 7,074 core Red Cross Volunteers (RCVs) active at community and township levels. Its preparedness and logistics capacity is further supported by a network of 32 warehouses across the country.

Under the crisis mechanism of Seville Agreement 2.0, MRCS acts as the primary convener of Movement partners in-country, ICRC as co-convener and with IFRC strategically supporting the overall response, the Federation-wide appeal coordination and providing technical, operational, and surge support. A total of 32 IFRC Network members have supported MRCS through cash pledges, in-kind contributions, or technical assistance. Through the IFRC surge system, 43 Rapid Response and Emergency Response Unit personnel were deployed to support the operation.

Immediately after the 28 March earthquake, MRCS activated its national Emergency Operations Centre (EOC) and mobilized hundreds of Red Cross Volunteers (RCVs) from affected branches, many of whom were impacted. Additional staff and volunteers from other regions were deployed to reinforce the local response. MRCS teams have delivered a range of emergency services, including search and rescue, first aid, pre-hospital care, ambulance services, emergency relief, water production for safe drinking water, installation of emergency latrines, provision of family tents, and distribution of food, relief items, and multipurpose assistance. MRCS's branch and volunteer network enabled sustained access to communities, including in areas with operational and movement constraints, supporting continuity of assistance throughout the response, while MRCS has used this response to become better prepared and more developed for future emergencies, strengthening its people and internal systems.

MRCs has also contributed to joint inter-agency assessments, including Rapid Needs Assessments (RNA) and the Multi-sector Initial Rapid Assessment (MIRA), covering 55 townships. Findings indicate that more than half of houses in assessed villages were damaged; shelter remains a primary driver of displacement and prolonged informal living conditions; sanitation infrastructure is severely compromised, with tens of thousands of latrines destroyed; and households are experiencing reduced purchasing power despite functioning markets. Protection and psychosocial risks also remain high, particularly among already vulnerable populations.

As of 31 March 2026, MRCs reached 45,931 households, representing 216,070 people affected by the earthquake, including 95,680 men and 120,390 women. The response supported by the IFRC network, the ICRC and other partners, has included emergency shelter support, multipurpose assistance, health services, water, sanitation and hygiene interventions, and community engagement activities. MRCs has demonstrated strong operational reach through its extensive volunteer network, enabling access to hard-to-reach and areas affected by hostilities. However, the scale and complexity of the crisis, compounded by pre-existing vulnerabilities and operational constraints, continue to place significant pressure on MRCs capacity. The ongoing emergency appeal is therefore focused on sustaining life-saving assistance while transitioning towards early recovery, with an increased emphasis on quality, accountability, and strengthening systems to support longer-term resilience.

Through the IFRC Emergency Appeal, a total of 112,673 people were supported including 51,204 men and 61,469 women. This mainly through the provision of shelter relief item, health and WASH services, Cash and Voucher Assistance (CVA), including multipurpose assistance, grants for shelter construction and grants for latrine construction. As the operation follows a holistic approach, many households received assistance from more than one sector. To avoid double counting, the total unique people reached is based on the highest sectoral reach, which was recorded under the shelter sector. This means the figure reflects the overall reach of the IFRC Emergency Appeal, while recognizing that the same households may have received multiple types of assistance across different sectors.

MRCs, supported by IFRC and the wider IFRC Network, delivered assistance across 37 townships through a decentralised operational structure supported by three regional hubs and hundreds of deployed staff and volunteers. Through the Federation-wide Appeal, the operation mobilised support from 32 IFRC Network members and deployed 43 surge personnel to support coordination, technical assistance, logistics, information management, and sectoral response activities. More than 698 staff and Red Cross Volunteers were mobilised during the response, while MRCs also delivered approximately 14 per cent of all reported multipurpose assistance provided during the earthquake response in Myanmar.

The relatively high number of people reached under the WASH and Health sectors reflects the nature of these interventions, which often provide broader community-level services and public health benefits beyond direct household assistance. Activities such as mobile health services, water distribution, communal sanitation facilities, hygiene promotion, and public awareness sessions were designed to reach large groups of people simultaneously. As a result, sectoral figures should be understood as activity-level reach and may be proportionally higher than sectors primarily focused on targeted household assistance.

PEOPLE REACHED BY SECTOR

■ Female ■ Male

WATER, SANITATION & HYGIENE

26,742 Household



HEALTH & CARE



SHELTER, HOUSING & SETTLEMENTS

27,405 Household



CASH & VOUCHER ASSISTANCE

23,428 Household



ENVIRONMENTAL SUSTAINABILITY

1,705 Household



PROTECTION, GENDER & INCLUSION (PGI)



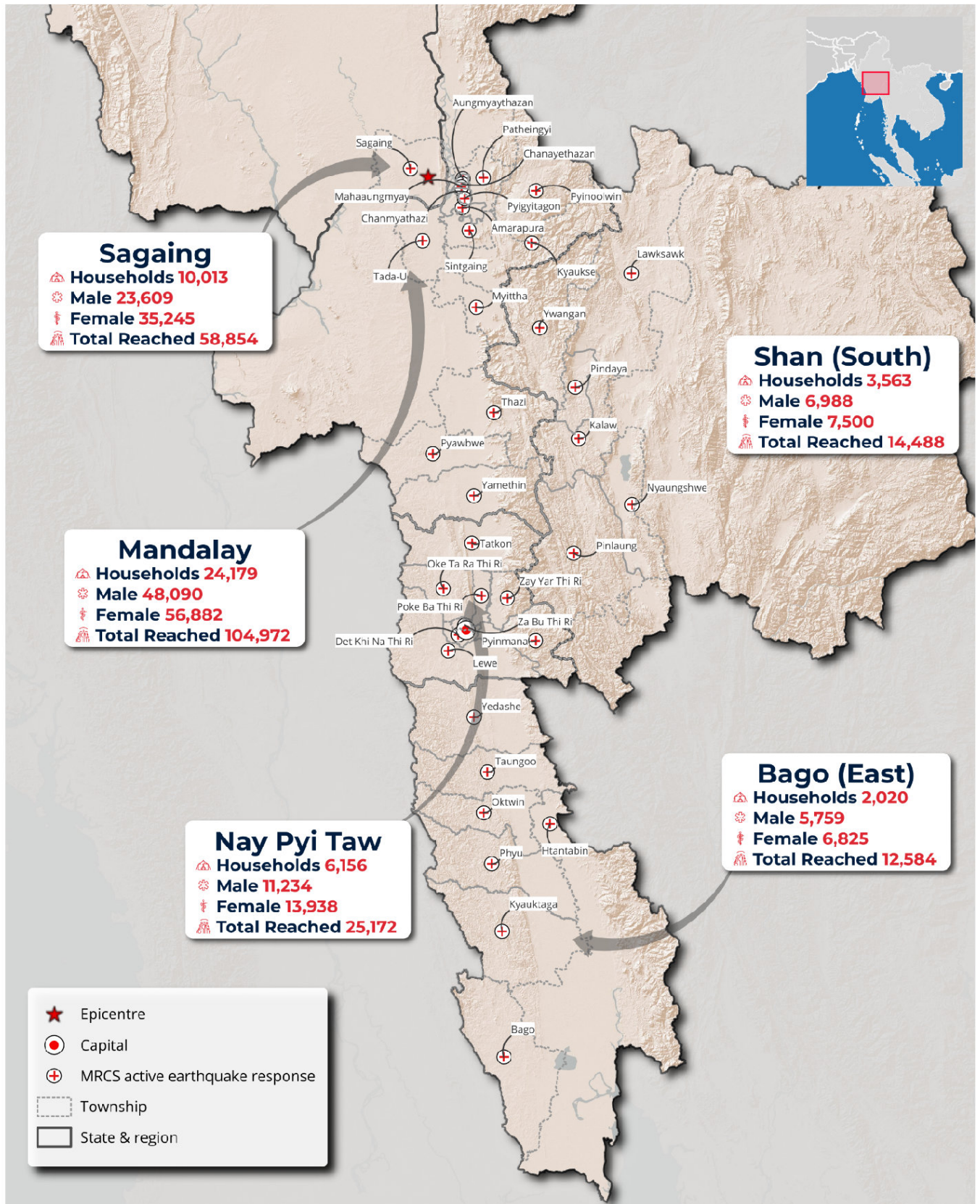
Sectoral figures reflect activity-level reach and may include repeated or overlapping support to the same households across multiple interventions. In addition, some sectors, such as Health & Care and PGI, include individual-level services and interventions. Therefore, household figures may not fully reflect the total number of people reached in these sectors.

IFRC Network:
32 National Societies

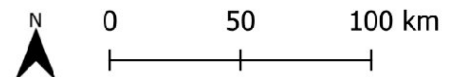
Volunteers:
698 volunteers

Location:
37 townships

OVERVIEW OF MRCS RESPONSE BY LOCATIONS, SECTORS & PEOPLE REACH



Date Produced: 14 May 2026
 The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
 Data & Map: MIMU, RNA and MRCS



Complementary Support Through the Typhoon Yagi Operation

In addition to the activities implemented under the earthquake emergency appeal, MRCS also provided complementary multisectoral assistance to earthquake-affected communities, in areas that were covered under MDRMM021: Typhoon Yagi, which remained active until 30 September 2025. Supported by the IFRC Secretariat, these activities reached 23,313 earthquake-affected people across nine townships, including four townships in Mandalay Region, two in Bago Region, and two in Naypyitaw Union Territory. This complementary support included health assistance for 1,713 people, shelter support for 8,192 people, WASH services for 7,450 people, and multipurpose assistance for 15,121 people. These interventions helped reinforce and complement the wider earthquake response during the early recovery phase.



IFRC and MRCS teams conduct a key informant interview during a joint field visit to gather first-hand information and support evidence-based response planning. April 2025 (Photo: IFRC)

NEEDS ANALYSIS

Needs remain complex and multi-sectoral across earthquake-affected communities. The Vulnerability and Capacity Assessment (VCA) conducted in Sagaing confirmed that affected communities continue to face interconnected risks across shelter, health, WASH, livelihoods, and disaster preparedness. These risks are further compounded by pre-existing vulnerabilities, including flooding, poverty, exposure to hostilities, limited access to essential services, and reduced household coping capacity. The findings highlight that recovery needs go beyond reconstruction and relief assistance, requiring integrated support that addresses both immediate vulnerabilities and future disaster risks.

Across assessed communities, livelihoods recovery, access to safe water, shelter repair, health services, and drainage improvements emerged as some of the most consistently prioritised needs. The VCA also highlighted the close interconnection between household recovery, community recovery and wider community infrastructure, with many communities identifying roads, water systems, schools, and communal facilities as critical to restoring livelihoods, access to services, and overall resilience.

Recovery is taking place within a wider context of economic instability, displacement, hostilities, climate-related shocks, and weakened household coping capacity. Many earthquake-affected communities were already facing pre-existing vulnerabilities prior to the disaster, including repeated flooding, disrupted livelihoods, limited access to services, and rising debt levels. As a result, recovery needs remain closely linked to broader humanitarian and resilience challenges across affected areas.

One year after the earthquake, affected villages continue to report significant recovery needs, particularly in livelihoods, health services, and WASH. Livelihood assistance, including grant or in-kind support, remains one of the highest and most widely reported priorities, suggesting that many households are still facing difficulties in restoring income, meeting basic needs, and recovering from the economic impact of the disaster. Many households continue to live in damaged or partially repaired homes as locations for small businesses, food storage, agricultural activities, or income generation. As a result, shelter recovery remains closely linked to livelihoods recovery, with incomplete repairs continuing to limit household income, economic stability, and the ability of families to fully restore normal living conditions. The need for mobile clinic services also remains important, indicating continued gaps in access to basic health care in affected areas. While markets across many affected areas are generally functioning and essential goods remain available, rising prices, transport costs, and reduced purchasing power continue to limit household recovery. Many vulnerable families remain heavily reliant on external assistance, debt, or negative coping strategies to meet basic needs, particularly in rural and lower-income communities.

WASH-related needs are also prominent across the villages, including safe water supply, water purification systems, water storage tanks, household water filters, latrine construction, drainage improvement, and hygiene facilities. This shows that many communities are still facing challenges related to access to safe water and sanitation one year after the earthquake. Shelter repair, school-related repairs, road repair, and other community infrastructure needs are also reported, although these appear to vary more by location. Overall, the findings suggest that recovery needs remain both household-level and community-level, requiring continued support for livelihoods, health, WASH, shelter, and basic infrastructure restoration.

ONE YEAR AFTER THE EARTHQUAKE RECOVERY NEEDS REMAIN AFFECTED COMMUNITIES CONTINUE TO FACE COMPLEX AND INTERCONNECTED RECOVERY NEEDS ACROSS MULTIPLE SECTORS.

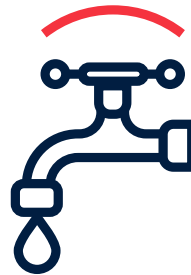


LIVELIHOODS

Households still need support to restore income.

WASH

Safe water, sanitation, and drainage remain key needs.



HEALTH

Mobile clinic services remain important.

SHELTER

Many families are still living in damaged or partially repaired homes.



INFRASTRUCTURE

Community water sources, communal latrines, and community centres remain important for recovery.

OPERATIONAL RISK ASSESSMENT

Operational risks have evolved over the course of the response as context changed. Overall, the risk level has remained broadly stable due to active mitigation measures. In the immediate aftermath of the earthquake, the primary risks related to aftershocks, safety of staff and volunteers, and rapid scale-up capacity. As the operation progressed, these risks reduced, with greater emphasis placed on delivery risks, including access constraints, supply chain disruptions, and financial controls linked to the scale-up of multipurpose assistance.

The onset of the monsoon season² introduced predictable but significant environmental risks, particularly flash flooding, transport disruption, and delays in shelter construction and distributions, which required strengthened contingency planning and pre-positioning. The election period between December 2025 and January 2026 also brought a temporary increased likelihood of contextual and security risks, including the potential for localised tensions, movement restrictions, and operational delays. While these risks did not materialise at scale, they required close monitoring and flexible contingency planning.

Access constraints and operational unpredictability have also remained important contextual risks throughout the operation. Movement restrictions, changing local administrative requirements, and insecurity in some areas have required continuous coordination, flexible planning, and regular adaptation of operational timelines and delivery approaches. MRCS's branch network, volunteer presence, and community acceptance have remained critical in maintaining operational continuity across affected areas.

Seasonal conditions have also continued to affect the operation. Extreme heat, particularly between March and May, has created health and safety risks for affected communities, staff, and volunteers. This has implications for delivery timelines, field movement, and staff welfare.

More recently, external economic risks have become more prominent. The Middle East crisis has had indirect but tangible effects on the operation, contributing to rising fuel costs, market price volatility, and reduced purchasing power among affected populations. Fuel price monitoring between February 2026 and March 2026 showed a sharp increase in fuel costs across the country, with diesel prices more than doubling in many areas and Octane95 also increasing significantly. This has direct implications for the Earthquake Operation, as higher fuel costs may increase transport, warehousing, generator use, and last-mile delivery expenses. These pressures are occurring alongside wider operational constraints, including fluctuating market availability, supplier uncertainty, transport delays, and challenges securing stable quotations for relief items and construction materials. In some locations, rapid price fluctuations and supply chain disruptions have required procurement processes to be revised or retendered to ensure value for money and operational feasibility.

The rise in fuel prices may also affect procurement costs. This is not limited to transport costs only. Higher fuel prices can increase the cost of raw materials, production, and supplier handling, which may lead to higher prices for relief items, shelter materials, WASH items, household goods, and other operational supplies. This risk applies to both domestic and international procurement. For international procurement, increased freight charges, fuel surcharges, port handling, customs clearance, and in-country transport may increase the final delivered cost of goods. For domestic procurement, local suppliers may adjust quotations to reflect higher production and distribution costs.

² The southwest monsoon is likely to enter Myanmar from late May/early June and withdraw from the country in second week of October 2026. Department of Metrology and Hydrology, Myanmar.

These economic pressures may affect the overall cost-efficiency of the operation, the adequacy of grant amounts, procurement planning, delivery timelines, and the quantity of assistance that can be delivered within available funding. As a result, the operation will need to continue close monitoring of market prices, supplier quotations, transport costs, and cash transfer values to ensure that operational planning remains realistic and responsive to changing market conditions.

The long and intense nature of the response has also created operational pressures on staff and volunteers, particularly those simultaneously affected by the earthquake or managing repeated emergency deployments. MRCS and IFRC have therefore continued to strengthen measures related to staff welfare, volunteer insurance, safety briefings, psychosocial support, and duty of care to help sustain operational capacity throughout the recovery phase.

Across the response, key risk categories such as financial management (including cash handling and fraud prevention), partner capacity, data management, safeguarding and accountability to affected populations have remained consistent areas of focus. These have been managed through strengthened systems, including SOPs, monitoring tools, and oversight mechanisms. A comprehensive risk matrix is reviewed and updated on a quarterly basis, with clear mitigation and contingency measures identified and implemented with the support of a dedicated risk management and compliance staff. Overall, while the nature of operational risks shifted over the course of the response, the operation continued to adapt its planning and implementation approach in line with changing realities on the ground. The response highlighted the importance of flexible operational planning, strong field coordination, practical mitigation measures, and the operational reach of MRCS branches and volunteers in maintaining continuity of assistance in a complex environment.

Operational Strategy

UPDATE ON THE STRATEGY

The overall operational strategy remains consistent with the published Operational Strategy, with no fundamental shifts in strategic direction. The response continues to be anchored around three core pillars: relief, recovery, and readiness, the latter under the framework of National Society development. However, the scale of implementation has been adjusted to reflect funding realities. While the initial Federation-wide appeal targeted approximately CHF 100 million, the operation has mobilised CHF 29.45 million, closer to 30% this amount. As a result, sectoral targets, geographic coverage, and caseloads have been proportionally reduced, with prioritisation applied to the most vulnerable populations and highest-impact interventions.

This adjustment does not reflect a reduction in the overall scale of needs, but rather the operational reality of balancing available funding, implementation capacity, access constraints, and recovery priorities. As a result, the operation increasingly prioritised interventions that combined direct household recovery support with longer-term resilience and preparedness outcomes.

Despite this funding gap, the IFRC Network and MRCS have been able to deliver a substantial and impactful response across multiple sectors and geographic areas, prioritising life-saving assistance, early recovery, and support to the most vulnerable communities. At the same time, the response has remained flexible, allowing adjustments to be made as needs, access, operational capacity, and funding levels evolved.

The strategy has also increasingly relied on the operational reach and local presence of MRCS branches and volunteers to support community engagement, contextual adaptation, and continuity of assistance across affected areas. This locally led approach has remained central to implementation, particularly in locations where operational access, logistics, and market conditions continued to fluctuate throughout the response.

The table below outlines the key areas of adjustment and the expected implications for the operation.

Strategic Area	How it has been change	Implication for the operation
Operational phase	The operation has shifted from immediate life-saving relief towards early recovery, recovery and resilience.	Relief activities continue where needed, but more attention is now placed on restoring homes, livelihoods and community capacities.
Prioritisation	Greater focus has been placed on the most-vulnerable communities and interventions with the highest expected impact.	Resources are being used more selectively to maximise impact within the available budget.
Integrated recovery approach	Recovery planning is moving from separate-sector based activities towards integrated community outcomes.	Shelter, livelihoods, health, WASH, PGI, CEA and preparedness activities are expected to reinforce one another.
Programme sequencing	Interventions are being sequenced more deliberately, starting with MPCA, followed by shelter support and now livelihoods recovery.	The operation can better respond to changing household needs over time, from immediate survival needs to longer-term recovery.
Multipurpose Cash Assistance	MPCA was initially planned as a limited short-term intervention but was expanded based on monitoring findings and community feedback.	Cash has become preferred recovery tool, supporting household priorities across food, shelter, health, WASH, livelihoods and basic needs.
Shelter support	The approach has shifted from rapid temporary shelter support towards safer and more durable shelter solutions.	Shelter activities have taken longer, but quality, safety and resilience are strengthened.
Livelihoods recovery	Livelihoods support is becoming a larger focus in the coming implementation period.	The operation is moving beyond household relief towards restoring income, small businesses and community recovery.
Community-led planning	Greater emphasis is placed on community participation, local decision-making and area-based planning, including the use of VCAs.	Communities have a stronger role in identifying priorities and shaping recovery interventions.
Resilience and preparedness	Stronger focus is placed on MRCS systems, branch readiness, preparedness and emergency response capacity, including search and rescue.	The operation supports communities not only to recover, but also to better prepare for future shocks.
National Society Development	Stronger focus is placed on MRCS systems, branch readiness, preparedness and emergency response capacity, including search and rescue.	MRCS capacity is strengthened for both the current operation and future emergencies.

Overall, the operational strategy has continued to evolve in line with funding realities, operational learning, and changing community needs. While the overall strategic direction remains consistent with the Emergency Appeal, implementation has increasingly focused on prioritised, integrated, and recovery-oriented interventions designed to maximise impact within available resources.

Shelter, Housing and Settlements

OBJECTIVE:

COMMUNITIES IN AFFECTED AREAS AND DISPLACED INDIVIDUALS RESTORE AND STRENGTHEN THEIR SAFETY, WELL-BEING, AND LONGER-TERM RECOVERY THROUGH SHELTER AND SETTLEMENT SOLUTIONS.

112,673

People reached through shelter and household item assistance

574

Household supported through semi-permanent shelter or house repairs

116,929

Number of items distributed from 7 types of shelter item distributed

1,260

People oriented on build back safer and shelter safety

Female > 18
53,593

Female < 18
7,876

Male > 18
43,187

Male < 18
8,017

PROGRESS TOWARDS OBJECTIVES

Appeal, the highest reported shelter reach, 112,673 people, was mainly achieved through the mobilisation and distribution of essential relief items, particularly emergency blankets, alongside other items such as tarpaulins, standard blankets, kitchen sets, shelter toolkits, tents, and solar lamps. These items were commonly distributed as part of household relief packages, based on family size, level of damage, vulnerability, and priority needs.

The shelter reach figure primarily reflects the large-scale distribution of emergency shelter and household items delivered during the relief phase, including tarpaulins, blankets, kitchen sets, tents, shelter toolkits, and related household support items. Recovery shelter activities such as shelter construction and house repairs are more targeted interventions and therefore represent a smaller proportion of the overall shelter reach at this stage of the operation.

This figure should be understood within the broader MRCS shelter response. The IFRC Emergency Appeal contributes to the overall MRCS support to affected households but does not cover every aspect of shelter assistance. MRCS applies a holistic approach, where some of the same households reached with relief items during the emergency phase are also being supported or considered for recovery assistance as the operation moves forward. As the response transitions into recovery, the focus is shifting from emergency shelter items towards more durable shelter solutions, safer construction, household-level recovery support, and shelter safety awareness. The details of each type of shelter assistance and its contributor are explained below. Other IFRC Network members, including Danish Red Cross, German Red Cross, Indonesian Red Cross, Korean Red Cross, Norwegian Red Cross, and Singapore Red Cross, have also contributed through funding for shelter construction and the mobilisation of in-kind emergency relief items.

The operation has increasingly shifted from broad emergency shelter support towards smaller-scale but more resource-intensive recovery shelter interventions.

SHELTER CONSTRUCTION

During the recovery phase, MRCS and the IFRC have prioritised house repairs and shelter construction in locations with the highest severity, compounded by socio-economic vulnerabilities, loss of lives and livelihoods, and the extent of damage. House repairs enable households to remain in or return to their homes in safety and dignity, particularly for low-income families who lack the financial means to prioritise repairs over other essential needs. Semi-permanent shelters provide a vital bridge between emergency relief and permanent reconstruction, enabling families to regain safety, privacy and autonomy. When paired with household latrines and supported by technical guidance, such interventions lay the groundwork for safe recovery while strengthening community resilience and dignity.

Compared to emergency relief distributions, recovery shelter activities require significantly more time for assessments, community consultation, technical design adaptation, procurement, beneficiary orientation, construction monitoring, and quality assurance. MRCS and IFRC therefore prioritised a more deliberate and quality-focused approach to shelter recovery in order to support safer, more durable, and more accountable shelter outcomes.

As of 31 March 2026, MRCS has reached 574 households or 2,320 people through either semi-permanent shelter with WASH support (163 households; 611 people) or house repairs (411 households; 1,709 people) in Mandalay Region (Tada-U and Pyawbwe townships) and Sagaing Region (Sagaing Township). Through the IFRC Emergency Appeal, 89 households or 325 people were supported with semi-permanent shelter with WASH, and 378 households or 1,588 people were supported with house repairs.

Semi-permanent shelter and sanitation support was provided through conditional grants, disbursed in three tranches of 30 per cent, 50 per cent and 20 per cent. Each tranche was linked to construction progress and accompanied by technical support and quality control checks. This approach helped ensure that households could manage their own construction while receiving guidance to meet agreed shelter and sanitation standards.

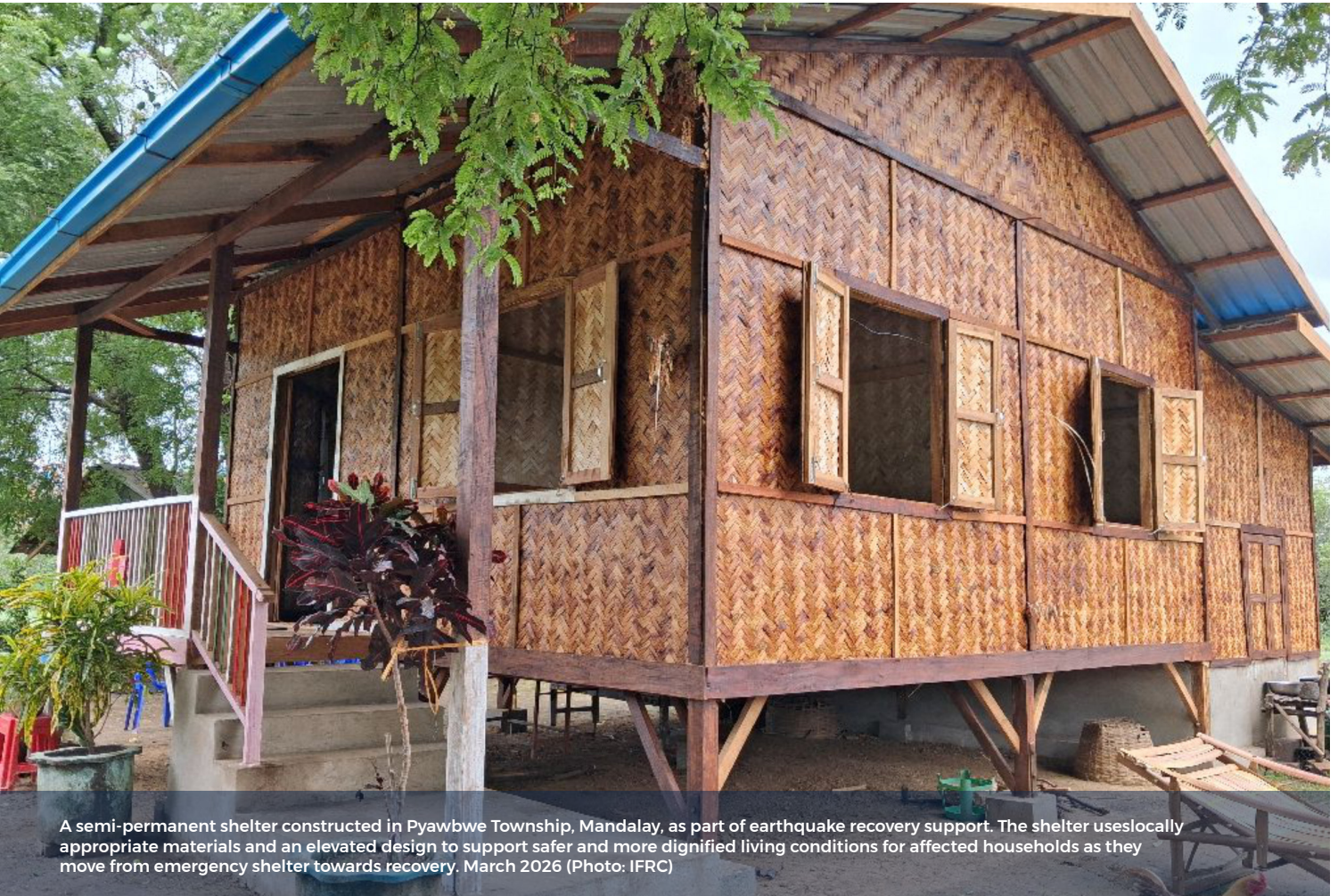
At the start of the project and prior to construction, household members, community committees and builders are briefed in detail on the shelter design, including key construction requirements, integration of reinforcements and Build Back Safer (BBS) measures and site safety, using Information, Education, and Communication (IEC) materials and technical drawings. Sensitisation on incorporating BBS techniques into traditional housing, such as raised foundations, ground anchoring, bracing, reinforced connections, and appropriate roofing and fixings is provided to demonstrate how these improvements can enhance multi-hazard resilience to earthquakes, cyclones and flooding. To date, 1,260 people, including community members, committee members and builders, have participated in these awareness sessions.

While the original Operational Strategy envisaged a broader rollout of PASSA activities, the operation integrated safer shelter awareness and BBS approaches directly into shelter programming through community orientation sessions, technical guidance, and on-site support to households, builders, and community committees. A simplified community-based awareness and orientation approach was prioritised in place of a full PASSA rollout, reflecting operational timelines, evolving recovery priorities, and available resources, while still ensuring that key safer construction and resilience messages were incorporated into shelter interventions.

Within the next few months, similar activities are planned to start in Southern Shan State, Nyaungshwe and Pinlaung townships and Naypyitaw, Pyinmana and Tatkon townships.

The shelter design consists of two rooms, kitchen, living room and veranda. The WASH components include latrine, handwashing and bathing space. Additional features include one solar system (including solar panel, battery, lighting units and sockets) and one rainwater harvesting system with water storage tank per shelter. The shelter is a traditional style house reinforced for multi-hazard resilience, therefore culturally and climate appropriate.

The shelter approach was designed to maximise community participation and local ownership. Wherever possible, local labour, local suppliers, and community committees were engaged throughout implementation, helping support local markets, strengthen community oversight, and ensure shelter solutions remain aligned with local construction practices and household preferences.



A semi-permanent shelter constructed in Pyawbwe Township, Mandalay, as part of earthquake recovery support. The shelter uses locally appropriate materials and an elevated design to support safer and more dignified living conditions for affected households as they move from emergency shelter towards recovery. March 2026 (Photo: IFRC)

KEY STEPS:

- MRCS facilitates market assessments to analyze the availability of materials and local skills, informing the design and Bill of Quantities (BoQs) with updated market prices.
- MRCS facilitates community committees and households to identify suppliers and skilled unskilled labor.
- Development & review of semi-permanent shelter and latrine design with the community committees.
- Community committees and beneficiaries' orientation sessions on project on 'Build Back Safer' and sustainable construction practices (e.g. utilization of bamboo and local timber, local designs etc.).
- Contracts are signed between community committees, households, builders and suppliers, with MRCS witnessing the process.
- Construction of semi-permanent shelter and sanitation facilities through conditional cash disbursements in 3 tranches (30/50/20%), technical support and construction quality control in between tranches.
- Regular door-to-door monitoring, quality assurance, technical support and Community Engagement and Accountability (CEA) follow-up by MRCS staff and volunteers.
- Post-construction monitoring conducted one month after completion, to evaluate durability, safety, appropriateness and user satisfaction.

CONDITIONAL GRANT PROCESS

SEMI-PERMANENT SHELTER SUPPORT IS DISBURSED IN 3 TRANCHES LINKED TO CONSTRUCTION PROGRESS AND QUALITY CHECKS.



Note: Each tranche is released after verification of construction progress and technical quality.

HOUSE REPAIRS

Light repairs to existing housing stock are a critical shelter intervention for vulnerable households reporting minor to moderate damage but lack the financial means to prioritize repairs over other essential needs.

Given that each house varies in size, condition and construction type, damage levels are assessed by IFRC and MRCS technical staff through household visits using a digital assessment form using KOBO Collect. Damage is documented with photo evidence across key building components, including structure, walls, roofing, flooring and ceiling, openings and WASH facilities. This assessment determines eligibility for assistance for repair support, which is disbursed in two tranches (50/50 of the total amount).

For common typologies such as timber frame, bamboo frame, and brick nogging houses, structural improvements may be included within budget limits. These can involve upgrades such as concrete footings, bracing, or the replacement of damaged structural elements (e.g. cracked posts and rafters). Where damage exceeds repair thresholds or requires specialized structural engineering expertise, the household will instead be supported through assistance for semi-permanent shelter, following the demolition of the existing structure.

SHELTER ITEM DISTRIBUTION

A total of 112,673 people were reached with essential shelter and household items. During the relief phase and early recovery period, MRCS, with support from IFRC and partners, distributed essential shelter and household items to help earthquake-affected families meet immediate needs after the disaster. These items were generally provided as part of a relief package for household use, often combined with other items based on family size, level of damage, vulnerability, and priority needs.

The distributions helped families improve basic living conditions, protect themselves from weather exposure, and replace essential household items lost or damaged during the earthquake. Tarpaulins, tents, and shelter toolkits supported temporary shelter and basic repair needs, while kitchen sets

helped households resume daily cooking and food preparation. Blankets and emergency blankets provided warmth and protection, particularly for families staying in temporary shelters, damaged homes, or displacement sites. Portable solar lamps supported safer movement and basic lighting, especially in areas with limited or disrupted electricity.

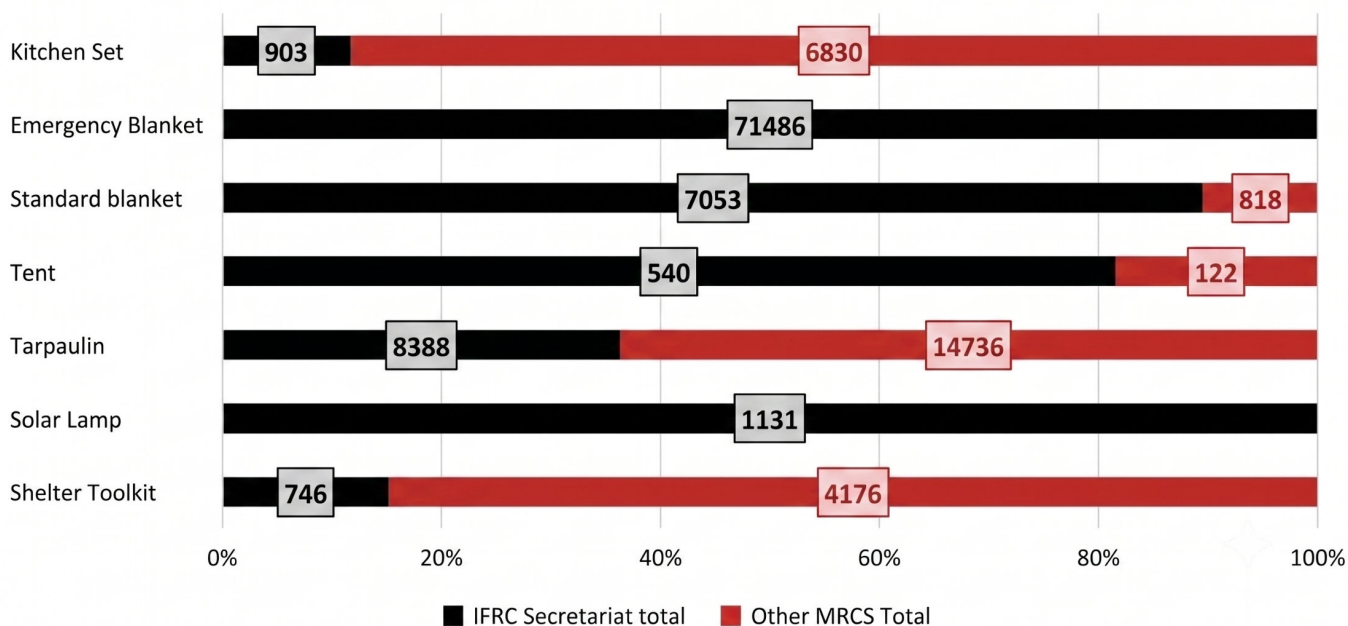
Consistent distribution of shelter and household items also helped ensure that affected families received a balanced package of support, rather than isolated items on a single occasion. This approach supported more equitable assistance across locations, reduced gaps between households, and helped families manage immediate needs while longer-term shelter and recovery support was being planned.



Interior and household latrine of a shelter in Pyawbwe Township, Mandalay, supporting safer and more dignified recovery for earthquake-affected households. March 2026 (Photo: IFRC)

QUALITY OF RELIEF ITEMS DISTRIBUTED

MRCS OVERALL AND IFRC SECRETARIAT



PEOPLE REACHED THROUGH RELIEF ITEM DISTRIBUTION

	Male (M)		Female (F)		Total	
	MRCS overall	IFRC Secretariat	MRCS overall	IFRC Secretariat	MRCS overall	IFRC Secretariat
Shelter Toolkit	10,342	1,699	12,563	1,911	22,905	3,611
Solar Lamp	2,577	2,577	2,898	2,898	5,474	5,474
Tarpaulin	30,256	9,554	36,315	10,746	66,571	20,301
Tent	1,508	1,230	1,696	1,384	3,204	2,614
Standard blanket	12,288	11,011	14,542	13,031	26,830	24,042
Emergency Blanket	51,204	51,204	61,469	61,469	112,673	112,673
Kitchen Set	14,754	2,057	17,643	2,314	32,397	4,371

The figures above represent item-level distribution and associated reach. They should not be added together as total unique reach, as the same household may have received multiple items as part of one relief package.

Livelihoods

OBJECTIVE:

COMMUNITIES IN AFFECTED AREAS AND DISPLACED INDIVIDUALS RECOVER THEIR WAY OF LIFE AND INCOMES- THROUGH SUSTAINABLE LIVELIHOODS ASSISTANCE PROGRAMMES PROMOTING SOCIOECONOMIC INTEGRATION AND ECONOMIC SECURITY.

126,922

People reached with food assistance

Female > 18	Female < 18
34,615	5,087
Male > 18	Male < 18
29,772	5,527

PROGRESS TOWARDS OBJECTIVES

In Operational Update 4, MRCS reported a total of 126,922 people supported with food assistance under this livelihoods section. As the livelihoods indicator has since been further clarified, this section now reports only people reached through specific livelihoods interventions.

While livelihoods-specific activities have not yet been implemented at scale, important groundwork has been completed to support the transition from relief towards recovery. MRCS and IFRC have used findings from MIRA, inter-agency assessments, market analysis, cluster coordination, community feedback, PDM, and VCA processes to refine the livelihoods recovery approach and identify priority communities and recovery pathways. The recovery target has been revised from 15,000 to 12,000 households, reflecting funding realities and operational priorities. This adjustment reflects both funding realities and the operational complexity of livelihoods recovery programming. Compared to emergency relief assistance, livelihoods interventions require additional assessment, market analysis, targeting verification, technical design, and community consultation to ensure support remains appropriate, feasible, and aligned with local recovery priorities. Approximately 80 per cent of this target is expected to be supported through the IFRC Appeal, with the remaining 20 per cent supported through wider MRCS partners and bilateral contributions. The planned livelihoods package will focus on vulnerable households while also supporting small businesses and community-level recovery activities that contribute to wider economic recovery. Depending on community context and feasibility, support may include small business recovery grants, replacement of productive assets, vocational skills support, household income generation activities, and targeted Cash for Work interventions linked to community recovery priorities.

For reporting consistency, this section now reports only people reached through specific livelihoods interventions rather than broader food assistance distributions reported previously.

CHALLENGES

Livelihoods recovery remains highly complex. Many affected households are still dealing with damaged housing, displacement, reduced access to markets, limited financial services and the wider economic pressures affecting Myanmar. For many families, shelter recovery remains a precondition for restarting income generation, particularly where homes are also used for storage, production, small business or agricultural activity³.

The sequencing of the response has also meant that livelihoods activities have not yet started at scale. This phased approach was intentional and reflected the operational priority of first stabilising households through emergency relief, multipurpose assistance, and shelter support before moving towards more targeted economic recovery activities. It also allowed additional time to better understand local market conditions, recovery capacities, and community priorities across affected areas. However, it also means that the second year of the operation will need to show clear progress in moving from assessment and planning into implementation.

³ Source: MRCS Multipurpose Assistance Post-Distribution Monitoring results.

Targeting will require careful balancing between household vulnerability and wider community recovery needs. In addition to vulnerable households, livelihoods programming must also consider local markets, small businesses, productive assets, and community services that support broader economic recovery. While the VCA process has helped identify priority communities, household-level verification and selection processes still need to be completed.

Protection and safeguarding considerations will remain integrated throughout livelihoods implementation, including through community engagement and participation, feedback mechanisms, PSEA awareness, and monitoring processes. As activities scale up, referral pathways and safeguarding measures will continue to be strengthened based on local context and operational realities.

NEXT STEPS

The operation will now move from planning and analysis into the identification, design and implementation of livelihoods recovery activities. The immediate priority will be to finalise the livelihoods package, agree selection criteria, and complete registration and verification of households and community groups to be supported. The VCA findings will be consolidated and used to define priority communities, relevant livelihood interventions and possible support to small-scale community infrastructure. This will include identifying where household-level support, business recovery grants, asset replacement, vocational training or Cash for Work may be most appropriate.

MRCS and IFRC network will continue coordination with international actors such as FAO, IOM and relevant clusters, as well as local authorities and other partners to reduce duplication, align transfer values where possible, and ensure that assistance is complementary. Lessons from Cyclone Mocha and other recent responses the operation also recognises that MRCS is continuing to build its experience and operational capacity in livelihoods recovery programming.

As a result, the approach has intentionally focused on practical and locally relevant interventions that can be realistically implemented within the operational timeframe and available technical capacity. Before implementation scales up, MRCS and IFRC will continue strengthening targeting approaches, operational guidance, monitoring systems, community engagement processes, and technical support arrangements to ensure livelihoods activities are implemented consistently and accountably. Additional capacity building and orientation will also be provided to staff and volunteers to support implementation quality and community-level follow-up. Once activities begin, MRCS and IFRC will conduct regular monitoring and post-distribution monitoring to assess relevance, effectiveness, efficiency and utilisation of support. This will ensure that livelihoods assistance contributes not only to short-term income recovery, but also to longer-term economic security and community resilience.

Cash and Voucher Assistance

OBJECTIVE:

**DISPLACED INDIVIDUALS
IN VULNERABLE SITUATIONS
HAVE THEIR NEEDS ADDRESSED
THROUGH THE USE OF CASH.**

102,167

People reached

23,428

Households supported

50,332

Envelopes distributed

71,294

People received
up to 3 rounds

13,728

Households supported by
IFRC secretariat

59,866 people.

Female > 18

48,418

Female < 18

7,115

Male > 18

39,333

Male < 18

7,301

PROGRESS TOWARDS OBJECTIVES

Since the onset of the earthquake response MRCS, supported by the IFRC and the wider IFRC Network, has implemented one of the largest multipurpose assistances (MPA) interventions delivered through the Myanmar Red Cross system.

Between 28 March and 30 June, 23,428 households (102,167 people) received the complementary assistance of MMK 50,000 each (approximately CHF 12.50)⁴ alongside emergency shelter distributions, out of which 13,728 households (approximately 59,866 people) were supported by the IFRC Secretariat. This represents 58.6 per cent of the primary relief phase intervention supported by the IFRC Secretariat.

Complementary Cash Assistance	HH	Male (M)	Female (F)	Total People Reached
Bago (East)	1,610	3,960	4,264	8,224
Mandalay	8,918	18,463	22,225	40,688
Naypyitaw	3,866	7,640	9,248	16,888
Sagaing	5,504	9,213	12,147	21,360
Southern Shan	3,530	7,358	7,649	15,007
Grand Total	23,428	46,634	55,533	102,167

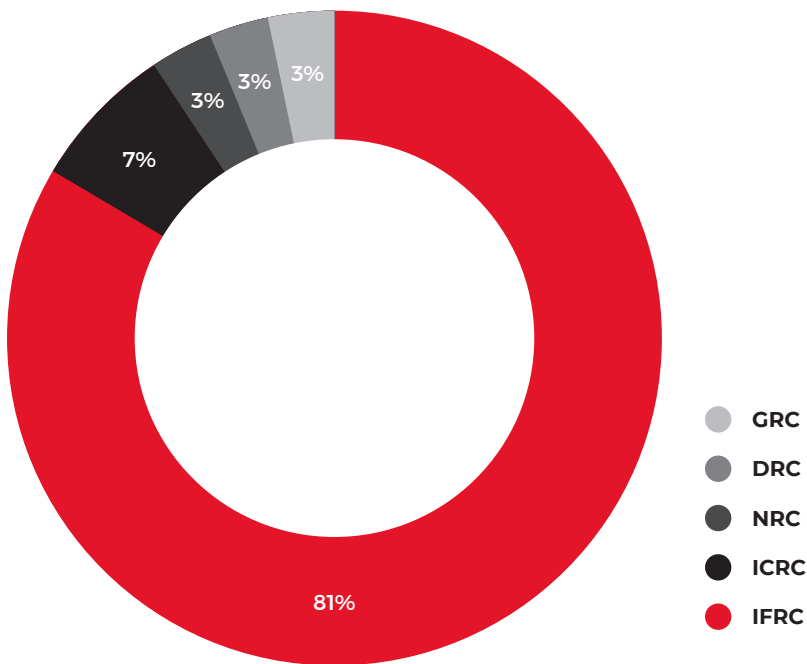
Building on the initial complementary assistance provided during the relief phase, MRCS completed three rounds of MPA distributions to vulnerable earthquake-affected households across Sagaing, Mandalay, Naypyitaw, Bago and Southern Shan. Across the three rounds, MRCS distributed 50,332 envelopes. As all households received support in more than one round, this figure reflects the total number of distributions made, rather than the number of unique households reached. In total, 16,851 households, representing 71,294 people, received up to three rounds of multipurpose assistance valued at MMK 400,000 (CHF 100)⁵ per household per round. This included 32,491 men and 38,803 women supported through the operation.

⁴For reporting consistency, an average exchange rate of CHF 1 = MMK 4,000 is used throughout this report. The CHF-MMK exchange rate fluctuated significantly between March 2025 and March 2026, ranging from approximately CHF 1 = MMK 3,600 to MMK 4,200.

⁵The MMK 400,000 comes from MMK 360,000 to cover the national Minimum Expenditure Basket (MEB) for basic survival inputs recommended by Myanmar CMWG, while an integrated top-up of MMK 40,000 was provided to buffer local transportation costs incurred by families traveling to central distribution points.

The MPA distributions were supported by several partners. Based on the funding share, the number of envelopes supported by each partner was as follows:

MPA DISTRIBUTION BY PARTNER



The chart above shows each partner’s contribution to the overall delivery of assistance. They should be understood as the number of distributions supported, not as unique people reached, because the same households may have received assistance across multiple rounds.

The unique number of people reached attributed to each partner is not a straightforward calculation, as MPA was delivered across three tranches, largely to the same household groups. In some cases, different partners supported different tranches in the same township or contributed to assistance for the same recipient population.

To reduce double counting, partner-attributed reach was calculated by retaining the highest people reached figure for each partner in each township. Where multiple partners supported the same township or tranche, the people reached was estimated proportionally based on each partner’s share of households supported.

As a result, partner-attributed reach figures should not be summed to calculate the overall MPA programme reach. Adding these figures together would overstate the total reach, as the same households may have received different tranches supported by different partner. The table below presents the people reached attributed to each partner for reporting purposes.

Donor	HH	Male (M)	Female (F)	Total People Reached
IFRC	15,562	30,555	36,357	66,912
GRC	785	1,627	1,930	3,557
DRC	988	1,976	2,397	4,373
NRC	1,055	1,931	2,258	4,189
ICRC	3,517	7,297	8,945	16,242



Multipurpose Assistance provided flexible support for earthquake-affected families, helping them prioritize urgent household needs such as food, shelter, health care, transport, and other essential expenses during early recovery. Distribution of MPA in Sagaing, December 2025 (Photo: IFRC)

The completion of the MPA programme represents a significant operational achievement and an important contribution to the wider international earthquake response. According to reporting through the Cash and Markets Working Group (CMWG), MRCS delivered approximately 23 per cent of all reported MPA provided during the first year of the earthquake response in Myanmar, of which 80 per cent came directly from the IFRC Emergency Appeal. The scale of the CVA response positioned MRCS as one of the largest contributors to multipurpose assistance during the earthquake response in Myanmar. Through its branch network, volunteer base, and operational presence across affected areas, MRCS was able to deliver large-scale MPA in locations where humanitarian access, financial infrastructure, and operational conditions remained highly complex.

The MPA package was designed as short-term support to help households meet immediate basic needs and stabilise their early recovery. Based on community feedback, exit interviews, PDM findings and market monitoring, the operation expanded to include an additional round of assistance. The findings reinforced that household recovery priorities remained highly interconnected, with MPA frequently supporting a combination of food, shelter repair, debt repayment, healthcare, transport, and livelihood recovery needs simultaneously.

As the operation transitions further into recovery, MPA is also increasingly being used as an enabling tool to support shelter recovery, livelihoods restoration, and household-level recovery planning, rather than only immediate consumption needs.

ADAPTATION, LEARNING AND QUALITY CONTROL

The MPA intervention demonstrated MRCS's capacity to deliver large-scale MPA in a complex operating environment with limited banking access and digital connectivity. The direct cash-in-envelope approach enabled delivery to affected communities where electronic transfers were not feasible, while QR-coded verification, ID matching, transaction tracking, and Kobo-based registration strengthened accountability, data protection, and transaction traceability.

Quality assurance was supported through exit interviews, community feedback channels, and information points at distribution sites. These mechanisms helped identify and address operational issues related to site management, waiting times, priority support for older people and persons with disabilities, and the integration of public health, protection, and community awareness messages during distributions. A consolidated PDM covering all three MPA rounds was completed to assess household satisfaction, expenditure patterns, and the broader effect of the assistance.




Exit interviews were conducted after each Multipurpose Assistance distribution to gather real-time feedback from recipients and improve the quality, accessibility, and accountability of future distributions. September 2025 (Photo: IFRC)


MYANMAR EARTHQUAKE RESPONSE

MPA POST DISTRIBUTION MONITORING (PDM)

KEY FINDINGS SNAPSHOT



2,214
Household Interviews Conducted



17
Focus Group Discussions



35
Key Informant Interviews




15
Townships Covered

1 HOUSEHOLD VULNERABILITY PROFILE



Household Characteristics

Average household size 5 members	Average age of household head 58 years	Households with persons with disabilities 14%
--	--	---




Dependency Profile

21% Households with children under 5	55% Households with elderly members (above 60)	64.8% Households with children under 5, elderly members, or both
--	--	--



Gender Dynamics

34% Female-headed households	71.2% Female cash holders	 <i>Women played a central role in managing household expenditures and prioritizing essential needs.</i>
33.2% 33.2% Female-led cash decision-making	28.9% Joint household decision-making	

2 MAIN USE OF CASH ASSISTANCE

Top Spending Priorities

 Essential household items	 Healthcare and medical expenses	 Food
---	---	--

Other spending included:

 Home renovation	 School fees	 Livelihood support	 Debt repayment
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Findings show that households prioritized immediate and essential needs following the earthquake.



3. SELECTION PROCESS AND FAIRNESS

- 73% were informed about beneficiary selection criteria
- Very low reports of jealousy or social tension
- Male concern: households missed during initial registration
- The selection process was generally perceived as fair and transparent.



4. INFORMATION AND ACCOUNTABILITY

- 98% understood where and how to receive assistance
- Majority were aware of vcomplaint and feedback mechanisms
- 9% reported raising complaints



5. TIMELINESS AND ADEQUACY

- 90% reported assistance was timely or very timely
- Cash assistance arrived during a critical period of urgent household need
- However: Some households reported that assistance was insufficient for:
- Shelter repair, Housing reconstruction Livelihood recovery



6. CHALLENGES DURING DISTRIBUTION

- Long waiting times
- Overcrowding
- Distance to distribution sites
- Limited shade and drinking water
- Challenges were mainly logistical and operational.

7. SAFETY, PROTECTION AND FRAUD RISKS

- Over 99% reported feeling safe during distribution
- Over 98% reported being treated with dignity and respect
- No major fraud, coercion, or safeguarding concerns identified
- Distribution was broadly perceived as safe and respectful.

8. SOCIAL COHESION AND COMMUNITY DYNAMICS

- 99% reported no negative impact on community relationships
- MPCA was broadly accepted and did not create significant social tension.

OVERALL CONCLUSION

- MPA effectively supported urgent household needs
 - Assistance was timely and appropriate
 - Response was broadly gender-responsive and inclusive
 - Implemented safely and transparently
 - Helped households stabilize living conditions following the earthquake
- Households continue to face longer-term recovery needs, particularly related to shelter and livelihoods.*

IFRC also maintained close engagement with UN OCHA who led the Cash and Markets Working Group (CMWG) throughout implementation, including participation in regular coordination meetings. This coordination contributed to harmonisation of transfer values, alignment with broader response approaches and strengthened complementarity across agencies. MRCS further utilised operational learning from the earthquake response to support cash preparedness and capacity strengthening activities, including CVA training initiatives and refinement of internal systems and procedures.

A comprehensive operational review of the MPA intervention was conducted in Mandalay, bringing together staff and volunteers involved in implementation. The review focused on identifying lessons learned and adapting operational processes to better reflect field realities and volunteer capacities. As part of this process, several data management and control steps were streamlined to improve efficiency while maintaining accountability and compliance standards. Particular attention was given to balancing the recommendations and technical requirements emerging from the CMWG with the need for simplified operational procedures capable of supporting timely implementation, clear reporting lines and practical field-level application.

The response also highlighted the limits of prolonged MPA as a standalone modality. While MPA was critical during the immediate and early recovery phases, discussions with communities, volunteers and technical teams increasingly pointed to the need to transition towards more targeted sectoral CVA interventions, particularly for shelter recovery, livelihoods, health and resilience-building.

OTHER SECTOR USING CVA MODALITIES

CVA was also used to support specific sectoral outcomes. Under WASH, 254 vulnerable households received grants of MMK 800,000 (CHF 200) to construct household latrines. Further details are included in the WASH section.

In health, MRCS integrated cash for health within clinical services by providing referral assistance and lump-sum support for inpatient cases. This helped affected people and families cover immediate health-related expenses, including prescribed medicines, transportation, food and other essential needs during hospitalization. People supported through CVA for health are reflected under the Health sector.

CHALLENGES

CVA delivery was shaped by the operating environment. Weak financial infrastructure, limited banking access, and unreliable digital connectivity restricted the use of mobile money or electronic transfers in many affected areas. As a result, direct cash-in-envelope distributions required strong financial controls, extensive volunteer mobilisation, careful site planning, and close operational oversight.

Targeting and verification were affected by population movement, as many households moved between temporary shelters, host communities, and partially repaired homes. This required continuous updates to beneficiary lists and close coordination with township branches, volunteers, and communities to reduce risks of duplication, exclusion or outdated records.

Inflation and wider economic pressures increased household reliance on MPA. Rising food prices, transport costs and reduced purchasing power created expectations for continued assistance beyond the original design of the programme. This highlighted the importance of balancing responsiveness to community needs with a timely transition towards recovery-focused support.

NEXT STEPS

- Consolidate and document operational learning from the three rounds of MPA implementation to inform future emergency cash preparedness, simplified operational procedures and large-scale CVA delivery models within MRCS.
- Continue analysing findings from the consolidated PDM exercise, exit interviews and community feedback mechanisms to strengthen future programme design, targeting approaches and accountability systems.
- Maintain strong Community Engagement and Accountability (CEA) integration within CVA programming, including community feedback channels, community representation and participation, and communication activities during future distributions and recovery interventions.
- Continue active engagement with the Cash and Markets Working Group (CMWG), including participation in coordination and deduplication activities, to support harmonised transfer values, complementarity and alignment with broader CVA response approaches.
- Build on the operational systems developed during the earthquake response, including QR verification, Kobo registration systems and transaction tracking tools, to strengthen future MRCS emergency cash readiness and preparedness capacity.
- Support the transition from short-term multipurpose assistance towards more sector-specific and recovery-focused CVA programming, particularly linked to shelter recovery, WASH, livelihoods and resilience-building activities.

Health & Care

PROGRESS TOWARDS OBJECTIVE

Over the first year following the March 2025 earthquake, MRCS reached a total of 135,683 people through integrated health and care services delivered with support from Movement partners including IFRC, ICRC, Danish Red Cross, Finnish Red Cross and Norwegian Red Cross. Activities were implemented across Sagaing, Mandalay, Naypyitaw, Bago and Southern Shan, with a particular focus on displaced populations and communities with limited access to health services.

Through the IFRC Emergency Appeal, MRCS provided 34,407 people with health-related interventions, including 15,782 men and 18,625 women. This support included the distribution of mosquito nets, the establishment and operation of Child-Friendly Spaces (CFS), health awareness sessions, and partial support to Mobile Health Clinic activities.

Building on the emergency phase of the response, MRCS progressively adapted its health and care approach to address evolving recovery needs. The response combined mobile clinical services, community health, mental health and psychosocial support (MHPSS), first aid, referrals, disease prevention, and health promotion activities through an integrated and community-based approach.

During the emergency response phase, under the IFRC Emergency Appeal, the IFRC Secretariat, with technical expertise from the Finnish Red Cross and Hong Kong Red Cross, deployed two consecutive surge Health Coordinators to support MRCS. In parallel, with technical expertise from the Danish Red Cross, an MHPSS surge delegate was deployed to strengthen mental health and psychosocial support interventions. MHPSS activities remained important throughout the response, particularly for displaced families, volunteers, children, and individuals affected by trauma, loss, uncertainty, and prolonged recovery pressures following the earthquake.

At the same time, the Japanese Red Cross Society (JRCS) mobilized an ERU mobile clinic team to Sagaing to reinforce the delivery of essential health services to earthquake-affected communities. Upon completion of the mission, the team handed over Inter-agency Emergency Health Kits (IEHK) to MRCS, including essential medicines, renewable supplies, key medical equipment, a malaria module, and a Post-Exposure Prophylaxis (PEP) kit.

In close coordination with JRCS and IFRC, MRCS subsequently distributed these supplies across Mandalay, Sagaing, and Southern Shan to sustain the continuity and quality of mobile health services.

OBJECTIVE:

COMMUNITIES IN AFFECTED AREAS AND DISPLACED INDIVIDUALS IN VULNERABLE SITUATIONS ARE PROVIDED WITH HIGH-QUALITY HEALTH AND CARE SERVICES, INCLUDING MHPSS.

135,683

People reached

Through integrated health and care services delivered by MRCS with support from Movement partners

34,407

People reached

Through IFRC Emergency Appeal-supported health interventions

37,175

People reached

Through mobile health clinic services

47,139

People reached

Through long-lasting insecticidal nets distribution

14,189

People reached

Through Mental Health and Psychosocial Support services

10,562

People reached

Through health education and promotion activities

272

Staff and volunteers trained

On public health priorities, disease prevention, and emergency health preparedness

202

Volunteers Trained

On first aid and trauma care

Female > 18

67,705

Male > 18

45,596

Female < 18

9,949

Male < 18

8,464

Figures represent different health and care interventions and should not be added together, as some people may have received more than one type of support.

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Sharing session between JRCS ERU nurses and MRCS Mobile Health Unit team, Sagaing (Photo: MRCS)

SERVICE DELIVERY AND HEALTH SYSTEM SUPPORT

Throughout the year, MRCS has continued operating mobile health clinics as a core modality to bridge gaps in access to health care services and reached a total of 37,175 people (Male 10,299; Female 26,876). With a strong support from the Norwegian Red Cross (NRC), IFRC and ICRC, the units initially deployed to address trauma and immediate needs, these services have evolved to respond to a broader range of conditions, including communicable disease, non-communicable diseases (NCDs), maternal and reproductive health needs, and seasonal illnesses.



Mobile clinics in Sagaing and Mandalay have provided consultations, basic diagnostics, treatment, first aid, and referrals to higher-level facilities; in addition, in Sagaing, MRCS provided family planning services to target communities. In many affected areas, mobile health teams helped bridge temporary gaps in access to essential healthcare services, particularly for displaced communities, remote populations, and areas where health infrastructure or referral capacity had been disrupted by the earthquake and wider operational context.

Referral pathways have been maintained and strengthened to ensure continuity of care for patients requiring specialized or emergency services, including surgical and maternal health cases. The MRCS provided assistance for health to support referral cases to a total of 248 people (Male: 72, Female: 176) as well lump-sum grant support to in-patients to help cover the cost of essential medicines to a total of 62 people (Male: 23, Female: 39) and basic needs during hospitalization to a total of 93 people (Male: 43, Female: 50). This assistance enabled patients and their families to manage immediate out-of-pocket expenses, including prescribed drugs, food, and other necessities, reducing financial barriers to accessing and continuing care. The integration of grants for health support also highlighted the close relationship between health access and household economic vulnerability during the recovery phase. By complementing clinical services and referral support, the intervention helps ensure timely treatment, improves patient outcomes, and alleviates the economic burden on vulnerable households affected by the crisis.



An MRCS medical doctor provides consultation and care for a mother and child during mobile clinic services, Sagaing (Photo: MRCS)

In addition to delivering health services to affected communities, MRCS, with support from the Norwegian Red Cross, contributed to the rehabilitation of immunization storage building of Sagaing Health Department and rehabilitation of latrine and water pipeline system in Sagaing District Health Department which is a primary referral facility in the last quarter of 2025. These activities supported the restoration of essential health infrastructure and helped strengthen continuity of services within the wider public health system during the recovery period. The rehabilitation works were completed by the end of March 2026.

In parallel, MRCS has strengthened community-level disease prevention through the distribution of long-lasting insecticidal nets and integration of hygiene promotion and public health messaging within service delivery. These efforts have contributed to mitigating risks of vector-borne and waterborne diseases, particularly during the monsoon season. By March 2026, MRCS, with assistance from the IFRC network including the IFRC Secretariat, Danish Red Cross, and German Red Cross had mobilized a total of 20,663 long-lasting insecticidal nets (LLINs), approximately 47,139 people or 20,108 household reached, to strengthen community-level disease prevention among earthquake-affected populations. This was complemented by MRCS prepositioned stocks from various partners.



A cash support for in-patient referred to hospital, Sagaing (Photo: MRCS)

COMMUNITY HEALTH AND HEALTH EDUCATION AND PROMOTION

Aligned with its clinical support, the MRCS has strengthened public health preparedness and response through a structured, community-based approach that reinforces both institutional capacity and community resilience in earthquake-affected areas. At the center of this effort is the mobilization and capacity development of MRCS volunteers, who are equipped through targeted training to deliver essential health interventions and risk communication at community level.

Since the beginning of the response phase, a total of 272 staff and volunteers (male 138 female 134) have been trained on various topics which focus on key public health priorities, including prevention and early detection of communicable diseases such as dengue, diarrheal diseases, and acute respiratory infections, alongside non-communicable diseases such as hypertension, and maternal, newborn and child health (MNCH). Volunteers have also promoted early care-seeking behavior and facilitated referrals to health facilities when needed.

MRCS also strengthened emergency health preparedness through Public Health in Emergencies (PHiE) and Epidemic Control for Volunteers trainings delivered with support from the IFRC network. These activities helped strengthen the capacity of staff and volunteers to support disease prevention, risk communication, emergency health coordination, and rapid public health response in future emergencies.



As a result, MRCS will have a clearer focus on emergency health and a pool of trained personnel ready for rapid deployment, enabling more timely, coordinated, and effective health responses during emergencies.

Building on these capacities, trained volunteers serve as frontline actors, disseminating life-saving health messages, promoting healthy behaviors, and supporting early referral pathways within their communities. Health education and awareness sessions are systematically integrated into mobile health unit services and outreach activities in displacement sites and hard-to-reach areas, ensuring continuity of care and access to critical information. Through this approach, MRCS not only addresses immediate public health risks but also strengthens community-level preparedness, enhances disease prevention, and contributes to a more responsive and resilient health system.

Over the course of the year, reaching a total of 10,562 people (male 2,476 female 8,086), these efforts have contributed to improving health awareness, addressing low health literacy among displaced populations, and reinforcing community engagement in disease prevention and health-seeking practices.



A MRCS hygiene promotor shared healthy lifestyle messages to mobile health unit outpatient, Sagaing (Photo: MRCS)

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT(MHPSS)

By March 2026, MRCS has reached 14,189 people (male 6,691 female 7,498) with Mental Health and Psychosocial Support (MHPSS) services. These include CFS recreational sessions for caregivers and children, MHPSS awareness sessions for community members, and distribution of psychosocial support kits. These interventions have been implemented with technical expertise and support from the Danish Red Cross.

Children and caregivers have consistently reported improved emotional well-being and strengthened social connections through these activities. On-going support has also enabled the expansion of recreational materials, contributing to more inclusive and supportive environments that promote healing and recovery among affected communities.



Recreational activity for caregivers, Sagaing (photo: MRCS)

MRCs continues to prioritize the well-being of its staff and volunteers by providing regular MHPSS support, including safety briefings, peer support, and access to psychosocial services, recognizing the prolonged nature of the response and the cumulative stress experienced by frontline responders.

As part of capacity strengthening, MRCs has organized a series of trainings on community-based MHPSS and CFS, reaching 269 staff and volunteers (male 125 female 144). These trainings have focused on building practical skills to deliver basic psychosocial support and Psychological First Aid (PFA). Upon completion of training, the participants developed action plans for implementing MHPSS activities within their respective areas, which have since been rolled out by trained volunteers at community level. Feedback from participants has remained highly positive, with increased confidence reported in facilitating psychosocial support sessions, managing CFS activities, and supporting people in distress with their PFA skills. Sessions on self-care and team well-being have been particularly valued, reinforcing the importance of maintaining responder mental health while delivering support to others.



Child Friendly Space, Mandalay (photo: MRCs)

FIRST AID AND EMERGENCY RESPONSE CAPACITY

As part of ongoing efforts to strengthen emergency response capacity, MRCS has continued to invest in first aid and trauma care training at community and branch levels. On the onset of the earthquake, the MRCS staff and volunteers were among the first to provide first aid to affected communities.



Trauma First Aid Provider Training, Mandalay (Photo: MRCS)

During one year of earthquake response and recovery, with support from German Red Cross, Norwegian Red Cross, and ICRC, the MRCS has strengthened the capacity of 202 people (Male: 135, Female: 67) volunteers through various training including four-days trauma first aid provider training, five-days trauma first aid training for trainer (ToT) and three-days basic first aid training; the training focused on enhancing trauma care competencies, promoting safe and effective first-response assistance, and building a pool of qualified first aid providers and trainers. The trained volunteers then carried out first aid awareness sessions to communities; during the first year of the earthquake response, a total of 1,380 people (Male: 924, Female: 456) were reached by the sessions.

These efforts contribute to strengthening MRCS' capacity to deliver timely and quality first aid services, particularly in disaster-affected and hard-to-reach areas, while reinforcing community-level preparedness and response systems.



Basic First Aid Training, Southern Shan (Photo: MRCS)

INTEGRATION AND COORDINATION

The health and care response has been closely coordinated with WASH and other sectors to address underlying public health risks. Integration of hygiene promotion, environmental health measures, and clinical services has strengthened the overall effectiveness of interventions. A Health and Care technical working group for the earthquake response and recovery program was established under the broader Health and Care Coordination platform. Co-hosted by the Health department and the FASS department, the working group aims to strengthen coordination among Movement partners, facilitate timely information sharing, and support a more aligned, coordinated, and effective response to emerging operational challenges.

MRCS has also maintained coordination with township health authorities and humanitarian partners such as national and sub-national level health cluster to support referral systems, information sharing, and alignment with broader public health priorities. As the operation transitions further into recovery, the health response is also increasingly focused on sustaining community-level access to essential services, strengthening preparedness for future health risks, and reinforcing the capacity of MRCS branches and volunteers to support longer-term public health response efforts.

CHALLENGES

Throughout the first year of the earthquake response and recovery operation, MRCS has continued to deliver health and care services in a highly complex operating environment. Despite sustained efforts, several challenges continue to affect the recovery activities. In some target areas, limitation of access remains as main challenge to deliver health services. Moreover, MRCS continues to face gaps in qualified technical staff for health and care sector to specifically manage the recovery program; on the clinical side, maintaining qualified medical personnel has remained a key challenge, particularly due to turnover of medical doctors needed to operate mobile health units and ensure continuity of clinical services. Within the MHPSS sector, a key challenge has been the limited number of trained volunteers available to implement activities alongside insufficient staff to conduct quality monitoring; it has affected the implementation of activities in target areas. Ongoing efforts to recruit, train, and retain staff and volunteers remain critical to sustaining and expanding health service delivery.

In addition, challenges remain in ensuring consistent quality and timely availability of medical supplies, including PPE and medicines, across mobile health clinic operations. Variations in the quality of donated items and locally procured supplies may affect service delivery and the safety of medical personnel. Strengthening quality assurance and quality control processes for both donated and procured medical supplies will therefore remain important to support safe, effective, and reliable healthcare services for communities.

NEXT STEPS

Over the next phase, MRCS will continue to build on its integrated health and care approach, with a focus on:

- Sustaining and optimizing mobile health clinic operations. MRCS will maintain mobile health services in underserved and hard-to-reach areas, in coordination with other external stakeholders, while improving efficiency, service quality, and continuity of care to better response to evolving community health needs.
- Standardizing the mobile health units' guidelines, database and tools. Efforts will focus on harmonizing protocols, data collection system, and reporting tools across mobile health units to ensure consistency, improve data quality, and support evidence-based planning and decision-making.
- Focusing on resilience, MRCS will implement its community health education, hygiene promotion and epidemic prevention activities with community-based approach. Working closely with other sectors, MRCS supports communities to identify risks, adopt healthy behaviors and enhance preparedness and response mechanism.
- Enhancing capacity of staff, volunteers, and community members. Continued capacity strengthening of Red Cross personnel through training and mentoring to enhance technical competencies, and ready-to-be-deployed team, to effectively prevent, detect and respond timely to public health risks.
- Continue its MHPSS activities, including CFS and community-based support. MRCS will continue its activities which focus on inclusive, accessible support for children, caregivers, and affected communities, as well as staff and volunteers. MHPSS in emergency training for staff and volunteers will be conducted during this year.
- Strengthening referral pathways and emergency medical services. MRCS will continue providing inclusive access to health facilities through its referral mechanisms and ambulance services to ensure timely access to higher-level care, improving linkages between community-based services and health facilities.
- Maintain a strong coordination with health authorities and partners at national and sub-national level. MRCS will continue to strengthen collaboration with Movement partners, and external stakeholders through existing coordination mechanisms at all levels to ensure aligned, complementary, and efficient delivery of health and care interventions.

Water, Sanitation and Hygiene

PROGRESS TOWARDS OBJECTIVE

As of 31 March 2026, MRCS with the IFRC Network extended critical WASH services to more than 189,143 people across 26,746 households. Through the IFRC Emergency Appeal, a total of 47,106 people (Male: 22,174, Female: 24,933) were supported mainly through the distribution of WASH items and grants for latrine construction.

The WASH response evolved from immediate life-saving support during the emergency phase towards more targeted recovery-focused interventions aimed at restoring safer access to water, sanitation, and hygiene services. Initial activities prioritised emergency safe water supply, hygiene items, communal sanitation facilities, and disease prevention, while later interventions increasingly focused on household-level recovery, community engagement, and more sustainable WASH solutions linked to shelter and community recovery efforts.

WATER SUPPLY

During the emergency phase, MRCS quickly set up five water production facilities to get safe drinking water to affected people: three in Mandalay (including one in Amarapura, equipped with assistance from the Red Cross Society of China (RCSC)), one in Sagaing and one in Naypyitaw. Together, these facilities produced and distributed over 1.3 million litres of safe drinking water to affected communities. To support safe storage at the household level, 20,200 jerry cans were distributed alongside water distributions.



Household Water Filter Operation and Maintenance Training. (Photo: MRCS Sagaing Hub)

OBJECTIVE:

COMPREHENSIVE WASH SUPPORT IS PROVIDED TO PEOPLE IN VULNERABLE SITUATIONS, RESULTING IN AN IMMEDIATE REDUCTION IN THE RISK OF WATER-RELATED DISEASES AND IMPROVEMENT IN DIGNITY FOR THE IDENTIFIED POPULATION.

189,143

People reached

Through critical WASH services.

Across **26,746** households.

47,106

People reached

Through IFRC Emergency Appeal-supported WASH

1.3 Mil

litres

Safe drinking water produced and distributed

20,200

Jerry cans distributed

Supporting safe household water storage

527

Water filters distributed

To households and community centres

254

Households Supported

with grants for latrine construction

11,748

People reached

Through hygiene awareness and promotion

6,293

Hygiene kits and parcels

Distributed to affected families

152

Staff and volunteers trained

On wash-related topics distributed to affected families

Female > 18

88,567

Male > 18

73,852

Female < 18

13,015

Male < 18

13,709

Figures represent different WASH interventions and should not be added together, as some households or individuals may have received more than one type of support.

To support longer term access to safe water, 527 water filters were distributed to 437 households and 8 community centres. Each recipient was trained on how to correctly use, clean and maintain the filters, with instruction guides provided in the local language to support continued use. The focus on household and community water treatment aimed to support longer-term access to safer drinking water in locations where water infrastructure remained damaged, unreliable, or vulnerable to seasonal contamination risks. To further expand coverage, an additional 315 household filters and 90 community filters have been procured and will be distributed in Q2 2026.

SANITATION

To address immediate sanitation needs, 22 communal latrines were constructed across Sagaing (11), Mandalay (7) and Naypyitaw (2). At Mandalay Stadium, where large numbers of displaced people were sheltering, 30 additional emergency latrines were erected with support from RCSC.

As the response moved into recovery, 254 vulnerable households each received a grant of MMK 800,000 (CHF 200) to build their own latrines. Beneficiaries were identified through vulnerability assessments and community consultation. Before construction began, MRCS trained community members on fly-proof latrine design and built a demonstration latrine in each target community to guide construction. Each household also received a latrine cleaning kit to support ongoing maintenance. The approach aimed not only to restore sanitation access, but also to strengthen household ownership, safer hygiene practices, and longer-term maintenance of facilities within affected communities. An additional 46 latrines were constructed as part of grant for shelter construction activities in Sagaing.

The post-distribution monitoring (PDM) for the grant for latrine intervention has been completed. Findings are shown in the figure below.

PROGRAMME EFFECTIVENESS

The cash based modality delivered strong results in latrine construction, use and health outcomes.



100%
of supported households completed latrine construction



95%
reported regular use of latrines



84%
discontinued open defecation



78%
of households reported a reduction in diarrhoeal cases



VERY HIGH
overall satisfaction with assistance and distribution process

AREAS FOR IMPROVEMENT

The PDM highlighted several areas to strengthen future cash for latrine programming.

RISING CONSTRUCTION COSTS

Increasing costs have affected the adequacy of the transfer value for some households.

ACCOUNTABILITY GAPS

Accountability gaps in committee-managed construction approaches.

INCONSISTENT COMMUNICATION

Inconsistent communication regarding beneficiary selection.

LIMITED USE OF FEEDBACK MECHANISMS

Limited use of complaint and feedback mechanisms.

DESIGN CONSTRAINTS

Design constraints affecting accessibility for older persons and people with disabilities.

INFORMING THE WAY FORWARD

These findings inform the lessons learned and recommendations to strengthen and improve the next cash for latrine activities, ensuring greater effectiveness, accountability and inclusion.

HYGIENE PROMOTION

Hygiene promotion was carried out throughout both the emergency and recovery phases. A total of 11,748 people were reached through the hygiene awareness intervention. 7,891 people were reached through targeted sessions covering handwashing, safe water handling, latrine use, food safety and menstrual hygiene. Hygiene messaging on correct water storage and use was also integrated into every water distribution activity to reinforce safe practices at the point of delivery.

To reach children, 4,099 boys and girls participated in age-appropriate hygiene sessions held at Child Friendly Spaces. Sessions used fun and interactive methods including board games, quizzes and a handwashing song, giving chil-



Active Participation of the Elderly Group in Discussing Transmission Routes.
(Photo: MRCS WASH Unit)

dren the chance to learn and practise good hygiene habits in an engaging way. To strengthen the quality and reach of hygiene promotion, 68 hygiene promotion information, education and communication (IEC) sets were procured. The materials cover the “4 Cleans: Safe Water, Hand Hygiene, Food Hygiene and Sanitation” and include interactive tools such as educational Snakes and Ladders games teaching children hygiene by moving forward for good practices and backward for poor ones, reinforcing positive habits through play. These materials are already being used in ongoing community sessions to support behaviour change.

To help households maintain personal hygiene during displacement, 6,293 hygiene kits and parcels were distributed to affected families. These distributions helped households maintain basic hygiene practices during displacement and periods of limited access to household supplies and sanitation facilities.

CAPACITY BUILDING

WASH related trainings were delivered to MRCS staff and volunteers through five different trainings, reaching a total of 152 (Male: 85, Female: 67) participants. The training package covered key areas including Emergency WASH, hygiene promotion, and the use of borehole camera equipment for inspection and maintenance. These activities helped strengthen the technical and operational readiness of staff and volunteers to support future emergency and recovery WASH interventions.



WASH in Emergency Training (Photo: MRCS WASH Unit)

WAREHOUSE AND LOGISTICS

Preparatory work for the renovation of the MRCS WASH warehouse in Naypyitaw has been completed, including finalisation of the design and BoQ. Renovation works are planned to begin in Q3 2026. In the meantime, the WASH warehouse has been cleaned, and internal storage systems reorganised to improve efficiency and operational readiness ahead of future emergency responses.



MRCS WASH Warehouse After Cleaning

CHALLENGES

The implementation of WASH activities experienced delays due to the sequencing of the broader earthquake response. During the initial phase, priority was given to urgent interventions, particularly MPA and shelter, to address the immediate needs of affected communities. Due to limited manpower in these sectors, WASH staff were temporarily reassigned to support these time sensitive activities, which contributed to slower progress on WASH components. For recovery, focused WASH interventions, implementation is being aligned with the findings of the ongoing vulnerability and capacity assessment (VCA) to ensure that activities are appropriately targeted and responsive to actual community needs. While this has extended the timeline, it is intended to strengthen the relevance and effectiveness of the overall response. WASH activities are now progressing in accordance with the revised plan and updated schedule.

Some donated emergency WASH equipment did not meet the required standard specifications. In several cases, components were not compatible with existing equipment or internal standards, were sourced from suppliers without local availability, had not been proven reliable for emergency response use, and were unfamiliar to teams who had not received training on non-standard equipment. Strengthening quality control, ensuring compliance with technical specifications, and prioritizing standardized, field-tested equipment with accessible supply chains are essential to guarantee the durability and reliability of emergency WASH supplies in future emergency responses.

NEXT STEPS

- Finalize target recovery areas in coordination with other sectors, using VCA findings, technical assessments, and community consultations.
- Implement WASH recovery activities based on identified community needs and priorities, ensuring that the most vulnerable households are prioritized.
- Use CVA-based support where feasible, including latrine construction, water supply systems, and hygiene items. Where CVA is not suitable, provide in-kind support or direct construction.
- Continue coordination with the Shelter sector to align household latrines and rainwater harvesting facilities with transitional shelter construction timelines.
- Identify and train community volunteers to lead hygiene promotion activities using IEC materials and practical tools.
- Strengthening the capacity of MRCS staff and volunteers through training on WASH in emergencies, Cash for WASH, WASH assessments, PGI in WASH, and hygiene promotion.

IFRC NETWORK SUPPORT

The scale of the WASH response has been made possible in large part through support from IFRC Network Members:

- Finalize target recovery areas in coordination with other sectors, using VCA findings, technical assessments, and community consultations.
- The Danish Red Cross, with funding support from the French Red Cross, Hong Kong Red Cross, Italian Red Cross and Austrian Red Cross, has contributed to key WASH activities including the DRC WASH Coordinator position to support a shared leadership role, procurement of water filters, NFIs, IEC materials; grant for latrine construction; hygiene promotion awareness; and technical trainings for WASH staff and volunteers, contributing to overall WASH response and reaching more than 10,400 people.
- The Norwegian Red Cross has contributed to WASH related NFIs such as hygiene kits/parcels and water storages, contributing to overall WASH response and reaching more than 5,100 people.
- The RCSC donated five water purification units and 100 emergency toilet kits.
- The Singapore Red Cross supplied 90 ultrafiltration hand pumps suited for deployment in areas where permanent water infrastructure is absent.
- The Swedish Red Cross Initial Response Fund enabled the mobilisation and operation of three MRCS WASH teams for the water production and distribution at the very early of the emergency response, contributing to overall WASH response and reaching more than 140,000 people.
- Field-level technical functions including assessments, hygiene promotion and coordination were supported by the Swedish Red Cross WASH Delegate, the Austrian Red Cross WASH ERU Team Leader and IFRC WASH Rapid Response personnel. Continued technical oversight is jointly managed by the Danish Red Cross WASH Coordinator through a shared leadership arrangement.

Protection, Gender and Inclusion

PROGRESS TOWARDS OBJECTIVE

Throughout the earthquake response, PGI approaches were integrated across operational sectors to help ensure that assistance remained safe, accessible, dignified, and responsive to the diverse needs of affected communities. IFRC and MRCS PGI focal points worked closely with CVA, shelter, WASH, health, MHPSS, and relief teams to strengthen inclusion, reduce barriers faced by and consider specific needs of women, children, older persons, persons with disabilities, pregnant and breastfeeding women, single parents, and other vulnerable or marginalised groups.

Since the early phase of the response, MRCS has prioritized inclusive relief assistance. A total of 9,375 people were reached with gender- and age-appropriate items, including packages tailored to specific needs. These included dignity kits for women and girls, individual kits for men, clean delivery kits for pregnant women, infant kits for children under two, and psychosocial kits for children attending CFSs. While the direct PGI indicator reflects people reached through targeted PGI-specific activities and distributions, PGI approaches were integrated more broadly across shelter, WASH, health, CVA, and community engagement activities throughout the operation. As a result, the overall influence of PGI mainstreaming extended significantly beyond the standalone indicator figures reported under this sector.

PGI principles were also applied through practical measures during service delivery. These included priority queues at distribution sites, private spaces at health clinics, home delivery of multipurpose assistance for people with limited mobility, consultation with communities on the timing and location of activities, and mixed-gender volunteer teams at distribution sites. These practical adaptations helped strengthen participation, dignity, safety, and equitable access to services for individuals and groups who may otherwise have faced exclusion during the response.

PGI integration continued across sectoral activities. In WASH sites and displacement settings, MRCS installed gender-segregated latrines, lighting, and partitioned bathing areas to improve privacy and safety, based on feedback from women and girls. Mobile health units were equipped with post-exposure prophylaxis and sexually transmitted infections (STI) kits and provided referrals to specialized health services when needed. Shelter and WASH teams also continued to review semi-permanent shelter designs and site layouts to strengthen gender sensitivity, accessibility, and cultural appropriateness. Following field observations on the limited participation of women and persons with disabilities in shelter planning, MRCS began incorporating their feedback into shelter design and CEA processes. Safeguarding was also strengthened during the reporting period. A sensitization meeting on PGI and safeguarding was held with IFRC and MRCS senior leadership. PSEA briefings and posters were rolled out, and existing grievance and community complaints processes were reviewed to make them more sensitive to sexual exploitation and abuse risks. Child-safety training was also provided for newly recruited staff and volunteers supporting CFS. Localized PSEA (protection from sexual exploitation and abuse) materials and the MRCS helpline remain available to support confidential reporting. Safeguarding efforts increasingly focused not only on raising awareness, but also on strengthening operational practices and accountability mechanisms across sectors, particularly as the operation transitioned from emergency relief towards longer-term recovery activities involving more sustained community engagement.

OBJECTIVE:

COMPREHENSIVE WASH SUPPORT IS PROVIDED TO PEOPLE IN VULNERABLE SITUATIONS, RESULTING IN AN IMMEDIATE REDUCTION IN THE RISK OF WATER-RELATED DISEASES AND IMPROVEMENT IN DIGNITY FOR THE IDENTIFIED POPULATION.

9,375

People reached

Through targeted PGI-specific assistance and distributions.

5 TYPES OF TAILORED KITS/ITEMS

For women and girls, men, pregnant women, infants, and children.

PROTECTION AND SAFETY MEASURES

Gender-segregated latrines, lighting, bathing partitions, and referral support.

INCLUSIVE SERVICE DELIVERY

For women and girls, men, pregnant women, infants, and children.

The direct PGI figure reflects people reached through targeted PGI-specific assistance and distributions.

Female > 18	Female < 18
8,070	1,186
Male > 18	Male < 18
100	19

CHALLENGES

Challenges remain in ensuring consistent PGI and safeguarding implementation across all sectors and branches. Referral pathways for gender-based violence (GBV), child protection, and survivor support remain limited in some areas, and coordination with local protection and social service actors requires further strengthening. The collection and analysis of sex-, age-, and disability-disaggregated data also remain incomplete across some sectors, limiting the ability to fully understand and respond to diverse community needs.

Staff turnover has also affected continuity of technical support for both PGI and CEA. Following the earthquake response, increased employment opportunities with international agencies contributed to higher staff turnover across some technical sectors, creating gaps in institutional knowledge and requiring repeated orientation and capacity-building efforts. To maintain consistent support to MRCS, the IFRC Country Delegation is supporting MRCS to prioritize timely recruitment, handover processes, and capacity strengthening measures for new and existing staff.

Continued training, technical support, and use of practical PGI tools will be important to ensure that dignity, access, participation, and safety are consistently applied.

NEXT STEPS

In the next phase, MRCS and IFRC will continue to strengthen PGI and safeguarding across the operation. Planned actions include:

- Conducting a Child Safeguarding Risk Assessment across sectors.
- Applying the PSEA checklist during field visits and implementation monitoring.
- Integrating PGI-sensitive questions into post-distribution monitoring tools.
- Strengthening referral pathways through mobile health clinics and CFSs.
- Roll out a PGI training plan for staff, PGI focal points, and volunteers.
- Equip branches and departments with adapted PGI minimum standards and sector integration checklist.
- Engage organizations of persons with disabilities to support disability inclusion awareness.

Community Engagement and Accountability

PROGRESS TOWARDS OBJECTIVE

Community Engagement and Accountability (CEA) remained central to the earthquake response and recovery operation, helping ensure that communities could access information, raise concerns, provide feedback, and influence operational decision-making throughout the response. As the operation transitioned from emergency relief towards recovery, CEA activities increasingly focused on strengthening two-way communication, accountability, transparency, and community participation across sectors.

Between April 2025 and March 2026, the IFRC–MRCs Earthquake Response operation recorded 2,282 community feedback entries through the Community Feedback Mechanism (CFM), reflecting strong community engagement and ongoing demand for transparent communication, accountability, and inclusion.

The internal Community Feedback visualization dashboard has been finalized and rolled out. The dashboard is updated every 15 days and is now being used by operation team to systematically track community feedback trends, identify key issues, and support evidence-based decision-making by senior management. CEA focal staff have been deployed to priority townships, strengthening field-level coordination, improving consistency in CEA implementation, and enhancing responsiveness to community feedback across operational areas. The Minimum CEA Package has been implemented across all sectors, helping to standardize core community engagement and accountability practices. This includes two-way communication, structured feedback collection, regular information sharing, and stronger engagement with affected communities before, during, and after activities.

Most feedback received was related to registration and assistance enquiries showing that communities mainly used feedback channels to ask about eligibility, selection criteria, distribution timing, and available support. A substantial share of feedback also reflected appreciation and positive comments indicating positive community perception of MRCs assistance. At the same time, feedback on distribution list exclusion and delayed or pending assistance highlights the need to continue strengthening clear communication, transparent targeting, and timely follow-up. Overall, the feedback pattern shows that the CFM is functioning as both an information-sharing and accountability channel. The evolving feedback trends also helped operational teams identify recurring information gaps, adjust communication approaches, strengthen follow-up processes, and improve transparency around targeting and assistance timelines.

During the reporting period, MRCs and IFRC also continued strengthening feedback analysis and information management systems, including the use of coding structures, tracking tools, and dashboard systems to support trend analysis, follow-up, and operational decision-making across sectors.

A notable example demonstrating the impact of the CFM comes from Pan Be Dan Ward, Sagaing. A woman (60+) reported her exclusion from the MPA beneficiary list through the MRCs hotline. Her case was promptly verified, her eligibility confirmed, and she was added to the list, subsequently receiving three distributions of MMK 400,000 (CHF 100). She later called to express her ap-

OBJECTIVE:

THE DIVERSE NEEDS, PRIORITIES AND PREFERENCES OF THE AFFECTED COMMUNITIES GUIDE THE RESPONSE THROUGH A PEOPLE-CENTERED APPROACH AND MEANINGFUL COMMUNITY PARTICIPATION.

187

staff,volunteers, and leadership trained on community engagement and accountability.

Female > 18	Female < 18
99	0
Male > 18	Male < 18
88	0

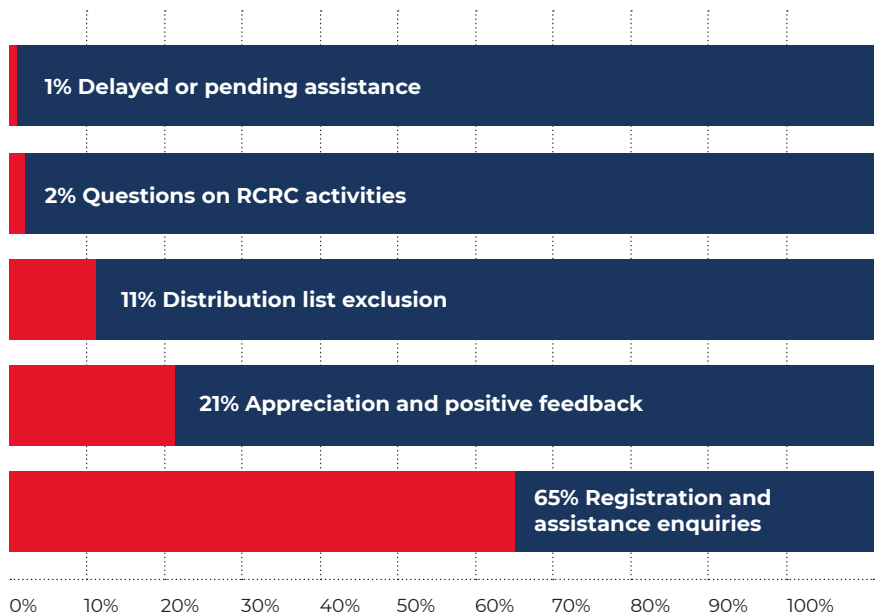
preciation for the timely and fair response. This case illustrates how the CFM effectively addresses grievances, ensures inclusion of vulnerable people, and strengthens accountability and trust between communities and humanitarian actors.

Feedback collected through the CFM highlights that affected people’s voices are heard and responded to in a timely and meaningful manner. A woman (60–69) from Bago, who lost two sisters in the earthquake, shared her experience after receiving assistance:

“My two sisters passed away due to the earthquake. I received MMK 50,000 (CHF 12.50) once and MMK 400,000 (CHF 100) twice. I am sincerely grateful for the assistance provided.”

This example illustrates that MRCS support is not only reaching those most affected but also perceived as relevant and timely support by communities. It further demonstrates how, in line with the IFRC CEA Framework, responsive feedback systems contribute to supporting affected populations through hardship and strengthening their resilience and recovery journey.

COMMUNITY FEEDBACK BY CATEGORY



CHALLENGES

MRCS continues to face operational challenges in strengthening community feedback and communication channels. A key limitation is the lack of a dedicated four-digit toll-free helpline number. Discussions are ongoing to explore options for making existing hotline numbers free of charge, which would improve accessibility for affected communities.

Operational capacity also affects timely follow-up, referral, and closure of CFM cases, particularly in remote and hard-to-reach areas. Staff turnover has also created challenges for continuity of CEA support, as new personnel require orientation and capacity building to maintain consistent implementation across sectors and locations.

NEXT STEPS

In the coming phase of the operation, MRCS and IFRC will continue strengthening community feedback systems, outreach approaches, information sharing, and accountability mechanisms to support more participatory and recovery-focused programming across affected areas through:

- Strengthening closed-loop feedback mechanisms by ensuring systematic follow-up, verification, and communication of actions taken in response to community feedback and complaints.
- IFRC and MRCS will further improve data management and analysis of Community Feedback Mechanism (CFM) cases through regular dashboard reviews, trend analysis, and feedback-sharing with sector leads for operational decision-making.
- Develop a Community Trust Index for emergency response (red and orange alert phases) to monitor trust, satisfaction, and perception trends, enabling timely adaptation of communication and operational strategies.
- Continue conducting CEA training for staff and volunteers to strengthen two-way communication, community engagement, and accountability during the recovery phase.
- Recruit additional MRCS CEA personnel to ensure adequate technical capacity, strengthen field coverage, and improve responsiveness to community feedback and complaints.

Migration

PROGRESS TOWARDS OBJECTIVE

The earthquake resulted in significant population displacement, temporary movements, and increased vulnerability among households living in collective shelters, informal displacement sites, religious compounds, and host community arrangements. Migration-related activities therefore focused primarily on supporting displaced and mobile populations through integrated assistance, protection-sensitive approaches, access to services, and community-based support mechanisms during both the emergency and early recovery phases. During the reporting period, MRCS and IFRC focused on defining priority areas for displacement-related support, identifying potential pilot community centres and religious compounds, and outlining activities to support both displaced people and host communities. Initial assessments of religious compounds and community buildings have been completed, and consultations have continued with local authorities, community leaders, and other stakeholders to refine targeting and implementation approaches.

The migration approach remains linked to wider sectoral support, including shelter, WASH, health, PGI, CEA, and livelihoods. Coordination with clusters and other humanitarian actors, including Shelter, Land and Site Coordination (SLSC) Cluster, has helped inform targeting, identify displacement trends, and determine priority locations and estimated caseloads of displaced populations. These efforts support a more integrated approach to communities affected by both earthquake impacts and displacement.

As the operation transitioned into recovery, migration-related programming increasingly focused on supporting safer and more dignified recovery pathways for displaced households, including improved access to information, services, shelter support, health care, and community-based assistance mechanisms.

CHALLENGES

Challenges remain, as displacement caused by the earthquake has further exacerbated an already complex migration and displacement situation in the affected areas. Many communities are managing overlapping vulnerabilities linked to earthquake damage, conflict, poverty, repeated shocks, and existing displacement. As population movements continue to evolve, targeting and planning require regular verification and close coordination with local authorities, community leaders, and relevant coordination mechanisms.

Upgrading community spaces and religious compounds also require careful coordination, as these locations serve multiple purposes, including temporary shelter, social support, community gathering, and service provision. Further work is still needed to finalize targeting, activity packages, and implementation modalities.

Population movement patterns also remained fluid throughout the response period, with some households returning to damaged homes while others continued to move between temporary shelters, host communities, and informal settlement arrangements. These changing movement patterns created additional challenges for targeting, follow-up, and continuity of support.

NEXT STEPS

- MRCS and IFRC will move from assessment and consultation towards finalizing community-level action plans for selected pilot sites. Priority will be given to confirming targeted locations, agreeing activity packages with local stakeholders, and implementing support that improves the safety, accessibility, dignity, and resilience of community spaces used by displaced and host populations.
- CEA and PGI will continue to be integrated to support community participation, feedback, inclusion, and accountability.



A semi-permanent shelter constructed in Sagaing Township, as part of earthquake recovery support. The shelter uses locally appropriate materials and an elevated design to support safer and more dignified living conditions for affected households as they move from emergency shelter towards recovery. March 2026 (Photo: IFRC)

Risk Reduction, Climate Adaptation and Recovery

PROGRESS TOWARDS OBJECTIVE

As the operation transitioned from emergency response towards recovery, increasing attention was placed on reducing future disaster risks and strengthening community preparedness capacities alongside recovery support. The earthquake highlighted the importance of integrating risk reduction, climate adaptation, and community-based preparedness approaches into recovery planning, particularly in communities already exposed to recurrent hazards, displacement, economic pressures, and seasonal climate-related shocks.

This approach recognizes that recovery should not only restore what was lost but also help communities prepare better for future disasters and climate-related hazards. DRR and climate adaptation activities are being integrated into recovery planning through community and school-based DRR, climate adaptation awareness, early warning and early action, simulation exercises, response training, preparedness materials, information education and communication (IEC) development, and the procurement of relevant response kits and Community Based Disaster Risk Reduction (CBDRR) and School Based Disaster Risk Reduction (SBDRR) materials.

MRCS continued strengthening branch and volunteer preparedness capacities through trainings, simulation activities, and community-based planning processes focused on disaster preparedness, early action, and local response coordination. A key achievement during the reporting period was the completion of a Vulnerability and Capacity Assessment in Sagaing Township. The VCA covered 17 targeted communities, including 14 wards and three villages, and was implemented between 1 and 15 February 2026, following a four-day training for Red Cross staff and volunteers on VCA methodologies and tools from 23 to 26 January 2026. The process was highly participatory, with 199 Focus Group Discussions conducted, engaging 1,352 community members, including 380 men and 982 women.

The Sagaing VCA confirmed that earthquake-affected communities face interconnected risks across shelter, health, WASH, livelihoods, and disaster preparedness. These risks are further compounded by flooding, poverty, limited access to services, and reduced coping capacity. Based on the findings, 29 prioritized activity types were identified and ranked across the 17 communities, providing a practical basis for community-led DRR and climate adaptation planning.

While recovery conditions have gradually improved in some locations, many communities remain highly vulnerable to future shocks due to damaged infrastructure, unstable livelihoods, repeated hazard exposure, and limited household coping capacity. As a result, preparedness and risk reduction activities remain closely linked to ongoing recovery efforts.

CHALLENGES

Building resilience is essential but requires time, technical support, and strong follow-up. During the early phase of the operation, priority was placed on urgent relief, shelter, MPA, health, WASH, and other life-saving assistance. As a result, DRR and climate adaptation action have been more deliberately sequenced into the recovery phase.

The process also requires careful community engagement. Community structures need to be established or strengthened, VCA findings need to be translated into practical action plans, and activities need to be realistic, community-owned, and achievable within available resources. There is also a need to ensure that the prioritized activity identified in VCA types do not remain as assessment findings only, but are converted into clear activities with budgets, targets, responsibilities, and timelines.

Another challenge is the risk of overloading communities and volunteers. Many affected communities are still managing housing damage, income loss, disrupted services, and daily recovery pressures. DRR and preparedness activities therefore need to be practical, relevant, and timed in a way that supports recovery rather than adding additional burden.

NEXT STEPS

- MRCS and IFRC will translate the VCA findings into a structured disaster risk reduction (DRR) and climate adaptation package, including clear activity plans, budgets, targets, implementation responsibilities, and timelines. Community-based and school-based DRR activities will be rolled out in priority areas, supported by awareness sessions, training, simulation exercises, preparedness materials, IEC materials, and relevant response kits.
- Similar VCA processes are planned in Naypyitaw, Mandalay, Southern Shan, and Bago. The tools and approach will be adapted based on community needs and the capacity of field teams, while maintaining the overall objective of supporting community-led risk analysis and preparedness planning.
- Capacity building will continue for MRCS staff, Red Cross volunteers, branches, and school-level actors on DRR, climate adaptation, emergency preparedness, and response. The medium-scale disaster response SOP will also be reviewed to ensure that learning from the earthquake response contributes to stronger future readiness.
- The recovery phase provides an opportunity to strengthen longer-term community preparedness and locally led disaster risk management approaches, helping ensure that recovery investments contribute not only to restoring services and livelihoods, but also to reducing future vulnerability.

Environmental Sustainability

OBJECTIVE:

THE ENVIRONMENTAL SUSTAINABILITY OF THE OPERATION IS ENSURED, AND NO HARM IS CAUSED TO THE LOCAL ENVIRONMENT DURING THE INTERVENTION.

7,058

Households provided with a sustainable household energy solution.

Female > 18
2,952

Female < 18
434

Male > 18
2,741

Male < 18
509

PROGRESS TOWARDS OBJECTIVE

Environmental sustainability considerations were progressively integrated into operational planning and recovery activities where feasible throughout the response. While the earthquake operation remained primarily focused on immediate humanitarian and recovery needs, MRCS and IFRC sought to incorporate practical measures that could help reduce environmental impact, strengthen resource efficiency, and support more sustainable community recovery approaches over time. While the overall environmental sustainability objective remains broad, practical contributions have been made through the provision of household energy solutions. The increased use of digital tools for beneficiary verification, monitoring, reporting, and feedback management also helped reduce reliance on paper-based systems and supported more efficient operational coordination across geographically dispersed areas.

A total of 1,131 portable solar lamps were distributed to 1,131 households or 4,738 people, in addition to 574 households or 2,320 people who received household solar systems as part of shelter construction support. The portable solar lamps were intended for emergency use, while the household solar systems supported safer and more reliable lighting in transitional shelters and repaired homes.

These solutions helped reduce reliance on fuel-dependent power sources while also supporting more reliable access to electricity in locations affected by infrastructure disruption and unstable energy supply. Rainwater harvesting was promoted as an alternative water source, while the distribution of water filters helped reduce the need to boil water with firewood. Together, these measures supported safer household living conditions, improved access to basic services, and contributed to more environmentally responsible recovery support.

Across sectors, MRCS and IFRC have continued to promote more efficient and environmentally responsible ways of working. QR code systems are being used in multipurpose assistance and Community Engagement and Accountability mechanisms, reducing the need for paper forms and printed materials. Digital tools have also been used for assessments, data collection and post-distribution monitoring (PDM), improving efficiency while supporting reduced paper use.

Given the scale and urgency of the earthquake response, some emergency activities necessarily relied on rapid procurement, transportation, and distribution systems that carried environmental impacts. However, opportunities to incorporate more sustainable practices and longer-term recovery considerations were increasingly explored as the operation transitioned into recovery.

NEXT STEPS

- Moving forward, the operation will continue to expand the use of digital tools such as QR systems for data collection, feedback mechanisms, and multipurpose assistance.
- Efforts will also focus on scaling up sustainable procurement practices, integrating environmental monitoring indicators into post-distribution tools and upcoming shelter and WASH field reviews, and conducting community awareness sessions on sustainable energy, waste disposal, and resource conservation as part of early recovery activities.
- Where feasible, the operation also prioritised local procurement, local labour, and community-based implementation approaches, helping support local markets while reducing some transport and logistics requirements associated with externally sourced materials and services.



IFRC and MRCS team engaging with earthquake affected communities in Southern Shan State. (Photo: IFRC)

National Society Strengthening

OBJECTIVE:

NATIONAL SOCIETIES RESPOND EFFECTIVELY TO THE WIDE SPECTRUM OF EVOLVING CRISES AND THEIR AUXILIARY ROLE IN DISASTER RISK MANAGEMENT IS WELL-DEFINED AND RECOGNIZED.



The National Society adopted a child safeguarding policy to enforce prevention and support survivors.



National Society covers health, accident and death compensation for all of its volunteers.

PROGRESS TOWARDS OBJECTIVE

The earthquake response provided an important opportunity to strengthen MRCS operational systems, branch capacities, and technical preparedness across multiple areas of the National Society. Alongside direct humanitarian assistance, the operation increasingly focused on reinforcing the systems, structures, skills, and coordination mechanisms required to support sustained recovery programming and future emergency response capacity.

National Society Development (NSD) remains a core component of the earthquake operation and is structured around two complementary pillars: Development and Preparedness.

The Development pillar focuses on strengthening MRCS's long-term institutional capacity. It aims to have a direct impact on:

- Branch development and capacity strengthening,
- Systems and procedures,
- Accountability,
- Financial sustainability.

This ensures that the response not only addresses immediate and recovery needs, but also contributes to sustained institutional strengthening, in line with MRCS National Society Development priorities (including the MRCS NSD Roadmap) and the MRCS Strategic Plan 2026–2030.

MRCS has approved its Strategic Plan 2026–2030, which reflects the learnings from recent years, including the earthquake response, and presents a consolidated vision of how MRCS envisions itself by 2030. Based on the lessons from the earthquake operation and previous disasters, MRCS has agreed to place long-term emphasis on National Society Development by strengthening institutional, operational, and financial capacities at all levels to ensure effective, accountable, and sustainable humanitarian action (Goal 3 of the Strategic Plan).

The Preparedness pillar, in parallel, focuses on reinforcing operational readiness at all levels, ensuring that MRCS and its branches are better prepared and ready to respond effectively to future emergencies. The Preparedness pillar is also intended to support MRCS Search and Rescue efforts, including strategic planning and sustainability, initial equipment, training of teams, among others.

As the operation moved from emergency response towards recovery, the need for stronger internal systems, safer volunteer deployment and management, improved data management, and clearer accountability mechanisms became more important. MRCS, with support from the IFRC network, continued to strengthen key organizational systems, including safeguarding, volunteer management, operational data systems, logistics, preparedness training, and risk management. MRCS work on their Prevention of Sexual Exploitation and Abuse (PSEA) policy is ongoing. MRCS has also approved and initiated the implementation of its Data Protection Policy.

Progress has also been made in strengthening data management and evidence-based decision-making. With IFRC assistance, the MRCS IM team is

managing an operational database that supports dashboard development and internal information sharing. MRCS IM also produces regular infographics, including quarterly updates, based on data collected through the database. Together with MRCS and IFRC PMER, standardized data reporting templates have been introduced to improve the consistency of reporting from hubs and field locations. These improvements support better monitoring, reporting, and documentation of the IFRC Network's contribution to the operation.

MRCS also continued to invest in preparedness and capacity building. A range of trainings have been conducted across different sectors, contributing to stronger technical and operational capacity among staff and volunteers. As of 31 March 2026, several hundred Red Cross Volunteers and staff had been trained across key sectors including MPA, WASH, Health, VCA and shelter awareness. In parallel, MRCS continued to use its existing volunteer information management system to record volunteer registration, with 7,643 Red Cross Volunteers to date, and many more under registration process. MRCS continued strengthening volunteer management, safety, and preparedness systems throughout the operation, including training, insurance coverage, duty of care measures, psychosocial support, and operational deployment arrangements. These efforts helped sustain large-scale volunteer mobilisation during both emergency and recovery phases of the response. Supporting the inclusion of volunteers in recognition events has also been part of this operation, including MRCS World First Aid Day, One Year Mark event, earthquake Response and Recovery Operation – Recovery Planning Workshop, among others.

MRCS developed the structure for earthquake operations with 175 positions, and there are 98 positions filled, while rest of the position gaps are being filled with skilled volunteers in order to ensure operational functions are continued. IFRC technical staff also integrate the MRCS teams to provide additional technical assistance within the operation.

MRCS provided induction trainings to the newly recruited staff and by end of Quarter 4, MRCS HR provided the awareness session of Performance Management system as well as practice to leadership, senior management and HQ staff. MRCS HR provided induction trainings three times to 93 newly recruited staff, HR Policy and Procedure Refresher Training three times (i.e. one for 11 Kachin Special Operations Staff from Myitkyina & two times for 54 staff and RCVs), Capacity Building Refresher Training for staff.

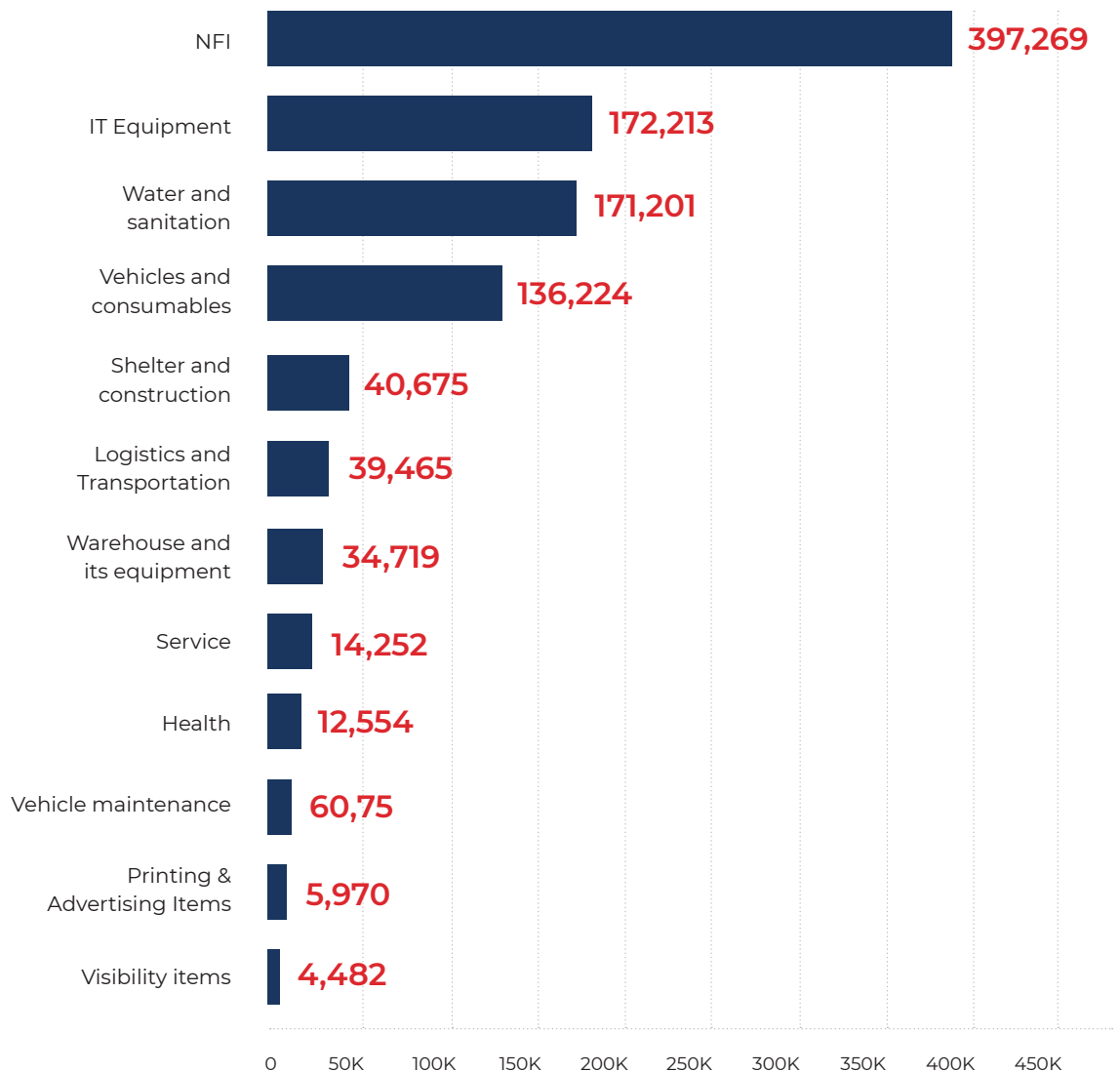
With the assistance of IFRC, MRCS is continuing to strengthen the structure and capacity of its network of Security Focal Points throughout the country, with at least one focal person identified in each States and Regions (with the exception of Chin State). MRCS is strengthening its Safety and Security Management capacity of security focal points from States and Regions as well as extending the safety and security awareness among Red Cross volunteers who are providing assistance to the affected community by all means of disasters. In 2025, MRCS Safety and Security Management team (Headquarters as well as States and Regions Security Focal Points) with the technical assistance of IFRC provided 165 times of awareness briefings, Risk Assessment and Planning trainings, and Safety and Security Awareness trainings as follow:

- 1) 70 times of Safety and Security Awareness Raising and Briefings for Headquarter, Southern Shan, Northern Shan and Ayeyarwady Red Cross-Branched for total 1,741 participants (that includes Red Cross Supervisory Committee, RCV and staff members),
- 2) 28 times Safety and Security Awareness, Risk Assessment and Planning i.e. 5 times in Headquarter in Naypyitaw including one refresher for Security Focal Points, 3 times in Kachin State, 18 times in Kayin State, 2 times in Magway Region that covered 898 RCVs and staffs.

- 3) 59 times of Safety and Security Awareness training (basic) i.e. 9 times in Sagaing Region, 19 times in Tanintharyi Region, 9 times in Bago Region, 7 times in Yangon Region, 7 times in Mandalay and 7 times in Mon States that covered total 2005 RCVs and staffs.

Throughout those 165 times trainings MRCS safety and security management team provided trainings, awareness, briefings and risk assessments and planning sessions to 4,644 Supervisory Committee members, volunteers and staff members from 13 out of 17 States and Regions Red Cross Branches and Headquarter. To fulfill the operational needs, MRCS conducted local procurement for various categories that included goods (Non-Food Items) and services. Total value of the procurements was approx. CHF 1,035,098. Due to the local context and administration limitations, border trade for importation of commodities is facing challenges. At initial stage of the emergency response, the demand to transport the relief items was higher than the transport services supply. MRCS utilized its transport resources and external transport services to ensure the relief items reached the affected area and communities. Later MRCS reinforced its cargo transport capacity with two cargo trucks.

PROCUREMENT VALUES (IN CHF) FOR EARTHQUAKE RESPONSE - APRIL 2025 - APRIL 2026



Parallel to the response, MRCS trained its staff and volunteers through on-the-job training, refresher training for procurement standards, and warehouse management standards.

These efforts have helped strengthen MRCS's organizational readiness, accountability, and ability to manage a large-scale and complex operation. The improvement of safeguarding measures, continued work on PSEA, improved volunteer registration, strengthened data systems, and ongoing risk management practices all contribute to improved integrity and reduced reputational risk. MRCS has also reinforced its Code of Conduct and is strengthening risk management practices, including risk discussion and the development of an operational risk register. MRCS has also worked tirelessly to improve its logistics processes including the development and roll out of the emergency procurement procedure and refreshments of Logistics and Supply Chain processes.

Moving forward, MRCS, with support from IFRC and partners, will continue strengthening data management and reporting systems at branch and township levels, expanding the use of digital tools and dashboards, and improving volunteer registration and deployment tracking, while the branches are also equipped with needed IT devices. Further attention will also be given to volunteer safety and well-being, safeguarding and PSEA implementation, risk management, and the alignment of earthquake response learning with MRCS's longer-term National Society Development processes, including the MRCS Strategy 2026–2030, One Plan, and Unified Plan 2026–2027.

The earthquake response also provides an opportunity to renovate and construct specific MRCS facilities affected by the disaster, thereby strengthening branch-level and HQ infrastructure, with a particular focus on enabling local readiness.

Moving forward, emphasis will be placed on both a "hardware" and a "software" component. While facilities are rehabilitated and essential equipment is procured for staff and volunteers, parallel support will be made in strengthening key systems and processes, including volunteer management systems, logistics procedures, and in-kind donation guidelines, among others. In addition, branches will be supported in developing Income Generation Activities as a mechanism to enhance their financial sustainability.

Coordination and Partnerships

OBJECTIVE:

TECHNICAL AND OPERATIONAL COMPLEMENTARITY IS ENHANCED THROUGH COOPERATION AMONG THE IFRC MEMBERSHIP AND WITH THE ICRC.



The National Society uses a Federation-wide approach for planning, monitoring, and reporting the impact of the IFRC network



The National Society has a membership coordination mechanism in place.

PROGRESS TOWARDS OBJECTIVES MOVEMENT COORDINATION

The operation continued to build on the Movement coordination standings arrangements under Seville Agreement 2.0 with MRCS leadership. Tripartite strategic coordination between MRCS, IFRC, and ICRC continues to provide overall direction, while the Movement Operational Coordination Platform supports joint planning, decision-making, and alignment between operational priorities and partner contributions and the technical working groups.

As the operation moved from emergency response towards recovery, coordination needs also evolved. Under Tripartite coordination, it has been agreed to gradually stand down the convener and co-convener roles introduced during the emergency phase and transition back towards standard Movement coordination arrangements. The development of the Movement Cooperation Agreement, a transition roadmap, and a functional review of coordination arrangements are under development to guide this process.

Movement coordination has remained active at operational and technical levels. Technical Working Groups have also continued to support technical consistency, reduce duplication, and improve alignment across sectors. MRCS and IFRC continued to support shelter coordination, while IFRC network members remained engaged in wider inter-agency coordination platforms, including WASH, Health, Early Recovery, logistics, and the transition towards Area-Based Coordination. Two Movement Pictures were also developed to highlight the combined achievements of Movement partners, supporting collective visibility and accountability across the response. Movement Partners' Calls have remained an important Federation-wide platform for maintaining transparency, sharing operational updates, discussing challenges, and sustaining partner engagement.

In addition, tripartite security cell coordination meeting enables IFRC, MRCS and ICRC security personnel to align and address security concern. Tripartite communications coordination also enabled IFRC, MRCS and ICRC to align on joint messaging strategies.

FEDERATION-WIDE COORDINATION

Federation-wide coordination has continued to strengthen support to MRCS through the IFRC Secretariat. The shared leadership model within the IFRC Network has progressed through practical technical support, secondments, and sustained partner engagement. Through the shared leadership approach, several delegate positions have been supported by IFRC Network members, strengthening technical capacity across the operation. This includes the Finnish Red Cross supporting the Health Coordinator role, while the Danish Red Cross has supported the MHPSS Coordinator, Logistics Coordinator and WASH Coordinator positions, the Canadian Red Cross supported the Shelter Recovery Coordinator role, and the British Red Cross supported the Quality and Accountability role. These contributions have helped reinforce sectoral leadership, improve coordination, and ensure continued technical support to MRCS during implementation.

A key development during this reporting period was the internal restructuring of the MRCS Emergency Response Operation, moving from a flatter structure to a more integrated model. Technical sectors such as CVA, shelter, and livelihoods have been grouped, and several technical platforms have been consolidated. This change is expected to strengthen cross-sectoral planning, improve operational efficiency, and support a more coherent transition from relief to recovery.

In parallel, grant management and resource mobilization remain closely coordinated, with the IFRC Secretariat supporting MRCS to track contributions under the Federation-wide Appeal and align funding with operational priorities and implementation timelines.

PMER, Information Management, and reporting systems across the IFRC Network are also becoming more aligned, supporting more consistent data collection, analysis, and reporting. Moving forward, Federation-wide coordination will continue to focus on joint accountability, effective use of partner capacities, stronger documentation of lessons learned, and continued alignment of planning, funding, implementation, monitoring, and reporting as the operation moves further into recovery.

Shelter Cluster Coordination

PROGRESS TOWARDS OBJECTIVES

Progress reported in the previous Operational Update remains valid, including IFRC's support to sub-national Shelter/NFI/CCCM coordination, 5W reporting and mapping, technical working group processes, shelter guidance, IEC materials, the Inle Lake shelter design and BoQ, shelter needs and gap analysis, and the Earthquake Response After Action Review workshop. This update therefore focuses on key developments since the previous reporting period.

The main change during this period was the transition of Myanmar's humanitarian coordination structure following the Humanitarian Reset process. Under the new coordination architecture launched in early 2026, the hub-level Shelter/NFI/CCCM coordination mechanisms were discontinued, with the final coordination meetings for the Southeast and Northwest hubs held in February 2026. The coordination mechanism was subsequently renamed as the Shelter, Land and Site Coordination (SLSC) Cluster, reflecting the broader shift towards the new Area-Based Coordination approach.

During the transition, IFRC continued to support coordination in the Southeast and Northwest areas alongside UNHCR hub coordinators, helping to maintain continuity in shelter coordination and technical support. IFRC also remained engaged at the national level and contributed technical inputs to the draft Terms of Reference and framework for the Area-Based Coordination approach. The Area-Based Coordination approach began implementation in March 2026 through five Zonal Coordination Groups, including the Northwest and Southeast groups covering earthquake-affected areas.

The Earthquake Response After Action Review workshop report has also been finalized and shared with Shelter Cluster members, following the workshop held in Mandalay on 23–24 October 2025. The report captures key reflections, challenges, and recommendations from partners, including the importance of strong coordination, transparent beneficiary targeting, and meaningful community engagement.

These developments mark an important shift from the earlier emergency coordination structure towards a more area-based model. Moving forward, IFRC will continue to support shelter coordination in the Southeast and Northwest areas, remain engaged at national level, and provide technical support to ensure continuity during the transition to the new coordination architecture.

Secretariat Services

PROGRESS TOWARDS OBJECTIVES

LOGISTICS AND SUPPLY CHAIN

MRCS, with the support of IFRC technical assistance, developed mobilization tables for rapid response to the earthquake affected community. The IFRC and its members supported in-kind donations (IKD) through international flights immediately dispatched. The IKD includes not only the emergency relief items (Non-Food Item including tents for temporary shelters) but also the mobile storage units (MSU) and water purification systems to strengthen the MRCS response capacity. MRCS could immediately utilize the Mobile Storage Units in Naypyitaw and Mandalay to accommodate the storage of received IKD in the operations management areas. Also, MRCS Logistics and Supply Chain Management team rented additional warehouses to reinforce the storage capacity in Yangon. The joint team of IFRC, Danish Red Cross and MRCS Logistics team visited the MRCS warehouses of earthquake affected States and Regions, to ensure standard warehouse system are in place and provided on the job training to the volunteers from the Red Cross Branches in Mandalay, Sagaing and Southern Shan.

HUMAN RESOURCES

For the operations, IFRC Myanmar Delegation started to review its delegation HR capacity and scaled up the delegation's structure in coordination with National Society, in order to delivery on the operational requirements. The delegation HR capacity has been extended from 24 staff (5 international and 19 national) to over 60 staff (10 international staff and 50 national staff), two thirds of whom are mostly dedicated to the earthquake response. The IFRC also recruited a Head of Sub-Delegation in Mandalay and a team to strengthen IFRC's operational and strategic partnership with MRCS in the North West, as well as to ensure more immediate and field-based technical assistance.

Initially there were 26 International surge capacity were deployed for immediate response to the earthquake operations. During the emergency phase, due to high demand for technical staff for emergency response, there were challenges with national recruitments, and the full structure was still not fully recruited by the end of the reporting timeframe.

INFORMATION MANAGEMENT

The operation planned to strengthen information management systems to support timely data collection, analysis, visualization, and reporting across sectors. This included improving the availability of operational data for decision-making, strengthening dashboard visibility, and supporting MRCS and IFRC teams with more consistent sectoral reporting.

As the response expanded across affected areas and moved towards recovery, the demand for timely, location-specific, and sector-specific information increased. This required stronger systems for field data capture, real-time monitoring, and data visualization. To support this, Information Management capacity was reinforced through Surge Information Management Support (SIMS), with continued collaboration between IFRC and MRCS to improve reporting tools, dashboards, and data flows.

Key progress has been made in scaling up data capture through Kobo Tool-

OBJECTIVE:

THE IFRC IS WORKING AS ONE ORGANIZATION, DELIVERING ON ITS PROMISES TO NATIONAL SOCIETIES AND VOLUNTEERS, AND LEVERAGING THE STRENGTH OF THE COMMUNITIES WITH WHICH IT WORKS AS EFFECTIVELY AND EFFICIENTLY AS POSSIBLE.

ONE

Evaluation completed for the operation

box, including the integration of QR codes to streamline field data entry and improve data traceability. Several dashboards have also been developed, including a CEA feedback monitoring dashboard and a shelter construction monitoring dashboard for Sagaing. In addition, near-real-time monitoring tools and surveys for household and damage assessments have been established in Sagaing and Southern Shan, helping operational teams access timely information from the field. IFRC's GO emergency page also remains live, providing updated situational information, operational documents, and key reports.

These efforts have improved the visibility and use of operational data across the response. They support faster consolidation of information, stronger monitoring of sectoral progress, and better evidence for decision-making. Moving forward, IFRC and MRCS will continue to strengthen information management systems, improve dashboard use across sectors, and ensure that field-level data is regularly updated and used to inform recovery planning, implementation, monitoring, and reporting.

PLANNING, MONITORING, EVALUATION AND REPORTING (PMER)

The operation continued to strengthen planning, monitoring, evaluation, reporting, learning and information management systems to support timely, consistent, and accountable implementation. IFRC PMER-IM worked closely with MRCS PMER-IM on joint planning, indicator tracking, performance monitoring, data collection, and reporting. PMER teams remained integrated with operational teams and were frequently deployed to the field to support monitoring, quality assurance, and reporting.

As activities expanded across sectors, locations, and hubs, and as the operation moved from emergency response towards recovery, the need for standardized reporting, stronger monitoring tools, and clearer recovery planning became more important. A standard data reporting template was agreed within MRCS operational teams and hubs, led by MRCS PMER with support from IFRC. The template is now being used to improve consistency in activity data, people reached figures, progress updates, and operational reporting. IFRC PMER also developed standard Post-Distribution Monitoring tools and a question bank, with technical input from IFRC IM and sectoral leads. These tools support consistent monitoring across different types of assistance, while allowing questions to be adapted to each activity. They have been deployed in several PDM exercises, with IFRC PMER supporting the preparation of monitoring questions and IFRC IM supporting data collection and information management tools. To support the transition to recovery, a recovery planning workshop was conducted on 16 and 17 December 2025, bringing together MRCS technical experts, IFRC Network and ICRC. IFRC supported the workshop through funding, technical tools, and facilitation support. The workshop resulted in an operational plan for the recovery phase, which has been approved by MRCS leadership and now serves as a key reference for implementation. The plan builds on the recovery approach jointly developed by MRCS and IFRC Network in June 2025.

Learning and adaptation also remained central to the operation. A Real-Time Evaluation assessed the first three months of response, from 28 March to 27 June 2025, focusing on timeliness, relevance, efficiency, coordination, preparedness, and IFRC global response mechanisms. The RTE highlighted MRCS's strong early response capacity, while also identifying challenges related to global activation alignment, access and administrative restrictions, coordination overload, surge deployment, PGI, safeguarding, volunteer safety, and preparedness systems. Its recommendations will inform a review of systems effectiveness during peak emergencies, as well as improvements in preparedness and internal coordination.

SECURITY COORDINATION

The delegation reinforced its security services capacity with two Senior Security Officers, with one based in the Mandalay Sub-Delegation, and provided security updates, security clearances for field movement mitigation advisories. The security team also ensured a greater awareness of safety and security measures, through increased technical assistance, oversight and dissemination.

COMMUNICATIONS AND PUBLIC ENGAGEMENT

Communications and public engagement activities were strengthened to support clear and coordinated messaging on the earthquake response and recovery efforts. As the operation reached the one-year milestone, IFRC worked with MRCS to produce a suite of communication materials highlighting the humanitarian response led by MRCS, with support from IFRC and Movement partners, as well as the continued recovery needs of affected communities.

A one-year earthquake communications package was developed and shared with donors that launched domestic fundraising campaigns, and National Societies across the Asia-Pacific region. The package includes Key Message with facts and figures, B-rolls footage from the field, Photos package featuring 30 selected images. These materials helped ensure consistent messaging and supported wider public engagement around the operation. External communication products were also produced, including the press release “One year after Myanmar earthquake, local responders drive recovery as international support remains critical” and the web article Sounds like home: One year after the earthquake, rebuilding lives and livelihoods. These products helped highlight the role of local responders, progress made in recovery, and the continued need for international support. Moving forward, communications will continue to document recovery progress, share field stories, and support visibility with partners, donors, and the public.

HUMANITARIAN DIPLOMACY

Humanitarian diplomacy (HD) messaging has been provided during the earthquake response to reflect the evolving operational context in Myanmar. Initial messages developed between March and July 2025 focused on humanitarian access, protecting the reputation and positioning of MRCS, and reinforcing the importance of the auxiliary role while maintaining principled and independent humanitarian action.

As the context evolved, including around the election period, additional HD messaging was developed alongside contingency planning. This aims to support continued humanitarian access and acceptance while managing operational sensitivities, including adjustments to certain modalities such as reducing the use of grant assistance in some locations. Current key messages continue to emphasise the complexity and underfunding of the humanitarian situation in Myanmar, the importance of locally led humanitarian action, and the need to preserve humanitarian space and safe access. These messages have been used during donor field visits, stakeholder engagements, high-level meetings with authorities, and discussions involving IFRC senior leadership.

The earthquake response has also contributed to the wider strengthening of humanitarian diplomacy capacity within MRCS. MRCS finalised its Humanitarian Diplomacy Action Plan following a workshop in November, expanded staffing support linked to HD and communications and developed a humanitarian diplomacy curriculum now being rolled out at branch level. Further work continues around negotiation, advocacy and coordination capacities.





Earthquake-affected community members participate in game activities during Psychosocial Support Services sessions in Kyauk Tar Village, Sagaing Township. (Photo: IFRC)

Funding

As of 31 March 2026, the Federation-wide contribution to the operation stood at CHF 26,198,965 representing 26 per cent of the total CHF 100,000,000 Federation-wide funding requirement. Of this, the IFRC Secretariat had secured CHF 15,571,386 in hard pledges, together with CHF 2,463,700 in in-kind contributions. This brings the total IFRC Secretariat contribution to CHF 18,035,086, representing 23 per cent of the CHF 80,000,000 IFRC Secretariat funding requirement. In addition, bilateral contributions from Partner National Societies amounted to approximately CHF 8,163,879 representing 41 per cent coverage of the CHF 20,000,000 bilateral funding requirement.

Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat (hard + in-kind)	80,000,000	18,035,086	61,964,914	23%
Bilateral (PNS) (hard + in-kind)	20,000,000	8,163,879	11,836,121	41%
Total Federation-wide contribution (Secretariat +bilateral)	100,000,000	26,198,965.00	73,801,035	26%

Overall expenditure under the IFRC Emergency Appeal has progressed in line with the pace of implementation and the operational plan, with expenditure in the first year reaching 47% of the total funds received. Spending reflects the transition from immediate relief to early recovery, with resources allocated across direct assistance to affected communities, operational delivery systems, coordination, and institutional support to MRCS. With the MRCS Recovery Plan now finalized, the operating budget will need to be further adjusted by sector to reflect recovery priorities, particularly for livelihoods interventions and support to displaced populations under migration. As the operation transitioned from large-scale emergency relief towards more targeted recovery programming, expenditure increasingly shifted towards technically complex and resource-intensive interventions requiring higher levels of supervision, verification, community engagement, and quality assurance. This was particularly relevant for shelter recovery, livelihoods planning, and community-based recovery activities.

The largest cost driver has been the implementation of multipurpose assistance. This required close coordination with local banks to support cash withdrawals and timely delivery to affected households. Expenditure in this area covered not only the cash transfers, but also the systems required for safe and accountable delivery. This included the procurement and distribution of grants in envelopes, the development and roll-out of the QR-coded tracking and verification system, transport and security arrangements, financial management support, and community feedback mechanisms. These investments were particularly important given the operational context in Myanmar, where financial infrastructure limitations, withdrawal restrictions, and access challenges required additional operational controls and verification systems to support large-scale MPA delivery. Shelter has also represented a major area of expenditure, particularly through grant for shelter construction and house repairs. This includes support for semi-permanent shelter solutions, household

repairs, sanitation facilities, technical supervision, construction quality control, and BBS awareness. Compared to emergency relief distributions, shelter recovery activities required significantly higher levels of technical oversight, construction monitoring, procurement management, and community engagement to support safer and more durable recovery outcomes. These investments have been central to the operation's shift from emergency shelter relief items towards safer, more durable, and more dignified recovery support for affected households.

Expenditure has also supported DRR and climate adaptation activities, including the implementation of Vulnerability and Capacity Assessments. These assessments helped operational teams identify priority risks, community vulnerabilities, and practical recovery priorities, while also supporting better targeting and integration across shelter, livelihoods, WASH, and preparedness activities. Investment has also increased in areas that strengthen quality and accountability, including Community Engagement and Accountability. This included the deployment of technical support during the early phase of the operation to strengthen MRCS capacity, establish, and improve feedback systems, and ensure affected communities can raise concerns, contribute to programme decisions, and receive regular information on assistance. Freight and international transport costs linked to the import and distribution of non-food items, equipment, and operational supplies have also been absorbed during the reporting period.

A significant share of expenditure has supported MRCS operational capacity. This includes the establishment and equipping of three headquarters-led regional support hubs, which provide decentralized coordination, logistics, and technical support to affected branches. These hubs have supported timely operational delivery, improved field supervision, and stronger accountability to communities. Related costs include surge deployments, recruitment, staff and volunteer training, office setup, communications, transport, and other operational support costs.

Despite important progress, the operation remains significantly underfunded, with a funding gap of approximately CHF 72.5 million. Additional funding is needed to sustain essential assistance and enable MRCS, with support from IFRC network, to continue recovery activities. Priority areas include shelter recovery, livelihoods, health, WASH, DRR, community engagement, protection and inclusion, support to displaced populations, and strengthening MRCS branch and volunteer capacity. In summary, expenditure has remained aligned with evolving operational priorities across direct assistance, recovery programming, operational systems, coordination, accountability, and MRCS support structures. Early investments in cash delivery systems, logistics, surge capacity, community feedback mechanisms, risk-informed planning, and decentralized operational hubs helped establish the operational foundation required to support a more coordinated and accountable recovery phase.

ACKNOWLEDGEMENT OF PARTNERS

The IFRC and MRCS extend their sincere appreciation to all partners who have contributed to the Myanmar Earthquake Emergency Appeal (MDRMM023). As of March 2026, the response has received support from 32 Red Cross and Red Crescent National Societies, 18 governments, and three private and corporate organizations. Their solidarity and generosity have enabled the timely delivery of humanitarian assistance to earthquake-affected communities across Sagaing, Mandalay, Nay Pyi Taw, Southern Shan and Bago Regions. The combined support from in-kind relief items to financial contributions and technical expertise continues to strengthen the collective Red Cross and Red Crescent Movement's capacity to respond effectively and uphold the dignity, safety and resilience of those most in need.

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/3-2026/3	Operation	MDRMM023
Budget Timeframe	2025/3-2027/3	Budget	APPROVED

Prepared on 25 May 2026

All figures are in Swiss Francs (CHF)

MDRMM023 - Myanmar - Earthquake

Operating Timeframe: 29 Mar 2025 to 31 Mar 2027; appeal launch date: 29 Mar 2025

I. Emergency Appeal Funding Requirements

Total Funding Requirements	80,000,000
Donor Response* as per 25 May 2026	21,056,183
Appeal Coverage	26.32%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	3,883,211	3,654,441	228,770
PO02 - Livelihoods	769,400	61,945	707,455
PO03 - Multi-purpose Cash	5,540,764	5,115,459	425,305
PO04 - Health	228,707	182,815	45,892
PO05 - Water, Sanitation & Hygiene	1,298,866	304,330	994,536
PO06 - Protection, Gender and Inclusion	294,966	14,835	280,131
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	1,841,643	421,967	1,419,676
PO10 - Community Engagement and Accountability	51,946	115,119	-63,173
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	13,909,503	9,870,911	4,038,593
EA01 - Coordination and Partnerships	1,236,511	514,773	721,739
EA02 - Secretariat Services	3,504,052	1,338,447	2,165,605
EA03 - National Society Strengthening	1,275,039	639,236	635,803
Enabling Approaches Total	6,015,602	2,492,456	3,523,147
Grand Total	19,925,105	12,363,366	7,561,739

III. Operating Movement & Closing Balance per 2026/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	19,295,580
Expenditure	-12,363,366
Closing Balance	6,932,214
Deferred Income	544,854
Funds Available	7,477,068

IV. DREF Loan

* not included in Donor Response	Loan :	2,000,000	Reimbursed :	2,000,000	Outstanding :	0
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Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2025/3-2027/3	Budget	APPROVED

Prepared on 25 May 2026

All figures are in Swiss Francs (CHF)

MDRMM023 - Myanmar - Earthquake

Operating Timeframe: 29 Mar 2025 to 31 Mar 2027; appeal launch date: 29 Mar 2025

V. Contributions by Donor and Other Income

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Opening Balance					0	
AAWAG-Asian Ambassadors Wives Association	10,471				10,471	
AbbVie	4,211				4,211	
American Red Cross	707,570				707,570	
APPLE	20				20	
Australian Red Cross	184,203				184,203	
Austrian Red Cross (from Neighbour In Need*)	136,442				136,442	
Belgium - Private Donors	18				18	
Benevity, Inc	119				119	
British Red Cross	530,780	9,418			540,198	
British Red Cross (from British Government*)	2,140,195				2,140,195	
British Red Cross (from DEC (Disasters Emergency Cc	1,398,083				1,398,083	
Bulgarian Red Cross	4,686				4,686	
Cisco	9,928				9,928	
Crouzet	512				512	
Czech Government	114,114				114,114	
DELL Technologies	635				635	
eBay Inc	354				354	
Electrolux Food Foundation	300				300	
Estee Lauder	63				63	
European Commission - DG ECHO	471,421				471,421	
Finnish Red Cross	463,253	78,182			541,435	
Finnish Red Cross (from Finnish Government*)	682,582				682,582	
France - Private Donors	480				480	
Google	29				29	
Government of Malta	46,815				46,815	
Hong Kong Red Cross, Branch of the Red Cross Socie	120,555				120,555	
IBM	782				782	
Irish Government	2,815,364				2,815,364	
Irish Red Cross Society	46,602				46,602	
Italian Government Bilateral Emergency Fund	1,887,560				1,887,560	
Japanese Red Cross Society	162,006	317,160			479,166	
KDDI Corporation	8,492				8,492	
Liechtenstein Government	100,000				100,000	
Liechtenstein Red Cross	159,043				159,043	
Lithuania Government	46,861				46,861	
Lithuania - Private Donors	797				797	
Luxembourg Government	185,308				185,308	
Macao Red Cross, Branch of Red Cross Society of Chi	4,221				4,221	
Macquarie Bank Foundation	4,194				4,194	
Madison Performance Group	1,195				1,195	
Malaysian Red Crescent Society		2,400			2,400	
Marsh & McLennan Companies, Inc.	233				233	
Mastercard Foundation	1,746				1,746	
Microsoft	16,309				16,309	
Monaco Government	46,774				46,774	
Netherlands - Private Donors	5,491				5,491	
New Zealand Red Cross	55,342				55,342	
Norwegian Red Cross	790,047				790,047	
Norwegian Red Cross (from Norwegian Government*)	790,047				790,047	
On Line donations	25,442				25,442	

Operational Strategy

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/3-2026/3	Operation	MDRMM023
Budget Timeframe	2025/3-2027/3	Budget	APPROVED

Prepared on 25 May 2026

All figures are in Swiss Francs (CHF)

MDRMM023 - Myanmar - Earthquake

Operating Timeframe: 29 Mar 2025 to 31 Mar 2027; appeal launch date: 29 Mar 2025

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
PAYPAL	13				13	
Poland Government	430,645				430,645	
Red Cross of Monaco	46,719				46,719	
Red Hat	67				67	
Republic of Korea Government	15,910	270,514			286,424	154,751
Saudi Arabia - Private Donors	202				202	
Saudi Red Crescent Authority	157,745				157,745	
Singapore Red Cross Society	249,737				249,737	
Slovenian Red Cross	9,283				9,283	
Spanish Government	87,099				87,099	390,103
Spanish Red Cross		155,569			155,569	
Stryker	200				200	
Swedish Red Cross	227,616				227,616	
Swiss Red Cross	50,000				50,000	
Switzerland - Private Donors	2,131				2,131	
Taiwan Red Cross Organisation	159,097				159,097	
Team Wang	81,591				81,591	
Teradata	138				138	
Thai Red Cross Society	160,559				160,559	
The Canadian Red Cross Society	111,819				111,819	
The Canadian Red Cross Society (from Canadian Gov	2,383,328				2,383,328	
The Netherlands Red Cross (from Netherlands Govern	500,492				500,492	
The Philippine National Red Cross	79,497				79,497	
The Republic of Korea National Red Cross	236,870				236,870	
Turkish Red Crescent Society	39,990				39,990	
Twilio	99				99	
Unidentified donor	1,437				1,437	
United Arab Emirates - Private Donors	30,586				30,586	
United States - Private Donors	1,236				1,236	
Vanguard	3,146				3,146	
VISA	82				82	
Workday	3,359				3,359	
Total Contributions and Other Income	19,252,384	833,243	0	0	20,085,628	544,854
Total Income and Deferred Income					20,085,628	544,854

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HOW WE WORK

All IFRC assistance seeks to adhere the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable, to Principles of Humanitarian Action and IFRC policies and procedures. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.





MRCs and IFRC staff monitor the progress and quality of Transitional Shelter units in Amarapura Township, Mandalay.

Myanmar
Earthquake

ONE YEAR REPORT

