

EMERGENCY APPEAL

OPERATIONAL STRATEGY

Myanmar | Myanmar Earthquake



Volunteers from the Myanmar Red Cross Society have deployed mobile health clinics to the most affected areas, treating an average of 130 patients per day – Mandalay region, 3 April 2025. (Photo: MRCS)

Appeal №: MDRMM023	To be assisted: Federation-wide: 20,000 households (100,000 people) IFRC Secretariat: 15,000 households ¹ (75,000 people)	Appeal launched: 30/03/2025
Glide №: EQ-2025-000043-MMR	DREF allocated: CHF 2,000,000	Disaster Categorisation: RED
Operation start date: 28/03/2025	Operation end date: 31/03/2027	

IFRC Secretariat Funding requirement: CHF 80 million
Federation-wide funding requirement: CHF 100 million

¹ This number excludes people to be reached through the rehabilitation of health, WASH, and schools facilities.

TIMELINE



Myanmar Red Cross Society volunteers in Sagaing Region assist emergency patients at Sagaing General Hospital following the earthquake, helping with patient transport, setting up shelters, delivering aid, and providing mental health and psychosocial support – 4 April 2025. (Photo: MRCS)

28 March 2025: At 12:50 local time, an earthquake with a magnitude of 7.7 on the Richter Scale is recorded in Myanmar. The epicentre, at a depth of 10 km, is located about 16 km north-northwest of Sagaing city, and 19 km northwest of Mandalay city. The earthquake causes major devastation in six states and regions in the country: Bago, South Shan, Magway, Mandalay, Naypyidaw, and Sagaing.

Twelve minutes later, the region experiences aftershocks measuring 6.7 in magnitude, exacerbating the destruction already inflicted by the main earthquake.

The MRCS activates its emergency operations centre (EOC) and its local branches promptly initiate search and rescue operations in the affected states and regions.

The National Disaster Management Committee declares a state of emergency in six regions and states affected by the earthquake: Sagaing, Mandalay, Naypyidaw, Shan, Magway, and Bago.

29 March 2025: A Movement Mini-Summit is held, where the MRCS, ICRC, and IFRC initiate their coordination mechanism, guided by Seville 2.0, allocating roles, discussing responses, aligning efforts, and agreeing on a joint communication channel.

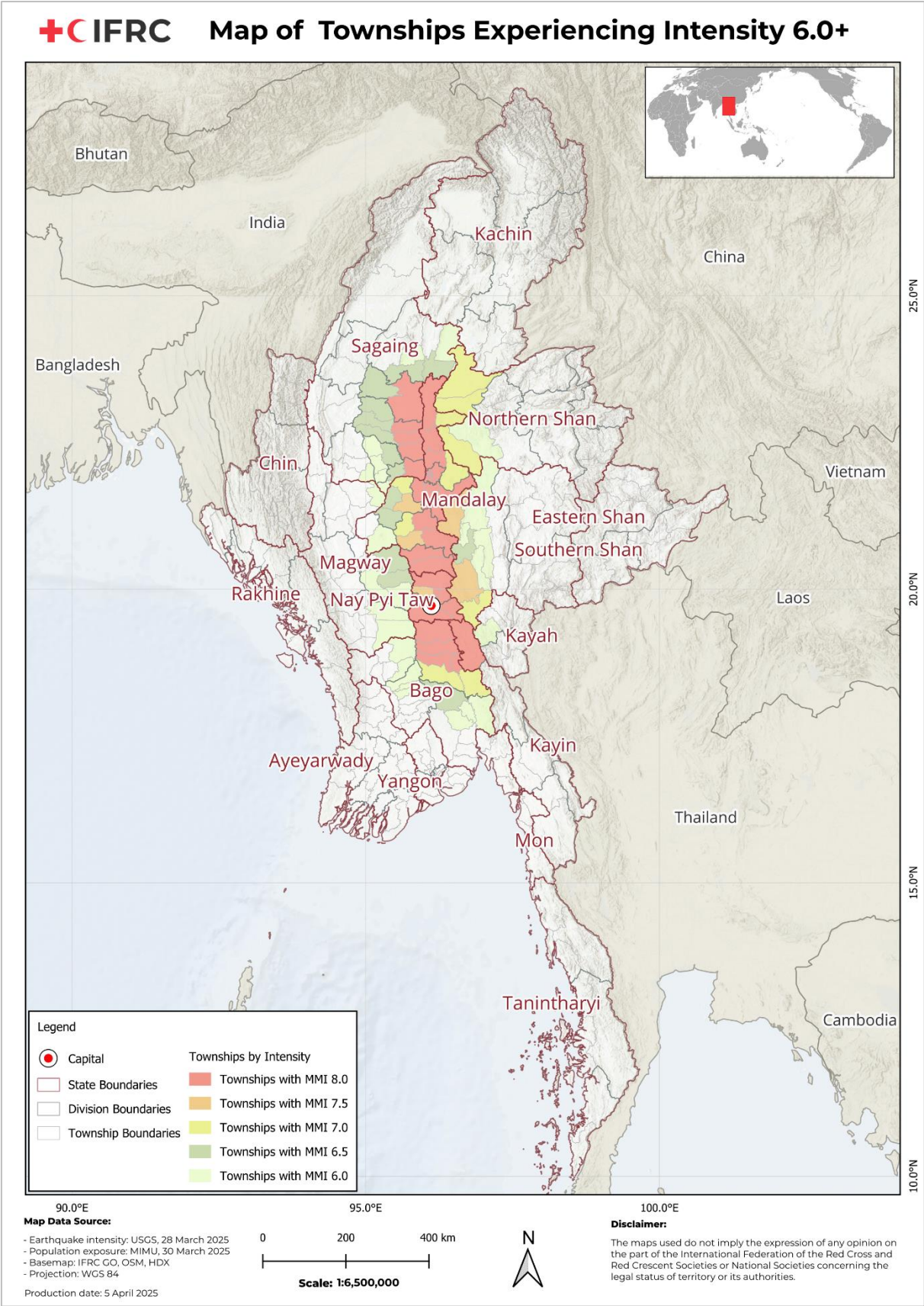
30 March 2025: The IFRC launches an Emergency Appeal for CHF 100 million (Federation-wide), CHF 80 million (IFRC Secretariat) targeting 20,000 households or 100,000 people.

International assistance, including search and rescue teams and relief items, begins arriving in Myanmar to support the ongoing relief efforts.

The IFRC promptly initiates a surge alert for several roles to support the operation in Myanmar. Since the alert, 15 surge personnel have been appointed and are set to be deployed to assist with the response efforts.

8 April 2025: The IFRC publishes its Operational Strategy for the Myanmar Earthquake operation.

DESCRIPTION OF THE EVENT



Map of Townships experiencing intensity 6.0+. (Source: IFRC)

As of 5 April 2025, the aftermath of the devastating 7.7-magnitude earthquake that struck central Myanmar on 28 March 2025 continues to unfold. According to official data from the authorities, as of 6 April 2025, the death toll has risen to 3,564 with 5,012 individuals injured and 210 still reported missing. The MRCS Emergency

Operation Centre (EOC) reported, from its initial assessment at 37 townships in 5 states and regions, a total of 10,455 people displaced (4,333 male, 6,122 female). The hardest-hit areas include the Sagaing and Mandalay regions, where many buildings have collapsed, leaving thousands homeless and in need of urgent assistance. According to the Damage and Needs Assessment (DANA) from the MRCS affected branches, some 282,790 people (66,500 households) have been affected. Since the earthquake on 28 March 2025, there have been dozens of intense aftershocks in the affected areas.

The earthquake has severely damaged critical infrastructure, including water and electricity infrastructure, roads, bridges, and airports. Key bridges in the affected regions have collapsed, hindering transportation and delaying the delivery of humanitarian aid. In the first few days, airports in Mandalay and Nay Pyi Taw were closed due to the earthquake's impact. Since 5 April 2025, Mandalay Airport has resumed operations, and Nay Pyi Taw Airport is expected to resume operations in the next few days. Continuous assessments are being conducted to determine the full extent of the damage.

In addition, extreme heat reaching 44°C (111°F) is exacerbating the situation² for responders and survivors. Critical shortages of medical supplies,³ along with the urgent need for trauma and surgical care, blood transfusion supplies, anaesthetics, essential medicines, mass casualty management, safe water and sanitation, and mental health and psychosocial support, are further straining response efforts as hospitals struggle to cope with the overwhelming surge in casualties. Since 6 April 2025, Myanmar's Department of Meteorology and Hydrology (DMH) has issued warnings about off-season rains affecting areas already impacted by the earthquake.

Authorities in Myanmar have declared a state of emergency in Sagaing, Mandalay, Nay Pyi Taw, Bago, and part of Southern Shan and have requested international assistance. Tents, hygiene kits, sanitation kits, kitchen kits, tarpaulins, blankets, ready-made food, sleeping bags, medicine, water modules, mosquito nets, and portable solar lamps are urgently needed, as requested by the authorities. Lighting, dignity kits, maternal and child health supplies, child friendly equipment, and other protection items should also be secured by humanitarian response personnel to ensure protection outcomes.

Severity of the humanitarian conditions

1. Impact on accessibility, availability, quality, utilisation, and awareness of goods and services.

Preliminary damage assessments reveal widespread destruction across the country, with collapsed buildings, damaged roads, and fallen bridges, particularly in the heavily affected Sagaing region. The 91-year-old Ava Bridge (Old Sagaing Bridge) has sustained damage, and authorities have issued warnings regarding the structural integrity of the newer bridge nearby. As a result, heavy vehicles, including humanitarian relief trucks, are required to take alternative, longer routes to access the Sagaing region or queue to cross the new bridge one by one.

The main highway connecting Yangon to Nay Pyi Taw and Mandalay has sustained damage, contributing to increased travel times and logistical delays in reaching both Nay Pyi Taw and Mandalay. The Irrawaddy River level will remain low until June, thus limiting handling capacity; road transport is therefore recommended. Due to the earthquake, communication and power supply systems have also been disrupted, complicating efforts to identify needs, coordinate the distribution of essential goods, and disseminate information.⁴ Telecommunication and internet connections remain a challenge for Sagaing and Southern Shan. The damage and destruction of water infrastructure has compromised access to clean water in many areas, with a notable example being a breach to the Sithay dam, close to the village of Gwe, where structural assessments are ongoing.

Local markets, homes, and health facilities have been destroyed, significantly reducing the availability of food, water, and medical supplies. Power outages in Mandalay, Nay Pyi Taw, and Sagaing have left health centres reliant on generators with limited fuel, while mobile medical teams face constraints due to a lack of trauma kits,

² [The Associated Press](#); 1 April 2025

³ [World Health Organisation](#); 30 March 2025

⁴ [Logistic Cluster, WFP](#); 3 April 2025

anaesthetics, and essential medicines. According to initial assessments, five health facilities, including three public hospitals, one private hospital, and one additional health centre, have been completely destroyed across the affected areas, with at least 50 other health facilities, including 32 hospitals and 18 health centres, having sustained partial damage. This number is expected to rise as ongoing assessments continue to reveal the full extent of the aftermath of the earthquake. With compromised infrastructure and surging patient numbers, access to healthcare has become nearly impossible in many of the worst-hit areas.^{5,6}

While a market assessment is still ongoing, reports indicate that markets are slowly beginning to reopen, especially in downtown areas. However, food and household item prices are increasing, and the consistency of stock availability remains a concern. Mandalay, the central market hub for most areas north of Yangon, has seen damage to both its market functionality and road infrastructure, which is likely to have severe implications for access to goods and the ability of farmers to sell their produce.

Nay Pyi Taw, Myanmar's capital and administrative hub, has been severely impacted by the earthquake, with numerous state buildings sustaining significant damage, resulting in a diminished capacity and delays in administrative functions.

2. Impact on physical, mental, and psychosocial well-being

The earthquake caused widespread destruction and compounded the country's existing exposure to hostilities, political instability, and climate disasters. Many houses were destroyed or left unsafe by the earthquake, forcing families to stay in open areas without shelter. Religious sites and cultural heritage, particularly in Sagaing and Mandalay, have also been severely damaged or destroyed. Destroyed homes, fears of aftershocks, and trauma have led to a situation where people are sleeping outdoors in thoroughfares and open spaces.

There is a growing concern among communities about the risk of infectious diseases spreading from improperly managed corpses. Additionally, the threat of waterborne diseases is increasing, particularly in displacement camps, with reports of a cluster of mild to moderate cases of acute watery diarrhoea (AWD) in some camps in Sagaing.⁷

Survivors of the earthquake may experience symptoms of acute stress reactions and severe distress related to ongoing uncertainty, loss, or disruption. The traumatic event coupled with the loss of loved ones and property could generate long-term psychological issues if not immediately addressed.⁸ The destruction of homes and communities can lead to feelings of isolation and helplessness which may exacerbate the mental health and psychosocial impact of this disaster.⁹

3. Risks and vulnerabilities

Prior to the earthquake, an estimated 19.9 million people in Myanmar, including 6.3 million children and 7.1 million women, required humanitarian assistance, representing over a third of the country's population. Nearly 3.5 million people across Myanmar are displaced, with approximately one-third of them being children.¹⁰ Among the affected areas, Sagaing reports the highest number of internally displaced persons (IDPs), with 1.2 million people. Other regions, including Mandalay, South Shan, Nay Pyi Taw, and Bago, collectively report over 188,000 IDPs,¹¹ most of whom live in inadequate shelters, often located in informal sites, and are in urgent need of basic services such as clean water, proper sanitation facilities, and healthcare.

⁵ [World Health Organisation](#); 3 April 2025

⁶ AHA Centre. [Situation Update No. 4](#); 4 April 2025

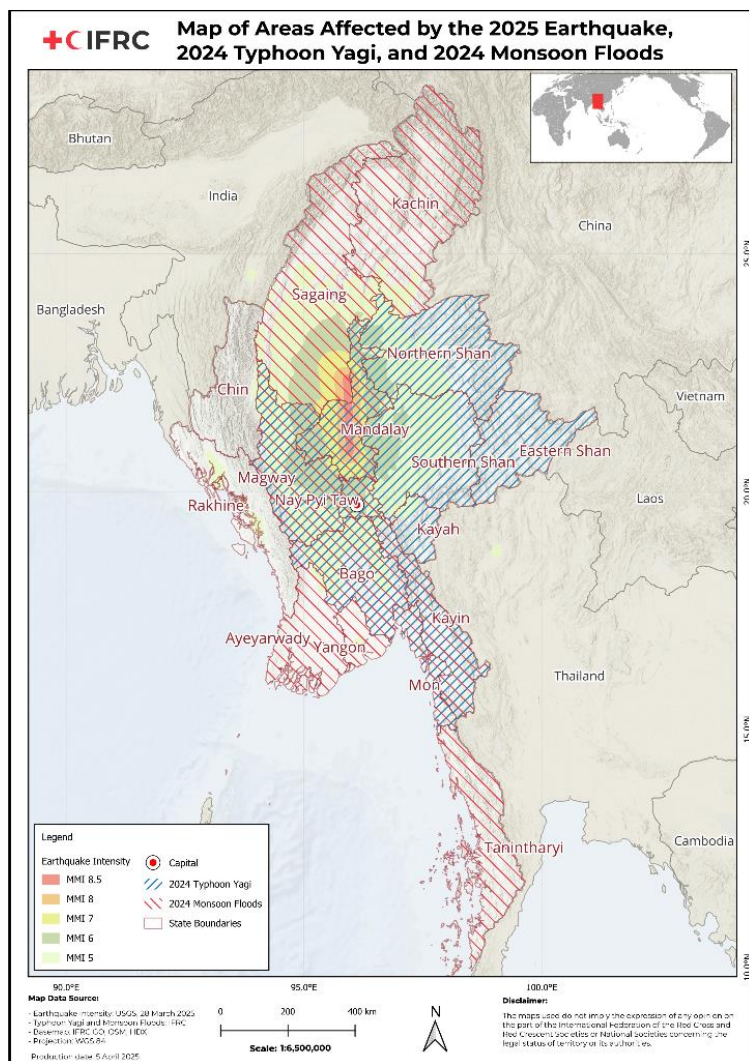
⁷ [WHO](#); 4 April 2025

⁸ [Health and Me](#); 30 March 2025

⁹ UNICEF. [Myanmar Earthquake Flash Update No. 1](#); 29 March 2025

¹⁰ [Myanmar Humanitarian Needs and Response Plan 2025](#)

¹¹ [IDPs by State/Region. UNCHR](#). Data as of 31 March 2025



Map of areas affected by the 2025 earthquake, 2024 Typhoon Yagi and 2024 monsoon floods. (Source: IFRC)

The earthquake has amplified pre-existing vulnerabilities across Myanmar, disproportionately affecting women, girls, female-headed households, people with disabilities, older persons, and ethnic and religious minorities. The breakdown of already limited protection mechanisms has heightened violence, neglect, and exploitation risks, particularly in overcrowded and informal displacement sites. Children face increased risks due to caregiver separation and disrupted safe learning environments, while women and girls face heightened protection concerns when seeking to access essential services such as shelter, sanitation, and healthcare.

Myanmar ranks among the top three countries most affected by extreme weather events globally, according to the latest Global Climate Risk Index.¹² The country is highly vulnerable to climate shocks such as cyclones and monsoon floods. In 2024, the monsoon flood in June and flooding caused by Typhoon Yagi in September impacted more than one million people.¹³ Between July and September 2024, 15.6 per cent of Myanmar's cropland was flooded, resulting in substantial agricultural damage which reduced annual crop yields. This sharp drop led to food shortages, hunger, and a loss of livelihoods and income for many households.¹⁴ The situation has only worsened over the past year, with a staggering 15.2 million people currently unable

to meet their minimum daily food needs, up from 13.3 million in the previous year. According to Myanmar Humanitarian Needs and Response Plan (HNRP) 2025, approximately 2.3 million of these individuals are facing emergency levels of hunger.

Disaster risk in Myanmar is compounded by a social protection system that is unable to cover all of the population's needs, fragile infrastructure, and socioeconomic inequality, with historical data indicating that women and children are more likely to suffer the greatest loss during disasters.

The destruction of roads, water systems, and trade hubs has worsened hardships in local economies, especially for small businesses and farmers. With the main rice sowing season approaching, damaged stocks, tools, irrigation, and storage facilities could hinder agricultural recovery unless immediate support is provided. Ongoing high temperatures and a lack of information due to disrupted community structures can lead to misinformation, increase health risks, and impede long-term resilience efforts. Inclusive, community-led, and data-informed approaches are crucial to ensuring recovery efforts reach those most at risk.

¹² [Global Climate Risk Index 2011](#)

¹³ [OCHA](#); 27 September 2024

¹⁴ [FAO: Floods in Myanmar July-September 2024](#)

CAPACITIES AND RESPONSE

4. National Society response capacity

1.1 National Society capacity and ongoing response

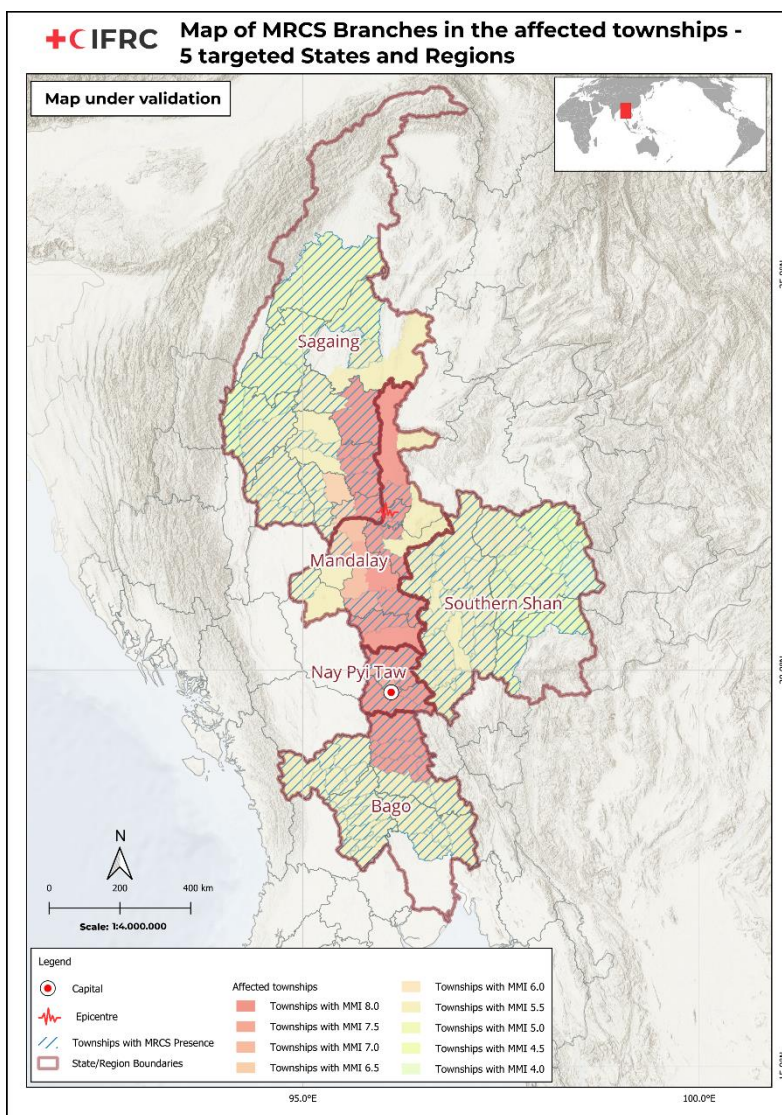
The national legal framework defines the Myanmar Red Cross Society's (MRCS) roles and responsibilities. The Myanmar Red Cross Law of 2015 grants the MRCS an auxiliary role to the public authorities for humanitarian activities. As the largest local humanitarian organisation in the country, the MRCS has a presence throughout the territory with an extensive network of trained and experienced volunteers.

Nationwide, the MRCS has 1,827 trained Emergency Response Team (ERT) volunteers ready for response and deployment and 7,074 core Red Cross Volunteers (RCV) active at the community and township levels. The National Society's preparedness and response is strengthened by its network of 32 warehouses across the country.

The MRCS has the expertise, long-standing engagement, and solid operational and programmatic capacity in the thematic areas and the states/regions targeted in this Emergency Appeal operation, primarily through its branch and volunteer presence within the affected communities. Based on current mapping, it is estimated that the MRCS has a branch presence in 81 per cent of the earthquake-affected townships targeted under this Emergency Appeal, as illustrated in the map. This presence is also expected to scale-up, supported by the IFRC and its member National Red Cross Red Crescent Societies, relative to the scale of the required activities in specific townships.

Except for Sagaing, all earthquake affected states/regions overlap with the targeted areas of the ongoing [Typhoon Yagi Flood Emergency Appeal](#) launched on 18 September 2024. The Typhoon Yagi Emergency Appeal operation focuses on interventions such as multipurpose cash grants, livelihood recovery, water, sanitation and hygiene (WASH) facility rehabilitation, relief item distribution, and health services.

The MRCS has mobilised its Rapid Needs Assessment (RNA) team. As a leading national actor with extensive access and expertise, the RNA team has conducted assessments across the most affected regions, including in Mandalay, Sagaing, Bago (East and West) and Shan (South). The National Society is using a common RNA form to enable coordination with humanitarian partners in-country while aligning information and data for operational planning and the targeting of assistance to meet priority needs, avoid duplication, and enhance impact and efficiency.



Map of MRCS Branches in the affected townships - five targeted States and Regions based on historical data prior to the earthquake. Validation and assessment are ongoing. (Source: MRCS)

The MRCS has over 470 headquarters and field-based staff with technical capacities, organised through its:

- Disaster Management Department, skilled in disaster response, working alongside the Operations Management Unit (OMU) leading complex emergencies.
- Migration and Displacement Department, which is also responsible for Protecting Family Links (PFL) activities.
- First Aid and Safety Services Department, supporting branches with first aid skills and equipment and including specific expertise in mental health and psychosocial support (MHPSS).
- Health Department, providing ongoing health assistance, including specialised WASH personnel.
- Logistics and Supply Chain Management Department, with strong procurement, transportation, and stock management systems.
- Finance Department, ensuring financial accountability.
- Humanitarian Values and Communication Department, to support messaging, focusing on MRCS operations according to the Fundamental Principles of the RCRC Movement.
- Organisational Development Department, supporting branch development, volunteer management, and youth empowerment.
- Resource Mobilisation Department, which strongly supports the overall financial sustainability of the National Society, and is leading domestic fundraising efforts for this emergency response.
- Planning, monitoring, evaluation, and reporting (PMER) and Information Management (IM) Units, supporting the overall accountability of the National Society, aiming at data-driven decision-making for the Myanmar Red Cross Society.
- Partner Relations Department, working to ensure coordination with the IFRC Network and the ICRC, including supporting visa processes for the IFRC Network's personnel.

The MRCS, which has been utilising Cash and Voucher Assistance (CVA) as a response modality since 2015, is updating its CVA Standard Operation Procedure (SOP). The National Society is an active member of the inter-institutional Myanmar Cash and Market Working Group (CMWG) co-led by the World Food Programme (WFP) and Mercy Corps.¹⁵ Since 2017, the MRCS has endorsed and implemented Community Engagement/Accountability standards and commitments, including for emergencies.

The Myanmar Red Cross Society is committed to operations that have a Protection, Gender, and Inclusion (PGI) lens, and is currently scaling-up this portfolio with a planned PGI coordinator position in addition to reactivating its PGI technical working group. In the past two years, staff at MRCS headquarters have received extensive training on disability inclusion through local disability inclusion experts.

1.2 Capacity and response at the national level

At the national level, the Myanmar authorities declared a state of emergency in six locations (states/regions, first-level administrative divisions): Sagaing, Mandalay, Bago, Magway, Shan, and Nay Pyi Taw. This declaration aims to mobilise and facilitate disaster response operations. Local authorities reported the dispatch of emergency response teams from Ayeyarwady region and Yangon region to earthquake-affected areas to assist in search and rescue operations, and provide support for clean-up and debris removal in impacted areas. Hospitals in affected areas, including Mandalay, Sagaing, and Nay Pyi Taw, were overwhelmed with injured people, prompting official appeals for blood donations to support trauma care and the SAC Ministry of Health's capacity reinforcement in these areas. The SAC Ministry of Social Welfare, Relief, and Resettlement has started establishing temporary shelters and collective centres.

The authorities requested international assistance on 29 March 2025. ASEAN member states, as well as India, China, Russia, and others have deployed emergency response teams, emergency food, and household items to support the response efforts. The authorities centrally coordinate incoming aid, distribution, and access to affected areas.

¹⁵ The Myanmar Cash and Markets Working Group (CMWG) [Term of Reference](#); August 2024

Community-based organisations (CBOs), religious and non-religious community groups, and local volunteers immediately mobilised their resources to engage in frontline emergency response such as support for search and rescue, food and shelter support, and pre-hospital care, among others. These local actors have played an essential role in extending local-level assistance, leveraging their presence and networks to quickly respond to the immediate needs of people affected in their neighbourhoods, towns, and cities.

To augment its vast and existing presence across the country, the MRCS will leverage the collective expertise and capacities of the International Red Cross and Red Crescent Movement components to ensure a more effective response.

5. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership coordination

The IFRC works in close coordination with the National Society and Red Cross Red Crescent-National Societies, who support the MRCS. For the past 30 years, the IFRC Myanmar Country Delegation has worked with the MRCS to provide strategic and technical support for programmatic and operational coordination and engagement to leverage the strength of the IFRC network, as well as in humanitarian diplomacy.

The MRCS receives bilateral, multilateral and hybrid support from the American Red Cross, Australian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Indonesian Red Cross, Italian Red Cross, Japanese Red Cross Society, Malaysian Red Crescent Society, The Netherlands Red Cross, Norwegian Red Cross, Red Cross Society of China, Republic of Korea National Red Cross, Singapore Red Cross, Swedish Red Cross, and Thai Red Cross Society, among others.

Through different modalities, peer National Societies provided support to the MRCS in multiple sectors prior to this disaster. For this emergency response, their historic support in disaster management, including preparedness and response, health (including WASH and MHPSS), PGI, and National Society Development, was immediately provided to the MRCS. Furthermore, the Danish Red Cross and Swedish Red Cross have rapidly mobilised their immediate response funds in the immediate aftermath of the earthquake.

In developing this Operational Strategy, the IFRC has coordinated and leveraged the expertise and support of its members. National Societies are working closely, as a collective IFRC Network, to enhance technical and resource support to the MRCS-led integrated emergency response operation. In alignment with the principle of 'Shared Leadership', technical staff from the IFRC Network's members currently in-country are actively contributing to ongoing operations and participating in national and regional cluster coordination meetings in representation of the IFRC Network. To support the MRCS with a Federation-wide Emergency Appeal, many National Societies launched domestic resource mobilisation for material contributions, in addition to offering human support via the IFRC surge system.

The IFRC is deploying rapid response personnel and assets through its global response tools and harnessing its global and regional network-wide expertise to strengthen the MRCS's in-country capacity. Together with its members, the IFRC has deployed technical specialists and essential relief items.

The IFRC network, particularly regional members such as the Indonesian Red Cross, Red Cross Society of China, Singapore Red Cross, and Thai Red Cross, have already mobilised relief items for Myanmar. This includes essential supplies such as water filters, tarpaulins, WASH items, and other necessary relief materials. Additional household items, hygiene parcels, and food items are expected to arrive on 7 and 9 April 2025 from the Malaysian Red Crescent Society, Japanese Red Cross Society, and Singapore Red Cross Society.

In addition, the IFRC is coordinating with relevant partners and donors to ensure sufficient contributions to the Federation-wide appeal and to keep them informed of the situation's developments and the progress of the operation.

A Mini-Summit was held on 29 March 2025, with a follow-up meeting on 31 March 2025, convened by the MRCS President with the ICRC and IFRC. This effort initiated the coordination mechanism, as guided by the spirit and guidance of the Seville Agreement 2.0. The mini-summit started the process to clearly align efforts and allocate roles in support of the MRCS-led earthquake response operation, to leverage the respective expertise and complementary mandates of the IFRC and the ICRC as international components of the Movement. Coordination tools will continue to be used to facilitate the collective Movement approach that ensures the effective and impactful use of resources for the MRCS-led earthquake response.

In all townships accessible to the MRCS, the IFRC will enhance the MRCS's earthquake response by coordinating the efforts of its members to reach affected communities across various sectors including WASH, health, livelihoods, cash assistance, relief, protection, gender, and inclusion (PGI), and community engagement and accountability (CEA). The IFRC will also work closely with the ICRC, leveraging its expertise in Mine Risk Education (MRE), International Humanitarian Law (IHL), security, and specialised health services for those affected by conflict. This collaboration will ensure a coordinated approach to assisting populations impacted by both the earthquake and ongoing conflicts in Myanmar.

On 29 March 2025 and on 3 April 2025, two Movement-wide global partner calls were organised to share the latest disaster information and MRCS action plans within the RCRC Movement. The IFRC is closely coordinating with the ICRC to enhance alignment and coherence in the ICRC's contribution to the MRCS earthquake response, in line with its mandate.

2.2 International Humanitarian Stakeholder capacity and response

The MRCS is a national member of the Humanitarian Country Team (HCT), while the IFRC and ICRC are standing invitees to the HCT. The MRCS and IFRC are observers on the UN Myanmar Humanitarian Fund (MHF) Advisory Board and are engaged in relevant UN agency coordination, information sharing, planning, and analysis at all levels, while the IFRC network supports coordination efforts by the MRCS through representation in other relevant clusters as required.

The Myanmar Shelter Cluster is a combined Shelter/Household Item/CCCM Cluster led by UNHCR. In its capacity as Global Shelter Cluster (GSC) co-convenor in disaster situations, and in order not to create a parallel coordination system, the IFRC was asked to deploy two staff at the sub-national cluster level – one in Northwest and one in Southeast Myanmar – to co-coordinate the cluster response in the earthquake-affected regions, together with UNHCR. They will work in close coordination with the national-level Shelter/Household Item/CCCM Cluster, led by UNHCR and co-coordinated by the Norwegian Refugee Council, ensuring a cohesive and effective response.

The MRCS is an active member of the National Emergency Response and Preparedness Technical Working Group led by OCHA. The IFRC, ICRC, and MRCS are closely coordinating with OCHA, including support for coordinated rapid needs assessments and analysis with UNDAC partners (including EC-JRC, WHO, GDACS, MapAction, etc.) and other humanitarian agencies as part of this response. The IFRC supports the MRCS in coordinating and advocating with stakeholders to ensure the swift entry of goods, personnel, and funds for a potentially life-saving humanitarian response and in close coordination with the ICRC.

As an auxiliary to the public authorities for humanitarian services, the MRCS also coordinates with the Disaster Management Committees established at the national and local levels. The MRCS's actions align with the Red Cross Red Crescent Movement's Fundamental Principles, to ensure a principled humanitarian response. With the support of the IFRC and ICRC, the MRCS engages in coordinated humanitarian diplomacy to contribute to increased humanitarian access for the delivery of life-saving assistance to the affected population.

The ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (ASEAN AHA Centre) is a regional intergovernmental organisation, established by ten ASEAN member states aimed at facilitating

cooperation and coordination of disaster management among ASEAN member states. The IFRC and MRCS are coordinating with the AHA Centre, which has deployed both its Emergency Response and Assessment Team (ERAT) and In-Country Liaison Team (ICLT) to support rapid assessment, coordination, and facilitation of humanitarian relief assistance.

6. Gaps in the response

Myanmar currently faces a severe humanitarian crisis, with a significant portion of the population living in situations of heightened vulnerability due to ongoing violence and active hostilities, political instability, and climate-related disasters. Prior to the earthquake, an estimated 12 million people in the affected areas already had limited access to basic goods, healthcare, and were experiencing rising poverty, while Myanmar was estimated to have 3.56 million IDPs.¹⁶

Preliminary results from MRCS Rapid Needs Assessments (RNA) in Mandalay, Sagaing, and Bago indicate that the most pressing needs at the moment are access to domestic and drinking water, shelter assistance, sanitation facilities, access to health care, and cash assistance. An initial RNA by UNICEF (as of 6 April 2025) across 13 townships in Mandalay, Bago, and southern Shan indicate that food, drinking water, health care, cash assistance, and emergency shelter are priority needs.¹⁷ The RNA also highlights key needs for those sleeping in makeshift shelters, including infrastructure repairs to water sources, medical care, and basic items such as sleeping mats and kitchen sets. As of the date of publication, MRCS and IFRC network teams on the ground are conducting ongoing rapid needs assessments with a focus on Sagaing, Mandalay, Naypyitaw, and Bago.



EMERGENCY APPEAL

Myanmar – Earthquake 2025


100 K
Targeted population


CHF 100 M
Funding Requirements


CHF 2 M
Fund Released


5
Targeted states and Regions

Planned Operations

Integrated Assistance

- Emergency and Transitional Shelter
- Livelihoods
- Multi-purpose Cash

Health & Care, WASH

- Community Health
- Mental Health and Psychosocial Support
- WASH

Risk Reduction, Climate Adaptation and Recovery, Environmental Sustainability

- Disaster Risk Reduction
- Climate Adaptation and Recovery, Environmental Sustainability

Protection and Prevention

- Migration
- Community Engagement and Accountability
- Protection, Gender, and Inclusion

Enabling Approach

- Coordination and Partnership
- Shelter Cluster Coordination

- IFRC Secretariat Services
- National Society Strengthening

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Production date: 6 April 2025

Shelter

The earthquake and aftershocks have caused significant destruction to shelter, housing, and settlements, particularly in densely populated residential areas. The situation is further compounded by the presence of approximately 1.4 million IDPs¹⁸ in the affected areas, even before the earthquake.¹⁹ Reports indicate that, as of 4 April 2025,²⁰ a total of 41,232 houses were damaged with 4,992 of them destroyed. Emergency shelter is an urgent need, as determined through ongoing assessments, feedback from affected communities, and field observations. In the early recovery phase, transitional shelters and shelter repair assistance will be required as many affected households have lost their belongings, including essential household items. Additionally monasteries that had been hosting displaced populations have also been damaged or destroyed, further exacerbating the situation.

Livelihoods and Basic Needs

Myanmar was the world's seventh-largest rice-producing country in 2018, with rice constituting 43 per cent of its agricultural production, crucial for domestic use and exports. Damage to dams and irrigation systems could drastically affect agricultural productivity, particularly rice production. The US Geological Survey (USGS)

¹⁶ United Nations in Myanmar. [Myanmar Humanitarian Update No. 43](#)

¹⁷ UNICEF. [Myanmar Flash Update No. 4](#): 4 April 2025

¹⁸ Global Shelter Cluster. [Myanmar Earthquake: Global Meeting Presentation](#); 1 April 2025

¹⁹ UNHCR. [Population displacement data in Myanmar](#). 31 March 2025

²⁰ AHA Centre. [Situation Update No. 4](#): 5 April 2025

estimates that economic losses from the earthquake will surpass Myanmar's annual GDP, underscoring severe economic impacts. Both urban and rural populations have experienced a significant loss of livelihoods, a situation further worsened by a nationwide flood, including the monsoon floods in June 2024 and Typhoon Yagi in September 2024, from which many affected populations have not yet recovered. This same population is now also grappling with the aftermath of the earthquake.²¹ Damage to dams and irrigation systems could drastically affect agricultural productivity, particularly rice production, with initial assessments identifying cash and livelihood support as urgent needs in the most severely impacted areas.²²

Health

Initial assessments reveal extensive damage to health facilities: three have been completely destroyed (two in Bago, one in Nay Pyi Taw), and 22 partially damaged (20 in Bago, two in Nay Pyi Taw)²³ in Shan. Hospitals in Mandalay and Sagaing are overwhelmed, with shortages in medical supplies and medications.

Health risks are intensified by a shortage of healthcare workers, limited access, extreme heat, power outages, and scarce clean water, increasing the likelihood of disease outbreaks, including acute watery diarrhoea, malaria, dengue, and respiratory infections. These risks may escalate with the approaching rainy season, further complicating public health challenges.

Mobile health teams are facing critical shortages of trauma kits, blood products, anaesthetics, and essential medicines. EMERCOM of Russia and the Government of Japan have deployed Emergency Medical Teams (EMTs) providing critical healthcare in Mandalay. The WHO is prepared to deploy additional EMTs and has supplied medical tents and essential items.²⁴ The MRCS has mobilised three units of Mobile Health Clinics (one in Sagaing and two in Mandalay), providing primary healthcare and treating 120 patients on their first day of operation.

WASH

The WASH Cluster has identified that the demand for WASH interventions both before and after the earthquake exceeds the current capacity of humanitarian organisations in the country to respond effectively. As of 3 April 2025, WASH partners have conducted 88 assessments in 50 villages and 13 townships. These assessments revealed that nearly 17,000 latrines were destroyed by the earthquake, underscoring the critical need for sanitation facilities. Additionally, the assessments highlighted overcrowded living conditions with no separation between children and adults, or by gender, and inadequate and unsafe bathing facilities, with many children and adolescents bathing in streams without privacy.²⁵ The multi-agency Rapid Needs Assessment also indicates that repairing and improving drinking water sources is a priority need, particularly in makeshift camps set up since the earthquake.

Pre-existing outbreaks of acute watery diarrhoea (AWD), including a recent rise in Mandalay, have been worsened by earthquake-induced damage to WASH infrastructure, significantly limiting safe water access. Overcrowded shelters and inadequate sanitation services further increase the risk of cholera and other waterborne diseases, potentially leading to increased mortality.²⁶

Enhanced community engagement is crucial, focusing on health, hygiene, and dignity/menstrual hygiene management, using participatory methods that consider community perceptions, beliefs, and protection needs.

Protection and Prevention

Before the earthquake, 19.9 million people in Myanmar, including 10.4 million women and girls, already required humanitarian assistance.²⁷ The earthquake has intensified protection risks, especially for women, girls, children, persons with disabilities, older individuals, ethnic minorities, and young men.

²¹ [FAO Post-Flood assessments](#)

²² RNA 04/04/2025, COAR 04/04/2025

²³ [Health Cluster Myanmar; 1 April 2025](#)

²⁴ [Health Cluster, WHO; 1 April 2025](#)

²⁵ [UNICEF Myanmar Flash Update No. 4 \(Earthquake\); 4 April 2025](#)

²⁶ [WHO. Sagaing earthquake in Myanmar; 3 April 2025](#)

²⁷ United Nations. [Myanmar Humanitarian Needs and Response Plan 2025](#); December 2025 and [UNICEF Myanmar Humanitarian Situation Report No. 1](#); 1 January - 28 February 2025

The destruction of homes and infrastructure has heightened risks of sexual and gender-based violence (SGBV), particularly for women and girls in overcrowded, minimally protected shelters. Girls face increased threats of sexual violence, early marriage, and harmful coping mechanisms due to inadequate privacy and supervision. Additionally, women's specific post-disaster needs, such as menstrual hygiene management and safe bathing facilities, often remain unmet. Children, including orphans and separated children, face significant hardship, while young men are at risk of recruitment into armed groups. Marginalised groups face heightened risks of exclusion and violence, with specialised protection agencies often overwhelmed.

Protection remains a priority, with a focus on secure referral pathways and holistic care. The already scarce pre-existing referral systems have been further impacted, with many agencies having reduced capacities to respond to child protection and SGBV-specific needs. Essential preventive measures include segregated sleeping arrangements, secure evacuation centre management, adequate lighting, locks, and safe, accessible menstrual hygiene management facilities.

Community Engagement and Accountability

Communities likely lack up-to-date information about the humanitarian response and support available. While rapid needs assessments are ongoing, there has been limited consultation on their needs so far, particularly among groups in higher situations of vulnerability (older people, people with disabilities, ethnic minorities, and/or women). This may lead to frustration and misinformation within communities. The lack of short-term mechanisms to engage communities in decision-making and listen to feedback poses a risk to safe access, acceptance, and the fair and equitable distribution of aid.

OPERATIONAL CONSTRAINTS

While the MRCS township and state/region branches were active in most of the earthquake-affected areas, physical, environmental, and security constraints have been considered in this operational planning. The damage caused by the earthquake to infrastructure, including highways, roads, and bridges, has hampered access to critical areas such as Sagaing township, northern Mandalay, and southern Shan, further hindering people's access to assistance.

Humanitarian access to both the country and earthquake-affected areas remains an operational constraint due to a combination of travel processes and restrictions, ongoing hostilities, and a shrinking humanitarian space. Administrative procedures for travel, customs clearance, and operational access have historically posed challenges to the rapid mobilization of personnel and relief efforts. In several areas, particularly in Sagaing and some areas of Southern Shan, insecurity and the presence of armed actors restrict the safe and unimpeded movement of humanitarian staff.

The MRCS, through its national headquarters and branch network, must enhance its humanitarian diplomacy to more effectively and efficiently reach affected communities. And while administrative processes could delay humanitarian operations, the MRCS, supported by the IFRC, advocates for simplified procedures to ensure this Operational Strategy remains flexible and responsive to changing conditions.

To address mixed community perceptions, the MRCS emphasises its impartial, independent, and neutral humanitarian role and auxiliary status to the public authorities in the humanitarian field. Clear communication about its operations is critical for maintaining and enhancing its access.

The IFRC's in-country presence supports accountability to donors and partners. Bilateral aid management such as registration, facilitation, and financial reporting back to donors, will require an increase in human resources to ensure compliance with agreements, manage contributions and in-kind donations, and provide general oversight of the operation.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Myanmar Red Cross Society and in consultation with all IFRC Network members contributing to the response. This Federation-wide approach, reflected in this Operational Strategy, ensures linkages between all response activities with bilateral, multilateral, hybrid, and domestic funding sources. The capacities of all IFRC Network members supporting this MRCS-led operation maximises the collective humanitarian capacity and impact to reach people affected by the earthquake.

In addition to enable rapid deployment of surge personnels, Federation-wide approach emphasizes the importance of regional solidarity and the engagement of neighbouring NSs. These partners bring valuable contextual understanding and are well-positioned to contribute to a more agile and culturally attuned response. The IFRC network is drawing on the regional response capacities of Asia Pacific National Societies to complement global support mechanisms, reinforcing the principle of peer-to-peer cooperation and strengthening the collective ability to respond to the complex needs arising from the earthquake. This regional collaboration reflects a growing commitment to mutual support and shared responsibility within the IFRC network.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the MRCS in the response to the earthquake. This combines the funding asks of the MRCS domestically, supporting Red Cross and Red Crescent National Societies in their respective countries, and the funding ask of the IFRC secretariat for this Emergency Appeal.

OPERATIONAL STRATEGY

Vision

The Operational Strategy will initially focus on (i) immediate response to address urgent needs and (ii) early recovery efforts to address the widespread humanitarian impact of the earthquake in Myanmar, particularly the displacement of vulnerable populations, loss of livelihoods, and severe disruption of essential services, (iii) leveraging local actors and local presence with a view to sustainability and (iv) aiming to address needs in both urban and rural areas. The situation is further compounded by pre-existing socioeconomic vulnerabilities, ongoing violent and hostilities in some of the affected areas, and limited humanitarian access, which will require flexible and adaptive interventions.

This Operational Strategy has focused on outlining priorities immediate response and services delivery in the first four months of the operation, capitalizing on the strengths of the MRCS, mainly immediate life-saving and early recovery activities including emergency shelter, healthcare, MHPSS, WASH, food security, livelihoods, and protection with an emphasis on preventing sexual exploitation and abuse, gender-based violence, child protection, and ensuring inclusive community engagement. Additionally, it integrates extensive IFRC Rapid Response support to enhance operational effectiveness.

Based on recommendations from planned detailed needs assessments, a revision of this Operational Strategy will be conducted to define medium- to long-term recovery priorities, as well as priorities for National Society Strengthening. The operation will include activities to support livelihoods, economic regeneration and the recovery of affected populations informed by needs, and strengthening resilience and local capacities, including youth and volunteers, at all times. In the meantime, collaboration with local authorities, humanitarian organisations, and local actors, and community stakeholders is essential to ensuring an effective and adaptable response that strengthens community resilience while addressing urgent humanitarian needs.

Anticipated climate-related risks and adjustments in the operation

The response must address multiple climate-related hazards, as Myanmar is vulnerable to extreme weather events such as cyclones, floods, and heatwaves. These hazards can worsen humanitarian conditions,

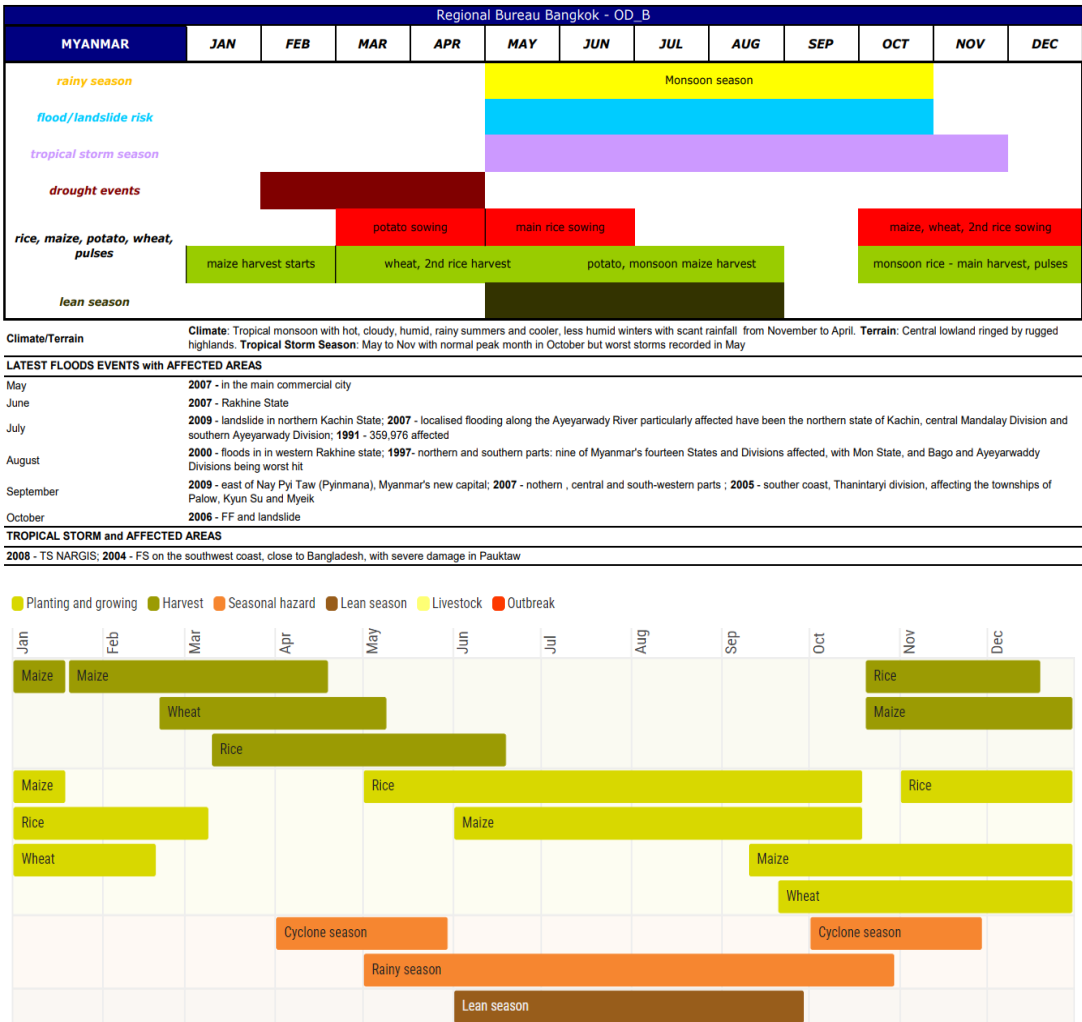
significantly impacting agriculture and smallholder farmers.^{28,29,30}

Currently, heatwaves threaten displaced populations lacking adequate shelter, water, and healthcare – the intense phase of the dry season in Myanmar begins at the end of March through to the middle of May. The upcoming cyclone season from mid-May and monsoon season starting in June could lead to floods and landslides that generate extensive damage, displacement, and disruption to aid delivery (e.g. severe storms such as Typhoon Yagi in 2024 and Cyclone Mocha in 2023).

To mitigate these risks, the operation will:

- Integrate climate-smart measures, such as using local natural products for emergency and transitional shelters, explore the implementation of nature-based solutions, and preposition emergency supplies in areas at risk of frequent natural hazards.
- Maintain flexible response mechanisms for rapid adaptation in the event of additional climate-related disasters.
- Prioritise preparedness to heatwaves and floods, including access to cooling stations, early warning systems, community engagement, and improved WASH interventions.
- Strengthen coordination with humanitarian partners, aligning contingency plans with seasonal risks.

These measures aim to address immediate needs while building long-term resilience.



²⁸ World Bank. [Myanmar: Analysis of Farm Production Economics](#); 26 February 2016

²⁹ FAO. [Formulation and Operationalization of National Action Plan for Poverty Alleviation and Rural Development through Agriculture \(NAPA\)](#); June 2016

³⁰ Food Security Working Group. [The Role of Land Tenure Security for Smallholder Farmers in National Development](#)

³¹ World Food Programme (WFP). [Seasonal and Hazards Calendar](#); December 2010 and [ACAPS Seasonal Calendar for Myanmar](#).

TARGETING

1. People to be assisted

An estimated 17.2 million people reside in the earthquake-affected regions across five states and regions in Myanmar: Bago, South Shan, Mandalay, Nay Pyi Taw, and Sagaing³².

This Federation-wide response aims to support 20,000 households (100,000 people) with immediate relief, recovery, and rehabilitation assistance. Targeted households will be identified based on severity of impact and vulnerability factors (such as displacement status, households headed by women, the elderly, and people with disabilities, among others), and access to essential services.

Where possible, response efforts will prioritise gender, age, and diversity considerations to ensure equitable and needs-based assistance. Following consultations with affected communities, the selection criteria will be adapted as necessary. The following eligibility criteria are anticipated and will be verified through community engagement processes:

- Households whose houses have been destroyed or damaged by the earthquake.
- Households whose primary earners have been killed by the earthquake.
- Households whose livelihood assets/means have been destroyed or damaged by the earthquake.
- Host families accommodating people who have been displaced by the earthquake.
- Households with children under the age of five who are unable to meet their basic needs.

Within this, the following vulnerability criteria will be used to prioritise selection:

- Households headed by children, adolescents, or elderly individuals (particularly those with caregiving responsibilities).
- Households without means of livelihood (urban and rural).
- Households headed by women, widows, or single mothers with young children.
- Households with members who have chronic health conditions and elderly individuals.
- Households with a member who has a disability (using Washington Short Set of Questions criteria).
- Pregnant and lactating women (particularly those without adequate access to maternal healthcare).

2. Considerations for protection, gender, and inclusion and community engagement and accountability

To ensure inclusive and transparent targeting, selection criteria will be discussed and co-created with communities via accessible and inclusive community-based communication preferences, including affected people, local leaders, and organisations. Community committees comprised of representatives from different groups (including of women and men), will help identify those who meet the selection criteria. A special emphasis will be placed on inclusive representation, with community committees consulted and discussions held with or involving local women-led organisations, disabled people's organisations, youth groups, and minority associations to ensure equitable participation. This approach mitigates the risk of exclusion or bias associated with relying solely on community leaders.

Participatory methods prioritising safety, dignity, and inclusion will be used, including child-friendly approaches and accommodations for disabilities, while gender-sensitive methods will ensure meaningful participation by women and girls. Feedback mechanisms will initially involve face-to-face interactions and expand to other effective channels, focusing on at-risk groups through tailored messages, pictographs, and accessible communication to ensure dignified access to aid. Continuous community engagement will further facilitate active participation and input.

Clear, confidential information on support and referrals for gender-based violence and protection risks will be communicated safely. Messages emphasising the prevention of sexual exploitation, abuse, and child safeguarding – highlighting that aid is free and misconduct prohibited – will be widely disseminated.

³² In line with the assessments, MRCS has decided to focus on these five areas.

PLANNED OPERATIONS

INTEGRATED ASSISTANCE

	Shelter, Housing, and Settlements	Female > 18: 35,240	Female < 18: 14,980	CHF 17,846,000
		Male > 18: 34,000	Male < 18: 15,780	Total target: 100,000
Objective:	<i>Communities in affected areas and displaced individuals restore and strengthen their safety, well-being, and longer-term recovery through shelter and settlement solutions.</i>			
Priority Actions:	Immediate Response • Support for search, rescue, and retrieval. • Conduct rapid joint damage and needs assessments. • Provide emergency shelter relief items for 20,000 households (which includes blankets, mosquito nets, kitchen sets, tarpaulins, shelter tool kits, and solar lamps). • Provide orientation to staff and volunteers on building back safer including tarpaulin fixing, environmentally friendly solutions, and the safe handling of shelter tool kits. • Conduct community sensitisation awareness on safe construction practices, i.e. the build back safer approach including tarpaulin fixing, safe handling of shelter tool kits, and environmentally friendly solutions.			
	Recovery and longer-term support • Undertake detailed assessments and consultations to advise on the most appropriate modality for providing recovery shelter assistance (including whether contractor-driven or owner-driven as well as whether to provide in-kind items or cash). • Provide existing shelter repair/upgrade assistance/items or rental assistance (if feasible) to 7,500 households as per the standards and guidelines, taking into account different response options on the basis of urban and rural contexts. • Provide support for shelter rebuilding and transitional shelters to 7,500 households. • Conduct participatory approach for safe shelter awareness (PASSA) - TOT for MRCS staff and volunteers. • Rollout PASSA sessions in the targeted community (including with groups of people in vulnerable situations). • Build the capacity of engineers, masons, community members, and volunteers on build back safer, climate smart, and nature-based shelter construction. • Finalise medium-term shelter solutions (design, bill of quantity, process) in close coordination with the Shelter Cluster. • Conduct post-distribution monitoring to analyse the effectiveness, efficiency, relevance, and utilisation of shelter assistance.			
	Other actions: • Assess shelter needs, capacities, and gaps. • Debris clearance before the initiation of emergency or transitional shelters and the safe disposal of debris. • Purchase of materials (mostly basic construction materials: mortar, stone, gravel, sand, landfill materials). • Engage with cluster and shelter actors to agree on a minimum package for shelter repair and rebuilding. • Develop, print, and distribute awareness materials on safer shelters. • Conduct monitoring, supervision, and technical guidance for shelter interventions. • Ensure culturally and gender sensitive shelter-site planning for the safe mobility of people in vulnerable situations.			

	Livelihoods	Female > 18: 26,430	Female < 18: 11,235	CHF 10,641,000
		Male > 18: 25,500	Male < 18: 11,835	Total target: 75,000
Objective:	Communities in affected areas and displaced individuals recover their way of life and incomes through sustainable livelihoods assistance programmes promoting socioeconomic integration and economic security.			
Priority Actions:	Immediate Response - Conduct specific needs assessments for possible livelihood initiative activities and materials. - Coordinate with relevant actors at the local and national levels to minimise any overlap and to standardise transfer and assistance values. - Implement and monitor Cash for Work (C4W) activities with ongoing technical supervision. - Ensure that GBV referrals, PSEA, and Child Protection pathways are in place for complex cases, increased violence, or child-headed households facing livelihood stress. Recovery and longer-term support - Depending on further assessments and the feasibility of diversifying livelihoods, provide livelihood recovery activities to 15,000 households (including asset replacements, vocational training, etc.). - Registration, verification, and finalisation of people to be reached. - Implement and monitor activities. - Conduct post-distribution monitoring to analyse the effectiveness, efficiency, relevance, and utilisation of the livelihood programme.			

	Multi-purpose Cash³³	Female > 18: 26,430	Female < 18: 11,235	CHF 8,940,000
		Male > 18: 25,500	Male < 18: 11,835	Total target: 75,000
Objective:	Displaced individuals in vulnerable situations have their needs addressed through the use of cash.			
Priority Actions:	Immediate Response - Undertake the registration, verification, and finalisation of lists of people to receive assistance. - Organise refresher training for MRCS personnel to supervise CVA implementation, including community engagement approaches to selection criteria, targeting, and distribution. - Develop plans of action including conditionality and response analysis (if CVA is selected as an appropriate tool), timeframe for assistance disbursements, and the number of tranches. - Communicate cash selection criteria, targeting, and distribution mechanisms clearly and widely through community-defined mechanisms. - Implement a feedback response mechanism (FRM) which ensures that community feedback, questions, complaints, and suggestions on cash assistance are collected, analysed, responded to, and used to improve the cash grants process.			

³³ According to the Cash Learning Partnership (CALP), Multi-Purpose Cash (MPC) refers to unrestricted cash transfers allocated to crisis-affected individuals to cover their basic needs. MPC provides programme participants with an unmatched level of autonomy, flexibility, and dignity in deciding how to allocate resources. Notably, there is mounting evidence of the [cost-efficiency](#) and effectiveness of addressing multiple needs through MPC.

- Provide multipurpose cash grants to 15,000 households for three months.
- Provide CVA top-ups for specific people requiring protection, who are at-risk, or in need during the disbursements of multipurpose cash grants.
- Conduct exit surveys for every CVA distribution.
- Conduct post-distribution monitoring to analyse the effectiveness, efficiency, relevance, and utilisation of the CVA programme.

During the emergency phase, multipurpose cash assistance will be provided to cover essential household needs for approximately three months. The transfer value of MMK 400,000 (estimated at CHF 115) monthly is derived from analysis and guidance by the national cash working group for multipurpose cash assistance³⁴ in Myanmar of MMK 360,000 to meet the gap, and an additional MMK 40,000 for transportation costs from and to the distribution site. This approach aims to mitigate livelihood gaps and enhance community resilience.

HEALTH AND CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

	Health and Care <i>(Mental Health and Psychosocial Support/Community Health/Medical Services)</i>	Female > 18: 35,240	Female < 18: 14,980	CHF 9,990,000
		Male > 18: 34,000	Male < 18: 15,780	Total target: 100,000
Objective:	<i>Communities in affected areas and displaced individuals in vulnerable situations are provided with high-quality health and care services, including MHPSS.</i>			
Priority Actions:	Immediate Response • Undertake life-saving activities including supporting search and rescue operations, pre-hospital care (ambulance services, first aid and initial trauma care). • Mobilise/deploy mobile health clinic(s) whose services also include psychological first aid and health awareness sessions. • Provide ambulance services and a referral system for people needing immediate and secondary care. • Ensure availability of medical equipment and supplies, PPE, and essential medicines. • Undertake integrated rapid needs assessments for health services (including MHPSS), needs, and access. • Train/retrain and organise volunteers to support response activities (such as first aid, EpiC/ECV) including behavioural change and risk communication approaches. • Organise community health education and awareness sessions to share key messages on common communicable diseases. • Provide Cash for Health Assistance if determined suitable through the assessments. • Support communicable disease outbreak controls including training volunteers on common communicable diseases to ensure early detection, treatment, referral, and prevention. • Strengthen disease surveillance through early detection, active case finding, and early warning of disease incidence in the community (e.g. AWD, malaria, measles, etc.). • Support vaccination campaigns for vaccine-preventable diseases. • Strengthen vector control measures for mosquito and other vector-borne diseases. • Coordinate with the Health cluster, EMTCC, and MHPSS Cluster to align support.			

³⁴ Myanmar Cash & Markets Working Group. [Myanmar Minimum Expenditure Basket](#); November 2024

- Ensure that, in the case of heatwaves during the operation, the response includes the consideration and integration of cooling stations, distribution of towels, water, and provision of first aid services, complementing the existing simplified Early Action Protocol (EAP) for heatwaves.

Health Promotion/RCCE

- Organise face-to-face community health awareness sessions to share key messages on water and vector-borne diseases, including diarrhoea, vaccine preventable diseases, and climate-related symptoms.
- Use available communication channels to encourage safe practices and address rumours, fear, misinformation, and stigma on AWD and malaria.
- Use community feedback to make improvements to health information and activities, based on beliefs, fears, rumours, questions, and suggestions in communities.
- Monitor static health sites and portable clinics with the PGI Minimum Standards scorecard on Dignity, Access, Participation and Safety every four weeks for continuous adaptation to specific needs of the population.

Recovery and Longer-term Support

- Undertake detailed assessments and consultations to determine the need and approach for supporting the rehabilitation of damaged health facilities.
- Support the rehabilitation of damaged health facilities, if deemed appropriate and agreed upon with key health partners.
- Continue the relevant health and care-related activities focusing on strengthening access to essential health services while enhancing the MRCS's capacity in communicable disease control.
- Strengthen health systems through the continuation of mobile clinics in affected areas to provide better access to communities in need.
- Continue Community-Based Health Programmes by including public health campaigns focusing on hygiene promotion, vaccination drives, and maternal and child health.
- Ensure the availability of primary healthcare, including maternal and child health services.
- Strengthen disease surveillance for early outbreak detection and response.
- Continue awareness sessions and psychoeducation with a focus on stress management, coping, and community resilience.
- Enhance the capacities of MRCS staff and RCVs in epidemic control.

Mental Health and Psychosocial Support

- Conduct relevant MHPSS training for MRCS staff and volunteers based on competency needs assessments (e.g. psychological first aid, child-friendly spaces, caring for staff and volunteers, online-remote support, and MHPSS in emergencies).
- Organise and mobilise teams of volunteers dedicated to providing MHPSS in the community.
- Provide basic psychosocial support for the affected population, including supporting bereaved families of the deceased, missing persons, survivors of the earthquake, displaced populations, and children. This includes mainstreaming psychological first aid in the emergency response, ensuring that staff and volunteers are trained in its effective application.
- Conduct mental health and psychosocial awareness sessions and psychoeducation in affected communities that are both normalising distress and coping with stress.
- Establish child-friendly spaces and facilitate structured activities for children and their caregivers.
- Provide age-appropriate MHPSS kits for children and adults, including learning and educational materials.

	• Support referrals for psychological support (counselling services) and specialised mental health services. • Enable a peer-to-peer helpline for staff and volunteers seeking mental health and psychosocial support. • Ensure access to counselling services for staff. • Conduct relevant and appropriate MHPSS activities promoting the well-being of staff and volunteers.
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	Water, Sanitation, and Hygiene	Female > 18: 35,240	Female < 18: 14,980	CHF 13,455,000
		Male > 18: 34,000	Male < 18: 15,780	Total target: 100,000
Objective:	<i>Comprehensive WASH support is provided to people in vulnerable situations, resulting in an immediate reduction in the risk of water-related diseases and improvement in dignity for the targeted population.</i>			
Priority Actions:	Immediate Response • Conduct assessments on the impacts to water and sanitation infrastructure. • Distribute safe drinking water by deploying water treatment units and via water trucking. • Construct emergency latrines and support the proper handling of faecal sludge. • Support the management of solid waste. • Distribute water filters, hygiene kits, and menstrual hygiene management (MHM) kits. • Undertake hygiene promotion, focusing on key messages and the prevention of diseases, with AWD prevention messaging to be reinforced. • Undertake post-distribution monitoring for WASH and essential household item distribution. • Coordinate with the WASH Cluster, local authorities, UN, and other WASH actors to prevent overlap with an aim for effective collaboration. • Organise WASH training and refresher training for volunteers and staff.			
	Recovery and longer-term support • Undertake detailed assessments and consultations to determine the need and approach for supporting the rehabilitation of damaged WASH facilities. • Rehabilitate water supply systems at the community and household levels. • Rehabilitate/reconstruct sanitation facilities. • Establish solid waste management systems. • Guide communities in establishing local WASH committees for the operation & maintenance (OM) of facilities for sustainability. • Ensure that the rehabilitation of health facilities and schools, if deemed appropriate, includes related WASH components. • Promote safe hygiene practices and menstrual hygiene management through community participation to safeguard public health and dignity. • Train community members on safe water treatment, handling, and storage. • Support disease monitoring, especially for AWD. • Organise WASH training and capacity building for staff and volunteers.			

PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION (PGI), COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA), MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

	Protection, Gender, and Inclusion	Female > 18: 26,430	Female < 18: 11,235	CHF 1,054,000
		Male > 18: 25,500	Male < 18: 11,835	Total target: 75,000
Objective:	<i>Communities in crisis-affected areas and displaced individual in vulnerable situations are safe from harm including violence, discrimination, and exclusion, and their needs and rights are met.</i>			
Priority Actions:	• Deploy a dedicated PGI Lead at the MRCS to oversee implementation across all sectors. • Identify and train MRCS staff and volunteers and IFRC staff on PGI principles, Minimum Standards for PGI in Emergencies (MS-PGI), and sector-specific PGI integration. • Integrate PGI across all sectors (shelter, health, WASH, livelihoods, CVA) through tailored guidance and monitoring – ensure locks, lighting, sex-segregated spaces, safety audits on WASH, distribution of MHM products integrate protection messages). • Conduct stakeholder engagement and referral mapping for protection services; sensitise staff on referral mechanisms. • Strengthen partnerships with local organisations for gender-sensitive, inclusive programming and ensure constituency participation in assessments and recovery planning. • Establish a comprehensive protection referral pathway that includes GBV, child protection, disability inclusion, and MHPSS. • Collect and utilise sex, age, and disability disaggregated data (SADDD) to effectively tailor assistance. • Ensure the participation of local CSOs, DPOs, women-led organisations, and grassroots networks in planning, implementation, and monitoring. • Utilise CEA to disseminate accessible, multilingual information about services and protection mechanisms. • Include key messages on GBV response services and on the prevention of sexual exploitation and abuse at all displacement and distribution sites. • Ensure that all staff and volunteers know how to make a report and access referral services if they have concerns related to the code of conduct, PSEA, or child protection. • Ensure that all staff and volunteers have been recruited using child-safe recruitment measures, including reference and formal background checks. • Support branches and communities in leading inclusive recovery planning, ensuring gender, age, disability, and diversity (GADDD) considerations are embedded in local strategies and decision-making processes. • Engage diverse local volunteers, emphasising the recruitment of women and marginalised groups. • Provide practical resources to branches (guidelines, case studies, SOPs) for effective inclusion in WASH, health, shelter, livelihoods, and CVA activities.			

	Community Engagement and Accountability	Female > 18: 17,620	Female < 18: 7,490	CHF 799,000
		Male > 18: 17,000	Male < 18: 7,890	Total target: 50,000
Objective:	<i>The diverse needs, priorities and preferences of the affected communities guide the response through a people-centred approach and meaningful community participation.</i>			
Priority Actions:	• Scale-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. • Ensure that CEA approaches and questions are integrated in the assessment, including analysing the context in affected areas.			

	• Provide CEA trainings and briefings, including on the Code of Conduct and PSEA, to response staff and volunteers, targeting relief and cash teams first (in partnership with PGI). • Establish participatory approaches (participatory planning, inclusive community committees, regular focus group discussions) to enable all community groups and representatives to participate in planning and decision-making about the response, including selection criteria and targeting. • Establish a community feedback mechanism (confidential telephone hotline, community meetings, and regular FGDs with key groups and with clear processes to analyse, share, and use feedback to improve the response.
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	Migration and Displacement	Female > 18: 17,620	Female < 18: 7,490	CHF 692,000
		Male > 18: 17,000	Male < 18: 7,890	Total target: 50,000

Objective:	<i>People on the move, regardless of their background or status, have access to the lifesaving assistance and protection they need.</i>
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Priority Actions:	• Monitor secondary and multiple displacement of IDPs and assessments of needs and vulnerabilities. • Provide training to staff and volunteers on the Movement's principled approach to migration and displacement, including socialising the Movement Migration Strategy, IFRC Policy on Migration, and Movement Policy on Internal Displacement. • Coordinate with relevant actors and partners to monitor trends of cross-border/international migration/displacement following the earthquake. • Ensure that the principles defined in the Movement Policy on Internal Displacement – namely that the Movement supports safe, voluntary and dignified return, relocation or local integration of IDPs – are upheld during the recovery phase and in coordination with all technical and thematic sectors. • Support the ability of displaced people and affected communities to make informed decisions based on the available options, and encourage opportunities for them to fully participate in the planning and implementation of the solutions they select. • Ensure that the specific needs and situation of communities hosting large numbers of displaced populations are frequently assessed and addressed to reduce the risk of disparities among them. • Ensure the integration of safe referral pathways for migrants and IDPs with existing health and PGI pathways. • Maintain assessments of needs related to Protecting Family Links (PFL) in coordination with the ICRC.
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	Risk Reduction, Climate Adaptation, and Recovery	Female > 18: 26,430	Female < 18: 11,235	CHF 2,587,000
		Male > 18: 25,500	Male < 18: 11,835	Total target: 75,000

Objective:	<i>The immediate needs of the people affected are met, their vulnerability to future disaster and climate change impacts is reduced, and the resilience and preparedness of affected communities are strengthened.</i>
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Priority Actions:	Integrated Risk Modelling and Policy Development • Identify high-risk zones exacerbated by climate change and earthquakes.
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Nature-Based Solutions and Sustainable Infrastructure

- Implement community and institution-based initiatives like retrofitting buildings and upgrading drainage systems to mitigate multi-hazard risks.

Community Awareness and Capacity Building

- Develop public awareness public education (PAPE) materials and organise community sessions on climate change and disaster risk reduction (DRR), focusing on preparedness and adaptation strategies, and including urban resilience.
- Establish disaster risk management committees/clubs and response teams within communities and schools, emphasising peer education.
- Conduct hazard mapping and vulnerability assessments with communities and schools, developing tailored evacuation plans and emergency response strategies.
- Install community-based early warning systems and sensors to alert residents to fires, earthquakes, and other emergencies.
- Distribute disaster risk reduction kits and organise community plantation and cleaning campaigns to address environmental vulnerabilities and promote sustainability.
- Conduct simulated disaster drills (e.g. fire, earthquakes, flood/cyclone evacuations) in schools (urban and rural settings), and engage students in climate and DRR actions like planting campaigns and waste reduction initiatives.

Urban Heatwaves

- Implement and scale up the coverage of the existing Early Action Protocol (EAP) for urban heatwaves
- Design new simplified EAP to address the evolving risks of urban dwellers including diseases outbreaks.

Cross-Sector Collaboration and Knowledge Sharing

- Share knowledge, case studies, and lessons learned to disseminate best practices and successes in building resilience across different sectors and communities.

School-based Activities

- School-based training and capacity building: Conduct awareness training aligned with the Comprehensive School Safety Framework and align with the ASEAN Safe School Initiative (ASSI), which includes addressing child protection risks, health and WASH-related risks, everyday dangers such as road safety, as well as traditional natural and climate-induced hazards.
- Infrastructure and community engagement: Retrofit school buildings to enhance earthquake resilience and upgrade infrastructure, including drainage systems and to mitigate hazard risks (e.g. emergency bells), and organise environmental campaigns in schools.
- Peer education and supportive interventions: Introduce peer education programmes, encouraging older students to educate younger peers about risks and safety measures, in addition to working with other sectors on the distribution of dignity kits and relevant items.



Environmental Sustainability

Female > 18: **26,430**

Female < 18: **11,235**

CHF 513,000

Male > 18: **25,500**

Male < 18: **11,835**

Total target: 75,000

Objective:

The environmental sustainability of the operation is ensured, and no harm is caused to the local environment during the intervention.

Priority Actions:	Strengthen Community Awareness • Conduct awareness training for targeted households on environmental sustainability, resource efficiency, and nature-based solutions. • Conduct an assessment of environmental hazards, focusing on basic services, the specific environmental conditions of nearby areas, natural resources, and climate conditions by RCVs and MRCS staff in the affected areas. • Conduct awareness training to communities, MRCS staff, and RCVs on the use of local products, purchasing nature-based items, distribution of solar energy, and the promotion of green products. • Promote local products such as bamboo, sustainable timber products, and green technologies like solar power to support the MRCS and RCVs in the early recovery process.
	Green Response • Ensure environmental sustainability of operations, minimising and mitigating any environmental harm. • Include environmental considerations and risks in needs assessments and the screening of longer-term recovery or camp-based projects. • All sectors should analyse and reduce waste generated by project activities, promoting recycling and reuse. • Distribute solar lamps to affected 15,000 households. • Prioritise the procurement of locally produced materials and work with suppliers to reduce packaging and eliminate single-use plastics. • Consider environmental factors in CVA, assessing the quality of basic products in local markets, as well as the availability and cost of household energy sources.

Enabling approaches

	National Society Strengthening	Female > 18: 3,524	Female < 18: 1,498	CHF 7,087,000
		Male > 18: 3,400	Male < 18: 1,578	Total target: 10,000
Objective:	<i>National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well-defined and recognised.</i>			
Priority Actions:	Immediate Response Human Resources in Emergencies • Support the MRCS in implementing HR in emergencies (fast-track recruitment and on-boarding) measures. • Strengthen the workforce of the MRCS at both HQ and branch levels to ensure timely and sufficient engagement of human resources for implementing and monitoring a scaled-up humanitarian response. Strengthen Preparedness and Response Capacities • Strengthen disaster and crisis preparedness by reinforcing MRCS staff and volunteers' knowledge and practice of Emergency Operations Centre (EOC) procedures and disaster response SOPs, as well as enhancing the National Society's overall response capacity in disaster management, including ERT/NDRT/Search & Rescue training sessions, in view of the upcoming monsoon and cyclone seasons.			

- Support branch-level implementation of Anticipatory Action, including increased awareness of EAPs, especially in view of the upcoming monsoon and cyclone seasons.
- Strengthen coordination and communication between HQ and affected branches to ensure the efficient flow of information and localised decision-making.
- Enhance the MRCS's operational readiness through the rehabilitation of damaged warehouses and branch offices, and the pre-positioning of essential items.
- Facilitate HQ and branch-level business continuity planning and workforce sustainability.
- Support branch strengthening by building resource mobilisation capacities.
- Strengthen Information Management capacity and PMER at both HQ and branch levels to better demonstrate the impact and reach of the MRCS.
- Strengthen preparedness and readiness for the upcoming monsoon and cyclone seasons by enhancing ERT and branch-level readiness, updating SOPs, pre-positioning essential relief items, reinforcing EOC procedures, and promoting community awareness through EAPs and coordination with local authorities.

Volunteer Management and Development

- Enhance strategies for volunteer management, including registration, engagement, monitoring, and continuity, with a focus on developing volunteer pools.
- Strengthen the volunteer management system by ensuring systematic tracking of volunteer deployments, activities, capacities, and training in a unified digital system jointly administered by HQ and branches.
- Raise awareness about volunteer identification, visibility, and public recognition to build community trust and ensure safety during deployments.
- Build leadership and coordination capacity at the branch level, including youth and women, to ensure inclusive and sustainable service delivery at the local level.
- Conduct targeted capacity building in areas such as CEA, PGI, migration and displacement, humanitarian principles and the auxiliary role, communications in emergencies, and social media, strengthening capacities in both existing and newly recruited volunteers, in complementarity with the scaling-up of the new volunteer induction training.

Digital Transformation

- Restore and enhance IT and digital infrastructure at headquarters and branch levels.
- Strengthen the roll out of the MRCS's Information Management system, including needs assessments, volunteers, and logistics modules.
- Enhance mobile data collection capacity for community feedback, needs assessments, and operational monitoring to improve real-time decision-making and information sharing.
- Localise online training hosted on the IFRC eLearning Platform to enhance the knowledge of staff and volunteers in preparedness, disaster management, and relevant cross-cutting thematic areas.

Safety and Security (MRCS Staff and Volunteers)

- Provide pre-deployment safety briefings and training to all personnel, including "Stay Safe" and field-level SOPs, with consistent follow-up to ensure adherence.
- Deploy security focal points to monitor implementation and support safe access in earthquake-affected regions.
- Ensure that all staff and volunteers deployed in the operations are covered with both accident and health insurance.
- Provide MHPSS to staff and volunteers affected by the earthquake as well as those mobilised for the immediate high-intensity response.
- Ensure that safety and protection kits are provided to mobilised staff and volunteers, especially during debris removal.

Learning and Systems Management

- Ensure continuous alignment between the institutional strengthening actions integrated in the operations and the MRCS NSD's longer-term objectives, through regular monitoring and the updating of NSD mapping.
- Conduct structured lessons learned and after-action reviews to collect findings for future operations and institutional learning.

Internal Control and Accountability

- Strengthen internal risk management capacities and awareness.
- Support the development or reinforcement of the MRCS's accountability mechanisms, including PMER systems, financial oversight, and internal control frameworks.
- Promote financial sustainability by supporting domestic resource mobilisation efforts, particularly through partner engagement.
- Reinforce safeguarding and support the strengthening of safe and trusted reporting mechanisms that are accessible to staff, volunteers, and communities.

Recovery and Longer-term Support

After the immediate response phase, the following actions are recommended:

- Select and implement a wider range of relevant activities from the MRCS preparedness plan, informed by the gap analysis.
- Develop a longer-term mechanism to fulfil, at best, the duty of care of the National Society.
- Incorporate lessons learned into the MRCS preparedness plan to enhance readiness for future responses.
- Conduct branch-level disaster preparedness and response capacity assessments to improve the effectiveness and timeliness of local responses, particularly in locations with access challenges.



Coordination and Partnerships

Female > 18: **n/a**

Female < 18: **n/a**

CHF 1,857,000

Male > 18: **n/a**

Male < 18: **n/a**

Total target: n/a

Objective:

Technical and operational complementarity is enhanced through cooperation among the IFRC membership and with the ICRC.

Priority Actions:

Coordination and engagement with external partners

- Undertake coordination with local authorities and stakeholders, the United Nations, INGOs/NNGOs, AHA Centre, and other organisations and stakeholders involved in the response and recovery.
- Maintain active representation towards donors, external partners, and the diplomatic community to ensure sustained support for the duration of the response, and to demonstrate the impact of the response in the immediate, mid- and long-term.
- Maintain – and where necessary enhance – proactive engagement with key stakeholders to establish or strengthen partnerships that leverage resources and expertise, including with private sector and non-traditional donors to drive financial and in-kind support, as well as pro-bono assistance, where possible.
- Ensure effective grant management and donor stewardship, including quality and timely reporting to donors.

Membership Coordination

- Mobilise a resource person specifically dedicated to operational Membership Coordination during the initial response phase of the operation.

- Engage with IFRC Network members contributing to the operation to ensure a unified response, including via periodic partner meetings/calls.
- Ensure coordination within the Red Cross and Red Crescent Movement, including Emergency Response Units (ERUs) and IFRC Network members.
- Facilitate information sharing and joint operational and financial planning to complement efforts.
- Pursue Shared Leadership opportunities to utilise capacities, skills, and added-value areas of various members of the IFRC Network.

Movement Coordination

- Assign a resource person specifically dedicated to operational Movement Coordination during the initial response phase of the operation.
- Strengthen Movement coordination between the MRCS, ICRC, and IFRC aligned with the Seville Agreement 2.0, including the use of established tools and mechanisms.
- Ensure Movement-wide alignment and complementarity of efforts to maximise MRCS-led response and recovery actions.
- Support the MRCS's convening role for technical working groups (security, communications, and logistics, among others).
- Contribute to Movement join up actions for security management in earthquake-affected areas.
- Co-create Movement communication products to disseminate the RCRC's footprint related to the earthquake.
- Work together for joint and complementary external engagement to promote the MRCS-led operation, which aims to increase the impact of response and recovery efforts, enable increased and timely access, and facilitate the complementary mobilisation of resources, among other objectives.



Shelter Cluster Coordination

Female > 18: **n/a**

Female < 18: **n/a**

Male > 18: **n/a**

Male < 18: **n/a**

Total target: N/A

Objective:

The humanitarian shelter and settlements sector is well-coordinated, supporting a comprehensive, high quality, coherent, and consistent shelter and settlements response led by UNHCR with support from the Norwegian Refugee Council and IFRC.

Priority Actions:

- Co-coordinate the Shelter/Household Item/CCCM Cluster with UNHCR at the sub-national level, supporting the earthquake response.
- Provide a platform to ensure that the delivery of shelter and settlements response is driven by the agreed strategic priorities; develop mechanisms to eliminate duplication and gaps in humanitarian shelter and settlements assistance.
- Coordinate needs assessments and response gap analysis for the shelter and settlements sector; conduct analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues; and ensure prioritisation, grounded in response analysis.
- At the sub-national level, develop a strategy, plans, objectives, and indicators for the shelter and settlements sector that directly supports the realisation of the Humanitarian Country Team's strategic priorities; apply and adhere to existing standards and guidelines; and clarify funding requirements, prioritisation, and cluster contributions for the overall humanitarian funding system.

- Identify shelter and settlements advocacy concerns to contribute to the Humanitarian Country Team's messaging and actions; undertake advocacy activities on behalf of shelter cluster participants and the affected population.
- Monitor and report on the implementation of the shelter cluster strategy and its results, recommending corrective actions where necessary.



IFRC Secretariat Services

Female > 18: **n/a**

Female < 18: **n/a**

CHF 4,539,000

Male > 18: **n/a**

Male < 18: **n/a**

Total target: n/a

Objective:

The IFRC is working as one organisation, delivering on its promises to National Societies and volunteers, and leveraging the strength of the communities with which it works as effectively and efficiently as possible.

Priority Actions:

The IFRC Secretariat supports the MRCS in this operation by providing coordinated technical, operational, and surge and long term support across all phases of emergency response, early action, response, and recovery. This includes dedicated assistance in all sectoral areas included under this appeal in addition to human resources, planning, monitoring, evaluation and reporting (PMER), logistics, finance and administration, communications and advocacy, and security. Through its in-country, regional, and global capacities, the IFRC Secretariat ensures timely, accountable, and principled humanitarian action while also working to strengthen MRCS's local preparedness, response, and recovery systems within the broader IFRC Network.

Surge deployments

- Mobilise global and regional surge personnel, including technical specialists and support staff, to reinforce MRCS capacity for immediate response, coordination, and longer-term resilience, while fostering regional and global solidarity through peer-to-peer support from Partner National Societies (PNSs).

Logistics

- Assess, evaluate, and adjust the supply chain approach in Myanmar in view of the earthquake.
- Support the MRCS in receiving, forwarding, and processing relief goods for distribution, as well as aid services to assist the affected population.
- Provide procurement services to the MRCS utilising the IFRC's in-country and regional capacities.
- Enable MRCS procurement through immediate capacity building and help desk services to improve competence and ensure procurement compliance.
- Enable CVA through logistics/CVA support.
- Coordinate and cooperate with donors, suppliers, and Participating National Societies.
- Provide transport services to move goods and people, together with fleet and driver management.

Human Resources

- Facilitate/support the mobilisation and utilisation of existing staff, Red Cross volunteers, and personnel from MRCS headquarters and branches where needed.
- Ensure that the costs of MRCS staff and volunteers mobilised for this operation – including related insurance – are covered under this Operational Strategy.

- Mobilise rapid response personnel from the IFRC and its Membership via regional solidarity and global surge mechanisms to provide time-bound expert support to the MRCS in rolling out the emergency response.
- Support the MRCS in delivering services through the engagement of medium to longer-term staff in the IFRC Country Delegation as required, with a major focus on – but not limited to – ensuring accountability, compliance, communications, coordination, humanitarian diplomacy, local capacity strengthening, quality assurance, and representing the Operating National Society internationally.

Finance

- Extend necessary support to the operation to ensure accountability and agility, timely fund transfers, the review and validation of budgets, technical assistance to the MRCS on expense justification procedures, and the review and validation of operational liquidations.
- Guarantee sufficient cash flow in light of the financial restrictions and inflation.
- Ensure that a transparent and sound financial control mechanism is in place.

Security

- Mobilise a resource person to undertake a review/assessment of the current security management approaches, recommend measures to improve practices and capacities, and inform an anticipated significant scale-up of the IFRC security setup in light of the complexity of the operational context, in close coordination with the ICRC.
- Identify and implement risk mitigation measures throughout the operation.
- Apply the IFRC's security plans to all IFRC staff throughout the operation guided by area-specific Security Risk Assessments for any operational area where IFRC personnel are to be deployed.
- Ensure that the completion of the IFRC's Stay Safe e-learning courses, specifically Stay Safe 2.0 Global edition (Levels 1-3), remains the priority for all IFRC members, including staff and volunteers.

Communications

- Develop a communications strategy to improve visibility, engage the media, share stories, and build internal capacity, all while respecting the Red Cross Red Crescent Fundamental Principles and the complex situation in Myanmar.
- Support the MRCS in launching campaigns on relevant social media platforms, focusing on human-interest stories, updates on operations, and community resilience.
- Organise live monthly Q&A sessions to promote public trust and interaction, ensuring that messaging is consistent across all channels.
- Produce three key videos: "72 Hours: The First Response," "Women of the Earthquake," and "One Year Later: Rebuilding Hope." These videos will serve as key content for global campaigns.
- Strengthen MRCS communication skills through mentorship, workshops on social media, media relations, and emergency communications, supported by an MRCS Communications Handbook.
- Develop and socialise a humanitarian-principle-based messaging guide, incorporating feedback mechanisms to improve messaging and address misinformation.

Information Management

- Deploy dedicated IM and Assessment rapid response profiles to support data collection, analysis, and visualisation.
- Manage the IFRC GO emergency page, enabling situational awareness across the membership for MRCS and IFRC network data, including sitreps, logistic mobilisation data, surge, MRCS activity data, and relevant secondary data.

- Build dashboards and information products in support of the MRCS.
- Strengthen the capacity of the MRCS in data collection, management, and analysis through training and sensitisation to IFRC tools, frameworks, and systems.
- Strengthen the MRCS's IM systems, including support for the procurement of appropriate equipment, licenses, mobile data collection kits, etc., and support the planning, implementation, and analysis of assessments and needs monitoring.

PMER

- Mobilise dedicated PMER profiles to facilitate comprehensive Federation-wide planning.
- Develop and maintain robust monitoring tools and data collection workflows to support internal and Federation-wide reporting complemented by regular monitoring visits.
- Provide continuous PMER support to strengthen the long-term capacity of the MRCS.
- Ensure that reports are regularly shared with relevant partners and donors for timely revisions, approvals, and communication based on IFRC and donor requirements.
- Establish a comprehensive Federation-wide monitoring system linking CEA, IM, and PMER, utilising data collection applications and analysis platforms to provide timely and accurate insights for decision-making.
- Conduct a Real-Time Evaluation and Midterm Review in the first 12 months of the operation to assess its first-year performance, identifying strengths, challenges, and best practices.
- Conduct a Final Evaluation towards the end of the operation to assess the impact and identify learnings to improve future operations.
- Ensure that review findings inform and guide adjustments and improvements to the Operational Strategy so that it remains effective and responsive to evolving community needs.

Compliance and Risk Management

- Put in place dedicated capacity – comprising at least two medium-to-longer term staff – for compliance and risk management within the IFRC set-up.
- Develop, monitor, and update a risk register in line with the IFRC's Risk Management Framework.
- Ensure a systematic vetting process for compliance with the IFRC's applicable policies and rules, as well as principles and the international regulatory framework that governs various aspects of humanitarian assistance.
- Undertake periodic spot-checks and testing, as appropriate, to identify potential compliance gaps (such as deviations from policies or standards) and inform immediate corrective action as necessary.

Safeguarding

- Put in place dedicated capacity – comprising at least one medium-to-longer term staff – for safeguarding within the IFRC set-up.
- Develop a country-specific Sexual Exploitation, Abuse, and Harassment (SEAH) and child safeguarding framework covering critical business areas.
- Ensure close engagement with CEA and PGI to enhance availability of and access to SEA-inclusive complaint mechanisms and effective referral pathways for victims/survivors, and to develop and deliver safeguarding communication strategies, tools, and guidance for people affected, as well as personnel of the IFRC network.

Risk management

Risk	Likelihood	Impact	Mitigating actions
Safety and Security <i>(including IFRC and MRCS staff and volunteers, due to increased clashes, fighting, violence, as well as unexploded ordnance)</i>	Medium	Severe – delays in aid delivery, restricted access to affected populations	- Strengthened MRCS and IFRC security frameworks and protocols to ensure appropriate security analysis, monitoring of the safety and security of staff and volunteers, and compliance with current security guidelines. - Activity plans to remain dynamic in accordance with any changes in the situation on the ground. - Ensure Movement (IFRC, MRCS, and ICRC) security coordination.
Restricted Access <i>(including fluctuating bureaucratic processes)</i>	High	Severe – delays in aid delivery, restricted access to affected populations, and impacts to perceptions of partiality	- With support from the IFRC where relevant, the MRCS will continue to conduct advocacy meetings with regional and state authorities as well as with all relevant stakeholders in the field to explain its humanitarian mission and planned emergency responses to reach affected populations. - Keep donors informed of the challenges and potential operational delays. - Ensure proactive operational communications through MRCS branches focusing on impartial humanitarian action and by engaging in discrete advocacy to address restrictions.
Climate-Related Disruptions <i>(cyclones, floods, and extreme heatwaves)</i>	High (Seasonal)	High – displacement, infrastructure damage, increased health risks	Preposition emergency supplies, reinforce shelters, establish contingency plans, and ensure that early warning systems are in place.
Logistical Challenges <i>(damaged roads, fuel shortages, and disrupted transport networks)</i>	Medium	High – delays in relief operations, limited distribution, and limited visibility of goods in the bilateral pipeline	Diversify transportation options, establish alternative supply routes, and stockpile critical resources in multiple locations.
Financial and Resource Gaps <i>(insufficient donor funding, delayed disbursements)</i>	Medium	High – gaps in assistance, inability to sustain response efforts	Implement a phased funding approach, prioritise life-saving interventions, and engage in continuous donor outreach.
Health and Protection Concerns <i>(disease outbreaks, malnutrition, GBV, and increased</i>	High	Severe – higher morbidity and mortality, increased protection risks	Strengthen health, WASH, and protection services, prioritise targeted assistance for vulnerable groups, and enhance surveillance and response capacity.

<i>vulnerabilities for at-risk groups)</i>			
Community Acceptance and Misinformation <i>(distrust in aid efforts, misinformation about assistance and eligibility criteria)</i>	Medium	Moderate – resistance to aid, unequal distribution, tension in communities	Implement CEA strategies, communicate the MRCS's mandate, available services, and relief efforts, adapt services based on community feedback, conduct awareness campaigns, and use trusted communication channels.
Local Procurement Challenges	Medium	Medium – markets may not have resumed and the availability of stocks in the country could be limited, with challenges in importing goods from overseas due to cumbersome import/export procedures.	Continue engaging with the authorities to facilitate import approvals, while exploring joint import strategies with Movement partners. Implement a coordinated, country-wide approach to local procurement. Strengthen collaborations to prevent duplication, and ensure that all products undergo quality assurance by IFRC technical experts to meet the required standards and enhance response effectiveness.
Safeguarding failures <i>(inadequate prevention of sexual exploitation and abuse, or child protection measures)</i>	High	Severe – Increased risk of harm, exploitation, abuse, and harassment, particularly among children, women, and marginalised groups. Severe – Reputational impact resulting in loss of funds, trust and access, as well as safety impacts on teams.	- Ensure that all surged team members are screened and have signed an attestation. - Strengthen safeguarding systems, ensuring that each team member receives an adequate briefing on the Code of Conduct, PSEA Policy, and on child safeguarding. - Conduct regular community risk monitoring. - Support programme and sectors to mitigate risk. - A safeguarding risk register has been developed and is being used. - The Integrity Line and reporting mechanisms are clearly displayed to all staff. - The Head of Operations and the leadership team prioritise clear messaging on the absolute prohibition of sexual exploitation and abuse or sexual misconduct. - National Society teams have clear pathways for reporting to the IFRC, and volunteers are regularly engaged on safety concerns. - Teams do not work in the community alone/solo or in all male groups. - Strengthen the National Society's Safeguarding system. - If the need arises, deploy an expert technical advisor.

Quality and accountability

Federation-wide reporting will be ensured with the MRCS and IFRC's network partners, using a harmonised list of indicators that will be regularly collected and reported to provide a complete picture of the IFRC's network solidarity and response efforts. Regular reporting will be maintained, while adhering to IFRC standards for external reporting. IFRC PMER and IM teams will engage with the MRCS and all IFRC network partners for consultation and support in establishing and maintaining the necessary systems and practices for regular monitoring. Evaluation and learning will be ensured by conducting a real-time evaluation and a final evaluation, as well as, if feasible, Federation-wide lessons learned workshops. The Federation-wide list of indicators³⁵ defined for the initial phase of the operation is as follows (subject to changes and new indicators as the operation evolves):

SECTOR	FEDERATION-WIDE INDICATOR	TARGET
Shelter	Number of people reached with shelter support.	100,000 people
Shelter	Number of people (and households) provided with household items that support the restoration and maintenance of health, dignity, and safety, and the completion of daily domestic activities in and around the home.	100,000 people
Shelter	Number of people who attended training/awareness raising sessions on transitional safe shelter.	5,000 people
Health	Number of people reached by National Societies with contextually appropriate health services.	100,000 people
Health	Number of people reached with psychosocial and mental health services.	10,000 people
Health	Number of people reached by community health services (CBHFA).	50,000 people
WASH	Number of people reached by the National Society with contextually appropriate water, sanitation, and hygiene services.	100,000 people
WASH	Number of sanitation facilities constructed or rehabilitated.	10,000 units
Livelihoods	Number of people reached with livelihoods support.	75,000 people
Livelihoods	Number of volunteers and staff trained in livelihoods.	100 people
CVA	Average transfer value amount in CHF.	CHF 150
CVA	Number of people reached with support services, in-kind, cash, and voucher assistance for the emergency response and recovery.	75,000 people
CVA	Number of people provided with unconditional cash assistance.	75,000 people
Migration	Number of migrants and displaced persons reached with services for assistance and protection.	50,000 people
Migration	Data collection, research, analysis, or other information management initiatives to better assist and protect people on the move.	Yes/No
DRR	Number of people reached with disaster risk reduction.	75,000 people
Climate	Number of people reached by environmental awareness and education activities in schools.	75,000 people
CEA	Number of staff, volunteers, and leadership trained on community engagement and accountability.	300
PGI	Number of people reached by protection, gender, and inclusion programming.	75,000
Education	Number of people with access to (temporary) safe spaces established or operated by the National Society/IFRC network for the purpose of learning, psychosocial support, or recreation.	TBC
Education	Number of schools or other educational spaces constructed or established, rehabilitated or improved that comply with safe site selection, design, and construction regulations (when in place) or international standards.	TBC
Education	Number of people reached by the National Society's educational programmes and/or the number of people whose access to education is facilitated through the National Society's programming.	30,000 people
Environmental Sustainability	Number of households provided with a sustainable household energy solution.	15,000 households
Coordination & Partnerships	The National Society uses a Federation-wide approach for planning, monitoring, and reporting the impact of the IFRC network.	Yes/No

³⁵ Some of the listed Federation-wide indicators are linked to the MRCS FDRS and Unified Plan core indicators.

Coordination & Partnerships	The National Society has a membership coordination mechanism is in place.	Yes/No
NSS	The National Society has adopted a child safeguarding policy to enforce prevention and support survivors.	Yes/No
NSS	The National Society has a functioning data management system that informs decision-making and supports monitoring and reporting on the impact and evidence of the IFRC network's contributions.	Yes/No
NSS	The National Society is engaged in structured preparedness and capacity building processes.	Yes/No
NSS	The National Society has strengthened its integrity and reputational risk mechanism.	Yes/No
NSS	The National Society reports that it has a system that applies to the entire organisation, either its own or shared, for managing the data of volunteers through a digital platform.	Yes/No
NSS	Number of technical and monitoring visits conducted.	10 visits

FUNDING REQUIREMENT

Federation-wide funding requirement*

Federation-wide Funding Requirement including the National Society's domestic target, IFRC Secretariat and the Participating National Society's funding requirement CHF 100 million	IFRC Secretariat Funding Requirement in support of the Federation-wide funding ask CHF 80 million
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**For more information on Federation-wide funding requirement, refer to section: Federation-wide Approach*

Breakdown of the IFRC secretariat's funding requirement



OPERATIONAL STRATEGY

MDRMM023 – Myanmar Earthquake

FUNDING REQUIREMENTS

Planned Operations	66,517,000
Shelter and Basic Household Items	17,846,000
Livelihoods	10,641,000
Multi-purpose Cash	8,940,000
Health	9,990,000
Water, Sanitation & Hygiene	13,455,000
Protection, Gender and Inclusion	1,054,000
Migration	692,000
Risk Reduction, Climate Adaptation and Recovery	2,587,000
Community Engagement and Accountability	799,000
Environmental Sustainability	513,000
Enabling Approaches	13,483,000
Coordination and Partnerships	1,857,000
Secretariat Services	4,539,000
National Society Strengthening	7,087,000
TOTAL FUNDING REQUIREMENTS	80,000,000

all amounts in Swiss Francs (CHF)

IFRC Network	CHF 20,000,000
TOTAL FEDERATION-WIDE FUNDING REQUIREMENTS	CHF 100,000,000

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

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Reference



Click here for:

- [Emergency Appeal](#)