



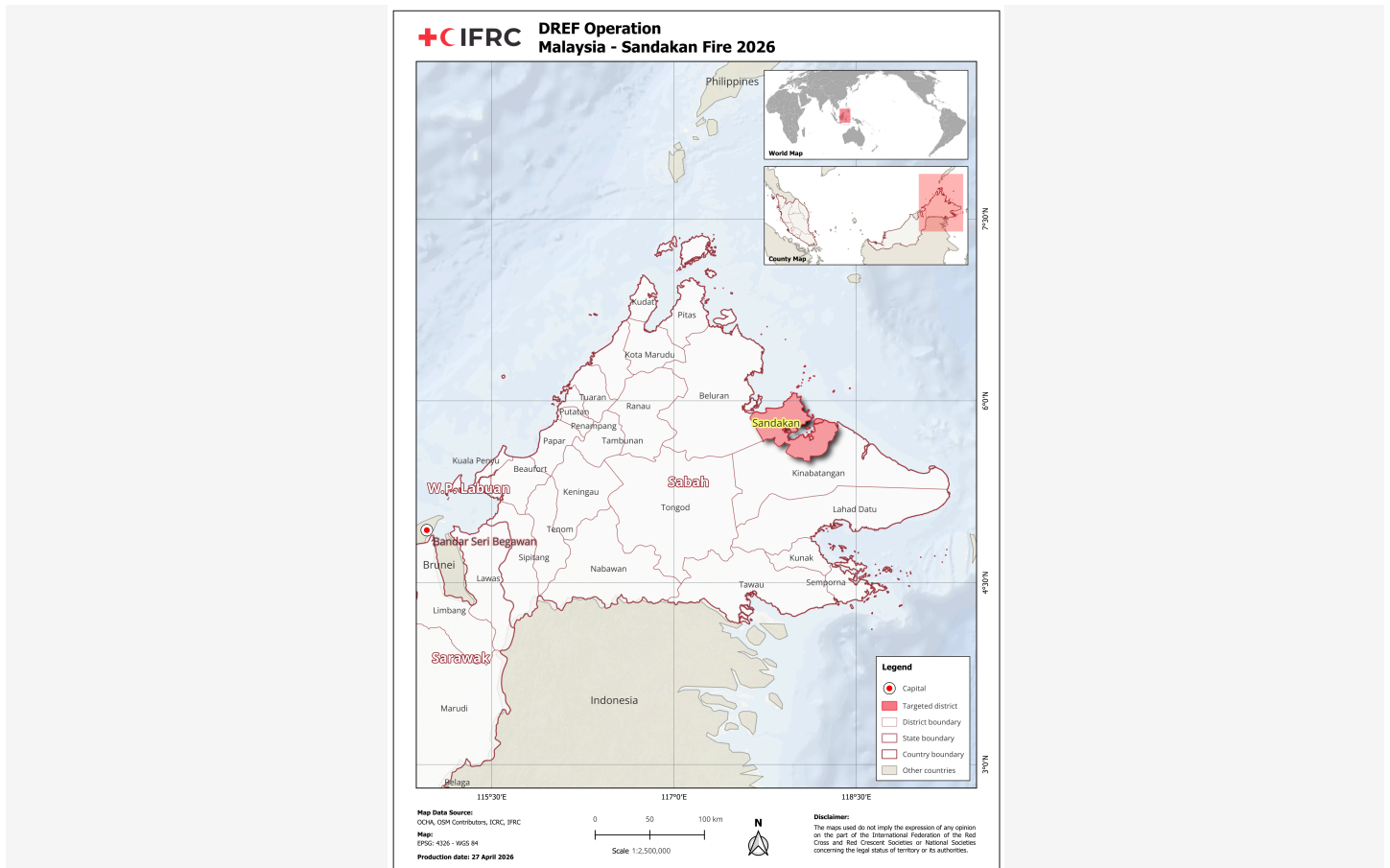
Large-scale housing destruction in Kampung Bahagia. (Photo: MRCS)

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| Appeal:<br><b>MDRMY013</b>                 | Hazard:<br><b>Fire</b>                  | Country:<br><b>Malaysia</b>              | Type of DREF:<br><b>Response</b>     |
| Crisis Category:<br><b>Yellow</b>          | Event Onset:<br><b>Sudden</b>           | DREF Allocation:<br><b>CHF 197,766</b>   |                                      |
| Glide Number:<br><b>FR-2026-000064-MYS</b> | People Affected:<br><b>9,007 people</b> | People Targeted:<br><b>7,000 people</b>  |                                      |
| Operation Start Date:<br><b>06-05-2026</b> | Operation Timeframe:<br><b>5 months</b> | Operation End Date:<br><b>31-10-2026</b> | DREF Published:<br><b>06-05-2026</b> |
| Targeted Regions: <b>Sabah</b>             |   |  |                                      |

# Description of the Event

## Date of event

27-04-2026



Sandakan Fire - Affected area (Source: IFRC)

## What happened, where and when?

On 19 April 2026, a major fire broke out in Kampung Bahagia, a densely populated water village settlement in Sandakan District, Sabah, Malaysia. The area is characterized by informal wooden stilt houses built in close proximity over water. The use of highly flammable materials and narrow spacing between structures enabled the fire to spread rapidly and hindered containment efforts, resulting in widespread destruction of homes, personal belongings, and critical documents.

Initial information from Malaysian Red Crescent Society (MRCS) assessments and local response actors indicates that the incident severely affected the community, displacing large numbers of people. As of available situation reports, 1,880 individuals from 380 families were recorded across eight temporary evacuation centres in Sandakan. Additional affected populations remained outside formal evacuation centres, either self-settled near the affected area or staying with host communities, with figures requiring further verification.

Immediately following the incident, the MRCS Sabah Chapter deployed an initial response team on 20 April 2026 to support emergency relief and conduct a preliminary assessment. Given the scale and complexity of the disaster, as well as limited local capacity in Sandakan to manage a large-scale response of this nature, MRCS National Headquarters (NHQ) subsequently deployed an assessment team to support the MRC Sandakan Branch and MRC Sabah Chapter.

Response efforts were further challenged by logistical constraints, including the geographical distance between Sandakan and Kota Kinabalu (approximately 330–380 km, requiring 6–7 hours by road), which affected the speed of reinforcement, coordination, and resource mobilization.

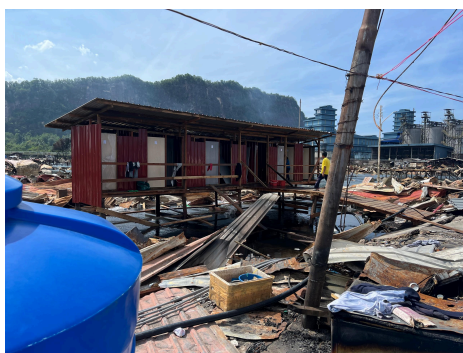
Based on findings from the initial MRCS assessments conducted between 20–26 April 2026, and in light of evolving humanitarian needs



across shelter, health, WASH, and protection sectors, a formal request for Disaster Response Emergency Fund (DREF) support was triggered and submitted on 27 April 2026, approximately 7 days after the incident. This timeframe reflects the need to consolidate assessment data and verify the scope of needs, which was constrained by challenges faced by MRCS and other responding agencies in obtaining reliable information, as local authorities were also overwhelmed by the scale and complexity of the situation.



Temporary shelters amid fire-damaged structures. (Photo: MRCS)



Temporary latrines built after the fire. (Photo: MRCS)



Affected area map: Kampung Bahagia, Sandakan. (Source: MRCS)

## Scope and Scale

The fire caused widespread destruction and significant displacement. Preliminary estimates suggest that between 1,000 and 1,200 houses were destroyed, affecting approximately 9,007 people. Of these, 1,880 individuals from 380 families are currently housed in eight temporary evacuation centres (Pusat Pemindahan Sementara – PPS). It was reported that while over 9,007 people are affected, only a small proportion are in formal evacuation centres, meaning nearly 80 per cent of the affected population are currently staying in informal settings outside of formal support systems. This raises concerns regarding potential gaps in access to basic services, increased protection risks, and limited visibility of at-risk groups.

Following the fire on 19 April 2026, MRCS immediately supported initial response actions through coordination with local authorities, Sabah Chapter, and Sandakan Branch, while mobilising relief assistance and conducting preliminary situation monitoring. Initial information from local response actors and early situation reports indicated extensive shelter loss, displacement to multiple PPS, and emerging needs across health, WASH, protection, basic needs, and education. However, given inconsistencies in population figures and the presence of affected households outside formal evacuation centres, further assessment was required to verify the scale of needs and identify priority gaps.

On 23 to 26 April 2026, MRCS conducted a more detailed assessment and analysis of the affected area, including conditions in Kampung Bahagia and the situation of populations remaining outside formal PPS arrangements. The assessment confirmed that humanitarian needs extended beyond immediate relief distributions, particularly among self-settled households, undocumented and non-citizen populations, children affected by education disruption, and households living in overcrowded and unsafe temporary conditions. Findings highlighted critical gaps in community-level health access, WASH and environmental sanitation, psychosocial support, protection-sensitive assistance, and flexible basic needs support through CVA. These findings provided the basis for the DREF request, as the scale, complexity, and persistence of needs exceeded the capacity of the initial response and required structured, time-bound support.

A considerable number of residents remain in or around the original settlement, including both displaced individuals and those who have self-settled nearby; however, the exact population still in the village has yet to be confirmed, with current estimates ranging from 4,000 to 7,000 people. These figures are expected to be verified in the coming days. The remaining affected population includes households who are self-settled, staying near the affected area, or temporarily accommodated with relatives and host communities. Given this situation, there is a need for targeted PGI and CEA interventions to ensure that populations outside formal evacuation centres are adequately reached, their specific risks and needs are identified, and appropriate, inclusive support is provided.

The scale of the crisis extends beyond the formal PPS population. A significant proportion of residents remain in or near Kampung Bahagia, where living conditions are more constrained and access to structured services is less consistent. Some affected households are hesitant to relocate to PPS due to concerns over the security of their original house sites and remaining belongings, including fears that their plots may be occupied or that unattended items may be looted. As a result, many families continue to stay close to the affected area despite unsafe and substandard conditions. These households face heightened risks due to overcrowded temporary shelters, damaged infrastructure, limited access routes, poor sanitation, unmanaged waste, and uncertainty over temporary or longer-term shelter arrangements.

Humanitarian conditions remain challenging, particularly for those outside the PPS. Overcrowding in evacuation centres and substandard conditions in informal settlements have contributed to gaps in service delivery, especially in health, WASH, and protection. Poor waste management, temporary sanitation systems discharging directly into the sea, and congested living environments are increasing the risk of communicable diseases, including respiratory infections, skin diseases, and diarrheal illnesses. Existing public health



concerns, such as reported tuberculosis (TB) cases within the community, further heighten these risks.

The impact is not uniform across the population. Children and adolescents face disruptions to education due to the use of community-based alternative learning centres, informal schools established within the settlement, as temporary shelters, while also experiencing increased psychosocial stress. Vulnerable groups, including infants, pregnant women, elderly individuals, and persons with disabilities, face additional barriers in accessing healthcare and essential services. Many affected households have lost their sources of income and are increasingly dependent on external assistance, with limited livelihood opportunities available.

A key factor shaping the scale and complexity of the crisis is the demographic profile of the affected population. An estimated 70 per cent are non-citizens, including undocumented individuals, which creates challenges in registration, limits access to formal assistance, and increases the risk of exclusion from government-led support.

Protection concerns are significant. Overcrowded living conditions, lack of privacy, and unclear targeting of assistance may contribute to social tensions and unequal aid distribution. Security constraints in certain areas have already affected service delivery, including disruptions to outreach efforts. The loss of personal identification documents further exacerbates vulnerability, particularly for undocumented individuals.

While response efforts have delivered essential relief, notable gaps remain in reaching populations outside formal shelters and ensuring equitable access to assistance. Addressing these gaps will require strengthened coordination, improved outreach, and a sustained, multi-sectoral response that prioritizes inclusivity and targeted support for the most vulnerable groups.

| Source Name     | Source Link   |
|-----------------|---|
| 1. Harian Metro | <a href="https://www.hmetro.com.my/utama/2026/04/1347871/terkini-9007-penduduk-terjejas-kebakaran-di-sandakan-polis">https://www.hmetro.com.my/utama/2026/04/1347871/terkini-9007-penduduk-terjejas-kebakaran-di-sandakan-polis</a> |

## Previous Operations

|  |    |
|--|----|
| Has a similar event affected the same area(s) in the last 3 years?   | No |
| Did it affect the same population group?                             | -  |
| Did the National Society respond?                                    | -  |
| Did the National Society request funding form DREF for that event(s) | -  |
| If yes, please specify which operation                               | -  |

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-



### Lessons learned:

MRCS is applying lessons from previous DREF and emergency operations, although these were implemented in different hazard contexts, particularly flood responses. Key lessons from CVA and CEA include the importance of early beneficiary verification, data cleaning, clear targeting criteria, timely engagement with financial service providers or vendors, and transparent communication on entitlements, distribution timelines, and feedback channels. In this operation, MRCS will prioritize protection-sensitive targeting, vendor/FSP readiness checks, accessible two-way communication, help desks or focal points, and Post-Distribution Monitoring to ensure that assistance is timely, safe, accountable, and inclusive, particularly for undocumented and non-citizen households.

Lessons from previous PGI, WASH, and resource mobilization experiences also show the need to identify vulnerable groups early, collect and use disaggregated data safely, establish referral pathways, and ensure that hygiene assistance is complemented by environmental sanitation measures. MRCS will therefore combine hygiene promotion, community clean-up, waste management support, and coordination with authorities to reduce public health risks, while integrating PGI and safeguarding across all activities. The operation will also strengthen coordination between NHQ, Sabah Chapter, Sandakan Branch, IFRC, and local authorities; involve procurement and finance functions early; mobilize technical support where required; and apply clearer workload management and psychosocial support considerations for staff and volunteers to reduce delays, coordination gaps, exclusion risks, and community mistrust

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

## Current National Society Actions

### Start date of National Society actions

19-04-2026

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| <b>Shelter, Housing And Settlements</b> | Due to uncertainty regarding government plans for shelter and housing in Kampung Bahagia, MRCS is currently maintaining a cautious approach, with shelter interventions pending further clarification. Ongoing needs assessments and coordination with relevant authorities are being conducted to better understand the government's direction and planned support for the affected population. This is to ensure that any MRCS intervention is aligned, avoids duplication, and appropriately complements existing or planned government responses.   |
| <b>Livelihoods And Basic Needs</b>      | <p>MRCS Sabah Chapter has distributed 300 packs of food aid to five temporary evacuation centres. In addition, basic household and essential needs were supported through the provision of infant supplies as part of its relief assistance, helping to ease the burden of affected families residing in temporary shelters.</p> <p>In addition, MRCS is assessing the feasibility of Cash and Voucher Assistance to support affected households in meeting their most urgent basic needs in a flexible and dignified manner. This approach is particularly relevant for households facing barriers to formal assistance, including undocumented individuals and families outside formal evacuation arrangements.</p> |
| <b>Health</b>                           | MRCS health response is focused on immediate life-saving support through the deployment of ambulance services at the district level to provide emergency medical assistance, first aid, and transport support for affected individuals requiring urgent care. This is complemented by coordination with government health services operating at evacuation centres, where health screening and basic medical consultations are being conducted for displaced populations.   |
| <b>Water, Sanitation And Hygiene</b>    | MRCS Sabah Chapter immediate hygiene-related needs through the distributions of 300 hygiene kits, to five emergency evacuation centres. In addition, the MRCS Sandakan Branch also distributed 5 cartons of toothbrushes and 15 kettles to families currently sheltered at these centres, to support their immediate household and daily living needs.  |



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|   | <p>In addition, MRCS is supporting basic preventive health needs through the distribution of hygiene kits and infant supplies as part of its relief assistance, helping to reduce public health risks in overcrowded shelters and temporary settlements.</p>  |
| <p><b>Protection, Gender And Inclusion</b></p>        | <p>At this stage, MRCS's response to Protection, Gender and Inclusion (PGI) is focused on ongoing assessment and identification of vulnerable groups and protection risks among the affected population, including women, children, elderly persons, persons with disabilities, and undocumented individuals. Key concerns are being observed in evacuation centres and informal settlements, where overcrowding, limited privacy, and disrupted household structures increase exposure to protection risks and barriers to accessing assistance.</p> <p>MRCS is also identifying exclusion risks affecting undocumented populations due to documentation constraints, as well as heightened vulnerability among children linked to education disruption and limited psychosocial support. During this assessment phase, MRCS is applying basic PGI considerations by prioritizing vulnerable households in relief distributions and engaging community leaders to improve inclusive identification, while recognizing that structured PGI programming and systems remain limited and require further strengthening in the ongoing response.</p>  |
| <p><b>Migration And Displacement</b></p>              | <p>At this stage, MRCS Sabah Chapter and the Sandakan Branch have initiated targeted outreach to improve understanding and access to undocumented populations affected by the fire. The team has engaged the Village Development and Security Committee (JKKK), who also serves as a Community Health Volunteer from the undocumented community and has previously been trained by the ICRC and MRCS Sabah. This engagement is being used to gather preliminary information on population figures, locations, and priority needs of undocumented households in the affected area.</p> <p>In parallel, the MRCS assessment team has conducted initial stakeholder engagement and is currently awaiting a formal appointment with the relevant authorities responsible for undocumented communities. This engagement aims to strengthen coordination, improve data accuracy, and support more inclusive identification of affected individuals who may otherwise be excluded from formal assistance systems. All engagement with undocumented communities will need to be conducted in a protection-sensitive manner, ensuring that data collection is limited to essential information and that personal data is securely managed.</p> |
| <p><b>Community Engagement And Accountability</b></p> | <p>At this stage, no formal Community Engagement and Accountability (CEA) activities have been conducted. However, MRCS is actively engaging community leaders, including Village Development and Security Committee representatives, local volunteers, and leaders from both local and undocumented communities, to gather real-time information on needs, verify affected households, and support the identification of vulnerable groups. This ongoing engagement helps ensure two-way communication with affected communities and supports a more responsive and inclusive emergency operation. It also contributes to strengthening trust and facilitating safer access to ground zero and affected areas for humanitarian response activities.</p>  |
| <p><b>Coordination</b></p>                            | <p>The MRCS has undertaken several coordination actions across different levels to support the Sandakan fire response. At the national level, through its Emergency Operations Centre (EOC), MRCS NHQ has convened coordination meetings with MRCS Sabah Chapter and Sandakan Branch to align response priorities, facilitate information sharing, and support operational planning. NHQ has also engaged with relevant government coordination platforms to ensure that MRCS actions are aligned with national disaster response structures. This includes the National Disaster Management Agency (NADMA) in identifying and addressing gaps through targeted and need-based sectoral interventions</p> <p>At the state and district levels, MRCS coordinated closely with key government agencies, particularly the District Disaster Management Committee (JPBD), JKM (Social Welfare Department), and health authorities, to support relief distribution, beneficiary targeting, and service delivery at evacuation centres (PPS). The MRCS Sabah Chapter supported the establishment of a local EOC in Sandakan, strengthening coordination between state and branch levels, while facilitating communication and reporting</p> |



|                                   |  |
|-----------------------------------|--|
|                                   | <p>between field operations and national headquarters.</p> <p>At the community level, MRCS engaged with local leaders, including JKKK representatives and community focal points, to facilitate access to affected populations, support needs identification, and assist in organising distributions. Coordination with community structures has been essential in navigating access constraints, particularly in high-risk or restricted areas, and in ensuring that assistance reaches vulnerable households.</p>  |
| <b>National Society Readiness</b> | <p>At the national level, the Malaysian Red Crescent Society (MRCS) National Headquarters (NHQ) deployed a team of three personnel to support rapid assessment and provide operational support in the affected area. An initial allocation of RM100,000 was also released to enable the prompt delivery of emergency assistance to affected populations. NHQ further activated resource mobilisation and communication mechanisms to support fundraising and early response actions.</p> <p>At the state level, the Sabah Chapter responded quickly by deploying senior officers to Sandakan to support initial response efforts and strengthen on-ground assistance delivery. The Chapter also mobilised pre-positioned stocks of non-food items, food supplies, and essential relief items, enabling timely distribution to displaced households during the critical early phase of the emergency.</p> <p>At the district level, the Sandakan Branch is deploying ambulance services to provide emergency medical assistance and first aid to affected individuals. The branch also facilitated the distribution of essential relief items, including hygiene kits, food baskets, infant milk, and basic household supplies, to support immediate household needs, drawing from pre-positioned stocks and contributions from local donors.</p> |
| <b>Assessment</b>                 | <p>Due to limited capacity, technical skills, and experience gaps in managing large-scale disaster response and operations at the chapter and branch levels, MRCS NHQ deployed a team of three personnel to the affected area. The team supported operational coordination and conducted rapid needs assessments to identify immediate humanitarian needs and response priorities, in close collaboration with local staff and volunteers, while also providing on-the-job capacity strengthening support.</p>   |
| <b>Resource Mobilization</b>      | <p>MRCS NHQ has launched emergency appeals through its official platforms, including digital and public communication channels, to mobilise financial contributions from the public and partners in support of immediate relief operations since 21 April 2026. In addition, internal emergency funds were allocated to enable rapid procurement and distribution of essential assistance during the initial phase of the response.</p> <p>At the same time, coordination with MRCS Sabah Chapter and Sandakan Branch supported the alignment of resource needs from the field, ensuring that fundraising efforts were directed towards priority gaps such as food assistance, non-food items, and emergency health support.</p>   |
| <b>National Society EOC</b>       | <p>MRCS National Headquarters has activated its Emergency Operations Centre (EOC) to coordinate overall response efforts since 20 April 2026. At the same time, the MRCS Sabah Chapter has supported the MRCS Sandakan Branch by providing initial guidance and a briefing on EOC setup, enabling the establishment of a temporary (pop-up) EOC at the MRCS Sandakan office to serve as the local command and control centre for operations.</p>   |

## IFRC Network Actions Related To The Current Event

|                    |  |
|--------------------|--|
| <b>Secretariat</b> | <p>IFRC, through its Country Team and Country Cluster Delegation (CCD) in Jakarta, is providing coordinated Movement-level support to MRCS through technical guidance,</p> |
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|   | close coordination, support, and information sharing. Coordination calls have been held between MRCS, the IFRC Country Team, and CCD Jakarta on Friday, 24 April, to discuss the evolving situation and the potential escalation towards a DREF application |
| <b>Participating National Societies</b> | No participating National Societies are currently involved; however, discussions are ongoing.   |

## ICRC Actions Related To The Current Event

ICRC present in country are not involved in this operation.

## Other Actors Actions Related To The Current Event

|  |   |
|--|---|
| <b>Government has requested international assistance</b> | No  |
| <b>National authorities</b>                              | <p>At the federal level, agencies such as National Disaster Management Agency (NADMA), Social Welfare Department (JKM), and Implementation Coordination Unit of the Prime Minister's Department are providing coordinated disaster response support, including cash assistance to affected households approximately CHF 297 (MYR 1,500) federal support, CHF 198 (MYR 1,000) state support, CHF 198 (MYR 1,000) from state welfare foundations, and CHF 59 (MYR 300) student assistance to the Malaysian citizen. The government has also established and is managing temporary evacuation centres (PPS), where affected populations receive shelter, food, basic non-food items, and access to essential services. Health support is delivered through the District Health Office (DHO), including health screenings, medical consultations, vaccinations, and referral of critical cases to hospital facilities.</p> <p>At the state and district levels, the Sabah State Government and District Disaster Management Committee (JPBD) are overseeing beneficiary registration, aid distribution, and overall coordination. Additional assistance includes the provision of cooked meals or food supplies, basic household items, and the management of evacuation facilities, alongside environmental health measures such as sanitation oversight and waste management. However, challenges remain in ensuring timely and consistent disbursement of cash assistance, addressing discrepancies in beneficiary data, ensuring inclusion of undocumented populations, and managing operational constraints in high-risk or difficult-to-access areas. At the same time, there is no precise or verified information on the total number of beneficiaries who have received government assistance to date.</p> |
| <b>UN or other actors</b>                                | <p>Based on the assessment findings, there is limited verified and consolidated information on the assistance provided by international humanitarian partners, including UN agencies, donors, and foreign governments. The assessment team was unable to obtain fully reliable and up-to-date data on their contributions, largely due to ongoing coordination constraints and the high operational burden faced by local authorities in managing multiple response actors. As a result, reporting on external support has been inconsistent, and a comprehensive overview of partner contributions, particularly in terms of scope, coverage, and timelines, remains unavailable at the time of assessment.</p> <p>At the same time, assistance from local politicians and organisations in Sandakan and surrounding areas has been largely ad hoc and uncoordinated. Contributions have primarily included food items, hygiene kits, basic medicines, drinking water, used clothing, baby formula, kitchen supplies, tents, and building materials, which have</p>  |



supported initial recovery efforts in temporary settlements. However, in the absence of a centralised coordination and tracking mechanism, these contributions have not been systematically recorded or strategically distributed. This has resulted in limited clarity on what assistance has been delivered, where, and to whom, increasing the risk of duplication in some areas while leaving critical gaps in others. The lack of coordination also weakens accountability and reduces the overall effectiveness and equity of the response.

#### Are there major coordination mechanism in place?

Yes, coordination mechanisms are in place as guided by Directive No. 1 under the National Disaster Management Agency (NADMA) on disaster operation mechanisms. The District Disaster Management Committee (JPBD) serves as the main coordination platform, bringing together key government agencies, authorities, security forces, and responders to manage operations, information sharing, and service delivery. MRCS is integrated within this structure and participates in coordination at the district level alongside other stakeholders.

However, despite these mechanisms, coordination remains challenged by the scale and complexity of the response, including instances of uncoordinated assistance, inconsistencies in beneficiary data, and limited visibility of support from non-governmental actors. The situation remains fluid and sensitive, particularly given that a significant proportion of the affected population, estimated at over 70 per cent, consists of undocumented individuals, which further complicates coordination, targeting, and the delivery of assistance.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

The fire incident in Kampung Bahagia has resulted in extensive destruction of housing, leaving the majority of affected households without safe or adequate shelter. Initial assessment findings indicate that affected people are currently relying on temporary, improvised, and substandard shelter arrangements, including makeshift structures such as repurposed kiosks and self-built shelters. These arrangements fall below minimum safety and dignity standards, with limited availability of essential shelter materials such as tarpaulins, canopies, and basic shelter kits.

Shelter needs are particularly acute among households remaining in or near Kampung Bahagia. During the assessment, residents were observed queuing to register for canopies and temporary tents, reflecting concern over the insufficiency of PPS and the need for interim shelter while waiting for more permanent housing solutions. Community members have also started erecting additional canopies within the village to secure and maintain their current locations. Some affected households are reluctant to move to PPS due to concerns over the security of their original house sites and remaining belongings, including fears that plots may be occupied or unattended items may be looted.

There is also a critical gap in structured displacement management and temporary shelter planning. Existing arrangements are largely uncoordinated, resulting in overcrowding, inadequate spatial planning, and poor living conditions in both the affected settlement and the surrounding areas. Damaged infrastructure, including access bridges and internal pathways, further limits mobility and constrains both humanitarian access and household recovery efforts. These physical constraints increase safety risks and reduce the ability of families to establish stable and dignified temporary living conditions.

Displacement is expected to be prolonged, yet there is currently no clear or formally communicated transitional shelter plan for affected communities, despite a general preference among residents to remain in their original settlement area. The state government is considering plans to redevelop Kampung Bahagia into a recognized settlement, providing residents with legal status and improved access to services. Another option under review is land reclamation to support new housing development, though this would involve significant costs.

As next steps, the government will review the report from the Sandakan district disaster management committee and assess proposals, including those from the Sandakan Municipal Council on resettlement. A final decision will be made based on feasibility, cost, and suitability for affected residents. The area was previously recognized as a settlement for refugees under the United Nations High Commissioner for Refugees (UNHCR) before later being developed into a village settlement. While this planned redevelopment may provide longer-term housing solutions, it has not yet translated into immediate clarity on temporary or transitional shelter arrangements.

In addition, the provision of tents for temporary shelter has become a key operational challenge, as there is currently no suitable or officially allocated land available for their installation, including unresolved issues related to land legality and authorization. This significantly limits the ability of responders to scale up temporary shelter solutions in a safe, organized, and compliant manner.



Overall, there is a significant gap in coordinated shelter assistance and settlement planning, highlighting the need for a more structured and scalable response. This includes ensuring safe, dignified, and adequate temporary shelter solutions while supporting clearer transition pathways toward planned redevelopment and reducing congestion and protection risks in the interim period.

Clear gaps also exist in shelter support, with a need for temporary protection materials, minor repairs, and replacement of lost household items, as displacement is expected to be prolonged and current living conditions remain inadequate. This situation is further compounded by the reluctance of many households to leave the area in order to safeguard their belongings and secure their space, which limits their ability to resume livelihoods and increases economic vulnerability. Protection concerns are therefore significant, particularly for undocumented populations who face barriers in accessing formal assistance and require safe, inclusive, and dignified support mechanisms.



## Livelihoods And Basic Needs

Livelihood conditions in Kampung Bahagia are characterised by low and unstable incomes, with daily wages reportedly ranging between approximately CHF 8-12 (MYR 40–60). Many community members rely on casual or informal labour, while a smaller proportion of documented individuals are employed in factories or other formal work. Following the fire, the combined loss of shelter, household assets, livelihood opportunities, and essential belongings has placed affected households under severe financial strain, significantly reducing their purchasing power and increasing reliance on external assistance.

Rapid assessment findings from ENAP and MRCS indicate that affected populations, particularly those outside formal temporary evacuation centres, face limited access to structured support. While government assistance has been provided, including cash aid, temporary shelter, food, and basic items, gaps remain in meeting urgent and early recovery needs. These gaps are more pronounced among undocumented and non-citizen populations, who may face barriers in accessing formal assistance systems, documentation replacement, financial services, and government-led support.

Initial field observations suggest that markets in and around Sandakan remain functional, with essential items such as food, hygiene supplies, infant care items, and basic household goods available. No significant price increases have been reported at this stage. However, as direct vendor engagement has not yet been conducted, detailed market assessment, vendor mapping, price monitoring, and procurement checks will be required upon DREF approval to confirm the feasibility and design of the voucher modality.

Based on the current context, CVA is considered appropriate to support affected households to meet their most urgent needs in a flexible and dignified manner. A voucher approach can enable households to access priority items such as food, hygiene supplies, basic household goods, infant care items, and shelter-related basic items, while also improving monitoring, reducing duplication of in-kind assistance, and supporting access for households that may not be able to use formal financial systems. The modality will need to be designed with protection, data protection, vendor readiness, and inclusion considerations, particularly for undocumented populations.

Immediate needs include food, cooking supplies, bedding, lighting for temporary shelters, hygiene items, cleaning materials, diapers, baby products, and milk formula. Additional unmet needs include education-related support for children in ALCs who have lost learning materials and experienced disruption to schooling. These needs are compounded by overcrowded living conditions, inadequate sanitation, and uncertainty over temporary or transitional shelter arrangements.

Although assistance from NGOs, individuals, and other local actors is ongoing, it remains largely uncoordinated and inconsistently documented. This has resulted in duplication of some non-priority items, such as used clothing, while essential needs remain unmet for some households. Overall, the situation highlights significant gaps in livelihood recovery and access to basic needs, particularly for vulnerable, undocumented, self-settled, and underserved households within the affected community.



## Health

The health situation following the fire incident in Kampung Bahagia demonstrates a clear disparity between structured service delivery at temporary evacuation centres (PPS) and severely constrained access within the affected community, where the highest levels of vulnerability are observed. At PPS locations, the Sandakan District Health Office (DHO) has been able to maintain regular and systematic health services, including screenings for communicable and non-communicable diseases, routine consultations, and vaccinations in accordance with national health protocols. These controlled conditions enabled early identification and referral of priority cases, including four confirmed tuberculosis (TB) cases and pregnant women, all of whom were referred to the Hospital Duchess of Kent for further management. The PPS environment allows for organized service delivery, continuity of care, and follow-up.

In contrast to the PPS, where health services are delivered in a more structured and controlled environment, Kampung Bahagia presents a higher-risk public health setting with greater needs but significantly lower service coverage. While no major disease outbreaks have been formally reported in the village, this should be interpreted with caution. Overcrowded living conditions, sub-optimal hygiene, and prolonged displacement create an environment highly conducive to the spread of communicable diseases, particularly respiratory and



skin infections.

Access to health services also differs significantly between the two settings. In PPS, services benefit from predictable delivery, better patient flow management, and continuity of care. In contrast, access in Kampung Bahagia remains irregular and constrained, largely due to security and operational challenges. Efforts to conduct outreach in the village have been disrupted by crowd-related incidents and damage to medical assets, resulting in shortened visits and limited follow-up.

As a result, health interventions have been concentrated at PPS locations, not because needs are lower in Kampung Bahagia, but because services can be delivered more safely and consistently in controlled settings. This imbalance leaves a large and vulnerable population in Kampung Bahagia with reduced access to preventive and primary healthcare, increasing the risk of delayed diagnosis, worsening of preventable conditions, and avoidable strain on higher-level healthcare facilities.

Current psychosocial support at the community level is largely informal and lacks structured, systematic MHPSS interventions, limiting the ability to identify and address more complex or emerging mental health issues. There is an urgent need to establish formal, community-based services, particularly through standardized Psychological First Aid (PFA), to provide timely and consistent support. Special attention is also required for vulnerable groups such as displaced students in alternative learning centres (ALC), who face heightened stress, disruption, and uncertainty without adequate targeted psychosocial support.

Other than that, key gaps remain in structured MHPSS services, targeted support for vulnerable groups, and community capacity. Provision of Psychological First Aid, training CHVs, and establishing Child-Friendly Spaces as safe environments for children are essential to promote normalcy, strengthen resilience, and ensure comprehensive psychosocial support during crisis response.



## Water, Sanitation And Hygiene

The WASH situation in Kampung Bahagia is characterized by basic, temporary, and environmentally unsustainable arrangements. The community currently relies on ten shared latrine units constructed from donated materials, which discharge directly into the sea, reflecting pre-existing practices that have continued post-disaster. While a communal hill-sourced water supply system (10,000 litres) is available and no major water quality concerns have been reported, affected households must manually collect water, increasing daily hardship.

There is a clear and urgent need for improved sanitation infrastructure, safer waste management systems, and more sustainable hygiene facilities. However, these needs are constrained by uncertainty regarding long-term settlement arrangements, making investments in permanent infrastructure difficult to implement at this stage. Institutional and regulatory challenges, including unclear land status and delayed approvals for waste management, further complicate response efforts and require close coordination with local authorities.

Solid waste management remains a critical concern, with visible accumulation of waste, irregular collection services, and failed attempts at community-led disposal due to lack of formal approval. The resulting environmental conditions, overcrowding, waste accumulation, and foul odours, pose increasing public health risks. While conditions at PPS are comparatively better, with controlled water supply and sanitation facilities, sustained hygiene promotion remains essential across all affected areas.

Overall, the WASH situation presents a high public health risk environment requiring immediate interim solutions, including hygiene promotion, waste management support, and community clean-up initiatives. These clean-up campaigns will be implemented through a Cash-for-Work modality to both improve environmental conditions and provide short-term income support to affected households, alongside strengthened coordination with authorities to ensure safe and acceptable service delivery.



## Protection, Gender And Inclusion

The assessment highlights significant gaps in the integration and delivery of Protection, Gender and Inclusion (PGI) services across evacuation centres (PPS) and informal shelter settlements in Kampung Bahagia. While immediate relief efforts are ongoing, PGI considerations remain at a basic level and require systematic strengthening to address both emerging and pre-existing vulnerabilities. A key gap is the limited identification and targeted support for vulnerable groups, including women, children, elderly persons, persons with disabilities, and undocumented individuals, compounded by the absence of a comprehensive, disaggregated beneficiary database that constrains effective targeting, referral, and follow-up support.

Protection risks are heightened due to overcrowded living conditions, limited privacy, disrupted household and unequal access to assistance. Security concerns have also been reported for volunteers and staff operating in the field, particularly due to crowd-related conflicts and incidents involving damage to medical assets at the District Health Office (DHO). These conditions may increase exposure to safety concerns, gender-based violence (GBV) exploitation, neglect, psychosocial distress, social tension and exclusion, particularly among the vulnerable or marginalized groups. At present, there are no structured mechanisms for safe identification, reporting, and referral of protection cases, while awareness of available support services remains low, further limiting access to timely assistance for at-risk individuals.



Critical gaps are also evident in child protection, psychosocial support, and inclusion of marginalized groups. Children and adolescents, including those from Alternative Learning Centres (ALCs), face prolonged displacement, disrupted education, and a lack of safe spaces, increasing risks of distress and negative coping mechanisms. Establishing Child-Friendly Spaces as safe environments for children is essential to promote normalcy, strengthen resilience, and ensure comprehensive psychosocial support during crisis response. In addition, undocumented populations face significant exclusion from formal assistance systems due to documentation barriers, while persons with disabilities and elderly individuals experience limited access to services, information, and tailored support in overcrowded and constrained environments.

There is a need to strengthen PGI mainstreaming across all sectors of the operation, including Health, WASH, CVA, CEA, MHPSS, and relief assistance. This should include improved collection and use of disaggregated data, protection-sensitive targeting, safe and confidential referral pathways, child safeguarding measures, inclusive communication, and feedback mechanisms that are accessible to women, children, persons with disabilities, elderly persons and undocumented communities.



## Education

The assessment highlights a critical and immediate gap in access to education due to the complete disruption of both formal and informal learning systems following the fire incident in Kampung Bahagia. All learning spaces within the affected area have been either destroyed or repurposed as evacuation centres, resulting in prolonged suspension of schooling activities. This includes significant disruption to Alternative Learning Centre (ALC) students, who represent a particularly vulnerable group with already limited access to formal education systems.

Children from affected households are experiencing a loss of safe and structured learning environments, while many have also lost learning materials and school items, with schools and community-based learning spaces no longer available for instruction. This has resulted in widespread learning interruption, increased risk of school dropout, and loss of educational materials and resources. The situation is further compounded by overcrowded living conditions and displacement, which limit children's ability to engage in informal or home-based learning activities.

Secondary media reporting indicates that the Malaysian Ministry of Education has announced CHF 59 (MYR 300) in assistance for each affected Malaysian student, with funds credited to school accounts to support education-related needs. Affected Malaysian students have also reportedly been given flexibility regarding school uniform requirements. (Source: <https://www.bernama.com/en/region/news.php?id=2548346>)

While this support is important, remaining gaps are likely for children who may not be fully covered by formal education assistance, particularly the ALC students, undocumented or non-citizen children. These groups may continue to face barriers in accessing learning continuity support, replacement learning materials, psychosocial support, and safe child-friendly spaces.

At present, there are no structured interim education arrangements or learning continuity mechanisms in place, and access to psychosocial and education support remains limited. While initial coordination with education stakeholders is ongoing, there is a clear gap in early recovery education interventions, including temporary learning spaces, learning material replacement, and structured psychosocial support for children and adolescents affected by the crisis. These gaps highlight the urgent need to restore safe learning environments and ensure continuity of education as part of the broader humanitarian response.



## Migration And Displacement

Kampung Bahagia represents a highly complex migration-affected context, where over 54% of the population is estimated to be undocumented, with community engagement feedback suggesting the figure may be as high as 70 per cent. In this context, "undocumented" refers not only to migrants, but largely to Malaysian-born individuals and long-term residents who lack legal documentation or nationality status, including stateless persons. The affected population is primarily composed of Suluk and Bajau ethnic groups, who together form the majority of residents. Many households are second and third generation families whose parents or grandparents fled armed conflict, persecution, and insecurity in the southern Philippines during the 1970s–1980s and settled permanently in the area.

Over decades of continuous residence, daily interaction with host communities, attendance at alternative learning center, and participation in local labour markets, many residents, particularly younger generations, have adopted Bahasa Malaysia spoken with a local Sabahan dialect as their primary language of communication, often alongside Suluk or Bajau used within the household. Many children in Kampung Bahagia attend ALCs rather than government schools due to lack of legal documentation and nationality status, which restricts access to the formal education system. As a result, these children are systematically excluded from government education services despite being school-age and long-term residents of the area. In Malaysia, ALCs are also referred to as community learning centres or refugee learning centres. They are informal, non-government education facilities established to provide basic education to children who cannot access public schools, primarily due to lack of citizenship, legal status, or documentation. Nationally, refugee,



stateless, migrant, and undocumented children are not permitted to enrol in government schools, making ALCs the primary or sole education pathway for these populations.

In Kampung Bahagia, even though many children were born and raised locally, their births were never registered, and neither they nor their parents possess recognized identity documents, rendering a significant portion of the community legally invisible despite deep roots and a strong sense of belonging. Historically, UNHCR was directly engaged with Filipino refugee populations in Sabah until 1987, when it phased out its operational presence following the Malaysian government's decision to issue temporary residence documentation, commonly known as IMM13 to this group. However, not all eligible families received or were able to renew these documents, resulting in large numbers of undocumented descendants over subsequent decades.

During the recent fire incident, undocumented households were among the most severely affected, remaining largely concentrated in or around the damaged settlement; many did not relocate to evacuation centres due to fear of enforcement and therefore did not receive state or federal cash assistance, further compounding vulnerabilities. Migration status has emerged as a critical cross-cutting factor influencing access to assistance, protection risks, health, WASH conditions, livelihoods, and psychosocial well-being, underscoring the need for tailored, inclusive, and trust-based community engagement approaches.

Living conditions among undocumented populations are extremely harsh, with many households residing in overcrowded tents and makeshift shelters exposed to heat, rain, flooding, and limited privacy. Access to sanitation facilities and waste management remains severely constrained, with insufficient toilets, unsafe wastewater disposal, and accumulating solid waste in densely populated areas, increasing environmental and public health risks. Most undocumented households rely on daily wage labour as their primary income source; however, loss of livelihoods following the incident has resulted in little to no income and an acute need for cash assistance to meet basic needs, including food, transport, and hygiene items. Uncertainty surrounding future housing arrangements and fear of land loss have further contributed to elevated mental health and psychosocial stress.

Children from undocumented households face heightened protection and psychosocial risks, particularly following the disruption of education services. Approximately 670 children previously attending Alternative Learning Centres are currently not schooling, as learning spaces have been repurposed as temporary shelters. Loss of routine, overcrowded living environments, limited access to safe, child-friendly spaces, and poor environmental conditions increase risks to children's well-being, development, and protection, with few formal alternatives available to undocumented families.

Migration-related vulnerabilities are expected to intensify in the immediate term, as the scheduled closure of evacuation centres on 2 May 2026 will result in the return of approximately 1,880 individuals (consisting of 1,016 non-Malaysian) to Kampung Bahagia. This anticipated influx will further increase congestion and strain on already limited shelter space, sanitation facilities, health services and livelihood opportunities, reinforcing the need for inclusive, targeted, and migration-sensitive interventions within the response.



## Risk Reduction, Climate Adaptation And Recovery

Rapid assessments have identified key risk factors specific to the affected water village context, including the use of highly flammable construction materials, dense settlement layout over water, limited access routes for emergency response, unsafe electrical wiring, and unmanaged waste accumulation. These findings are being used to inform ongoing Health, WASH, and community engagement interventions. MRCS is also coordinating with the District Disaster Management Committee and relevant authorities to monitor developments related to recovery and possible redevelopment plans, with a view to promoting safer settlement considerations where feasible.

Significant gaps remain in structured risk reduction measures within the affected community. There are currently no organised or community-based disaster risk reduction mechanisms in place to address the high fire risk environment in Kampung Bahagia. The settlement's characteristics, including densely packed wooden structures built over water, create a high likelihood of fire recurrence and rapid spread, with limited mitigation capacity at household or community level. Awareness of fire prevention and safe household practices remains low, particularly among populations living in congested temporary shelters and self-settled areas. Preventive risk reduction measures are not yet systematically integrated into the response.

Environmental conditions further increase risk exposure, including accumulated solid waste, inadequate sanitation, and poor environmental hygiene. These conditions contribute to public health risks and compound vulnerabilities in already overcrowded living environments. In addition, risk-informed recovery approaches are not yet incorporated into ongoing response planning. Uncertainty around relocation or redevelopment of the settlement limits the application of safer shelter practices and settlement planning.



## Community Engagement And Accountability

Current community engagement and accountability mechanisms remain limited and inconsistent, creating gaps in communication, transparency, and trust between responders and affected populations. There is no structured or centralized approach to RCCE, resulting in fragmented messaging and limited clarity among communities on available assistance, eligibility criteria, and distribution timelines. This



has contributed to confusion, misinformation, and uneven awareness across different population groups, particularly among those residing outside formal evacuation centres.

Feedback and complaints mechanisms are either absent or not widely accessible, limiting opportunities for affected individuals to raise concerns, provide input, or report issues related to assistance. This reduces accountability and increases the risk of exclusion, aid diversion, or dissatisfaction within the community. In addition, there is limited systematic engagement with diverse community groups, including women, persons with disabilities, and undocumented populations, whose perspectives and needs may not be adequately reflected in response planning.

Reliance on informal communication channels, such as word-of-mouth or ad hoc updates through community leaders, while useful, has not ensured consistent or inclusive information dissemination. Although platforms like WhatsApp groups exist, they are not being fully leveraged in a structured manner to provide timely, accurate, and coordinated updates.

Overall, there is a clear need to strengthen RCCE systems by establishing structured communication strategies, improving transparency in targeting and assistance delivery, and introducing accessible, two-way feedback mechanisms. Enhancing community participation and ensuring inclusive engagement will be critical to improving the effectiveness, accountability, and acceptance of the response.

## Any identified gaps/limitations in the assessment

The assessment identified several gaps and limitations that may affect response planning and prioritisation. While immediate assistance has been provided, needs remain only partially addressed, particularly for populations outside formal evacuation centres. Assistance and service coverage are more structured in PPS locations, while affected households remaining in or near Kampung Bahagia continue to face limited access to health services, WASH support, protection assistance, and reliable information due to access and security constraints.

Key gaps include:

**Unmet sectoral needs:** Shelter loss remains significant, with many households having lost homes, household assets, and essential documents. WASH needs are also critical due to temporary sanitation facilities, direct wastewater discharge into the sea, waste accumulation, and limited sustainable sanitation options. Health needs remain partially addressed, especially in Kampung Bahagia, where access to regular health screening, disease surveillance, and MHPSS support is constrained.

**Operational challenges:** Access to the affected Red Zone remains restricted due to safety and security concerns, including previous incidents involving health personnel. Dense settlement conditions, narrow walkways, debris, damaged infrastructure, and water-based housing structures also limit movement, distribution, and service delivery.

**Coordination and information gaps:** Affected people data remains inconsistent across agencies, particularly between formal records and estimates of undocumented or self-settled populations. There is also limited verified information on assistance provided by multiple stakeholders, creating risks of duplication in some areas and gaps in others.

**Vulnerable groups not fully captured or reached:** The needs of undocumented individuals, non-citizens, children, students, elderly persons, pregnant women, persons with disabilities, and households outside temporary evacuation centres may not yet be fully captured. Undocumented populations are particularly at risk of exclusion from formal assistance, financial aid, healthcare, education, and documentation support.

Overall, the assessment confirms that further verification, stronger disaggregated data collection, improved coordination with local authorities and partners, and expanded community-based outreach are required to ensure that assistance is inclusive, targeted, and responsive to the needs of all affected groups.

[Assessment Report](#)

# Operational Strategy

## Overall objective of the operation

Due to uncertainties regarding the Government's next course of action for affected populations, particularly undocumented groups, this DREF operation aims to reduce immediate health, environmental, and protection risks among fire-affected populations in Kampung Bahagia. This will be achieved through the delivery of inclusive, community-based health, WASH, and psychosocial support services, alongside flexible Cash and Voucher Assistance (CVA). The assistance will enable affected households, especially those outside formal support systems, to meet their priority needs with dignity, while contributing to safer living conditions and supporting early recovery.



## Operation strategy rationale

The operational strategy is designed to address critical service gaps in Kampung Bahagia through an integrated, community-centred approach that combines direct service delivery, risk reduction, and community engagement. Given the disparities in access between temporary evacuation centres (PPS) and populations remaining in or near the affected settlement, the response prioritizes mobile and community-level interventions to extend reach to underserved groups. This approach is informed by the high concentration of undocumented, second- and third-generation residents from Suluk and Bajau communities, whose migration status, fear of enforcement, and exclusion from formal assistance mechanisms have significantly limited their ability to access PPS based services, cash assistance, and recovery support.

MRCS will prioritize immediate life-saving and risk-reduction interventions that address urgent needs across WASH, health, protection, and basic needs. This prioritisation reflects the current operational context, where uncertainty around government resettlement plans, land tenure and legality, and the lack of clarity on approved temporary or transitional shelter arrangements limit the feasibility of direct shelter interventions at this stage. Focusing on non-structural support allows MRCS to remain aligned with government policies and avoid potential duplication or investments that may not be sustained if relocation occurs.

The response will therefore emphasise complementary assistance that addresses shelter-related vulnerabilities, including hygiene, environmental health, essential household items, and multipurpose cash assistance, enabling affected households to prioritise their most urgent needs. This ensures timely, flexible, and needs-based support, while minimising protection and legal risks in a highly sensitive context.

Due to uncertainties regarding the Government's next course of action for affected populations, particularly undocumented groups, this DREF operation aims to reduce immediate health, environmental health, WASH, and protection risks among fire-affected populations in Kampung Bahagia. The operation will support 7,000 affected people over a five-month period through targeted Health, WASH, PGI, CEA, MHPSS, and CVA interventions, ensuring that assistance remains inclusive, dignified, and responsive to the needs of the most vulnerable households.

Health services will prioritize mobile clinics, and referral in close collaboration with the District Health Office (DHO). This coordination strengthens early detection of communicable diseases and ensures continuity of care beyond the DREF intervention. The partnership with the DHO anchors sustainability of services and supports integration into the public health system.

In addition, Mental Health and Psychosocial Support (MHPSS) will be integrated at the community-level outreach through Psychological First Aid (PFA) for the affected children and adolescents, and safe space for children to address the psychosocial impact of displacement. Prioritization will be given to the displaced families, children, and students affected by disrupted education and livelihood. MRCS will also further engage Community Health Volunteers (CHVs), whose trusted presence within affected communities fosters acceptance, guarantees safe access and enhances security for the delivery of essential services. Their role is also central to supporting outreach and awareness to vulnerable groups.

The planned WASH response focuses on immediate risk reduction through a combination of hygiene promotion and community-based environmental improvements. Hygiene promotion will be delivered at two complementary levels to maximize reach and impact. At the community level, activities will target affected populations residing in Kampung Bahagia, including both displaced and self-settled households. Messaging will focus on practical behaviours such as safe water handling, handwashing, waste disposal, and disease prevention, delivered through regular outreach supported primarily by trained local volunteers from Sandakan, who will be oriented in emergency WASH, particularly hygiene promotion, alongside additional volunteers from other districts, with CHVs engaged where available. At the school level, hygiene promotion will target students affected by the fire, including those in ALCs. Age-appropriate sessions will reinforce personal hygiene and health practices while also supporting stability and well-being following disruption to education.

These efforts will be complemented by community clean-up activities in high-risk areas, establishment of waste collection points, and coordination with authorities for regular waste disposal. Based on assessment findings and field observations, it is proposed to engage 20 community members through a cash-for-work modality, at a rate of CHF 12 (MYR 60) per person per day, for 2 days per week over a 16-week period, in line with the DREF operational timeframe. The number of participants and workdays may be adjusted in response to evolving needs and contextual developments. Payment modalities will be determined through further assessments, including the use of cash, voucher assistance, or a combination of both, with the possibility of cash assistance provided to citizens where appropriate, and voucher-based assistance utilised for undocumented individuals to ensure equitable and accessible support.

Given the uncertainty around resettlement plans and the lack of clarity on temporary or transitional shelter arrangements, no permanent or infrastructure-heavy WASH interventions are proposed at this stage, with the focus remaining on immediate, adaptable solutions. Overall, the approach prioritises practical, community-driven actions to reduce public health risks and improve living conditions.

The CVA response will adopt a dual approach targeting (i) affected households and (ii) fire-affected students, particularly those in ALCs. The approach is designed to address immediate basic needs, support education continuity, and ensure that undocumented and non-citizen households who face barriers to formal assistance systems are not excluded from support.

At household level, CVA will support affected families to access immediate basic needs such as food, hygiene items, shelter, and



livelihood. The CVA intervention will complement government and non-government assistance by prioritizing households that remain underserved, particularly those outside formal systems, self-settled households, and undocumented or non-citizen households who may face barriers to government cash assistance, documentation replacement, bank accounts, or formal registration systems. The assistance is intended to reduce immediate financial pressure, support access to essential goods, and allow affected households to meet priority needs with dignity.

For students, targeted assistance will cover essential education items such as school supplies, learning materials, and other basic learning needs to support continuity of education, particularly for undocumented children who face barriers to accessing formal schooling. This assistance aims to reduce financial strain on households, enable consistent participation in learning activities, and minimise the risk of learning disruption or dropout. It will also support access to informal or community-based learning arrangements where formal education is not accessible

The intervention will apply a voucher-based modality for basic needs through contracted market chain shops as previously done in Sabah through DREF. A transfer value of CHF 149 (MYR 750) per household is proposed to meet priority needs, with an additional CHF 40 (MYR 200) for education support targeting approximately 200 households. The CHF 149 household value is benchmarked against reported average daily wages of undocumented workers, estimated at CHF 8-12 (MYR 40-60) per day and is equivalent to approximately 15 days of income at MYR 50 per day. The value is intended to provide partial support for urgent household needs and is not designed to replace full income, total losses, or housing recovery costs.

The use of CVA Ranger, adapted from Palang Merah Indonesia experience, will enable registration without formal documentation and support real-time tracking of assistance. The system will serve as an operational reference for beneficiary identification, transaction tracking, and duplication prevention. While it will not function as a formal identification mechanism, it provides a practical and inclusive approach to support assistance delivery to undocumented populations while ensuring that priority needs are captured and monitored. Data collection will follow protection-sensitive and data protection principles, including informed consent, minimum data collection, secure storage, and restricted access to beneficiary information.

Delivery will follow either vendor-issued physical vouchers with CVA Ranger verification and QR-based beneficiary IDs, or fully digital transactions through CVA Ranger, depending on vendor readiness and operational feasibility. The procurement team will conduct market and vendor mapping to identify suitable and qualified vendors, confirm availability and price stability of essential items, agree on eligible items, and establish vendor payment and reconciliation procedures. Vendor invoices, redemption records, and CVA Ranger transaction data will be cross-checked before payment.

Beneficiary selection will be based on consolidated lists from Village Development and Security Committee, and Social Welfare Department. Social Welfare Department's data primarily covers populations in temporary evacuation shelters (both documented and undocumented), while Village Development and Security Committee provides community-level data, particularly for undocumented households not captured by formal systems. Both datasets will be cross-checked and reverified with Village Development and Security Committee to prevent overlap and ensure assistance complements existing government support while addressing identified gaps.

A conditional Cash-for-Work component will support gotong-royong, clean-up, solid waste management, and maintenance of communal spaces. Cash-in-envelope payments may be used for undocumented individuals participating in these activities due to limited access to formal payment mechanisms. This modality will provide short-term income while supporting environmental sanitation and reducing public health risks. Control measures will include participant verification, attendance records, agreed payment rates, task supervision, safety briefing, PPE where required, proof of receipt through signature or thumbprint, distribution documentation, and accessible complaint channels. Participation will be voluntary, and safeguards will be applied to prevent child labour, coercion, exploitation, or unequal treatment.

Community Engagement and Accountability will be integrated throughout the CVA process. Beneficiaries will be informed of eligibility criteria, transfer value, eligible items, redemption process, timelines, complaint channels, and how their data will be used and protected. Feedback mechanisms such as help desks, community focal persons, hotline or WhatsApp channels, and complaint boxes will be used to address questions, exclusion concerns, vendor issues, fraud, coercion, or dissatisfaction.

Post-Distribution Monitoring will be conducted after voucher redemption and Cash-for-Work activities to assess relevance, timeliness, safety, satisfaction, use of assistance, vendor performance, protection concerns, market issues, and whether vulnerable groups, including undocumented households and ALC students, were reached effectively. Findings will be used to adjust implementation and inform future CVA programming.

In addition, peer-to-peer Information Management support for CVA Ranger, drawing on Palang Merah Indonesia experience, will be integrated into the response. This aligns with the Hanoi Call to Action by strengthening internal support systems and enhancing the effectiveness, accountability, and quality of CVA implementation within MRCS.

Risk Communication & Community Engagement (RCCE) will be central to the implementation of all interventions. Briefing sessions will be conducted with key stakeholders, including the Sub-District Development Officer, Village Development And Security Committee, and other influential community figures, to align on beneficiary targeting criteria, assistance modalities, distribution timelines, and roles and responsibilities. Clear and consistent public communication will be ensured to manage expectations and reduce misinformation, including regular updates on assistance types, timelines, and distribution points. Accessible feedback and complaints mechanisms will also be established, such as designated focal persons, a hotline, or complaint boxes at strategic locations, to enable two-way communication and strengthen accountability. Existing community platforms, including village WhatsApp groups, will be leveraged to



disseminate timely information and updates, ensuring broad outreach and community awareness throughout the response.

Surge technical personnel especially for WASH and CVA component, will be coordinated within the IFRC CCD and supported through bilateral mobilization mechanism. While supporting the implementation of the operation, this would also support peer-to-peer learning NS personnel within the region.

Overall, the strategy emphasises coordination with local authorities, community participation, protection- sensitive targeting, and adaptable delivery mechanisms to ensure equitable access to assistance, reduce public health risks, and support early recovery in a complex and resource-constrained environment.

## Targeting Strategy

### Who will be targeted through this operation?

The operation will prioritize fire-affected households in Kampung Bahagia who face the greatest barriers to accessing assistance, with a particular focus on populations outside formal evacuation centres (PPS) and those not adequately covered by existing support. This focus is informed by current estimates indicating that approximately 7,000 people remain within the affected village area, largely self-settled or staying with host communities, while around 2,000 individuals are sheltered in PPS. As assistance in PPS is relatively more structured and supported, MRCS will place greater emphasis on reaching underserved and less visible populations within the affected settlement.

Targeting will adopt a community-based approach, working closely with local leaders (such as Sub-District Development Officer and Village Development and Security Committee representatives) and relevant authorities to identify and verify beneficiaries. The strategy aims to balance coverage and vulnerability by combining geographic targeting (affected areas within and around the settlement) with household-level vulnerability criteria. Priority will be given to households with children, elderly persons, persons with disabilities, pregnant or lactating women, people with health concerns, female-headed households, households that lost livelihoods, and those with limited access to formal assistance.

Beneficiary identification and verification will be conducted through a community-based and protection-sensitive approach, in coordination with the Sub-District Development Officer, Village Development and Security Committee representatives, community focal points, and relevant authorities. Transparency will be strengthened through clear communication on selection criteria, assistance packages, distribution timelines, and feedback channels. Sensitive personal information, especially documentation status, will not be publicly displayed.

### Explain the selection criteria for the targeted population

Beneficiary selection will be guided by a set of vulnerability-based criteria to ensure assistance reaches those most in need. Priority will be given to:

1. Households whose homes were fully or partially destroyed by the fire
2. Households currently residing in the affected settlement (self-settled) or in temporary, substandard conditions
3. Households with limited or no access to existing assistance, particularly those excluded from government support (e.g. undocumented individuals)
4. Female-headed households or single caregivers
5. Households with vulnerable members, including infants and young children, pregnant or lactating women, elderly individuals, and persons with disabilities
6. Households that have lost primary sources of income or livelihoods

Final beneficiary lists will be developed and verified in coordination with community representatives and relevant agencies, with measures in place to minimize duplication and ensure fair and exclusion errors while ensuring equitable distribution of assistance. Sensitive personal information, particularly documentation status, will be managed confidentially and will not be publicly displayed.



# Total Targeted Population

|                           |       |                                      |      |
|---------------------------|-------|--------------------------------------|------|
| Women                     | 1,984 | Rural                                | 100% |
| Girls (under 18)          | 1,477 | Urban                                | -    |
| Men                       | 1,936 | People with disabilities (estimated) | 0.2% |
| Boys (under 18)           | 1,603 |                                      |      |
| Total targeted population | 7,000 |                                      |      |

## Risk and Security Considerations (including "management")

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

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

| Risk   | Mitigation action   |
|--|---|
| Restricted access due to security incidents or local tensions                      | Coordinate closely with local authorities and community leaders before activities. Conduct regular access and security risk assessments. Use flexible delivery approaches such as mobile teams, smaller outreach missions, decentralized service points, and community-based focal persons where access is limited.                         |
| Crowding, tension, or conflict during distributions and service delivery           | communicate eligibility criteria, entitlements, distribution schedules, and locations clearly in advance. Use staggered distribution times, controlled queuing systems, crowd management support, and separate arrangements for vulnerable groups where needed. Engage trusted community leaders and volunteers to support safe crowd flow. |
| Exclusion of vulnerable groups, including undocumented and non-citizen populations | Apply inclusive and vulnerability-based targeting criteria. Conduct protection-sensitive beneficiary verification through trusted community focal points and relevant authorities. Avoid public disclosure of sensitive information, particularly documentation status. Establish accessible feedback and                                   |



|  |   |
|--|---|
|  | <p>complaints mechanisms to identify and address exclusion errors.</p> <p>In the absence of established PGI and safeguarding policies, relevant training initiatives will be developed and implemented in collaboration with Human Resources and Volunteer Management, with possible technical and Bahasa Malaysia support from APRO colleagues. Good practices, gaps, and capacity needs will be systematically captured during implementation and consolidated for presentation at the lessons learned workshop to support future improvements.</p> |
| Theft, fraud, or coercion related to cash/voucher assistance     | Prioritize voucher or controlled voucher systems. Minimize physical cash handling. Implement secure distribution procedures, sensitize beneficiaries on safe use of assistance.   |
| Misuse or leakage of personal data                               | Apply strict data protection protocols. Collect only essential data. Store beneficiary information securely with restricted access. Inform beneficiaries how their data will be used, stored, and protected.  |
| Public health risks (e.g. TB, communicable diseases)             | Coordinate closely with the DHO. Apply infection prevention and control measures during activities. Provide PPE where needed. Integrate health screening, referral, hygiene promotion, and disease prevention messages into field activities. Avoid overcrowded service delivery arrangements.  |
| Misinformation and unrealistic expectations within the community | Strengthen Community Engagement and Accountability through clear and consistent messaging on who is eligible, what assistance is provided, when assistance will be delivered, and how complaints can be raised. Use multiple communication channels, including community meetings, WhatsApp groups, community focal points, and face-to-face briefings.   |
| Weak coordination leading to duplication or gaps in assistance   | Maintain regular coordination with district authorities, government agencies, community leaders, and other response actors. Share activity plans and coverage information where appropriate. Use monitoring, field reports, and community feedback to identify duplication, gaps, and emerging needs.   |

**Please indicate any security and safety concerns for this operation:**

The operation will be implemented in a complex and potentially volatile environment, particularly within Kampung Bahagia, where previous security incidents and crowd-related tensions have been reported. Movement may be constrained in certain areas, especially where access is informal or infrastructure is unsafe. Overcrowding, limited space, and unclear population figures may further increase operational risks during outreach and distributions. Additionally, the physical environment, characterized by damaged structures, narrow walkways, and water-based settlements, poses safety hazards for both staff and beneficiaries. Public health risks, including potential exposure to communicable diseases, also remain a concern. These factors require continuous risk monitoring, close coordination with local authorities, and adaptive operational planning to ensure safe and effective delivery of assistance.

During the operation, the IFRC security framework will apply to IFRC personnel who may be deployed, including NS staff and volunteers. Comprehensive security measures will be implemented, including continuous situation monitoring, timely updates, movement tracking, area security assessments, and pre-deployment briefings. Completion of IFRC e-learning (e.g., Stay Safe 2.0) is mandatory for staff under IFRC security framework

|   |     |
|---|-----|
| Has the child safeguarding risk analysis assessment been completed? | Yes |
|---|-----|



# Planned Intervention



## Livelihoods And Basic Needs

**Budget:** CHF 77,520

**Targeted Persons:** 3,000

### Indicators

| Title  | Target |
|--|--------|
| # of people reached with CVA   | 3,000  |
| % of surveyed people whose households received cash/voucher support are satisfied with the amount received | 70     |

### Priority Actions

- Conduct CVA sensitization through CEA activities.
- Conduct beneficiary assessment and registration for 500 households including education (back-to-school) beneficiaries.
- Conduct market and vendor mapping and appointed vendors.
- Design and implement post-distribution monitoring activities.



## Health

**Budget:** CHF 5,600

**Targeted Persons:** 750

### Indicators

| Title   | Target |
|---|--------|
| # of people reached through primary health care / outreach services / mobile units / clinics operated by the National Society.  | 750    |
| # of people who received individualized psychosocial support, including PFA, by a trained staff member or volunteer.  | 300    |
| # of people who were engaged in focused psychosocial activities delivered by the National Society whose main aim was to protect or promote their mental health and psychological wellbeing. | 500    |

### Priority Actions

- Conduct refresher training for MRCS staff, volunteers, and CHVs.
- Deploy community-level mobile clinics (in collaboration with DHO), including outreach to underserved and high-risk populations.
- Deliver PFA in the community inclusive of safe spaces for children and adolescents.





## Water, Sanitation And Hygiene

**Budget:** CHF 28,000

**Targeted Persons:** 7,000

### Indicators

| Title   | Target |
|---|--------|
| # of people covered with hygiene promotion activities         | 300    |
| # of households served by environmental sanitation activities | 1,617  |

### Priority Actions

- Conduct community- and school-level health and hygiene awareness sessions, aimed at reducing the risk of disease transmission and promoting safer, healthier behaviours.
- Implement community clean-up campaigns through cash-for-work, engaging selected villagers to improve sanitation and living conditions while providing short-term income support.



## Protection, Gender And Inclusion

**Budget:** CHF 5,000

**Targeted Persons:** 7,000

### Indicators

| Title  | Target |
|--|--------|
| # of staff and volunteers trained on PGI add "including referrals" | 30     |
| # of Child safeguarding risk analysis conducted on targeted states | 1      |

### Priority Actions

- Conduct orientation and refresher training for staff and volunteers on PGI in Emergencies.
- Implement SADD data collection in identifying the most vulnerable people, as it would determine the required interventions.
- Carry out a Child Safeguarding Risk Analysis to identify the risk level and the required follow-up actions.
- Systematically integrate and strengthen PGI across core sectors, namely Health, WASH, CVA, CEA, MHPSS, and relief assistance, to ensure inclusive and equitable service delivery.
- Engage Asia Pacific Regional Office (APRO) PGI personnel to support needs assessments to identify the priorities of affected populations and guide appropriate response actions. This includes delivering training and orientation sessions for staff and volunteers, as well as assisting in the development of referral pathways with relevant authorities and service providers for gender-based violence (GBV), child protection, health, education, and legal support, particularly for individuals who have lost their identification documents.



## Education

**Budget:** CHF 8,000

**Targeted Persons:** 200



## Indicators

| Title  | Target |
|--|--------|
| # of households receiving any form of education support provided by the National Society | 200    |

## Priority Actions

- Conduct back to school beneficiaries sensitization through CEA activities
- Conduct beneficiaries assessment and registration for 200 households with school-going children
- Distribution of back-to-school vouchers to registered beneficiaries
- Design and implement PDM activities



## Migration And Displacement

**Budget:** CHF 600

**Targeted Persons:** 3,500

## Indicators

| Title  | Target |
|--|--------|
| # of staff and volunteers trained on Migration   | 20     |
| # of migrants and displaced persons reached with services for assistance and protection. | 3,500  |

## Priority Actions

- Staff and volunteers' orientation on Migration (Hybrid refresher training with PGI and CEA at once).
- Migrants systematically integrated and strengthened across core sectors, namely Health, WASH, CVA, CEA, and MHPSS, to ensure inclusive and equitable service delivery.
- Establish a safe and accessible referral mechanism for affected populations.
- Engage with Asia Pacific Regional Office (APRO) PGI personnel to support protection-focused needs assessments and identify priority risks to guide appropriate and timely response actions



## Community Engagement And Accountability

**Budget:** CHF 2,400

**Targeted Persons:** 7,000

## Indicators

| Title  | Target |
|--|--------|
| # of staff, volunteers and leadership trained on CEA   | 30     |
| % of surveyed people who feel the organisation/programme/operation has communicated well about plans and activities. | 75     |



## Priority Actions

- Conduct CEA training for State and branch staff and/or volunteers.
- Conduct CEA - beneficiary sensitization i.e., communication of information on planned activities.
- Prepare communications strategy around CVA, in particular targeting/selection process.
- Establish accessible feedback and complaints mechanisms, including designated community focal persons, hotline arrangements, and complaint boxes at strategic locations to support two-way communication, timely response to concerns, and accountability to affected communities.



## Secretariat Services

**Budget:** CHF 11,516

**Targeted Persons:** -

### Indicators

| Title   | Target |
|---|--------|
| # of technical support and monitoring visit conducted | 4      |

## Priority Actions

- Provide technical support and conduct monitoring visits by IFRC personnel



## National Society Strengthening

**Budget:** CHF 47,060

**Targeted Persons:** -

### Indicators

| Title                                  | Target |
|--|--------|
| # of lesson learned workshop conducted | 1      |

## Priority Actions

- Provide safety and security briefings on volunteer's roles and possible risk of the operation
- Conduct lesson learned workshop

# About Support Services

**How many staff and volunteers will be involved in this operation. Briefly describe their role.**

The overall response will be coordinated by the MRCS NHQ, supported by approximately 15 staff across operations and support functions. For this operation, NHQ will deploy a dedicated Operations Manager/Coordinator based in Sandakan to ensure consistent on-site coordination, decision-making, and oversight. In addition, 2-3 technical focal points from NHQ will be deployed on a rotational basis to provide targeted expertise, including migration support for engagement with authorities and assistance to undocumented populations, and procurement support to enable timely, compliant local sourcing.



At the operational level, approximately 30 volunteers from MRCS Sabah Chapter and Sandakan branches will be deployed per rotation, with additional rotations planned to sustain continuous field presence. The scale of human resources reflects the intensity and continuity required for the response. The operation requires daily implementation across multiple functions, including relief distributions, CEA, health promotion, and site-level support. This necessitates sufficient volunteer coverage to manage simultaneous activities, rotation for fatigue management, and sustained engagement with affected communities.

The Sandakan branch has limited existing capacity to absorb an operation of this scale, particularly in maintaining continuous service delivery over the planned timeframe. In parallel, specific technical gaps require NHQ reinforcement to ensure the response meets operational and compliance standards.

Operational complexity is further compounded by logistical constraints, including the distance between Sandakan and Kota Kinabalu (approximately 330–380 km, or 6–7 hours by road), which limits rapid reinforcement and necessitates a strong, self-sufficient presence on the ground.

## If there is procurement, will it be done by National Society or IFRC?

All procurement will be conducted by MRCS, with priority given to local sourcing. There is no current plan for international procurement; however, should the need arise, MRCS will seek technical support from IFRC. The NHQ Procurement Department will provide guidance and oversight to ensure compliance with standard operating procedures and alignment with IFRC policies, facilitating the efficient and timely delivery of assistance.

Given that the primary modality for this operation is voucher-based assistance, procurement requirements will mainly relate to the establishment of vendor agreements and framework arrangements with selected suppliers, rather than large-scale in-kind procurement or direct cash disbursement. Direct cash transfers to beneficiaries are not planned under the main assistance component.

An exception applies to the Cash-for-Work (CfW) component, where cash-in-hand payments may be utilized to compensate beneficiaries for short-term community-based activities. Payment modalities for CfW will be determined based on further assessments, taking into account feasibility, security, and accountability considerations.

Overall, a mixed modality approach may be applied where appropriate: voucher-based assistance will be prioritized as the main delivery mechanism, particularly to ensure accessibility and compliance when supporting undocumented populations, while limited cash assistance (e.g. for CfW or specific cases involving documented/citizen beneficiaries) may be used where it is deemed appropriate and operationally feasible.

## How will this operation be monitored?

This operation will be closely monitored through a structured and protection-sensitive planning, monitoring, evaluation, and reporting (PMER) approach, combining routine activity tracking, field monitoring, community feedback, post-distribution monitoring, and regular coordination reviews. MRCS Sandakan Branch and Sabah Chapter will support day-to-day monitoring, while MRCS NHQ, with IFRC technical support, will consolidate data, review progress against indicators, and provide technical guidance.

Monitoring will follow a do no harm approach. Data collection will be limited to information required for targeting, implementation, accountability, and reporting. Sensitive personal information, particularly documentation status, will not be publicly displayed and will be securely managed. Monitoring teams will use small, coordinated teams and trusted community focal points, with phone-based follow-up or key informant interviews used where direct access is constrained.

PDM will be conducted after distribution or other assistance activities to assess relevance, timeliness, safety, satisfaction, use of assistance, and issues such as exclusion, duplication, vendor performance, fraud, coercion, or protection concerns. CEA, PGI, and safeguarding will be integrated through accessible feedback and complaints channels, safe collection of sex, age and disability-disaggregated data where feasible, monitoring of vulnerable groups' access to assistance, and staff and volunteer orientation on confidentiality, data protection, safe referrals, and respectful engagement. Findings from PDM, community feedback, field visits, remote monitoring, and MRCS-IFRC coordination meetings will be used to adjust implementation and inform the final lessons learned workshop.

## Please briefly explain the National Societies communication strategy for this operation

The MRCS, through its NHQ Communications Department, will implement a proactive, transparent, and protection-sensitive communication strategy in close coordination with the CEA team. This collaboration will ensure that all external and internal communications are informed by community feedback, perceptions, and concerns, and are aligned with humanitarian principles, including neutrality, impartiality, needs-based assistance, dignity, and “do no harm” approaches.



MRCs will utilize a mix of communication channels, including official social media platforms, press releases, media briefings, and the MRCs website, to provide timely updates to the public, donors, partners, and relevant stakeholders. Regular media monitoring will be conducted to ensure accurate representation of the response, identify misinformation, and support timely corrective messaging where required. Public-facing communications will focus on humanitarian needs, response actions, local action, and the impact of assistance provided.

Given the sensitive context, including the presence of undocumented and stateless individuals among the affected population, MRCs will adopt a cautious and context-sensitive approach to communication. Messaging will be carefully framed to avoid unintended harm, stigma, exclusion, or exposure of affected individuals. References that may identify, single out, or increase risks for undocumented or stateless populations will be avoided. External media engagement will be assessed on a case-by-case basis, taking into consideration protection risks, government sensitivities, community acceptance, and the need to maintain trust in the operation.

To manage public perception and mitigate reputational risks associated with assisting undocumented and stateless populations, MRCs will emphasize humanitarian principles and needs-based assistance in all messaging; avoid language that may stigmatize migrants, undocumented individuals, or other vulnerable groups; ensure that no personally identifiable or sensitive beneficiary information is disclosed; frame interventions in terms of public health, community safety, and humanitarian impact; and align key messages with national policies and coordination with relevant authorities.

Field-level communications will be supported through the deployment of MRCs personnel to document response activities, including visuals and human-interest stories. All content collection will follow ethical standards, including informed consent, protection of dignity, and careful consideration of risks related to visibility and identification. Particular attention will be given to protecting individuals without documentation or those who may face additional risks if publicly identified.

The CEA team will play a key role in ensuring two-way communication, feeding community insights into communication products, and supporting the adaptation of messages to local contexts and languages where needed. This will help ensure that communication is not only outward facing, but also responsive to the information needs, concerns, and feedback of affected communities.

MRCs will also work with the IFRC regional and CCD Communications teams for technical support and guidance on protection-sensitive communications. IFRC may also amplify key messages through regional and global platforms where appropriate, ensuring consistency, accuracy, and appropriateness of messaging. Overall, the communication strategy will balance visibility and accountability with careful risk management, ensuring that the response is communicated effectively while safeguarding the dignity, safety, and inclusion of all affected populations.



# Budget Overview



## DREF OPERATION

### MDRMY013 - Malaysian Red Crescent Sandakan Fire 2026

#### Operating Budget

|   |                |
|---|----------------|
| <b>Planned Operations</b>                       | <b>135,383</b> |
| Shelter and Basic Household Items               | 0              |
| Livelihoods                                     | 0              |
| Multi-purpose Cash                              | 82,559         |
| Health  | 5,964          |
| Water, Sanitation & Hygiene                     | 29,820         |
| Protection, Gender and Inclusion                | 5,325          |
| Education                                       | 8,520          |
| Migration                                       | 639            |
| Risk Reduction, Climate Adaptation and Recovery | 0              |
| Community Engagement and Accountability         | 2,556          |
| Environmental Sustainability                    | 0              |
| <b>Enabling Approaches</b>                      | <b>62,383</b>  |
| Coordination and Partnerships                   | 0              |
| Secretariat Services                            | 12,265         |
| National Society Strengthening                  | 50,119         |
| <b>TOTAL BUDGET</b>                             | <b>197,766</b> |

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

