



MRCS volunteers assisting older people during evacuation (Photo: MRCS)

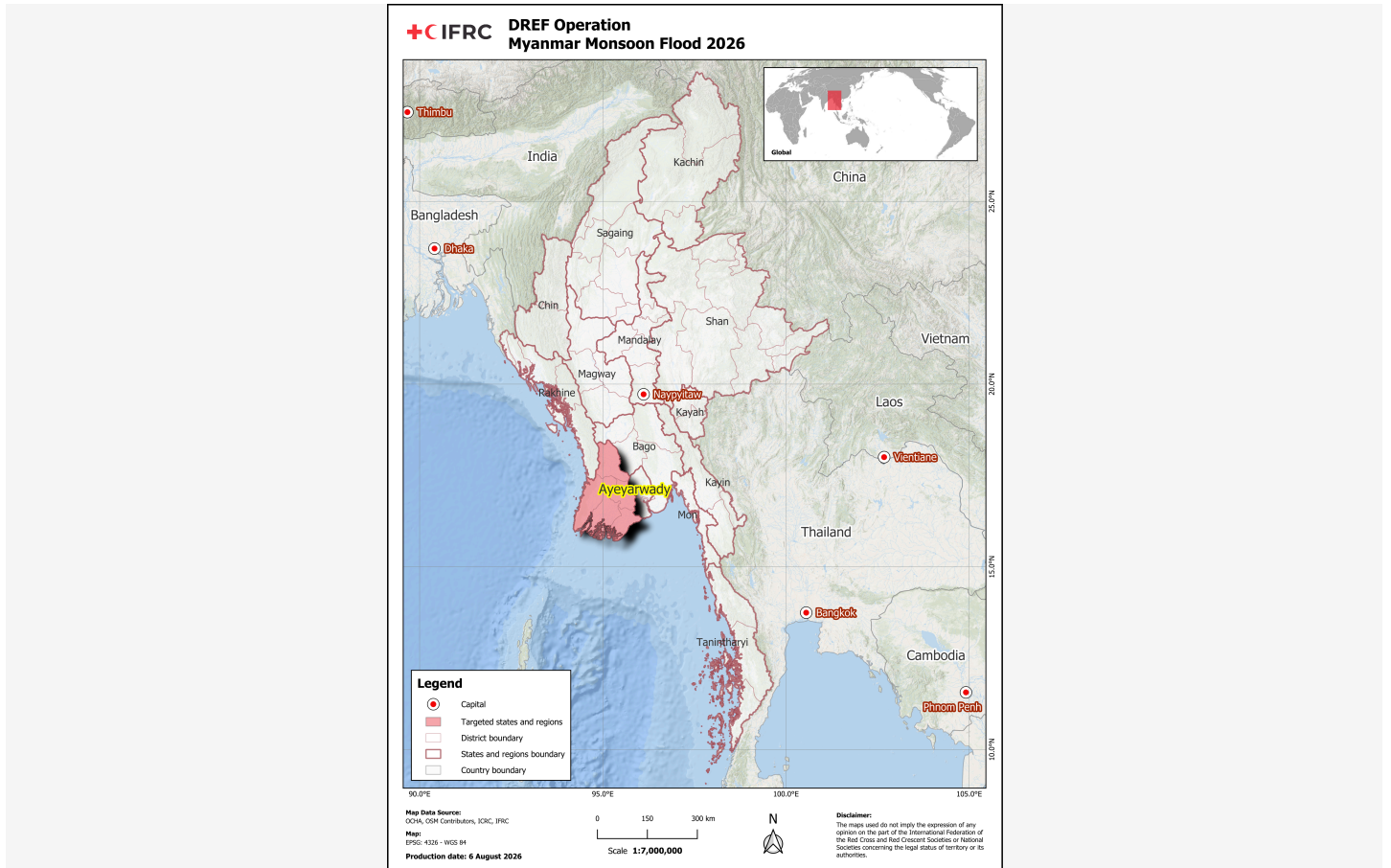
Appeal: MDRMM024	Hazard: Flood	Country: Myanmar	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 869,742	
Glide Number: FL-2026-000141-MMR	People Affected: 28,455 people	People Targeted: 9,120 people	
Operation Start Date: 12-08-2026	Operation Timeframe: 9 months	Operation End Date: 31-05-2027	DREF Published: 17-08-2026
Targeted Regions: Ayeyarwady			

Description of the Event

[Crisis Category Supporting Document](#)

Date of event

05-08-2026



What happened, where and when?

Heavy and continuous monsoon rainfall caused rising water levels and flooding across low-lying and flood-prone areas of Ayeyarwady Region. The situation escalated on 30 July 2026, when an embankment near Myit Kyo Village in Laymyatna Township breached, and floodwaters rapidly entered Laymyatna town and surrounding communities. The flooding has affected residential areas, agricultural land, roads, and public infrastructure, with communities along the Ngawun River being particularly affected. Water levels in the Ngawun River have exceeded the danger level and remain elevated, with further rainfall potentially worsening the situation.

The Myanmar Red Cross Society (MRCS) Regional Branch started the response with its own resources on 1 August 2026, and the information indicates impacts across 5 wards, 23 village tracts, and 122 villages in Laymyatna Township; 2 wards, 16 village tracts, and 14 villages in Yegyi Township; and 10 village tracts and 33 villages in Hinthada Township. The most significant impacts are in Laymyethna, Yegyi, and Hinthada Townships, among other townships in Ayeyarwady, particularly communities located along the Ngawun River and other low-lying areas. In August 2026, the request was submitted to IFRC by MRCS Headquarters, following six days after the trigger date, as the situation had escalated and required more support from the Headquarters level.

The same preliminary information estimated that approximately 8,907 households, representing 28,455 people, had been affected and displaced to 28 evacuation camps, including community centres, schools, temporary shelters, and monasteries. The situation remains ongoing, with water levels continuing to pose a risk to additional communities. Rescue and evacuation operations are underway, but access to affected areas is severely constrained by inundated roads, making motorboats the primary means of rescue and emergency



transportation. The number of affected people and the overall extent of damage remain provisional and subject to further assessment, particularly as additional rainfall during the monsoon may further expand the impact.



Temporary relief camp in Laymyethna Township (Photo:MRCS)



MRCS volunteers are providing WASH Services in Laymyatna Township. (Photo: MRCS)



RNA was conducted in the evacuation centre, Laymyethna Township.(Photo: MRCS)



MRCS volunteers distributing water and food in Yegyi Township. (Photo: MRCS)

Scope and Scale

The flooding in Laymyethna Township, Ayeyarwady Region, was triggered by heavy monsoon rainfall and rising water levels, resulting in the inundation of urban and surrounding rural areas.

The latest MRCS assessment confirms that 16 villages are the most affected areas in Laymyethna Township. At the same time, preliminary secondary information from humanitarian organizations and authorities indicates a potentially wider impact covering 7 urban wards, 49 village tracts, and 169 villages across Laymyethna, Yegyi, and Hinthada Townships.

Geographic scope and distribution of impact:

Secondary information from local authorities indicates that approximately 8,907 households (28,455 people) have been affected and evacuated to 28 temporary displacement camps across three townships: Laymyethna, Yegyi, and Hinthada. Evacuation sites may become overcrowded and have limited space, privacy, and accessibility, particularly for children, older people, persons with disabilities, women, and other vulnerable groups.

The flooding has resulted in the displacement of affected households and disruption to normal living conditions, with communities seeking temporary safer locations. Shelter, access to safe water, sanitation and hygiene, food, and essential household items are expected to be among the immediate needs, although the scale and severity of sectoral impacts are still being assessed. Continued high water levels may further increase the number of affected households and expand the geographic extent of flooding.

MRCS will target 2,400 households (9,120 people) for the flood response in Laymyethna, Yegyi, and Hinthada Townships over a nine-month implementation timeframe.

Source Name	Source Link
1. Ministry of Information, Myanmar	https://www.moi.gov.mm/moi%3Aeng/news/21771



2. Myanmar Red Cross updates	https://x.com/MyanmarRedCross
3. Earth Observatory of Myanmar – Laymyethna flood inundation mapping	https://eomyanmar.org/flood-inundation-map-of-lemyethna-township-caused-by-the-ngawun-river-embankment-breach-31-july-5-august-2026/?utm_source=chatgpt.com
4. Flood response of WHH Myanmar	https://www.linkedin.com/posts/myanmar-ayeyarwady-floodresponse-ugcPost-7491404145221046272-MJ7L/
5. News papers: Global News light of Myanmar, 9 August 2026	https://www.mdn.gov.mm/newspaper/public/ebooks/read/12477
6. Myanmar Population and Housing Census 2024 report	https://www.dop.gov.mm/sites/dop.gov.mm/files/publication_docs/2024mphc_unionreport_en_26nov.pdf

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 and IFRC have gained significant experience from previous flood-related DREF operations, including MDRMM019 and MDRMM020. These operations provided important lessons on targeting, procurement and logistics, Community Engagement and Accountability (CEA), coordination, and implementation arrangements. The lessons have been incorporated into the design of this response to improve timeliness, relevance, accountability, and operational efficiency.

Improved targeting and beneficiary verification: Previous DREF operations highlighted the importance of clear and transparent targeting criteria, early beneficiary identification, and systematic verification to ensure assistance reaches the most affected and vulnerable households. In this response, targeting will be based on agreed vulnerability and impact criteria, with verification conducted through MRCS branches and field teams before distribution. The approach will also consider households that may be particularly vulnerable due to displacement, loss of livelihoods, household composition, disability, or other protection and vulnerability factors. This will help reduce inclusion and exclusion errors and ensure limited resources are prioritized for those with the greatest needs.

Strengthened procurement and logistics preparedness: Lessons from previous operations demonstrated that procurement and transportation can become bottlenecks when relief items are sourced only after an emergency begins. For this response, procurement planning will be initiated early, with clear specifications, quantities, and delivery timelines. Where feasible and appropriate, locally available items and existing supplier arrangements will be considered to reduce lead times. Logistics planning will also take into account access constraints, changing flood conditions, and the geographical distribution of affected communities. Early coordination between programme, logistics, finance, and field teams will help identify potential delays and establish practical mitigation measures.

Community Engagement and Accountability (CEA): Previous DREF experience demonstrated that timely two-way communication with affected communities is essential for ensuring that assistance is appropriate, understood, and accepted. This response will strengthen CEA throughout the operation by providing communities with clear information on selection criteria, assistance packages, distribution arrangements, and available feedback and complaints mechanisms. Community feedback will be collected and reviewed regularly and used to adjust implementation where required. Engagement with community leaders and volunteers will support access and communication while ensuring that decisions remain based on transparent and agreed criteria.

More effective implementation arrangements: Previous operations demonstrated the value of clear roles and responsibilities between MRCS Headquarters, branches, IFRC, and other partners. For this response, implementation arrangements will be established at the outset, with responsibilities for assessment, targeting, procurement, distribution, monitoring, reporting, and coordination clearly defined. Regular coordination between Headquarters and branches will support timely decision-making and allow operational issues to be escalated and addressed quickly. Where appropriate, surge support and technical assistance will be mobilized to address capacity gaps.

Adaptation to changing needs and operational conditions: Flood emergencies can evolve rapidly, with water levels, access, population movements, and market conditions changing throughout the response. Previous DREF operations reinforced the need for flexible planning and regular review of operational assumptions. Accordingly, this response will use monitoring, field feedback, and updated needs information to adjust activities and geographical targeting where necessary, while maintaining accountability to affected populations and compliance with DREF requirements.

Strengthened monitoring, documentation, and learning: Previous operations also demonstrated the importance of timely data collection, beneficiary documentation, and regular monitoring to support operational decision-making and accountability. The current response will strengthen monitoring from the beginning of implementation, including beneficiary verification, distribution monitoring, feedback tracking, and documentation of achievements and challenges. Lessons emerging during implementation will be discussed through regular operational reviews and used to inform adjustments and future emergency preparedness.

Overall, the lessons from MDRMM019 and MDRMM020 have been directly incorporated into the current response design. Building on previous experience, the operation places greater emphasis on early and transparent targeting, proactive procurement and logistics planning, systematic CEA, clear implementation arrangements, and flexible, evidence-based decision-making. These measures are intended to reduce operational delays, improve the quality and accountability of assistance, and strengthen MRCS preparedness and response capacity for future flood emergencies.

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

Yes

What was the risk level for Child Safeguarding Risk Analysis?:

Medium



Current National Society Actions

Start date of National Society actions

01-08-2026

Shelter, Housing And Settlements	MRCS has already distributed 30 tarpaulins to 30 affected households and mobilized additional shelter and relief items from its Labutta warehouse, including tarpaulins and family tents, to support ongoing response efforts. MRCS plans to dispatch disaster preparedness stock, which is emergency shelter kits, tarpaulins, blankets, sleeping mats, mosquito nets and kitchen items.
Livelihoods And Basic Needs	MRCS is providing food assistance and safe drinking water to flood-affected communities through its Emergency Management Fund, supported by both regional branches and headquarters. The response is further strengthened by local donations and community contributions, enabling the timely delivery of essential assistance to those affected by the floods.
Health	MRCS provides ambulance services and a referral system for people needing immediate and secondary care. Also, MRCS organizes community health education and awareness sessions to share key messages on common communicable diseases. Basic psychosocial support is also planned to be provided to the affected population to normalize distress and cope with stress.
Water, Sanitation And Hygiene	MRCS deployed a Headquarter-based WASH staff to conduct a rapid needs assessment. The findings formed the baseline for developing targeted WASH interventions. During the assessment, two water filters were distributed to temporarily displaced populations in two monasteries in Laymyethna Township, benefiting approximately 64 households. Concurrently, the deployed team conducted practical training and maintenance demonstrations on the filtration units for both the affected community and local Red Cross Volunteers.
Protection, Gender And Inclusion	MRCS integrates PGI across all sectors (shelter, health, WASH) through tailored guidance and monitoring to ensure locks, lighting, sex-segregated spaces, and safety audits on WASH. MRCS establishes a comprehensive protection referral pathway that includes GBV, child protection, disability inclusion and MHPSS. MRCS also restores family links due to these floods.
Community Engagement And Accountability	MRCS scales up communication with communities on the response activities, the MRCS's mandate, selection criteria, targeting, distribution mechanisms, and aid eligibility through community meetings, small group meetings, and other trusted and available channels. MRCS ensures that CEA approaches and questions are integrated in the assessment, including analyzing the context in affected areas. MRCS also establishes a community feedback mechanism (confidential telephone hotline, community meetings, and regular FGDs with key groups) with clear processes to analyze, share, and use feedback to improve the response.
Coordination	MRCS is actively coordinating with government authorities, humanitarian partners, and local stakeholders to ensure a timely, effective, and well-coordinated flood response in Ayeyarwady Region. Through its Emergency Operations Centre (EOC) structure, MRCS Headquarters provides overall operational oversight, technical guidance, information management, and reporting support, while the Ayeyarwady EOC leads field-level coordination. MRCS works closely with the Department of Disaster



	Management (DDM), General Administration Department (GAD), township authorities, Fire Services Department, and the Department of Meteorology and Hydrology (DMH) to support needs assessments, response planning, early warning dissemination, search and rescue activities, and the delivery of assistance to affected communities. MRCS share all the information with the ERP working group to prevent duplication and shares MRCS target areas with GAD and well recorded. In parallel, MRCS maintains regular coordination and information-sharing with humanitarian partners, including WHO, WFP, World Vision Myanmar (WVM), UNOCHA through the Emergency Response Preparedness Working Group (ERP WG), and relevant national cluster and working group mechanisms. These coordination efforts help to ensure a common understanding of needs, avoid duplication of assistance, identify response gaps, and strengthen the overall effectiveness of the humanitarian response. Regular communication is also maintained between MRCS Headquarters, regional and township branches, National Disaster Response Team (NDRT) members, and Red Cross Volunteers to support timely decision-making and operational implementation. In line with established IFRC-DREF operational arrangements, MRCS continues to work closely with the IFRC Country Delegation on technical support, reporting, operational updates, and resource mobilization, ensuring that response activities are aligned with humanitarian standards and the priority needs of affected communities.
National Society Readiness	The Myanmar Red Cross Society (MRCS) has activated its headquarters and regional Emergency Operations Centres (EOCs) in Ayeyarwady, Bago, and Pyay to Alert Phase, demonstrating readiness to monitor the evolving flood situation and coordinate response actions. MRCS is working closely with local branches, the Department of Disaster Management (DDM), and other local authorities; 137 Red Cross volunteers are trained National Disaster Response Team (NDRT) members and Red Cross Volunteers have been mobilized to conduct assessments, support evacuations, and deliver emergency assistance. The trained National Disaster Response Team (NDRT) members, volunteers from Ayeyarwady Region, are deployed to conduct rapid needs assessments and support response operations in coordination with the Laymyethna Township Branch. In addition, 37 Red Cross Volunteers (RCVs) were mobilized from neighbouring townships, including 22 volunteers from Patheingyi Township and 15 volunteers from Yegyi Township, to support evacuation, rapid assessments, relief distribution, and coordination activities. An NDRT-trained Brigade Officer from Ngapudaw Township was assigned as the operational lead to coordinate the response with the HQ Emergency Operations Centre (EOC). Local Laymyethna Township Branch volunteers are also actively supporting relief distributions, early warning dissemination, and coordination with local authorities.
Assessment	MRCS conducted a Rapid Needs Assessment (RNA) from 2–3 August 2026, with initial assessment activities supported through the MRCS Emergency Management Fund (EMF). The assessment covered 16 flood-affected villages in Laymyatna Township and found that approximately 20,317 people had been affected by the flooding. At the time of the assessment, 441 households (1,411 people) were staying in nine temporary relief camps, while many others had sought shelter with relatives or remained within their communities. The findings highlighted urgent humanitarian needs, particularly in emergency shelter, non-food items (NFIs), WASH, health services, logistics support, and early recovery assistance. As of 8 August 2026, MRCS continues to conduct rapid needs assessments and ongoing to confirm the full extent of the affected population, geographic impact and sectoral needs. Based on secondary information, over 8,000 additional people have been affected in the townships of Yegyi and Hinthada.
Resource Mobilization	MRCS has mobilized its existing resources to support the flood response in Ayeyarwady Region. A total of 137 Red Cross volunteers are involved in the humanitarian response, including 37 deployed volunteers, alongside 6 MRCS staff members supporting the response on the ground. The deployed personnel include



	trained National Disaster Response Team (NDRT) members and volunteers from across Ayeyarwady Region. In addition, MRCS has released emergency relief stocks from its Labutta warehouse. Relief items, including 100 tarpaulins, 50 hygiene kits, 50 dignity kits, and 5 family tents, have been dispatched to affected communities.
Activation Of Contingency Plans	MRCS has “Flood Contingency Plan”, made in 2020, and it is still applicable. This operation has also applied for this plan.
National Society EOC	The MRCS Headquarters Emergency Operations Centre is leading overall coordination, monitoring, and information management of the response operation. The EOC maintains regular communication with regional EOCs, township branches, volunteers, and supporting officers, while sharing weather forecasts, river water level updates, operational guidance, and assessment findings to support evidence-based decision-making. The Head Quarter EOC team release daily situation reports and share to the partners and IFRC.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC-Myanmar Country Delegation supports the Myanmar Red Cross Society (MRCS) in emergency response and disaster preparedness. Following the flooding in Laymyatnar, Yegyi and Hinthada Townships, IFRC supported MRCS in preparing and submitting the field report and initiating the DREF application process based on the needs identified by MRCS Rapid Need Assessment findings. The IFRC Delegation will provide MRCS with technical, strategic and operational support throughout the operation, including support for planning, monitoring, reporting, finance, logistics, security, communications, Community Engagement and Accountability (CEA), and Protection, Gender and Inclusion (PGI). IFRC will also support coordination with relevant Movement partners and provide technical support where required and available. MRCS will lead and implement the operation, with IFRC providing complementary coordination, technical assistance and accountability in line with the agreed DREF arrangements.
Participating National Societies	Norwegian Red Cross (NorCross), through its Crisis Modifier Fund (CMF), Danish Red Cross and Finnish Red Cross technically support and German Red Cross (GRC), through the crisis modifier budget under the DRM-AA program, co-funded by Finnish Red Cross (FRC), can support the MRCS in delivering a timely response to the flood emergency in Ayeyarwady Region, in a manner complementary to the DREF response. Based on rapid needs assessments, the support focuses on critical priorities including emergency health, WASH, essential kits, and essential NFIs. NorCross is also providing technical guidance, especially for the Health sectoral strategy, and is committed to supporting required medical supplies for the response planning, complementing the broader MRCS and IFRC response and helping ensure an effective and accountable operation for affected communities

ICRC Actions Related To The Current Event

While the ICRC is present in the country, no specific response and supports are provided for the flood event.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	MoSWRR and its Disaster Management Department, MoHA and its departments: General Administrative Department & Fire Services Department, MoH and its Public Health Department and Environmental Sanitation Department; work together under the control of the relevant regional government to respond the humanitarian needs, reaching to the affected people.
UN or other actors	Several international organisations and humanitarian actors are responding to the floods by distributing safe drinking water and essential food items, alongside conducting rapid needs assessments to identify priority needs and response gaps. MRCS is delivering humanitarian assistance across multiple sectors to affected communities. Although MRCS operates in some of the same townships as NGOs and UN agencies, its interventions are targeted at specific communities and are designed to complement, rather than duplicate, existing response efforts.
Are there major coordination mechanism in place? Humanitarian actors are coordinating through the ERP Working Group and other established coordination mechanisms to facilitate rapid needs assessments, information sharing, joint response planning and prioritization of critical gaps. Coordination with local authorities, MRCS, Red Cross/Red Crescent Movement partners, UN agencies, NGOs and other response actors is also being strengthened through regular coordination meetings and joint field-level engagement to promote complementarity and avoid duplication of assistance.	

Needs (Gaps) Identified



Shelter Housing And Settlements

Flooding has affected an estimated 8,907 households (28,455 people) across 169 villages in three townships, resulting in displacement and damage to houses and household assets. Displaced families are currently staying in monasteries, temporary shelters, and other safe locations, while some households remain unable to return to their homes due to standing floodwater and damage to housing.

Priority needs include emergency shelter kits, tarpaulins, ropes, sleeping mats, blankets, mosquito nets, kitchen sets, and upgrading accommodation facilities at existing evacuation centres. Families whose houses have been damaged also require support to make their homes safe and habitable for return. There is a particular gap in the availability of basic household items among displaced families who left their homes with limited belongings.

The scale and geographical spread of the affected population also create challenges in ensuring adequate and equitable assistance across all 169 affected villages. Further assessment is required to identify households with severe shelter damage, prolonged displacement, and



limited access to assistance, while avoiding duplication and prioritizing the most vulnerable households.

The DREF response will prioritize verified high needs while retaining flexibility to adjust geographic coverage based on further assessment and coordination.



Multi purpose cash grants

Affected populations have various needs, particularly displaced people who require immediate access to basic necessities. Their needs may include food, water, kitchen sets, and essential household items such as tarpaulins, mosquito nets, and shelter tools. They may also require hygiene items, dignity kits, and daily clothing. Therefore, Multi-Purpose Cash Assistance (MPCA) is planned for 1,500 affected households. MPCA provides families with the flexibility to prioritize and address their most urgent needs according to their own circumstances, supporting a dignified and people-centred response.



Health

Flooding has disrupted access to essential health services for affected and displaced communities in Laymyethna, Yegyi, and Hinthada Townships. Families staying in temporary shelters, monasteries, evacuation sites, and elevated areas are facing increased health risks due to overcrowded living conditions, limited access to clean water and sanitation, restricted mobility, and difficulties accessing health facilities and essential medicines. In Laymyethna, rapid needs assessments identified five cases of diarrhoea and dysentery, while skin rashes have also been reported among people staying in evacuation centres. These findings indicate an increased risk of communicable diseases in areas affected by prolonged flooding and inadequate WASH conditions.

People with chronic health conditions, including hypertension and diabetes, are experiencing difficulties accessing and purchasing essential medicines. Assessment findings indicate that financial constraints and limited transportation, including the lack of boats to reach health services, are preventing some affected people from obtaining regular medication. Some residents in evacuation centres were also reported to be unwell and require continued health monitoring, referral, and access to appropriate treatment.

The combination of contaminated water sources, inadequate sanitation, stagnant floodwater, and overcrowded temporary settlements increases the risk of acute watery diarrhoea, other waterborne diseases, skin infections, and vector-borne diseases. Stagnant water may increase mosquito breeding and consequently the risk of dengue and other mosquito-borne diseases. Limited access to healthcare and essential medicines may further increase the severity of preventable and treatable illnesses, particularly among children, older people, pregnant and lactating women, persons with disabilities, and people living with chronic conditions.

Health response capacity is constrained by flooded roads, reliance on boats and rafts, disrupted access to health facilities, and financial barriers faced by affected households. These constraints are particularly significant for people living in isolated communities and temporary evacuation camps. Continued community-level health monitoring, referral, and health promotion are required to identify emerging health concerns and ensure timely access to treatment.



Water, Sanitation And Hygiene

Flooding has significantly disrupted access to safe drinking water, sanitation, and hygiene services for affected communities in Laymyethna, Yegyi, and Hinthada Townships. Families staying in temporary monastery camps and elevated areas are facing inadequate access to safe water and basic WASH facilities. Sanitation facilities are also inadequate. Assessment findings indicate that existing temporary latrines constructed along the embankment are insufficient for the population and do not meet required standards. Some affected people are required to use rafts to access toilets, creating additional safety, accessibility, and dignity concerns.

The assessment also identified an insufficient number of water containers and buckets for household water storage and transportation. Further quantitative assessment is required to establish the exact number of damaged or flooded water points, functional versus non-functional latrines, and gaps in handwashing and bathing facilities across the affected townships.

The immediate WASH needs include safe drinking water, household water treatment, water storage containers, emergency latrines, handwashing and bathing facilities, hygiene promotion, and hygiene and dignity materials. Women and girls face additional challenges due to limited access to private bathing spaces, appropriate gender-segregated sanitation facilities, and menstrual hygiene materials.

The reported five cases of diarrhoea and dysentery in the assessed areas highlight the immediate public health concerns associated with inadequate access to safe water and sanitation. Skin rashes have also been reported among people staying in evacuation centres.

Flooding and potential contamination of water sources, combined with inadequate sanitation and overcrowded temporary sites, significantly increase the risk of acute watery diarrhoea and other waterborne diseases. Stagnant floodwater may also increase mosquito breeding and the risk of vector-borne diseases. Once floodwaters recede, flooded tube wells will require cleaning, disinfection, and water quality testing before they can safely be used again.

The WASH response is further constrained by flooded and blocked access routes and reliance on boats and rafts, making the delivery of safe water, sanitation materials, and hygiene supplies to affected communities difficult. Existing local WASH facilities and response capacities are insufficient to meet the increased needs of displaced populations, particularly in isolated temporary evacuation camps.



Protection, Gender And Inclusion

Flood-affected households in Laymyatna, Yegyi Kyi and Hinthada and surrounding areas are experiencing displacement and disruption of normal living conditions, with many families staying in temporary shelters, monasteries, and along embankments. Limited shelter space, lack of privacy, inadequate sanitation facilities, and prolonged displacement may increase protection risks for women, children, older persons, persons with disabilities, and people with chronic illnesses.

The current assessments also identified challenges for people with health conditions, such as diabetes and hypertension, who face difficulties accessing medicines due to transportation constraints and limited financial resources. While relief efforts are ongoing, there remains a need to strengthen inclusive and accessible assistance, protection monitoring, community feedback mechanisms, and referral pathways for individuals with specific needs.

Women and girls face additional challenges related to menstrual hygiene management, dignity, privacy, and safe access to sanitation facilities. The assessment highlighted the need for menstrual hygiene awareness, MHM kits, dignity kits, and improved sanitation facilities, while existing toilets at evacuation sites were reported to be insufficient and below standard. Community feedback, safeguarding information, PSEA awareness, child protection messaging, and accessible communication channels are not yet consistently available across affected locations, creating gaps in accountability and protection support. Strengthening community consultations, feedback and complaint mechanisms, safe and dignified distributions, Restoring Family Links (RFL) services where needed, and targeted support for vulnerable groups will be critical to ensuring that humanitarian assistance is inclusive, safe, and responsive to the needs of all affected populations.



Community Engagement And Accountability

Communities are facing rapidly changing conditions due to displacement, flooding, limited transportation, and disrupted communication and transportation channels, increasing the need for timely, accurate, and accessible information on available assistance, eligibility criteria, health risks, and available support services.

Current assessment findings indicate that structured community feedback and complaint mechanisms, community consultations, and regular two-way communication have not yet been consistently established across all affected locations, limiting opportunities for affected people to raise concerns, report unmet needs, and influence response decisions.

In addition, flood-affected populations include displaced households, older people, persons with disabilities, women, children, and people with chronic health conditions, who may face greater barriers in accessing information and humanitarian assistance.

As the situation evolves, there is a need to strengthen community engagement processes through regular consultations, accessible information sharing, feedback and complaints mechanisms, and systematic incorporation of community feedback into operational decision-making.

Enhanced communication on assistance entitlements, protection and safeguarding services, health and hygiene practices, and referral pathways will be important to ensure accountability, build community trust, reduce misinformation, and support a response that is responsive to community priorities and concerns

Any identified gaps/limitations in the assessment

Data reliability and caseload trajectory

Available information is currently limited and should be treated as preliminary. Further verification through MRCS field assessments and coordination with local authorities and humanitarian partners is required to establish the final affected population, displacement figures, shelter damage and sector-specific needs. The caseload may increase as assessments continue and as floodwaters remain elevated.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to reduce the immediate humanitarian impacts of the July 2026 flooding in Ayeyarwady Region by providing timely, needs-based, and accountable assistance to approximately 2,400 households (9,120 people), prioritizing households facing the greatest shelter, basic needs, health, WASH, and protection risks.

Within the nine-month duration, the operation, led by the MRCS, will provide emergency shelter and essential household assistance, multipurpose cash assistance, emergency health and referral support, WASH services, protection and inclusion measures, and CEA. The response will be implemented through MRCS branches and volunteers, with assistance adapted to changing needs, access constraints, market conditions, and the availability of support from other actors.

Operation strategy rationale

The operation will adopt a needs-based, flexible, and risk-informed response strategy to address the priority humanitarian needs of flood-affected and displaced communities in Laymyethna, Yegyi, and Hinthada Townships. The strategy is designed around identified sectoral gaps, severity of needs, vulnerability of affected households, access constraints, market functionality, changing flood conditions, and the capacity of MRCS and other humanitarian actors.

Flood recurrence and lessons learned: Flooding is a recurrent hazard in Myanmar, including in Ayeyarwady Region, and previous flood-related DREF operations, including MDRMM019 and MDRMM020, have been implemented in several townships across Myanmar, including townships in Ayeyarwady, Yangon, Bago, Kayin, and Mandalay Regions.

However, the current emergency affects different townships and populations, with no township-level overlap with the previous DREF operations. The current response is therefore not a continuation or duplication of assistance provided under previous operations. The present emergency was triggered by a breach of an embankment, allowing river water to rapidly inundate surrounding communities, resulting in sudden displacement, disruption of essential services, and increased humanitarian needs. Although seasonal flooding is expected, the rapid onset, mechanism of inundation, geographical impact, and resulting humanitarian consequences distinguish this emergency from routine seasonal flooding.

The response will apply lessons learned from previous DREF operations to strengthen implementation, particularly in beneficiary targeting and verification, procurement and logistics, stock management, CEA, monitoring, coordination, reporting, and timely decision-making. Previous experience will also inform contingency planning for potential recurrence or escalation of flooding during the operation. MRCS will maintain close monitoring of river levels, rainfall, embankment conditions, access, and evolving needs, with regular reassessments to identify newly affected communities and adjust operational priorities where required. Assistance will remain focused on newly affected and vulnerable populations based on verified needs, while coordination and beneficiary verification will be used to minimize the risk of duplication with previous or ongoing assistance.

MPCA will support immediate needs and contribute to early recovery, enabling households to prioritise their own essential expenditures according to their specific needs. Remaining early recovery and resilience needs will be addressed by MRCS through other available partner support and resources, subject to further assessment and coordination. MRCS will also utilize existing pre-positioned stocks to enable a faster emergency response and will replenish stocks used during the DREF operation to maintain preparedness for potential recurrent flooding and future emergencies.

The strategy will remain flexible throughout implementation and will be adapted according to further assessment findings, recurrence or



escalation of flooding, changing river and weather conditions, access constraints, market functionality, community feedback, and the level of assistance provided by other humanitarian actors.

Sector-Specific Strategies

Shelter, Housing and Settlements:

The response will support 300 households displaced from or unable to safely return to their homes, with priority given to severely affected and vulnerable households staying in temporary shelters, monasteries, evacuation sites, and other temporary locations. The approach will focus on improving safe, dignified, and appropriate living spaces in the existing five evacuation sites, while avoiding duplication with assistance provided by other actors. Depending on assessed needs, affected households will receive essential household items, including shelter toolkits and tarpaulins, while MPCA will enable households to address priority shelter-related needs. Support will be adapted to the condition and accessibility of each evacuation or settlement site.

At site level, the operation will support the existing five temporary evacuation centres. Improvements will be based on site assessments to improve safety, dignity, and privacy, while considering the possibility of recurrent flooding or prolonged displacement. Site-level interventions will therefore prioritise practical measures that reduce immediate risks to displaced populations and can support the safe continuation of services during changing flood conditions.

Health:

MRCS will prioritise an integrated Health and Care response to maintain access to essential health services and reduce the risk of communicable disease outbreaks among flood-affected communities. Supported by IFRC networks, mobile health and first aid teams will be mobilised to underserved and hard-to-reach areas, supported with essential medicines, emergency health supplies, ambulance services, and referral assistance for patients requiring higher-level care. Particular attention will be given to common flood-related illnesses, injuries, diarrhoeal diseases, skin infections, and continuity of care for people with chronic conditions, while maintaining referral pathways for maternal and child health needs.

Given the current monsoon conditions, disrupted WASH services, and reported diarrhoea among affected communities, MRCS will strengthen community-based disease prevention, early detection, and reporting, with priority attention to AWD/cholera, dengue, leptospirosis, and other epidemic-prone diseases. Health promotion will focus on safe water and food, hygiene and sanitation, early recognition and referral of suspected cases, prevention of mosquito breeding, and safe exposure to floodwater. MRCS will train and mobilise volunteers to conduct awareness sessions on communicable diseases, including diarrhoea, dengue, leptospirosis, and schistosomiasis. An epidemic response plan will be developed for each affected township based on risks identified through the rapid needs assessment and ongoing monitoring.

First aid and emergency preparedness will include readiness for flood-related injuries and snakebites, particularly as floodwaters recede and communities begin returning home. MRCS will provide small first aid kits to trained volunteers prior to mobilisation. This will include community awareness, appropriate first aid, and strengthened referral to health facilities. MRCS will also provide Psychological First Aid services and awareness for displaced and affected populations, alongside structured briefing, debriefing, and well-being support for responding staff and volunteers.

Health and Care interventions will be closely coordinated with WASH, PGI, and CEA activities, with regular monitoring of disease trends, health-service utilisation, and community feedback to allow the response to adapt as health risks change during recurrent flooding, the return phase, and early recovery.

Water, Sanitation and Hygiene (WASH):

The intervention prioritises flood-affected communities and temporary displacement sites lacking adequate access to WASH facilities and services. To mitigate immediate public health risks, MRCS will provide targeted assistance to 3,800 individuals (1,000 households). The response includes the distribution of household and community-level water treatment supplies, safe water storage containers, latrine support, hygiene kits, and baby hygiene kits. Trained RCVs will conduct hygiene promotion sessions emphasising the “4-Cleans” alongside Menstrual Hygiene Management (MHM).

If required, MRCS will deploy mobile water treatment units for high-volume safe water production and coordinate with other stakeholders for water distribution. As floodwaters recede, MRCS will facilitate immediate post-flood actions, including cleaning and restoration of community ponds and tube wells. Where flooding recurs or water sources become re-contaminated, WASH priorities will be reassessed and response modalities adjusted accordingly.

The latrine support will target 300 of the most vulnerable households using established sectoral selection criteria. MRCS will utilise a Cash-for-Latrines modality with a baseline unit cost of MMK 1,200,000 (CHF 308) per household. Transfers will be disbursed using a cash-in-envelope mechanism divided into two conditional tranches. An initial 60 per cent instalment will be triggered upon successful



completion of pit excavation, while the remaining 40 per cent will be released after the superstructure and internal privacy features pass technical validation.

Multi-purpose Cash Assistance:

MPCA will be provided to 1,500 households (5,700 people) of the most affected and vulnerable people/households, subject to beneficiary verification and market functionality. Each household will receive MMK 360,000 (approximately CHF 92), in line with Cash Working Group guidance. MPCA will be delivered using cash-in-envelope. A rapid market and cash feasibility assessment will be conducted first. If market functionality is insufficient to support MPCA, MRCS will provide in-kind assistance.

MRCS will ensure clear communication of selection criteria and distribution mechanisms through community engagement. Registration, verification, and finalisation of recipient lists will ensure fair and accurate inclusion and reduce the risk of duplication with assistance provided through previous or ongoing operations. The approach will enable households to prioritise their own essential needs, including food, household items, transportation, shelter, and other immediate expenses.

Cross-cutting measures, implementation and learning:

PGI, CEA, and Child Safeguarding will be integrated across all sectors, with particular attention to women and girls, children, older people, persons with disabilities, and other vulnerable groups. A Child Safeguarding Risk Analysis will be conducted during the start-up phase, with findings incorporated into implementation and monitoring.

CEA mechanisms will ensure affected people receive timely and accessible information and have meaningful opportunities to participate and provide feedback or complaints. Feedback will be recorded, referred, and tracked to closure, while safeguarding concerns will be handled confidentially through established referral pathways. Community feedback and lessons emerging during implementation will inform operational adjustments.

Implementation will be led through the MRCS Disaster Management Department and Emergency Operations Centre, with regional and township branches and Red Cross Volunteers supporting assessment, targeting, delivery, monitoring, and community engagement. Lessons learned will be captured throughout the operation through regular review and monitoring processes and used to strengthen preparedness and response arrangements for future recurrent flooding. The strategy will remain flexible and will be adjusted according to further assessment findings, changing flood conditions, access constraints, market functionality, recurrence or escalation of flooding, community feedback, and the level of assistance provided by other humanitarian actors.

Targeting Strategy

Who will be targeted through this operation?

The operation will target 2,400 households (9,120 people) of the most vulnerable flood-affected people/households across Laymyatna, Yegyi, and Hinthada Townships in Ayeyarwady Region. The operation will provide MPCA to 1,500 households to help meet priority basic needs and support early recovery, while an additional 300 households will receive emergency shelter and non-food item (NFI) assistance, and hygiene kits will be provided to 900 households to help individuals and families maintain good personal hygiene, prevent the spread of diseases, and protect their health and dignity, especially during emergencies.

To avoid duplication across sectors, the overall target population is estimated at 2,400 households, using an average household size of 3.8, equivalent to 9,120 people. Based on ongoing assessments and operational capacity, MRCS plans to prioritize approximately 10 to 15 per cent of the most affected population across the three townships, focusing on households that have been displaced, lost access to shelter and basic services, or are facing significant livelihood disruption due to the floods.

Special consideration will be given to female-headed households, households with young children, older persons, persons with disabilities, pregnant and lactating women, people with chronic illnesses, and families with limited coping capacities. Targeting will be guided by rapid assessments, vulnerability criteria, community consultations, and continuous verification to ensure that assistance reaches those most in need and most affected by the flooding.

Explain the selection criteria for the targeted population

The selection criteria for the target affected population in Laymyetba, Yegyi, and Hinthada Township will include:



- households directly affected by flooding, including those whose homes have been damaged, inundated or rendered temporarily uninhabitable.
- households displaced by flooding, including those staying in evacuation centres, monasteries, temporary shelters, elevated areas or other safe locations.
- Vulnerable individuals and households, including children, older people, pregnant and lactating women, persons with disabilities, female-headed households, child-headed households and people with specific protection, health or other assistance needs.
- Individuals or households affected by disruption of essential services, including access to safe drinking water, sanitation, health services, food, shelter and transportation.
- Households with limited coping capacity, including those who have lost or have limited access to livelihoods, household assets or income as a result of the flooding.
- Communities in flood-prone and hard-to-reach areas where access to assistance is constrained by inundated roads, limited transportation or other access barriers.
- Affected households not receiving adequate assistance from local authorities, MRCS, other Red Cross/Red Crescent Movement actors or humanitarian organisations, with priority given to identified gaps to avoid duplication.
- Households identified and verified through rapid needs assessments and beneficiary verification, with community feedback and protection, gender, age and disability considerations incorporated into the targeting process.

Targeting will be verified through household registration, community consultation and cross-checking with other responders to minimise duplication. Community representatives will not make final eligibility decisions but will be consulted to identify gaps, validate community-level information and identify households that may face barriers to accessing assistance.

Total Targeted Population

Women	3,101	Rural	96%
Girls (under 18)	1,642	Urban	4%
Men	2,645	People with disabilities (estimated)	-
Boys (under 18)	1,733		
Total targeted population	9,120		

Risk and Security Considerations (including "management")

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



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

Risk	Mitigation action
Further flooding and deteriorating weather conditions may increase the number of affected households and hinder response activities.	MRCS will maintain close monitoring of weather forecasts and river water levels through the Emergency Operations Centre (EOC), regularly update contingency plans, and coordinate with local authorities and communities to adjust response priorities as the situation evolves. This operation will scale up through operation updates once the needs justified.
Flooded roads and transportation constraints may limit access to affected communities and delay humanitarian assistance.	MRCS will coordinate with local authorities, Red Cross branches, and community networks to identify alternative access routes and mobilise local volunteers for last-mile delivery of assistance. Pre-positioned relief stocks and local resource mobilisation will be utilised where feasible.
Data protection breaches and misuse of beneficiary information during registration and cash assistance activities.	Follow MRCS Data Protection Policy, restrict data access, use secure data collection systems, provide data protection briefings to staff and volunteers, and obtain informed consent from beneficiaries.
Inflation and rapid market price fluctuations affect procurement costs and cash assistance values. Conduct regular market monitoring, review transfer values as needed, maintain contingency budgets, and validate supplier quotations before procurement.	Conduct regular market monitoring, review transfer values as needed, maintain contingency budgets, and validate supplier quotations before procurement.
Community dissatisfaction, rumours, misinformation, or complaints regarding beneficiary selection and assistance delivery.	Ensure transparent communication of selection criteria, establish feedback and complaint mechanisms, conduct community consultations, and proactively address misinformation through CEA activities.
Disease outbreaks (acute watery diarrhoea, dengue, skin diseases, and other water-borne diseases) among affected communities.	Strengthen health promotion, hygiene awareness, disease surveillance, safe water provision, vector control messaging, and referral systems.
Limited operational resources may affect the scale and timeliness of response activities if the situation worsens	MRCS will mobilize additional Red Cross Volunteers from neighboring branches, deploy trained NDRT members as needed, and seek additional support for operational equipment, logistics, and emergency relief supplies.
Children may face increased risks of separation, exploitation, abuse or unsafe access to assistance during evacuation, displacement and humanitarian distributions.	Ensure staff and volunteers receive child safeguarding, PSEA and Code of Conduct briefings; apply safe and inclusive targeting and distribution arrangements; maintain appropriate supervision of children; provide accessible and confidential feedback/reporting mechanisms; and refer identified safeguarding concerns through established protection pathways.
The operational environment in Leymyethna is volatile due to armed conflict, air operations, shifting territorial control, risks of arrest or misidentification, UXO/landmine hazards, telecommunications disruptions, and the potential for rapid deterioration of security conditions, posing risks to humanitarian personnel and affected communities.	Conduct continuous security monitoring and context-specific risk assessments; maintain clear communication, movement tracking, and contingency procedures; ensure staff are trained and properly identified; apply humanitarian principles and a Do-No-Harm approach; and adapt, reroute, postpone, relocate,

	or suspend activities whenever security conditions deteriorate or risks become unacceptable.
While cash-in-envelop distribution is practical and preferred by the community as well as especially financial institution does not work properly, it presents higher institutional risks, as the National Society are responsible for managing all cash withdrawals and packaging.	MRCS has developed the Standard Operating Procedures (SOPs) that cover comprehensively all aspects of cash-in-envelope distribution from fund withdrawals to Post Distribution Monitoring (PDM). Especially MRCS used QR code for envelopes, beneficiary cards as well as volunteer cards, KOBO or cash machines to reduce risks and enhance accountability. In addition we will inform local authority for the cash distribution date and they will monitor the event which will be a security mitigation measure too.

Please indicate any security and safety concerns for this operation:

Incident data from June to 8 August 2026, along with recent open-source reports, indicate that Leymyethna Township is a moderate to high security-risk environment for RCRC personnel, especially when traveling outside the township centre or into contested and resistance-controlled areas. During this period, 24 security and hazard-related incidents were recorded: 13 conflict incidents, six armed clashes, five artillery-fire incidents, four arrests or abductions, one airstrike, one UXO or landmine incident, and one shooting. The security situation remained volatile through early August, with shelling reported in Tone Taw, Wut Kone, San Kone, and Le Khon Gyi villages. Recent reports also confirm intensified fighting between security forces and an AA-led coalition around Leymyethna, including Setsetyo and Pantawgyi, which are reportedly under resistance control.

The main security risks for RCRC personnel in Leymyethna Township include contested territorial control, ongoing armed conflict, indirect-fire threats, detention risks, and severe disruption from flooding. With about 20% of the township reportedly under control of non-state actors, there is a highly fluid security environment. Personnel traveling through areas controlled by non-state actors may face increased scrutiny, questioning, detention, or accusations of affiliation with opposing groups. Movement through areas controlled by authorities in Naypyitaw may also result in security checks and suspicion. Reports of multiple civilian arrests and alleged detentions of individuals accused of supporting non-state groups reinforce these risks. Collateral harm from artillery and air operations remains significant, as recent incidents show that villages and key transport routes are vulnerable to shelling and airstrikes. Previous reports indicate that clashes in western Leymyethna have displaced residents and that security forces have used air and indirect-fire capabilities during fighting.

The flood emergency has further worsened the security situation. The 30 July breach of the Ngawun River embankment caused extensive flooding, displacement, and disruption to transport and communications. According to MRCS, 20,317 people were affected by 3 August, and by 5 August, only 2 of 13 mobile communication stations were operational, reducing telecommunications availability to about 16 per cent. This creates significant vulnerabilities in communications and emergency response for humanitarian teams. Flooding may also force RCRC movements onto limited or alternative routes that pass through contested areas, while damaged infrastructure, standing water, and possible unexploded ordnance or landmine contamination increase the physical risks of field travel.

RCRC movement in Leymyethna should be considered a moderate to high, with the risk potentially reaching CRITICAL in contested or resistance-controlled areas and during active military operations. Key threats include armed clashes, artillery or indirect fire, airstrikes, detention or questioning at checkpoints, misidentification or perceived affiliation with armed actors, UXO or landmines, and reduced emergency communications. RCRC personnel should maintain strict MSR compliance, follow movement authorization procedures, conduct route- and location-specific security assessments before each mission, avoid active conflict areas and recently shelled locations, establish reliable alternative communications, and continuously monitor changes in territorial control. Flood-response activities should not be assumed to be lower risk, as data shows that security-force activity and arrests have continued even during evacuations.

Has the child safeguarding risk analysis assessment been completed?	No
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Planned Intervention



Shelter Housing And Settlements

Budget: CHF 74,687

Targeted Persons: 1,140

Indicators

Title	Target
# of temporary evacuation site /collective centres provided with shelter related response	5
# of people reached with shelter assistance	1,140

Priority Actions

1. Provide emergency shelter assistance, including shelter tool kits, tarpaulins, and essential household assistance to 300 households
2. Support emergency shelter improvements at evacuation site (partitions, lighting)
3. Conduct post-distribution monitoring (PDM) activities and site monitoring to assess appropriateness, accessibility and whether priority shelter needs have been addressed.



Multi Purpose Cash

Budget: CHF 161,935

Targeted Persons: 5,700

Indicators

Title	Target
# of households receiving unconditional multipurpose cash assistance	1,500
% of households who received cash assistance were satisfied are satisfied with the cash services	70

Priority Actions

1. Conduct rapid market and cash feasibility assessment before implementation.
2. Communicate eligibility criteria, transfer amount, timing and feedback channels clearly to recipients.
3. Provide unconditional MPCA multipurpose cash assistance to 1500 verified priority households
4. Establish accessible feedback and complaints mechanisms for cash recipients
5. Conduct PDM for Cash assistance

Budget: CHF 42,586
Targeted Persons: 1,000

Indicators

Title	Target
# of people receiving of Psychological First aid and MHPSS support	300
# of consultation through MRCS medical services	90
# of people reached by the epidemic and pandemic preparedness and response activities	1,000
# of people reached with first aid and pre-hospital care by trained MRCS volunteers or staff	100

Priority Actions

1. Mobilise mobile health and first aid teams to underserved and hard-to-reach flood-affected communities, providing essential health services, medicines and emergency health supplies.
2. Strengthen emergency referral services, including ambulance support and referral assistance for patients requiring higher-level care, including maternal and child health services.
3. Provide treatment and basic care for priority flood-related health conditions, including diarrhoeal diseases, skin infections, injuries and other common illnesses, while supporting continuity of care for people with chronic conditions.
4. Strengthen community-based disease prevention, early detection and reporting for AWD/cholera, dengue, leptospirosis, schistosomiasis and other epidemic-prone diseases.
5. Train and mobilise MRCS volunteers for health promotion and disease prevention, including awareness on safe water and food, hygiene and sanitation, mosquito breeding prevention, safe exposure to floodwater, and early recognition and referral of suspected cases.
6. Develop township-level epidemic response plans based on risks identified through rapid assessments and ongoing monitoring of infectious disease trends.
7. Strengthen first aid and snakebite preparedness, including community awareness, appropriate first aid, referral pathways and provision of small first aid kits to trained volunteers before mobilisation.
8. Provide Psychological First Aid and MHPSS awareness for displaced and flood-affected populations, alongside briefing, debriefing and well-being support for responding staff and volunteers.
9. Coordinate Health and Care interventions with WASH, PGI and CEA, with regular monitoring of disease trends, health-service utilisation and community feedback to adapt activities as health risks evolve.
10. Actively participate in external coordination mechanisms such as health cluster meetings



Water, Sanitation And Hygiene

Budget: CHF 318,950
Targeted Persons: 3,800

Indicators

Title	Target
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# of people reached with WASH actions in emergency response	3,800
# of communities / sites reached with WASH actions in emergency response	15

Priority Actions

1. Distribute household and/or community water treatment options. This includes training on operation and maintenance.
2. Distribute household water storage, hygiene kits and baby hygiene kits.
3. Support latrine construction with cash intervention.
4. Conduct refresher and on-job trainings.
5. Conduct hygiene promotion activities delivered by trained RCVs.
6. Restore community water facilities focusing on pond and tubewell cleaning.
7. Monitor WASH activities. This includes post-distribution monitoring for distributed items.



Protection, Gender And Inclusion

Budget: CHF 3,359

Targeted Persons: 100

Indicators

Title	Target
# of women and men who received dignity kit	300

Priority Actions

1. Conduct PGI orientation for MRCS staff and volunteers involved in the operation, including protection, safeguarding, PSEA, disability inclusion and safe referral principles.
2. Conduct PGI and accessibility checks at evacuation sites, distribution points, WASH facilities and other service locations, and address identified safety, privacy and accessibility gaps.
3. Establish and communicate safe and confidential protection referral pathways for identified protection concerns, including GBV, child protection, disability related concerns and other urgent protection needs.
4. Ensure that shelter, WASH, health, cash and other assistance is designed and delivered in ways that are safe, accessible, inclusive and appropriate for women, girls, children, older people, persons with disabilities and other people facing specific barriers.
5. Provide dignity kits and other targeted support to women and girls based on identified needs.
6. Ensure inclusive communication for women, older people, children and persons with disabilities.



Community Engagement And Accountability

Budget: CHF 1,434

Targeted Persons: 2,400



Indicators

Title	Target
# community members that receive information including updates on community feedback channels	2,400
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support.	80
% of people surveyed who report they know how to provide feedback about the organisation/programme/operation	80

Priority Actions

1. Provide timely information on MRCS response activities, assistance and selection criteria.
2. Conduct community consultations and information sharing sessions through MRCS volunteers.
3. Share accessible feedback and complaints mechanisms with accessible channels, including face-to-face.
4. Collect and respond to community feedback to improve the response.
5. Regularly review community feedback with operational teams and use findings to adapt the response
6. Ensure CEA-related questions are included in PDM



Coordination And Partnerships

Budget: CHF 1,912

Targeted Persons: 0

Indicators

Title	Target
# of coordination meeting conducted	5

Priority Actions

1. Conduct coordination (internally and externally) meeting and communication
2. Development of situation report, operation update and final report (including translation)



Secretariat Services

Budget: CHF 32,994

Targeted Persons: 0

Indicators

Title	Target
% of financial reporting compliance to IFRC procedures	100



# of communication materials produced	2
# of technical support and monitoring visit conducted	2

Priority Actions

1. Facilitate regular coordination meetings, joint field visits and partner coordination, and track commitments and coverage gaps.
2. Recruit, manage and support operational staff, including salaries, allowances, insurance, performance management and duty of care.
3. Provide technical support and coordination to MRCS branches and operational teams as required.
4. Prepare situation reports, donor updates, visibility materials and support operational communications and media engagement.
5. Implement MEAL activities, including field monitoring, PDM, digital feedback mechanisms and sharing of monitoring findings with stakeholders.



National Society Strengthening

Budget: CHF 231,887

Targeted Persons: 100

Indicators

Title	Target
# of lessons learned workshops conducted	1
# of staffs and volunteers trained	100

Priority Actions

1. Strengthen the capacity of staffs and volunteers through trainings and coaching
2. Provide insurance fees for the deployed volunteers
3. Deploy trained volunteers across all sectors in the affected areas
3. Monitor the safety, accessibility and inclusiveness of assistance through field monitoring, community feedback and post-distribution monitoring, and use findings to adapt the response.
4. Conduct a lessons learned workshop at the end of implementation, incorporating community feedback from CEA mechanisms, PDM and exit surveys.

About Support Services

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

The earlier response, MRCS mobilised with 137 volunteers and 6 staff, but now the volunteers increased 167 volunteers from township branches for the speedy implementation of the operations. This number will not be stable based on the context and volunteer availability. MRCS will mobilise 5 staff from the Disaster Management Department, Health Department, WASH Department, Emergency Operations Centre, regional. Volunteers will be deployed according to operational needs and will support activities at evacuation sites, distribution points and affected communities.

Red Cross Volunteers will support rapid assessments, evacuation and emergency response, first aid, health and hygiene promotion, community engagement and information dissemination, beneficiary identification and verification, distribution of relief assistance, feedback collection, monitoring and reporting.



MRCS staff from branch, regional and headquarters levels will provide technical and operational support, including field coordination, assessment and data management, beneficiary verification, logistics and distribution oversight, health and WASH support, community engagement, protection, gender and inclusion, monitoring and reporting.

The MRCS Disaster Management Department and Emergency Operations Centre will provide overall operational coordination, while regional and township branches will lead field-level implementation and coordination with local authorities and humanitarian partners.

All staff and volunteers involved in the operation will receive appropriate operational briefings and safety guidance before deployment, including orientation on the operation objectives, sector-specific activities, Protection, Gender and Inclusion (PGI), Prevention of Sexual Exploitation and Abuse (PSEA), Community Engagement and Accountability (CEA), security and safety procedures, and reporting requirements. Staff and volunteers will be supported in accordance with MRCS policies and procedures throughout the operation.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Our volunteer team reflects much of the gender and cultural diversity of the communities we support, helping us provide inclusive and culturally appropriate assistance. Myanmar Red Cross Society ensure all recruitment process conducted transparently and openly.

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

Procurement for the operation will be managed and undertaken by MRCS in accordance with applicable MRCS procurement procedures and emergency response SOPs, aligned with IFRC procurement procedures and relevant donor requirements. MRCS will assess the availability of required items in the local market and priorities local procurement where appropriate, taking into consideration availability, quality, price, delivery timelines and access constraints.

The procurement will cover required emergency relief items, including shelter materials, essential household items, hygiene and dignity items, water treatment and WASH supplies, first aid and emergency health supplies, and other response materials identified through assessments. Where local market availability or access is constrained, MRCS will identify appropriate alternative sourcing arrangements to ensure timely delivery to affected communities.

All procurement and cash transfer arrangements will follow MRCS procedures and applicable standards, with appropriate controls to ensure transparency, accountability, value for money, beneficiary verification and safe delivery of assistance.

IFRC will provide technical support to MRCS in procurement planning, technical approvals, delivery monitoring, and market assessments to ensure compliance with MRCS and IFRC policies and procedures. IFRC will work closely with MRCS to identify and address potential bottlenecks, enabling the timely implementation of activities. In addition, IFRC will strengthen information sharing and coordination by actively engaging with the National Logistics Working Group.

How will this operation be monitored?

IFRC Programme Coordinator leads this operation to make sure timely, effective and community-driven approach to MRCS implementation. IFRC delegation is currently supporting the earthquake operation by MRCS through Shelter, Health, WASH, Cash and Livelihood technical personals by operation team. Upon the request and needs of MRCS, IFRC will support this flood operation through these technical people as well.

MRCS leadership will be accountable for the timely implementation, compliance, financial management and operational reporting of the DREF operation, with overall coordination provided by the MRCS Disaster Management Department and Emergency Operations Centre (EOC). MRCS regional and township branches will lead field-level implementation, monitoring and reporting.

The IFRC Country Delegation, in coordination with MRCS, will provide technical and quality assurance support throughout the operation. IFRC technical teams will support MRCS in developing the Monitoring and Evaluation Plan, reviewing progress against agreed indicators, providing technical guidance, and supporting compliance with DREF requirements and IFRC standards.



MRCS and IFRC will conduct joint monitoring visits, subject to access and security conditions, to verify implementation, observe distributions and services, consult affected communities, review beneficiary data and identify operational gaps and corrective actions. Monitoring will also cover Protection, Gender and Inclusion (PGI), Prevention of Sexual Exploitation and Abuse (PSEA), Community Engagement and Accountability (CEA), safeguarding and operational safety.

Post-distribution monitoring (PDM) will be conducted for key assistance, particularly MPCA and relief distributions, to assess beneficiary satisfaction, appropriateness and accessibility of assistance, and whether support has addressed priority needs. Community feedback and complaints will be regularly analyzed by MRCS and supported by IFRC technical teams to inform adaptive management and programme adjustments.

MRCS will provide regular progress and financial updates to IFRC, including achievements against targets, beneficiary reach, expenditure, challenges, access constraints and corrective actions. IFRC will support the review and consolidation of operational information for DREF reporting and donor accountability.

At the end of the operation, MRCS and IFRC will conduct a final review/lessons-learned exercise using monitoring findings, PDM results and community feedback to document achievements, challenges and recommendations for strengthening future flood preparedness and response.

Please briefly explain the National Societies communication strategy for this operation

MRCS will work closely with the IFRC –Myanmar, Country Delegation and relevant IFRC communications support to ensure consistent and coordinated communication on the Laymyatna flood response. Communication will focus on the humanitarian impact of the flooding, priority needs of affected communities and the assistance being provided by MRCS and its Red Cross Volunteers.

MRCS and IFRC will develop and share verified situation updates, photographs, videos, human-interest stories and other communication materials, highlighting the needs and experiences of affected and displaced communities, particularly vulnerable groups such as children, older people, persons with disabilities and displaced households.

Communication will also support community engagement and accountability, providing clear information on available assistance, targeting criteria, distribution arrangements, health and hygiene messages, flood safety and available feedback and complaints mechanisms.

MRCS and IFRC will coordinate external communication to ensure consistent Movement-wide key messages and appropriate visibility of the response. All communications will follow MRCS and IFRC communication standards, data protection, consent, PSEA, PGI and do-no-harm principles, ensuring that affected people are represented safely and with dignity.



Budget Overview



DREF OPERATION

MDRMM024 - Myanmar Red Cross Society
Myanmar Floods_2026

Operating Budget

Planned Operations	602,950
Shelter and Basic Household Items	74,687
Livelihoods	0
Multi-purpose Cash	161,935
Health	42,586
Water, Sanitation & Hygiene	318,950
Protection, Gender and Inclusion	3,359
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	1,434
Environmental Sustainability	0
Enabling Approaches	266,792
Coordination and Partnerships	1,912
Secretariat Services	32,994
National Society Strengthening	231,887
TOTAL BUDGET	869,742

all amounts in Swiss Francs (CHF)



Contact Information

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

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