DREF Final Report

Malaysia Flood 2024

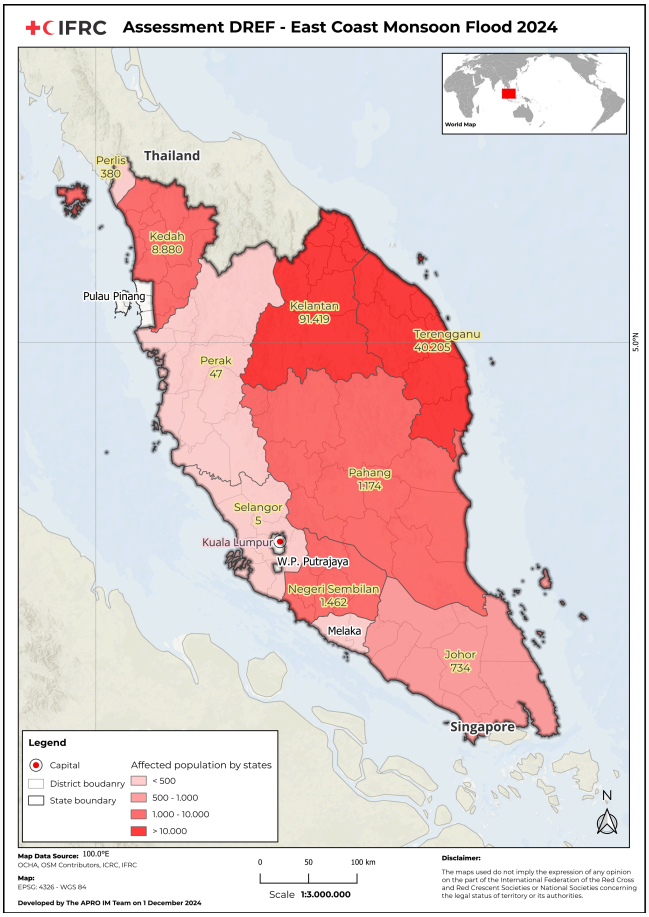
MRCS assists affected families during CVA registration. (Photo: MRCS)

Appeal: **MDRMY011**	Total DREF Allocation: **CHF 396,876**	Crisis Category: **Yellow**	Hazard: **Flood**
Glide Number: **FL-2024-000218-MYS**	People Affected: **235,706 people**	People Targeted: **15,000 people**	People Assisted: **14,315 people**
Event Onset: **Sudden**	Operation Start Date: **06-12-2024**	Operational End Date: **30-06-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Kedah, Kelantan, Terengganu**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map highlighting the Peninsular Malaysia affected by the flood (Map: IFRC IM)

Date of event

28-11-2024

What happened, where and when?

The Northeast Monsoon (MTL) 2024/25, commencing on 5 November 2024, generated multiple heavy-rain episodes and three principal flood waves that severely affected Malaysia's east coast, most persistently Kelantan, Terengganu, and Kedah; with wider but generally less protracted impacts across Pahang, Johor, Perlis, Perak, Melaka, Sabah, and Sarawak. Successive monsoon surges in November–mid-December intensified rainfall and winds, producing extensive inundation, temporary displacement, transport disruptions, landslides in several localities, and reported agricultural losses (notably rice/paddy). By early January 2025, relief centers were already closing in parts of the peninsula (e.g., Johor), while small residual caseloads remained in selected Kelantan districts, satellite and field reporting corroborated the concentration of severe impacts in Terengganu/Kelantan and significant cropland damage in Kedah.

From February to June 2025, conditions broadly improved and stabilized across affected states as waters receded, access reopened, and essential services resumed. Kelantan, Terengganu, and Kedah transitioned from immediate relief to targeted early recovery (house repairs, WASH support, and livelihood rehabilitation in low-lying and riverine communities). While the national trend was toward normalization, Sabah experienced localized renewed flooding in April 2025 (e.g., Kinabatangan and Nabawan) that prompted short-term evacuations before centers closed, and recovery continued. By end-June 2025, the overall humanitarian situation had improved, the vast majority of households had returned home, and basic services and primary road access were largely restored. While most places recovered, some affected still required support such as better drainage and shelter repairs, safer rural water and sanitation, and help for families to regain their income.

Link:
[1] https://bernama.com/en/news.php?id=2379003

Water roam demonstration to the communities. (Photo: MRCS)

Child-friendly space by MHPSS team. (Photo: MRCS)

Scope and Scale

The catastrophic floods had a devastating impact on approximately 40,922 families across nine states, forcing the establishment of more than 600 temporary shelters to house displaced populations. According to the National Disaster Management Agency (NADMA), Kelantan and Terengganu were the most severely affected, with 26,628 families in Kelantan and 10,703 families in Terengganu seeking refuge in evacuation centres. Other states, including Kedah, Pahang, Negeri Sembilan, Johor, Perak, Melaka, and Perlis, were also affected, though on a smaller scale.

The floods claimed 10 lives and caused widespread destruction. Thousands of homes were inundated, livelihoods were disrupted, and local infrastructure came under severe strain. Heavy rainfall was the main driver of the disaster, with some parts of the East Coast recording over 1,000 millimetres of rain in just four days—equivalent to six months of average precipitation. Rivers in Kelantan, Terengganu, and Pahang overflowed, while strong winds in Kedah worsened the impact.

Essential services were severely disrupted. A total of 121 health facilities were affected, forcing reliance on mobile medical teams and healthcare services provided in evacuation centres. More than 5,000 students preparing for national examinations were impacted. Damage to roads, drainage systems, and airports cut off access to many communities. Train services were suspended, widespread power outages occurred, and the delivery of humanitarian assistance often required boats, air support, and heavy-duty vehicles.

The floods had a profound social and economic impact, particularly on vulnerable groups such as migrant workers and families dependent on farming, fishing, and daily-wage activities. Many of these communities had never experienced flooding of such magnitude. In some areas, water levels rose within an hour, compared to the usual two to three hours, leaving families little time to prepare or salvage belongings before evacuation.

Although floodwaters receded in some areas after several days, the damage remained extensive and recovery needs significant. Stagnant water, damaged homes, and loss of livelihoods prolonged the hardship faced by many families, underscoring the vulnerability of communities and infrastructure to increasingly severe weather events.

The Malaysian Red Crescent Society (MRCS) translated its assessments into action through the IFRC-supported DREF operation, delivering time-critical, multi-sectoral assistance across Kelantan, Terengganu, and Kedah. Guided by initial rapid and in-depth assessments, MRCS prioritized multipurpose cash assistance (CVA) for the most vulnerable, WASH support (hygiene and cleaning kits, water treatment, and safe-water access), and health and MHPSS services (health screening and psychosocial support). This was complemented by logistics

support for relief distribution and community engagement mechanisms to provide information and feedback to affected populations. The operation was implemented in close coordination with NADMA, JKM, and state/district authorities, and included monitoring measures such as post-distribution monitoring (PDM).

For more details, refer to the assessment report which can be accessed here.

Link:
[1] https://redcrescentmy.sharepoint.com/:w:/s/DM/EUGrTjW9Hw1HmMPbaI2L5NcBwvQTjVrYSqmG-gsWXHagsA?e=Ur2IzK

Source Information

Source Name	Source Link
1. National Disaster Management Agency (NADMA)	https://www.nadma.gov.my/bm/#informasi-bencana

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC supported the Malaysian Red Crescent Society (MRCS) throughout the operation by providing financial assistance through the Disaster Response Emergency Fund (DREF). IFRC also offered technical guidance in planning, monitoring, reporting, and communications, ensuring that the operation was aligned with standards and well-coordinated with Movement partners. Through its Asia Pacific Regional Office (APRO), IFRC further facilitated connections with other National Societies, to support MRCS by mobilizing expertise and resources for the response.
Participating National Societies	The Singapore Red Cross and the Swiss Red Cross provided financial contributions to the operation. In addition, the Singapore Red Cross also donated the water purification unit. Meanwhile, the Indonesian Red Cross (PMI) contributed by lending its CVA Ranger system and deploying information management (IM) personnel to support implementation.

ICRC Actions Related To The Current Event

ICRC has presence in country however not actively involved responding to the situation

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Government of Malaysia led the national response and did not request international assistance. Affected households relocated to temporary shelters, as well as the families of those who lost their lives, received cash assistance. In total, the government allocated approximately CHF 8.67 million to support more than 43,000 households. The Ministry of Home Affairs mobilized personnel and assets from the Royal Malaysia Police (PDRM)

	to carry out search and rescue operations, while the Malaysia Volunteer Department (RELA) supported the management of temporary shelters and assisted displaced families.
UN or other actors	No United Nations agencies or other international actors were directly involved in the operation. National response efforts were instead coordinated by the National Disaster Management Agency (NADMA) in partnership with relevant government ministries and agencies.

Are there major coordination mechanism in place?

NADMA coordinated the response through its Disaster Operations Control Centre (DOCC) at state and district levels, working closely with the Social Welfare Department (JKM) and the Ministry of Health (MOH), as a recognised partner and Rakan NADMA, played an integral role in this coordination system by managing evacuation centers, preparing and distributing meals, delivering essential items, and offering psychosocial support. also contributed to search and rescue operations, provided medical care, and supported recovery efforts, ensuring that its humanitarian work complemented the government's response.

Needs (Gaps) Identified

Shelter Housing And Settlements

The operation confirmed that temporary evacuation centres (PPS) in Kelantan, Terengganu, and Kedah had been overcrowded and lacked sufficient cubicles to ensure privacy and comfort. Some elderly people and those with limited mobility had not relocated to PPS due to overcrowding, distance, and physical barriers, instead setting up makeshift shelters near their homes or in safe, elevated areas.

Once floodwaters receded, most families returned to clean and repair their houses. Housing repair, replacement of essential household items, and financial support were among the top priorities. While government "Wang Ihsan" cash assistance helped meet some needs, it was not sufficient to cover the full costs of repair and replacement. The MPCA provided through this operation gave families the flexibility to prioritize urgent recovery expenses.

By the end of the operation, however, many families were still living in partially repaired homes and continued to face financial strain in replacing destroyed household items. Transitional shelter solutions had not been widely available, leaving long-term housing recovery needs beyond the scope of this IFRC-DREF.

Livelihoods And Basic Needs

Flooding had severely affected farming households, daily wage earners, and other vulnerable groups. Paddy fields in Kedah were submerged, destroying both standing crops and seedlings, while vegetable and fruit production in multiple states was disrupted. Market access in some remote areas of Kelantan had also been temporarily cut off, leading to difficulties in obtaining essential goods.

The operation supported households with immediate basic needs, including cash assistance to cover food, essential goods, and urgent expenses. However, recovery of agricultural livelihoods required longer-term support, such as replanting, restoration of supply chains, and repair of irrigation systems, which remained beyond the timeframe of this IFRC-DREF. Migrant communities were particularly affected, as they had little or no access to government assistance. While some NGO partners provided targeted aid, gaps in support for migrants persisted.

Health

During the assessment, media coverage and field observations by teams in Terengganu, Kelantan, and Kedah highlighted several urgent needs in flood-affected communities. One of the most pressing issues was the need for psychological support, particularly for students whose Malaysian Education Certificate (SPM) examinations were disrupted. Many candidates experienced trauma and were unable to prepare adequately. Despite Ministry of Health (MOH) deployments of staff and volunteers, the limited availability of psychological counsellors and Psychological First Aid (PFA) providers in these states created a significant gap in meeting this need effectively.

Health concerns were equally critical. Discussions with Kelantan's State Department of Health (JKN) revealed over 4,000 cases of infectious diseases in the state alone, with more than 10,000 cases reported nationwide since the first wave of floods. Common illnesses include

acute respiratory infections, skin infections, acute gastroenteritis (AGE), conjunctivitis, and others.

Access to healthcare was severely impacted, with many health facilities closed or inaccessible. In some areas, only mobile health services were operational, and certain locations required boats or heavy vehicles to deliver aid. Vulnerable groups such as the elderly, children, and individuals with special needs were particularly at risk. JKN and health teams were stationed in temporary evacuation centers (PPS) to provide basic health screening and treatment to affected populations.

These findings underscore the importance of expanding mental health and psychosocial support, enhancing healthcare accessibility, and ensuring medical aid for vulnerable populations to address the multifaceted challenges posed by the floods.

Water, Sanitation And Hygiene

In Kelantan, severe disruptions to water supply systems forced many residents to rely on unsafe and contaminated sources, including rivers, wells, and floodwaters. Damaged infrastructure, such as broken pipes and malfunctioning water treatment plants, significantly compounded the crisis. Several areas, including Kampung Bendang Pak Yong, Kampung Simpangan, and Kampung Tualang, remained underserved due to insufficient water trucking services. Approximately 350 houses were impacted, with 114 households in urgent need of clean water. Residents resorted to using river water for cleaning and travelling up to 5 km to purchase drinking and cooking water. The availability of only two water tankers per district, coupled with damaged water storage tanks, further exacerbated the challenges.

To address these gaps, MRCS deployed a mobile water treatment plant in Mukim Simpangan, Tumpat, in support of Air Kelantan Sdn Bhd (AKSB), the state-owned water operator, to deliver treated clean water to affected populations. In parallel, the Water Supply and Environmental Sanitation (BAKAS) programme undertook well cleaning, including a chlorination schedule, to restore safe use of contaminated water wells.

In Terengganu, although the water supply systems were reportedly unaffected according to the Terengganu Water Authority, stagnant floodwaters posed significant contamination risks. Waste and debris left behind in residential areas created hazardous living conditions, requiring immediate cleanup to mitigate health risks.

In Kedah, the initial impact of the floods disrupted access to clean water, though the situation improved shortly after floodwaters receded. Despite recovery in the supply, waste and debris in affected communities necessitated sanitation interventions. In both Terengganu and Kedah, post-flood cleanup was critical to restoring safe living environments.

Poor drainage systems that led to stagnant water accumulation heightened these risks, while insufficient water storage solutions, such as tanks and containers, and limited availability of emergency water treatment units and portable filtration systems remained critical gaps. The high number of evacuees in temporary evacuation centres (PPS) further strained access to clean water, compromising hygiene and drinking water standards.

This situation resulted in a surge of waterborne diseases, with the Ministry of Health (KKM) reporting 10,272 cases across Kelantan, Terengganu, and Kedah. These gaps underscored the urgent need for comprehensive water interventions, improved sanitation measures, and targeted hygiene promotion activities to reduce the challenges in the WASH sector.

Protection, Gender And Inclusion

Single mothers, elderly people, children, and people with disabilities had faced the greatest challenges during displacement. Limited mobility made evacuation difficult, and some elderly persons were among the casualties. Female-headed households had lost income and relied heavily on external support.

The operation integrated PGI measures into assistance, including targeting vulnerable groups during distributions. However, economic recovery for female-headed households and protection services for elderly and disabled individuals remained limited.

Education

The recent floods in Malaysia significantly affected the education sector, as many schools were used as temporary evacuation centres (PPS) for families displaced by the disaster. Nationwide, the reports showed a total of 159 schools were directly impacted by flooding. The dual role of school as both an educational institution and an emergency shelter highlighted the challenges faced by the education system during natural disasters, as learning activities were disrupted, and resources were strained.

Students preparing for the SPM examinations lost study materials, and disruptions to schooling created additional stress. While it was able to provide some assistance with basic needs and psychosocial support, education recovery, such as rehabilitation of school infrastructure, replacement of learning materials, and a catch-up programme, was left to the government and education partners.

Migration And Displacement

Most of the affected migrant communities rely on daily wages and work in low-income jobs such as construction, agriculture, and other informal sectors. These jobs provide little to no job security or savings, making the rainy season particularly challenging for these communities. Floods prevent them from resuming work during this season, leaving them without income and exacerbating their vulnerabilities. With limited access to financial reserves or alternative income sources, they face mounting difficulties in meeting their basic needs, such as food, shelter, and healthcare.

Those unable to evacuate to official temporary evacuation centres (PPS) often seek refuge in the homes of their relatives, adding another layer of dependence on familial networks. In these situations, migrants rely on their relatives for shelter, food, and other necessities. The disrupted livelihoods of migrants also mean that they cannot contribute financially or otherwise to the households they are staying in, potentially creating additional burdens for their relatives.

Moreover, many migrants face challenges accessing government aid due to their undocumented status or lack of local connections. This exclusion forces them to depend on non-governmental organizations (NGOs) or informal community support networks, which are often underfunded or overwhelmed during such crises. The reliance on relatives and external support highlights the critical need for targeted assistance to address the specific vulnerabilities of migrant communities. MRCs, in collaboration with Médecins Sans Frontières (MSF), the International Organisation for Migration (IOM), and the United Nations High Commissioner for Refugees (UNHCR), has taken proactive steps to address the needs of migrants and refugees. During assessments, MRCS connected with UNHCR Outreach Volunteers to gather critical information about the needs and vulnerabilities of refugees. In Kedah, MSF reported providing outpatient treatment, drinking water, and hygiene kits to migrant communities. However, in Kelantan and Terengganu, no information on assistance received was available during interviews with community leaders, highlighting significant gaps in aid distribution.

During CEA activities and the beneficiary registration process, the MRCS documented assistance provided by NGOs, including the type of support (e.g., food, shelter, medical services, financial aid) and the locations where it was distributed. This enabled MRCS to better coordinate with NGOs, ensure targeted support for vulnerable migrant communities, and identify gaps in aid delivery for follow-up action.

Operational Strategy

Overall objective of the operation

Following the initial IFRC–DREF assessment, MRCS refined and implemented a six-month operation (December 2024–June 2025), ultimately assisting 2,863 households—95.4 per cent of the 3,000-household target—across Kelantan, Terengganu, and Kedah. The operation translated assessment findings into relief and early recovery support, combining Cash and Voucher Assistance (CVA), WASH interventions (hygiene/cleaning kits, safe water distribution, and community clean-ups for disease prevention), shelter support (tools for restoration), and health/MHPSS services for vulnerable groups.

Delivery prioritised highly affected and at-risk households and was coordinated with NADMA, JKM, and local authorities. CEA feedback mechanisms and post-distribution monitoring (PDM) informed course corrections on targeting, modality mix, and information provision. Where CVA was not feasible or locally accepted, MRCS applied a do-no-harm, conflict-sensitive approach by providing equivalent in-kind or service-based support, while ensuring transparent criteria through community leaders. Documentation noted that some migrant households remained at risk of exclusion from CVA; MRCS mitigated this through referrals and non-cash assistance.

Overall, the operation reduced immediate humanitarian needs, enabled safer clean-up and public health measures, and supported the resumption of basic income-generating activities, laying the foundation for continued recovery.

Operation strategy rationale

The IFRC-DREF operation was conceived as a six-month intervention (December 2024–June 2025) and, from inception, accounted for festive-season operational constraints (Chinese New Year, Thaipusam, Ramadan, Eid) that typically affect manpower, vendor lead times, and public-sector service hours. Although MRCS chapters responded in nine states, the operation prioritized Kelantan, Terengganu, and

Kedah, where displacement, shelter damage, and WASH and health risks were highest.

The initial multi-sector package comprised:

• CVA for essential needs and livelihood protection;
• WASH (clean-water access, hygiene/cleaning kits, hygiene promotion, and community clean-ups);
• Shelter/NFIs for minor repairs and essentials;
• Health/MHPSS through mobile outreach and PFA.

Against a target of 3,000 households, MRCS assisted 2,863 households (95.4 per cent) between December 2024 and June 2025, using vulnerability-based criteria and community engagement to prioritize highly affected and at-risk households. The February school reopening further strained family finances (fees, uniforms, transport) and informed the timing of transfers and the balance of in-kind support, particularly where market functionality remained uneven.

As market access improved and household needs diversified, MRCS scaled up cash as the primary modality to maximize flexibility and support local markets. Each household received a total of MYR 700 (CHF 132), consisting of MYR 350 (CHF 66) in Multi-Purpose Cash Assistance (MPCA) funded by the DREF, MYR 200 (CHF 38) for shelter support, and MYR 150 (CHF 28) for cleaning-kit support (reallocated from vouchers to cash). Households with school-going children received MYR 900 (CHF 170), with an additional MYR 200 (CHF 38) in education support funded by the Swiss Red Cross and the High Commission of Canada.

In March 2025, owing to vendor onboarding and related technical constraints, the CHF 18,000 budgeted for cleaning-kit vouchers was reallocated to cash assistance. This safeguarded timeliness, coverage, and equity by ensuring the MYR 150 (CHF 28) component was delivered in cash.

To improve registration and distribution, MRCS partnered with the Indonesian Red Cross (PMI) to adopt the CVA Ranger system, enhancing delivery effectiveness and exploring readiness for future voucher distributions. In parallel, MRCS sought and obtained exceptional approval to appoint Maybank as the financial service provider. With IFRC Cash Surge and GHS&SCM support, this ensured compliant, rapid cash delivery at scale, aligned with MRCS financial controls.

Transfer values were set based on MRCS/IFRC assessments, rapid market checks, and DOSM guidance, and were reviewed against other actors' assistance and price movements. Delivery primarily used bank transfers; no cash-in-envelope was required as all recipients provided verified bank accounts. Migrant households without bank access were not included in MPCA in several locations due to verification constraints, FSP limitations, and community-acceptance concerns. Consistent with a do-no-harm, conflict-sensitive approach, MRCS provided alternative assistance (WASH items, cleaning support, NFIs, and health/MHPSS), maintained transparent targeting criteria, and used referrals and beneficiary sensitization to mitigate exclusion risks.

Operational intervention:

1. CVA: MPCA covered food, essential items, and short-term livelihood recovery. The reallocated cleaning-kit component supported safe community clean-up and reduced disease risks while supporting local markets.
2.WASH: In Kelantan, MRCS operated water-trucking and a mobile treatment unit to restore safe water. Across all three states, teams implemented community clean-ups, hygiene promotion, and distributed water-storage containers (e.g., jerry cans) until services resumed.
3. Health/MHPSS: MRCS deployed mobile clinics, health promotion and MHPSS/PFA services with refresher training (for volunteers delivering the services) timed around holiday constraints and prioritizing the vulnerable group. The MHPSS team also provided a Child-friendly space at the people affected's registration site while the parents received the aid.
4. Shelter: Initially to provide basic tools supporting minor home repairs and then later change to cash transfers modality due to vendor-onboarding issues.

Support services:

1. Logistics & Procurement: Implemented expedited yet compliant procurement (three-quote where applicable) with QA/QC at receipt for cleaning/hygiene kits, pre-identified and onboarded vendors in the three priority states. When voucher onboarding stalled, worked with the CVA focal person to pivot the CHF 18,000 cleaning-kit voucher line to cash (MPCA) in March 2025. The logistics of MRCS manage fleet and rentals.
2. Human Resources (HR) & Volunteer Management: Activated ENAP/NRT-trained personnel to backfill branches whose staff/volunteers were flood-affected, applied staggered rotations across festive peaks, provided duty-of-care measures (insurance, PPE, safety briefings), delivered just-in-time refreshers (PFA/MHPSS, CEA, safeguarding and inclusion) to sustain quality under high tempo.
3. Communications & CEA: Communicating eligibility criteria to the communities, transfer values and assistance, disseminated via posters, QR codes and branch social media aligned with local authorities, ran hotlines/WhatsApp with categorized feedback (information requests, inclusion/exclusion, service quality, safeguarding), monitored and countered misinformation on cash eligibility through clarification posts and community briefings, produced human-interest and operational updates to maintain donor/public visibility without compromising dignity or protection.

4. PMER (Planning, Monitoring, Evaluation & Reporting): Set a lean indicator set across planned intervention, provided/used KoBo/digital tools for registration, distribution tallies and PDM, integrated CEA logs to triangulate satisfaction, designed stratified PDM by state/district to analyze expenditure patterns, timeliness, satisfaction and negative coping; convened after-action reviews and lessons-learned workshops to codify practice.

Key challenges faced included:

1. Periodic volunteer shortages in several districts, particularly around festive seasons.
2. Community-acceptance concerns that complicated the inclusion of migrant households in CVA.
3. Delays in cash transfers due to banking system errors and verification issues, hence, delay the monitoring activities (PDM).
4. Uneven coordination with local authorities and community leaders, which slowed approvals and verification of people affected in certain locations.
5. Vendor onboarding delays for the planned cleaning-kit voucher, which necessitated budget reallocation to cash assistance in March 2025.

Key lessons learned included:

1. MRCS activated deployment rosters and cooperation between chapters and branches to balance field capacity.
2. Applied a do-no-harm, conflict-sensitive approach with transparent targeting, strengthened CEA engagement and substitution of in-kind/services where cash was not feasible.
3. Tightened pre-validation of people affected data, established escalation channels with the FSP (Maybank or prospect FSP) and improved reconciliation to reduce transfer delays.
4. Formalized joint briefings with local authorities/communities' representatives to clarify roles and timelines.
5. Advanced vendor due diligence and contingency clauses for future voucher deployments, as well as exploring collaboration/partnership opportunities during the non-emergency period.

Targeting Strategy

Who was targeted by this operation?

In coordination with local authorities, MRCS prioritised three of the worst-affected states—Kelantan, Terengganu and Kedah—and provided integrated relief assistance to 3,000 families (approximately 15,000 people), targeting 1,000 families in each state.

State selection was guided by:
(i) areas experiencing medium to heavy flood impacts;
(ii) Number of affected individuals evacuated to relief centers;
(iii) Areas that had received little to no assistance from government agencies and NGOs.

The affected population included marginalised and vulnerable groups, notably households whose homes, crops and livestock were damaged with severe livelihood implications. Migrants (non-citizens), who were not eligible for certain government relief aid, required targeted assistance. Based on secondary data and household assessments, the demographic profile was: female 50.4 per cent, male 49.6 per cent, girls 14.9 per cent, and boys 16.2 per cent. Special consideration was given to households with persons with disabilities or chronic illness; female-headed households; pregnant women; households with children under five; and older persons aged 65 and above.

Explain the selection criteria for the targeted population

The selection of the target population was based on criteria established through initial and rapid assessments, complemented by data from the State Disaster Operations Centre (PKON) and District Disaster Operations Control Centres (PKOB) across the three priority states. Priority was given to severely affected areas that were comparatively under-supported by other organizations or government assistance, ensuring complementarity rather than duplication.

PKON initially identified two to three districts per state with the greatest needs. MRCS assessment teams subsequently verified and refined this focus by evaluating the most impacted mukim/villages within these districts. Key-informant interviews and household surveys were conducted to determine specific needs and identify populations facing the largest assistance gaps.

During registration and implementation, MRCS prioritized households with the following criteria:
1. Directly affected by flooding and evacuation.
2. Have children who are still schooling, requiring support to resume education.
3. Female- or male-headed households with children and low income (below MYR 1,169).

4. Have vulnerable group (Persons with disabilities, elderly, pregnant and breastfeeding women, bedridden individuals or those suffering from chronic illnesses)
5. Migrants and displaced households, especially those excluded from government assistance due to lack of registration.
6. Families who lost their primary source of income during the floods, particularly farmers, fishermen, boat operators, agricultural workers, and livestock breeders.)

By applying these criteria, MRCS ensures that its response addresses both immediate humanitarian needs and longer-term vulnerabilities, providing a fair, transparent, and needs-based approach that complements government assistance and closes critical gaps in support, while ensuring inclusivity and impartiality.

Total Assisted Population

Assisted Women	-	Rural	100%
Assisted Girls (under 18)	-	Urban	-
Assisted Men	-	People with disabilities (estimated)	2.2%
Assisted Boys (under 18)	-		
Total Assisted Population	14,315		
Total Targeted Population	15,000		

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
Health related risks: Water borne diseases (Cholera, Malaria, and Dengue fever)	Flooded areas carried a heightened risk of waterborne diseases such as cholera, diarrheal diseases, malaria, and dengue fever. MRCS volunteers carried out health promotion activities in affected communities and disseminated prevention messages. Volunteers were also briefed on protective measures and were provided with personal protective equipment, including alcohol-based hand gel, to reduce exposure to these risks.
Challenging Transportation and Access: Floodwaters can render roads impassable, disrupt supply chains, and isolate communities, complicating relief efforts and emergency responses.	Pre-deployment briefings were conducted to provide responders with updated security contexts, safety protocols, and contingency plans for alternative access routes.

Working with vendors for school equipment, shelter material and tools provision using voucher may bring additional technical burden for MRC	The use of current vouchers methodology for school equipment, shelter materials, and tools presented an additional technical burden for MRCS. To address this, technical support was mobilized through the Indonesian Red Cross (PMI) CASH IM surge, which provided expertise on multi-vendor voucher approaches. Clear Terms of Reference were established to ensure MRCS could develop and maintain its own independent system.
Exclusion of Vulnerable Groups	To avoid the risk of excluding vulnerable households, the targeting process was designed to be transparent and inclusive. Community leaders were engaged to help identify and reach those most in need. In addition, accessible distribution methods such as home deliveries or mobile points were used to ensure equitable access.
Lack of Accountability	Accountability risks were mitigated by establishing an independent monitoring mechanism to oversee distributions. Post-distribution monitoring (PDM), audits, and beneficiary feedback mechanisms were conducted to ensure transparency and responsiveness throughout the operation.
Injuries or death in road accidents	MRCS ensured that all vehicles were equipped with first aid kits, drivers remained alert to hazardous road conditions, and staff movements were regularly tracked and communicated through established channels, including mobile messaging applications and radio devices.

Please indicate any security and safety concerns for this operation:

The IFRC security framework was applied to all IFRC and MRCS staff and volunteers throughout the operation. Area-specific Security Risk Assessments were conducted where personnel were deployed, and corresponding mitigation measures were implemented. Insurance coverage for volunteers engaged in the operation was ensured.

Given the flood-related threats in Malaysia, including limited access to clean water and food, exposure to mosquito-borne diseases, and dangerous road conditions, comprehensive safety and security measures were maintained. These included continuous monitoring of the situation, timely security and safety updates, tracking of staff movements through mobile messaging applications and radio communication, and regular coordination with MRCS branches, local authorities, and external humanitarian actors.

Pre-deployment briefings were conducted to ensure responders understood the prevailing security context. Staff and volunteers were encouraged to complete the IFRC Stay Safe 2.0 e-learning modules (Basic Knowledge and Prevention Measures for Responders, Personal Security, Security Management, and Volunteer Security). Contingency plans were prepared and activated where necessary, ensuring that the safety and security of personnel remained a top priority throughout the operation.

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

Implementation

Multi Purpose Cash

Budget: CHF 231,315
Targeted Persons: 15,000
Assisted Persons: 14,315
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people provided with unconditional cash assistance	15,000	14,315
Number of people provided with voucher assistance.	3,000	765

Narrative description of achievements

Through the DREF allocation alone, provided MYR 350 (CHF 66) per household as MPCA. When combined with additional funding, households ultimately received MYR 700 (CHF 132), and families with school-going children received MYR 900 (CHF 170). The education voucher component was not financed by the DREF; it was funded by the Swiss Red Cross and the High Commission of Canada. The CVA package extended beyond basic support, covering education, shelter, and cleaning kit purposes, thereby addressing both immediate survival and early recovery needs.

In March 2025, due to vendor-onboarding and related technical constraints, the planned cleaning-kit vouchers (CHF 18,000) were reallocated to cash and delivered as part of the MPCA. This was due to the vendor's requirement for a 100 per cent deposit with no refund for unredeemed vouchers, coupled with the absence of an official redemption report from the vendor. A total of 2,863 households benefited from the CVA across the three targeted states: Kelantan (1,000 households), Terengganu (901households), and Kedah (962 households).

The MRC's CVA Ranger system, adopted from PMI's CVA System, was also piloted in Malaysia for the first time during this operation. It was installed on a cloud server service within Malaysia to comply with government data protection regulations. The system enabled effective beneficiary registration and distribution for MPCA, utilizing the application's QR Code feature. MRC also successfully piloted voucher redemption for education using their CVA Ranger in Hulu Terengganu. This initiative benefited 153 beneficiaries with a total value of MYR 30,800 (CHF 5,825), representing an important step towards digitalizing MRC's CVA. The number of voucher recipients was low, and only one vendor in Hulu Terengganu agreed to participate without requiring a deposit. This vendor accepted payment upon voucher redemption, provided that a summary report was submitted to MRC. Their flexibility was attributed to prior experience working with government agencies and utility companies that use similar payment arrangements.

Community sensitization activities were conducted to ensure people's understanding of CVA objectives, eligibility, transfer values, complaints/feedback channels, and data protection. Beneficiary assessment and registration were completed using vulnerability criteria aligned with PKON/PKOB data, MRC rapid assessments, and CEA feedback. Registration records were verified with local authorities prior to payment instructions to the FSP.

Post-Distribution Monitoring:

For accountability and learning, Post-Distribution Monitoring (PDM) was carried out. The minimum sample size for the PDM of 2,863 households was 339, calculated with a 5 per cent margin of error, a 95 per cent confidence level, and a 50 per cent response distribution. This sample of 339 was distributed proportionally based on the number of affected people in each area, with respondents selected randomly for interviews. Ultimately, 366 people were successfully interviewed, exceeding the minimum required sample size. Key findings:

• Out of the 366 people affected interviewed during PDM, 52 per cent understood the selection criteria for the CVA assistance very well, and 26 per cent understood somewhat. This relates to the CEA strategy and targeted people sensitization that explains who is eligible for the CVA assistance.

• Most respondents (86 per cent) felt assistance reached the right people, though 14 per cent noted exclusions. 79 per cent believe the selection process was fair or completely fair. Respondents who felt the selection was unfair mostly pointed to inadequate targeting and unequal distribution relative to actual damage.

• When asked further what they spent when received the CVA, the majority used the cash for essential needs such as food (281), healthcare (68), hygiene, education, and utilities (63 respectively) — reflecting their focus on survival. Most purchases were made at street vendors and local markets, with minimal use of e-commerce, likely due to limited access or digital familiarity.

• The majority (71 per cent) of respondents confirmed that the CVA met most or all their top three basic needs, highlighting its overall effectiveness. Only 14 per cent indicated that the aid only met some or half of their needs, suggesting that the cash value may have been insufficient for certain households. In-depth feedback reveals persistent unmet needs, especially in food, utilities, school expenses, and household recovery items.

Lessons Learnt

• The time-consuming collection and verification of beneficiary lists showed the importance of developing simplified tools and closer collaboration with village and district authorities to avoid delays.

• The partial implementation of vouchers highlighted the need for early vendor engagement, transparent terms, and clear reporting mechanisms. Requiring full deposits before redemption proved a risk, emphasizing the importance of negotiating flexible arrangements and diversifying vendors.

• The introduction of the CVA Ranger system demonstrated the potential of digital platforms but also underscored that sufficient time is needed for system adjustments, training, and alignment with the local CVA context.

• The delayed disbursement of cash assistance due to the absence of an official FSP emphasized the importance of pre-identifying and formalizing financial service providers before operations begin.

• Inconsistent CVA implementation and the lack of involvement from CVA-trained volunteers highlighted the need for clear guidelines, SOPs, and mandatory deployment of trained personnel in all CVA operations.

• Instances of excluded vulnerable groups and equity issues in CVA distribution revealed the need to reinforce targeting criteria, strengthen monitoring, and integrate PGI checks to ensure fairness and uphold humanitarian principles.

Challenges

• The process of collecting and verifying the beneficiary name list from the villages and district was time-consuming.

• Although three types of vouchers (education, shelter, and cleaning kits) were planned, only the education voucher was implemented in Hulu Terengganu, Terengganu. Key challenges included time constraints, limited visibility of the voucher and system, absence of vendor reporting after voucher purchase and redemption, and the vendor's requirement for a 100% deposit before purchase.

• The CVA Ranger system from PMI was introduced into the CVA process; however, due to time constraints, system adjustments and process alignment took some time to adapt to the CVA context in Malaysia.

• Delayed disbursement of cash assistance which planned to be completed on March-April because of no official FSP.

• Inconsistent implementation of CVA process due to no proper guideline and tools and CVA-trained volunteers didn't participate in the process.

• Excluded vulnerable groups, equity issues in CVA distribution, especially beat the purpose of the beneficiary's selection criteria.

Health

Budget: CHF 8,607
Targeted Persons: 10,000
Assisted Persons: 7,515
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached through primary health care / outreach services / mobile units / clinics operated by the National Society.	10,000	6,518
Number of people reached with mental health and psychosocial services (MHPSS) from IFRC Network	10,000	7,515

Narrative description of achievements

Mental Health and Psychosocial Support (MHPSS):

A total of 83 staff and volunteers from Kelantan, Kedah, and Terengganu received refresher training in MHPSS, strengthening their capacity to provide appropriate support in emergencies and reinforcing understanding of MHPSS principles. Through the distribution of IEC materials and social media engagement, MHPSS messaging indirectly reached 4,500 people, ensuring broad awareness.

Direct service delivery was provided through Psychological First Aid (PFA) and mental health screenings (PHQ-9), which reached 878 people in Kelantan, 899 people in Kedah, and 880 people in Terengganu. Child-Friendly Spaces (CFS) were also established during beneficiary registration days in all three states, engaging 275 children. These spaces aimed to reduce stress and anxiety among children through recreational and creative activities that promote resilience and a sense of normalcy. Parents and caregivers also benefited by knowing their children were in a safe and protected environment.

As part of the CFS activities, a snake and ladder game was organized to encourage social interaction, teamwork, and the development of positive coping skills. Play-based learning provided children with a fun outlet to release stress. In addition, a clay art therapy session facilitated by a school counsellor in Terengganu gave children a creative means of expressing their emotions non-verbally, fostering emotional regulation, self-expression, and psychological healing.

Health Care Services:

In coordination with District Health Offices (PKD), MRCS conducted mobile health screenings during beneficiary registration days, reaching 2,084 people and ensuring immediate health needs were identified and addressed. Individuals requiring further medical attention were referred to PKD medical officers for follow-up treatment and appointments. In addition, 4,434 people were reached with health promotion messages through IEC material distribution and social media engagement, expanding the reach of the intervention beyond direct service delivery.

Post-Distribution Monitoring:

The health screening services were well-received, with 82 per cent of participants reporting their health needs were met and a similar proportion confirming they received consultation or explanation afterward. Highlighting the efficiency and quality of MRC health service delivery. Very few reported dissatisfactions, indicating strong relevance, accessibility, and communication throughout the process.

Lessons Learnt

• There is a need for ongoing training to strengthen National Society (NS) capacity in delivering MHPSS, particularly in setting up and managing CFS and implementing a wider range of interventions.

• Future programming should explore and integrate adult-oriented MHPSS activities, including PFA and psychoeducation sessions for parents and caregivers.

• Volunteers require more technical support, supervision, and coaching to deliver both health and psychosocial interventions effectively.

• Limited community exposure to health education highlighted the need for regular awareness sessions and more tailored IEC materials.

• Consistent psychosocial services should be provided across all disaster phases, including support for staff and volunteers, to maintain wellbeing and resilience.

• Clear referral pathways with health authorities and mental health specialists are needed to ensure continuity of care for people requiring advanced services.

• Better planning of mobile clinic layouts, with adequate volunteers at screening counters, will reduce waiting times and improve beneficiary satisfaction.

Challenges

• Limited number of trained volunteers available to deliver Psychological First Aid (PFA) and other MHPSS activities, particularly during peak response periods.

• Insufficient technical knowledge and skills among state-level volunteers reduced the effectiveness and consistency of MHPSS implementation and coordination.

• The community's limited exposure to health education posed a barrier to adopting preventive and health-promoting practices.

• A significant gap exists in the provision of psychosocial services throughout the operational cycle; pre-disaster, during, and post-disaster particularly affecting staff, volunteers, and responders.

• The absence of a systematic referral mechanism for advanced mental health interventions limited the continuum of care.

• Poor site mapping and layout at mobile health screening points led to congestion, with beneficiaries moving directly to the screening section, resulting in long waiting times.

• Insufficient volunteers at health screening counters further slowed the process and increased waiting times for people affected. Thus, causing the people to skip the health screening services (causing low number in people reached).

Water, Sanitation And Hygiene

Budget: CHF 42,594
Targeted Persons: 15,000
Assisted Persons: 13,530
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of people reached with WASH actions in emergency response	15,000	13,530
Number of people covered with hygiene promotion activities	15,000	12,005
Number of people (and households) receiving protection from environmental sanitation activities	2,000	509

Narrative description of achievements

MRCS produced 542,460 litres of clean water and distributed 515,245 litres through water trucking, on-site treatment, and direct collection systems to 202 households (1,010 people) in Kelantan. This volume was sufficient to cover the essential daily water needs of the affected communities for over 30 days. The intervention not only surpassed the original target but also ensured consistent and reliable access to safe drinking water for the most vulnerable households.

To complement water distribution activities, MRCS carried out the distribution of 6,000 jerry cans (2,000 for each state: Kedah, Kelantan, and Terengganu). These Jerry cans were procured with the support of the IFRC Regional SCM team and dispatched directly to Kelantan, Terengganu, and Kedah from IFRC's pre-positioned stock at the Port Klang warehouse. In total, 2,706 households benefited (13,530 people), with each household receiving 2 units of jerry cans. Distribution of jerry cans was conducted at dedicated locations during the registration days, ensuring an orderly and efficient handover. The remaining 588 units of jerry cans were entrusted to the respective community leaders for onward distribution to households unable to remain until the end of the programme.

In addition, MRCS procured and distributed cleaning kits to assist flood-affected households and their surrounding communities. These materials were later used during collective cleaning campaigns, in which 1,925 people participated to restore hygiene and reduce health risks in public spaces and residential areas. Hygiene promotion activities were also carried out in schools and temporary evacuation centres, directly reaching 12,005 people with key messages on safe water handling, sanitation, and personal hygiene practices.

Post-Distribution Monitoring:

Key findings:

• Hygiene Promotion was the most attended WASH activity (171 participants), followed by Jerry Can (160) and Water Roam Demonstration

(112), showing strong interest in safe water practices. Participation across all WASH activities was gender-balanced, reflecting inclusive access and community engagement.

• 151 respondents (79 per cent) said Yes, the items (Jerry can) they received were usable, indicating that the provided items were largely appropriate, functional, and relevant to their needs.

• 94 per cent of respondents received guidance on WASH activities, showing effective outreach.

• 84 per cent found the information useful and applied it, indicating a strong impact on hygiene practices.

Lessons Learnt

• Delays in disbursement directly impacted the operational timeline; early confirmation of funding sources and pre-positioned contingency budgets can ensure smoother implementation in future responses.

• The lack of female volunteers highlighted the importance of recruiting and training more women, especially to support female beneficiaries and households. Future operations should incorporate a gender-sensitive volunteer mobilization strategy.

• Limited involvement in cleaning campaigns showed that stronger community engagement and awareness activities are needed. Mobilizing local leaders and linking assistance to community-driven initiatives could increase ownership and participation.

• Equipment breakdowns underscored the need for proper maintenance schedules, pre-deployment checks, and the availability of backup equipment to minimize disruption.

• The last-minute withdrawal of BHA funding revealed the importance of securing multiple funding streams and maintaining flexible agreements with partners. Stronger donor engagement and early negotiations can help reduce dependency on a single source.

• Flexible distribution (e.g., coupon redemption or collection via community leaders for beneficiaries who cannot attend) to ensure continuity and inclusion.

• Contingency planning for weather disruptions should be built into future distributions to reduce delays and repeated pauses.

• Ensure better crowd management during distribution day, for timely-assistance received.

Challenges

• Delayed budget disbursement hindered the operational timeline and slowed down the implementation of planned activities.

• Limited availability of female volunteers reduced the ability to fully support and engage with female beneficiaries and households.

• Low community participation in cleaning activities meant these initiatives were carried out only within local areas and their immediate surroundings, limiting the overall impact.

• Equipment inefficiency and breakdowns disrupted operations and required additional time and resources to resolve.

• Last-minute withdrawal of funding (BHA-USAID) created financial and planning gaps, requiring MRC to urgently adjust resource allocation and seek alternative funding support.

• Unstable weather conditions with intermittent rainfall disrupted the flow of activities and caused repeated and pauses in the distribution process.

• Overcrowding at distribution points, with more than 500 households attending at the same time, despite earlier communication and agreement with the communities to attend session-by session; resulted in long queues and extended waiting periods.

• Beneficiaries faced time constraints as many needed to return home early to manage their household and livelihood responsibilities, limiting their ability to stay until the end of the programme.

Protection, Gender And Inclusion

Budget: CHF 1,599
Targeted Persons: 30
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of staff and volunteers trained in PGI including referrals.	30	83
Number of National Society's Programmes that have completed the IFRC Child Safeguarding Risk Analysis.	1	1

Narrative description of achievements

A total of 83 staff and volunteers were trained through a PGI in Emergencies Refresher Course, significantly surpassing the original target of 30. The training strengthened participants' knowledge on PGI minimum standards, referral pathways, and inclusive service delivery, helping to ensure that interventions remained safe, accessible, and responsive to diverse needs. In parallel, Sex, Age and Disability Disaggregated (SADD) data was systematically collected to identify vulnerable groups within the affected population and tailor support accordingly.

To further strengthen accountability, a Child Safeguarding Risk Analysis was conducted in Kelantan, Terengganu, and Kedah. This assessment identified potential risks faced by children during the operation and recommended appropriate follow-up actions, thereby reinforcing MRC's commitment to child protection and compliance with IFRC safeguarding standards.

Post-Distribution Monitoring:

• Most respondents (94 per cent) found the distribution site accessible and inclusive, with only a small minority (5 per cent) reporting issues. Suggestions for improvement included better crowd control, accessible venues, home delivery, and dedicated support for vulnerable groups.

• 83 per cent of respondents felt safe and respected during the assistance process when asked if any staff and volunteers of MRCS made they felt uncomfortable or threatened in exchange for the assistance.

Lessons Learnt

• Keep SADD minimal and link it to clear program triggers so teams see immediate value and data quality and use improve.

• Mainstreaming PGI improves quality of response. Embedding PGI considerations across all sectors, CVA, WASH, Health, and CEA, ensures that interventions are equitable and responsive to the needs of the most at-risk groups.

• Early dialogue with community leaders and transparent eligibility criteria helped manage sensitivities. Where cash assistance was not feasible (e.g., verification or banking barriers), in-kind/services and referrals were used to maintain support while upholding do-no-harm principles.

Challenges

• SADD collection proved challenging, as field teams perceived the process as burdensome and were not fully convinced of its practical utility for programme adjustments, affecting completeness and use of the data.

• Some community leaders and village heads were reluctant to include migrants in people affected lists, citing concerns about potential negative reactions from the broader community. This created challenges in ensuring equitable access for migrant households.

Migration And Displacement

Budget: CHF 1,598
Targeted Persons: 1,500
Assisted Persons: 750
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of staff and volunteers trained in Migration & Displacement.	45	83
Number of people reached - Migration	1,500	750

Narrative description of achievements

MRCS integrated migration considerations into the operation to ensure that vulnerable migrant groups were not left behind. A total of 750 migrants were indirectly reached through the distribution of IEC materials introducing MRC and outlining available assistance, which were translated into the Rohingya language to ensure accessibility and understanding.

In Terengganu, MRCS successfully engaged with a migrant community leader during an in-person meeting, while in Kelantan and Kedah, communication was maintained through WhatsApp channels. These interactions provided valuable insights into the vulnerabilities of migrant communities and helped MRCS identify the most effective communication approaches.

To strengthen internal capacity, 83 staff and volunteers participated in a Migration Refresher Course conducted across the three states. The training emphasized the principles of “Do No Harm” and reinforced MRCS’s ability to engage with migrant communities in a sensitive, inclusive, and accountable manner.

Lessons Learnt

• Sensitize village leaders on inclusive targeting. Apply CEA strategies to explain CVA criteria. Monitor and report equity gaps for follow-up.

• Reliance on external actors such as UNHCR limited MRC’ ability to engage independently. Strengthening MRC’ own ground-level networks with migrants will improve trust and ensure more sustainable access in future responses.

• Reluctance from local leaders to include migrants in beneficiary lists highlighted the importance of early dialogue, awareness-raising, and community-level advocacy to reduce stigma and prevent exclusion.

• The positive response to IEC materials translated into the Rohingya language showed that tailoring information to the target group significantly improves understanding, trust, and participation.

Challenges

• MRC currently lacks strong and direct ground-level contact with migrant communities and has had to rely heavily on UNHCR networks to reach these groups.

• Some community leaders and village heads were reluctant to include migrants in beneficiary lists, citing concerns about potential negative reactions from the broader community. This created challenges in ensuring equitable access for migrant households,

Community Engagement And Accountability

Budget: CHF 5,751

Targeted Persons: 30
Assisted Persons: 83
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of staff, volunteers and leadership trained on community engagement and accountability.	30	83

Narrative description of achievements

MRCS prioritized inclusive communication and accountability throughout the operation. A total of 83 staff and volunteers were trained through a CEA refresher course, strengthening their skills in transparent engagement and ensuring that affected populations were meaningfully involved. During the assessment phase, meetings with community leaders and key informant interviews (KIIs) were conducted to better understand local dynamics and community needs, helping to shape appropriate and responsive interventions.

To ensure accessibility, IEC materials were translated into local languages, while engagement with local vendors was carried out to guarantee the availability and relevance of goods and services. Vendor lists were proposed by communities themselves, promoting transparency and appropriateness. Selected beneficiaries were also informed via bulk SMS blasts, which formed part of the CVA communication strategy and ensured timely, direct dissemination of information.

Post-Distribution Monitoring:

• 79 per cent of respondents interviewed during PDM reported that they felt well-informed about the support provided by MRC. This was further reinforced during focus group discussions (FGDs), where all beneficiaries expressed understanding of the selection process and the assistance they received.

• A large majority (83 per cent of respondents) felt included in the planning process and believed their feedback had been considered. Both men and women reported similar experiences, indicating that the process was inclusive and balanced across gender groups.

Lessons Learnt

• Early engagement with local authorities is essential. Building relationships and clarifying roles early can help prevent delays.

• Future operations should prioritize visibility measures such as signage, branded materials, social media updates, and stronger community outreach to ensure recognition and engagement.

Challenges

• Uncooperative local authorities and village leaders during both the assessment and response phases, particularly in the submission of beneficiary lists, slowed down implementation and complicated coordination efforts.

• Limited MRCS visibility in some areas reduced community participation and cooperation, while also posing potential reputational risks for MRC.

• Challenges in dealing with local agencies created difficulties in building trust and cooperation, resulting in prolonged access clearance for field teams and delays in coordination.

• Establishing standing agreements or Memoranda of Understanding (MoUs) with local agencies can help secure faster access clearance and smoother collaboration in future operations.

Secretariat Services

Budget: CHF 37,923

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

Indicators

Title	Target	Actual
Number of surge deployed to support the operation	3	3
Number of technical support and monitoring visit conducted	4	4

Narrative description of achievements

Support from IFRC Malaysia Delegation

The IFRC Malaysia Delegation provided continuous project management and technical support throughout the operation. To strengthen MRCS's capacity and ensure quality delivery, three SURGE delegates were deployed:

• Assessment Coordinator, to support needs assessment design and analysis.
• Operations/Project Manager, to oversee overall implementation and coordination with MRCS.
• CVA delegate, to provide technical guidance on the design and delivery of CVA.

Together, these deployments ensured the operation was implemented in a structured, accountable, and timely manner.

Cash and Voucher Assistance:

Technical expertise from the SURGE CVA delegate and IFRC country team enabled the successful design and delivery of CVA, including beneficiary targeting, transfer mechanisms, and monitoring. This ensured that assistance reached affected households effectively.

Monitoring Visits:

Three joint monitoring visits were conducted to Kelantan, Terengganu, and Johor. These visits offered opportunities for on-site review, technical feedback, and mentoring of MRCS staff and volunteers at both national and chapter levels.

Technical Support from IFRC APRO:

MRCS also benefited from the technical support of IFRC Asia Pacific Regional Office (APRO), both remotely and in-country. Dedicated teams from operations, PGI, CEA, IM, logistics, health, WASH, and finance contributed to strengthening sectoral implementation. IFRC APRO also deployed an Operations Coordinator to support the field assessment, coordination, and the initial development of the DREF operation, ensuring alignment with global standards.

IFRC PMER also provided guidance on reporting requirements, templates, and quality review. This support enabled MRCS to consolidate operational achievements, financial updates, and lessons learned into a well-structured final report. The process also helped to strengthen MRCS's internal reporting capacity for future operations.

Communications:

During the Northern Malaysia floods from December 2024 onwards, the IFRC Asia Pacific collaborated with the MRCS on regional/global communications support. This included amplifying MRCS response and operational updates through social media with key figures and facts from the IFRCR-DREF operations, as well as coordinating the collection of photos and video footage from the field. Sample communications packages:

• https://shared.ifrc.org/collections/_MGgDER3K
• https://shared.ifrc.org/collections/_1GnLe8PO
• https://shared.ifrc.org/collections/_w32gwAP1
• https://shared.ifrc.org/collections/_q38ZEX52•

Lessons Learnt

• Value of multiple Surge deployments: Deploying an Assessment Coordinator, Project Manager, and CVA delegate provided MRCS with well-rounded technical and managerial support, improving the quality and timeliness of implementation.

• Strengthened CVA Capacity: Hands-on support built MRCS's technical confidence in delivering CVA, which can be replicated in future operations.

• Monitoring and Mentorship: Joint monitoring visits proved valuable in identifying good practices and providing direct feedback to staff and volunteers.

• Enhanced Reporting through PMER: Structured support from IFRC PMER improved MRC's ability to meet reporting requirements, contributing to higher-quality documentation and timelier submission.

Challenges

• Procurement Processes: Certain procurement processes required additional time due to procedural requirements. Early planning and streamlined coordination can help to mitigate similar delays in future operations.

• Administrative Procedures: Some activities experienced slower progress due to necessary internal administrative and bureaucratic processes. While these ensured compliance, they also extended timelines. Closer alignment between programme and support services could help improve efficiency going forward.

• Financial Planning and Consolidation: While implementation was effective, delays in financial consolidation sometimes affected the timely availability of expenditure data. Continued strengthening of financial planning and reporting systems would support smoother closure processes.

National Society Strengthening

Budget: CHF 67,491
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
National Society covers health, accident and death compensation for all of it volunteers.	1	1
Number of Lesson learned workshop conducted	1	1

Narrative description of achievements

MRCS successfully mobilized staff and volunteers across the targeted states to support the operation, ensuring sufficient human resources for assessments, distributions, and monitoring. All volunteers engaged in the response were covered under the MRCS volunteer insurance scheme, which provides health, accident, and death compensation. This measure not only met the operational indicator but also safeguarded volunteer welfare throughout the emergency response.

In addition, volunteers received comprehensive briefings on their roles and the potential risks they faced, which enhanced preparedness and reinforced duty of care standards. By prioritizing both safety and clarity of responsibilities, MRCS ensured that volunteers were well-equipped to deliver effective and accountable services during the operation.

To capture learning and strengthen institutional capacity, a Lesson Learned Workshop was organized at the end of June 2025. The workshop brought together 19 staff from National Headquarters, eight volunteers from chapters, and three IFRC staff, including country

delegates and PMER representatives. The session provided space to reflect on the operation, identify challenges, and document best practices. These insights directly contributed to MRCS's institutional learning and will inform improved preparedness and response in future operations.

Lessons Learnt

• Volunteer welfare must remain a top priority. The provision of insurance was a key achievement, but future operations should simplify and standardise the process to ensure faster coverage for all volunteers.

• Limited female and specialised volunteers underscored the need to expand recruitment, training, and retention strategies at the branch level.

• Ensuring that all volunteers receive the same quality and depth of information on roles and risks will strengthen confidence and reduce uncertainty in the field.

• Lesson Learned Workshops are valuable but need broader engagement. Early scheduling, hybrid participation options, and stronger branch-level involvement can enhance participation and generate more diverse insights for institutional learning.

Challenges

• Volunteer mobilisation constraints were observed along the operations. In some activities, not enough trained staff and volunteers being deployed, hence causing operational delays, additional time needed for crash training, and fatigue.

• Briefings on roles and risks varied in depth across states, with some volunteers requiring further clarification during operations.

• Lesson Learned Workshop participation was limited by competing priorities and availability of some key local actors, which slightly reduced the diversity of perspectives captured.

Financial Report

Selected Parameters			
Reporting Timeframe	2024-2025/8	Operation	MDRMY011
Budget Timeframe	2024/12-2025/6	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 30/Sep/2025

All figures are in Swiss Francs (CHF)

MDRMY011 - Malaysia - Flood

Operating Timeframe: 06 Dec 2024 to 30 Jun 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**396,876**
DREF Response Pillar	396,876
Expenditure	**-382,255**
Closing Balance	**14,621**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health			**0**
PO05 - Water, Sanitation & Hygiene			**0**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	396,876	382,255	**14,621**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**396,876**	**382,255**	**14,621**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services			**0**
EA03 - National Society Strengthening			**0**
Enabling Approaches Total			**0**
Grand Total	**396,876**	**382,255**	**14,621**

IFRC

Click here for the complete financial report

Please explain variances (if any)

DREF Budget Variances Explanation:

The allocated DREF amount was CHF 396,876, of which CHF 382,255 was spent. The remaining balance of CHF 14,621 will be returned to the DREF pot.

The variances were mostly contributed by:

(1) Relief Items, Construction, and Supplies.

The total budget allocated under this line was CHF 10,000, of which MRCS expended CHF 6,211, resulting in a positive variance of CHF 3,789. This variance arose partly because several interventions and strategies implemented during this period overlapped with contributions from new donors, such as CIMB, Coway, IHH, and the Canadian High Commission, who supported interventions including CVA. Additional sectoral support was also provided by the Swiss Red Cross and the Singapore Red Cross towards Health and WASH interventions, while contributions from other corporate and private sector partners supported complementary activities. Collectively, these contributions reduced reliance on the DREF allocation.

Under the CVA intervention, the initial target was to support 3,000 households; however, MRCS reached 2,887 households. In Kampung Tengkawang, Setiu, Terengganu, there were 113 targeted households, but MRCS was unable to implement the intervention as planned, as support would have had to be extended to all families in the community, including those not directly affected. This would have exceeded the targeted number of households.

(2) Personnel

The total budget allocated under this line was CHF 32,000, while MRCS expended only CHF 9,871, resulting in a positive variance of CHF 22,129. This was mainly because the salaries of staff involved were charged to other funding sources received by MRCS during the disaster response in the East Coast of Peninsular Malaysia, including support from USAID.

(3) General Expenditure

The total budget allocated under this line was CHF 3,608, whereas MRCS expended CHF 15,708, resulting in a negative variance of CHF 12,100. This over-expenditure was due to the mobilisation of additional staff and volunteers from outside the affected states of Kelantan, Terengganu, and Kedah to strengthen assessment, coordination, and field response activities. The situation was further compounded by the fact that several new donors who stepped forward had limited budgets, which were insufficient to fully cover mobilisation costs, as their contributions were focused primarily on providing direct assistance to beneficiaries.

Contact Information

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

National Society contact: Dato' Danial Bin Iskandar, Secretary General, secgen@redcrescent.org.my, +60176449644

IFRC Appeal Manager: Azra Elia Zamri, Coordinator, Malaysia Delegation, azraelia.zamri@ifrc.org

IFRC Project Manager: Azra Elia Zamri, Coordinator, Malaysia Delegation, azraelia.zamri@ifrc.org, +60194038107

IFRC focal point for the emergency: Farah Nur Wahyuni Zainuddin, Operations Coordinator, OpsCoord.SouthEastAsia@ifrc.org

Click here for reference