

(Revised) Appeal No: MDRMM016	To be assisted: 236,400 people	Appeal launched: 10/05/2021
	DREF allocated: 181,395 CHF	Revision n°: x issued: n/a
Glide No: OT-2021-000042-MMR	Funding requirements: 4,500,000 CHF	Appeal ends: 31/03/2022

This emergency appeal is part of a **Federation-wide approach** which is based on one plan with the response activities of all IFRC network members contributing to the response. The funding requirement of CHF 4.5 million comprises all the support and funding that will be needed for the Myanmar Red Cross Society (MRCS) supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) to deliver the immediate assistance and ongoing support to people affected by Civil Unrest-Myanmar. It is acknowledged that in the initial phase of the response immediate and timely support was provided to MRCS through bilateral contributions by movement partners. This funding request reflects additional needs due to the escalating nature of the crisis, supporting MRCS across the 10-month response phase.

Specifically, this Emergency Appeal seeks a total of **CHF 4.5 million** to enable the IFRC to support the **MRCS** to deliver assistance and support to some **236,400 people for 10 months**.

A. EVENTS TO DATE




Mawlamyine in Mon state on 28 February 2021, providing First Aid and hospital transfer to affected people. (Photo: MRCS)



1 February 2021: Myanmar Civil Unrest

1 February 2021: Myanmar Military detained key members of the recently elected parliament and announced military leadership, with a 12-month state of emergency.

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- 2 February 2021: State Administration Council (SAC) formed with military leadership. Street and Neighbourhood protests commenced. A Civil Disobedience Movement (CDM) initiated in health sector and extending to banking, transport and other services.
 - By Mid-February: Protest spread across country. Regulations and curfews in-stated. General strikes and limited access to cash. Internet nightly restrictions imposed.
 - 24 February: MRCS developed an Emergency Plan of Action to reach affected people with First Aid and Ambulances services to which IFRC contributed. Partners contributed bilaterally and IFRC supported with a DREF activation.
 - By late February: Escalating tension and casualty rates. Attacks on health services.
 - March: Increasing intensity of incidents and high casualty rates, especially in townships under martial law and in major cities
 - Mid-April: CRPH announces a National Unity Government (NUG). Clashes escalate further between EAOs and Myanmar Military in Kachin State.
 - 16 April: MRCS prepares an updated and expanded Emergency Response Plan, responding to ongoing civil unrest and increasing humanitarian impacts, including socio-economic vulnerabilities and risks of food insecurity.
 - Late April: Ongoing sporadic protests and increasing trend of violent incidents impacting on property as well as outbreaks of fire.
 - 10 May 2021: IFRC launches an Emergency Appeal of CHF 4.5 million to support the MRCS to deliver assistance and support to some 236,400 people for 12 months.

Situation overview

Since 1 February 2021, Myanmar has been undergoing a political crisis with civil unrest precipitating a humanitarian crisis affecting populations across many parts of the country.

Confrontation between security forces and demonstrators across the country has led to increasing casualty rates. All 17 States and regions are impacted by the multiple effects of the crisis, with specific townships in at least 10 of these states/regions in need of immediate assistance. Martial law is in place in six townships in Yangon.

Regulatory measures include a curfew, with arrests, detention and property searches as well as restrictions on the internet and social media. A large cross-section of the population is impacted, with a high casualty rate reported for young people.

The ongoing Civil Disobedience Movement (CDM) includes the critical sectors, of banking, health and transport. Banking limitations and a disrupted supply chain activity have added to increased food prices and limited access to cash at a national level. Economic impacts include job loss, particularly in peri-urban areas with already vulnerable populations facing food insecurity.

Myanmar's Public health system is also severely disrupted, reducing access for medical services, particularly for people with less income and access challenges. With a high number of injuries amongst the civilian population and a security environment, in which medical workers are at risk, affected people are facing restricted access to

emergency hospital services for urgent medical care. The disruptions to the public health sector also increase risks for further widespread outbreaks of COVID-19 with reduced roll-out of the COVID-19 vaccine.

In areas of protracted crisis, there has been an escalation and/or a renewal of clashes between the Myanmar military and EAOs, including in Kachin and Northern Shan and in Kayin State. The humanitarian implications are increased levels of displacement in these areas and an increase in basic needs for people already experiencing temporary or long-term displacement. There are also risks for cross border displacement at an increasing scale further compounding the regional implications of this crisis.

Summary of Red Cross Red Crescent response to date

IFRC, ICRC and eight Participating National Societies (PNS) are present in-country as follows, American Red Cross, Danish Red Cross, German Red Cross, Finnish Red Cross, Norwegian Red Cross, Swedish Red Cross, Turkish Red Crescent and Qatar Red Crescent. Additional Federation members, including British Red Cross and Australian Red Cross provide support and are actively engaged in Movement coordination. Regional National Societies including, Singapore Red Cross, Thai Red Cross Society and Hong Kong Branch of Red Cross Society of China, maintain close linkages to MRCS. In response to immediate humanitarian need, MRCS launched an initial Emergency Response Plan in February 2021, with a comprehensive response in first aid and ambulance services across 194 of Myanmar's 330 townships in 16 of the 17 regions/states, targeting townships with the highest levels of incidents and related injuries and has reached over 2,900 affected people to date. Over 2,000 Red Cross Volunteers (RCVs) provided 314 First Aid Stations with 143 ambulances in operation to assist with emergency medical transfer. Advanced skills in Trauma First Aid have been included in operational preparedness.

Access to affected people in a highly politicized and volatile security context has been a key operational challenge. Health facilities and ambulance services have faced attacks on their equipment and personnel. MRCS has also faced risks in providing urgent medical support to affected people. By operating in strict accordance with the Fundamental principles and adhering to security and access protocols, since the onset of this crisis MRCS has been able to sustain first aid and ambulances services to meet urgent patient needs.

The ICRC rapidly established a "hotline" for families looking for news of their relatives who may be missing or feared arrested and detained. To date 1,917 calls were received with around 300 calls coming to the ICRC office for a follow up visit and opening a formal request (a third resolved). The high point of the requests was received in March (1,087) with the number in April dropping to around 400.

Federation partners have committed contributions to MRCS's response supporting First Aid and Ambulance Services through the initial MRCS Emergency Response Plan prepared in February. IFRC is supporting these interventions through the activation of the DREF. National Societies in the Asia-Pacific region are supporting with both financial assistance and in-kind goods.

As the situation has continued to deteriorate, an expanded response plan has been required to address the unfolding health and socio-economic consequences as well as compounding crisis factors, including from natural disasters in the months ahead. The risk of a large scale COVID-19 outbreak in a context of limited public health services, is an additional concern. MRCS shared the one-year Emergency Response Plan (ERP) to partners on 16th April. In line with the plan, MRCS will address immediate humanitarian needs through sustained provision of first aid and ambulance services along with additional interventions to reach affected people across key areas of need. Details of the MRCS ERP underpin this Emergency Appeal.

B. THE OPERATIONAL STRATEGY

Needs assessment and targeting

Myanmar has a population of 52 million people¹ across 330 townships within 17 states¹ and regions. Within this evolving crisis, humanitarian needs are substantial across many regions and states. Critical factors include market

¹ 2014 Census Report.

disruptions, lack of access to basic services and social safety nets, and limited capacities across the country including for COVID-19 prevention and for disaster response.

Requirements, therefore, include emergency and primary healthcare services, relief assistance and socio-economic support for affected populations across many of the 17 region and states.

The scope of the MRCS 10-month response plan covers emergency first aid and medical assistance, access to basic healthcare support, increased disaster response capacity and support to address overall socio-economic vulnerability through both immediate relief assistance and targeted livelihoods assistance. Protection, gender and inclusion as well interventions to address psychological impacts of the crisis are incorporated. Enhanced capacity of Red Cross Volunteers (RCVs) in these areas is key to delivering support services across all affected townships.

Targeting will prioritize groups in the most vulnerable townships and includes the following categories:

- In peri-urban areas with socio-economic challenges and relief needs focused on major cities.
- In regions/states with existing vulnerabilities with populations at risk of increased displacement.
- In regions/states where vulnerability to natural disaster is acute².

Within this geographic focus, household targeting will include additional vulnerability criteria. This will include a focus on women/child-headed households, pregnant or lactating women, persons with disability, elderly, those suffering from chronic illnesses and families with children under five years old.

Since February, with escalating incidents, First Aid and Ambulance Services have been a key requirement, ensuring lifesaving assistance to people injured and requiring emergency medical support. People engaged in the protest movement, including a large proportion of young people have required substantial first aid and ambulance support to date. With limited public health services, all populations have increased vulnerability. Women, children and the elderly especially require targeted support to access health services including essential maternal and reproductive health services. Affected populations also require accompanying psychological support given the nature of the crisis, with high levels of anxiety for affected people, arising from the nature of the incidents and the associated protection concerns.

Immediate relief support for affected communities in up to 15 peri-urban townships in both Yangon and Mandalay is also required. These locations included populations living in informal settlements and economic migrants from other regions/states with existing socio-economic vulnerabilities exacerbated by COVID-19 pandemic induced lockdowns since March 2020. Since 1 February 2021, the crisis in these townships has generated sudden job loss linked to factory closure and suspension of retail activities.

With the Monsoon season commencing, enhanced localized response capacity is required. Reduction of basic services during this crisis, creates significant risks for populations who may be injured or displaced by floods and cyclones. Expectations on MRCS to provide immediate response support as recovery assistance will be high.

As the needs of affected communities are expected to reach an unprecedented scale in this current crisis, MRCS needs to ensure high levels of accountability and transparency in reaching the most affected communities, demonstrating impartial, neutral and independent humanitarian services. MRCS led and managed needs assessments will be a key method of ensuring this imperative.

Coordination and partnerships

MRCS operates as an auxiliary to Government under the MRCS Red Cross law of 2015. In this current operating context, MRCS' role as a neutral and impartial actor providing humanitarian assistance to all affected populations is critical. As detailed above, MRCS has developed a 10-month Emergency Response Plan (ERP) which is informing all aspects of requested support under the Emergency Appeal.

² Rakhine and Mon States and Ayeyarwady, Bago and Tanintharyi Regions.

MRCS leads on Movement coordination in Myanmar and receives both technical and financial support from Movement Partners in country including IFRC, ICRC and eight PNS. American Red Cross, Danish Red Cross, German Red Cross, Finnish Red Cross, Norwegian Red Cross, Swedish Red Cross, Turkish Red Crescent and Qatar Red Crescent. Federation members providing multilateral support through IFRC, including Australian Red Cross and British Red Cross also participate closely in, and support Movement Coordination.

Movement coordination in Myanmar has been given particular attention over the past years through the Strengthening Movement Coordination and Cooperation (SMCC) process. This facilitated the set up on several movement coordination mechanisms, such as regular movement coordination meetings, tripartite leadership and security cell meetings but as well tripartite communications dialogue and regular updates to partners by the IFRC and ICRC Regional Director.

IFRC is supporting MRCS closely in planning and coordination. This has included assistance to prepare the consolidated Emergency Response Plan to facilitate coordinated partner support. IFRC is also working closely with MRCS and ICRC on critical areas of security and communications, as well as supporting with media and partner communications. IFRC support is being provided in external partner dialogue, ongoing consultations and briefings with Embassies and UN Agencies, as well as resource mobilization discussions with donor agencies.

ICRC is continuing its support to the MRCS first aid and ambulance sector through technical, financial and planning assistance and an increase in its financial support in this sector. The ICRC's support to the initial ERP focuses on filling the funding gaps and exploring complementary support in conflict areas where it can provide operational support from its sub delegations and offices.

MRCS, along with IFRC is represented in the Humanitarian Country Team (HCT) and the UN Myanmar Humanitarian Fund (MHF) Advisory Board and participates in key clusters. MRCS is co-lead of the Cash Working Group. External agencies, including the UN, have existing operational capacity in intervention areas set out in the 2021 HRP, focused on areas of protracted crisis. These agencies are now planning response initiatives to reach affected people including in Yangon, Mandalay and regions/states in Southeast Myanmar. Partnership discussions with key UN actors, including OCHA, WFP, WHO and UNOPS are underway to identify areas of cooperative engagement to reach to affected communities with timely support at scale.

Capacity analysis of the National Society in the country, risk analysis and scenario planning

With a comprehensive network of 330 branches in the 17 states/regions and immediate access to over 7,000 active trained volunteers MRCS has extensive coverage as the largest humanitarian organization in Myanmar. MRCS has over 600 departmental and field-based staff with technical capacity including:

- Disaster Management Department, skilled in leading on complex emergencies.
- First Aid & Safety Services Department, supporting branches with first aid skills and equipment.
- Logistics Department with strong procurement, transportation and stock management systems.
- Humanitarian Values and Communication Department to support messaging, focusing on MRCS operations according to the Fundamental principles.
- Health Department providing ongoing COVID-19 response assistance.
- Organizational Development Department, supporting branch development and youth and volunteer development

MRCS has 28 Warehouses across the country with current stock levels to reach up to 21,000 people. MRCS also has strong cash readiness capacity, with SOPS for cash distribution. In 2020, MRCS reached 6,952 Households with cash grant assistance and is well placed to rapidly scale up cash distribution assistance once cash access at scale becomes feasible. MRCS is also highly experienced in designing and delivering conditional cash grant assistance, through long term engagement in protracted crisis contexts such as in Rakhine. As co-chair of the Cash Working Group (CWG), MRCS is well placed to monitor changing trends in the operating context and identify scope for various forms of cash and voucher assistance.

The timing and pace of planning, reporting and delivery is adversely impacted by the challenging operating context with reduced banking services and limitations in road and air transportation. MRCS' RCVs and staff are continuing to adjust operations to maintain humanitarian response levels. Given the above logistics challenges and cash restrictions, MRCS with the support of IFRC will seek to maximize pre-positioning of stock and supplies to the most vulnerable areas.

The response context is rapidly evolving. There is a need to continue providing lifesaving assistance and to support localized access in basic health and first aid services, in response to health system limitations and challenges to timely access to all affected communities due to the ongoing tensions. There is also an immediate need to address the coping capacity of vulnerable groups. In the medium term there is a need for scale up in community-based healthcare, targeted socio-economic support and disaster preparedness and response. Support to communications and management of MRCS' profile in this sensitive context remains an ongoing priority.

A summary of Scenarios and associated humanitarian needs is set out below.

Scenario	Humanitarian Consequences	Immediate Response	Medium term (up to 12 months)
Increasing Incidents of Violent Confrontation.	Increased number of casualties with a strong demand on both first aid, as well as emergency medical services.	Increase first aid and medical emergency transfer capacity in target locations of high risk due to existing tension.	First Aid and Response Services with increased geographic coverage. Build localised community first aid capacity at community level.
Continuing reductions in access to health services including primary health care.	Increased morbidity and mortality due to limited access to emergency health care.	Scale-up capacity to support patient transfer during critical times, through engagement with local authorities.	Facilitate increased access to medical services. Increase standard and coverage of ambulance capacity. If public health deteriorates further a revised scope of work would be required
Ongoing deterioration of basic services by both public and private sector providers.	Migrant workers and displaced communities and other groups with limited safety nets require immediate relief support. Widespread Livelihoods and basic services impacts.	Provide relief times including essential household items, and support for basic needs and emergency supplies using goods in kind and cash support where feasible.	Social support with emergency supplies/cash or voucher system for target groups. Increase disaster response in line with reduced government agency support capacity.
Continued escalation of clashes between Myanmar Military and EAOs.	Increased numbers of people experiencing temporary or protracted displacement.	Provide temporary support to displaced people and host communities with relief items.	Further increase operational capacity and response levels in areas of protracted crisis, through close coordination with existing response agencies.
Pandemic resurgence at national scale noting public health system now severely disrupted.	Significant portion of the population with increased risk or morbidity and mortality due to COVID-19.	Maintain COVID-19 response interventions with sufficient protective measures for staff and RCVs. Contingency planning for COVID-19 outbreaks.	Expand capacity of current COVID-19 response to include additional levels of health support, particularly focused on patient transportation.
Significant natural disaster in upcoming Monsoon season, including cyclones and/or floods.	Potential large numbers of mortalities, injuries, temporary displacement and loss of livelihoods.	Support immediate disaster planning based on operational constraints due to civil unrest Increase pre-positioned stock in target states/regions.	Engage with Movement partners to undertake a parallel but coordinated response to natural disaster events across all affected states/regions.

C. PROPOSED AREAS OF INTERVENTION

Interventions summarized below address emergency first aid and medical assistance, support to address gaps in primary healthcare access, immediate relief assistance, increased capacity for disaster response and early recovery support to reduce overall socio-economic vulnerability. To effectively deliver these interventions, accompanying support in Branch Development and operational capacity are included.



Health (including First Aid and Ambulances Services)

People targeted: 66,400

Male: 32,536

Female: 33,864

Requirements (CHF): 1,542,000

Proposed intervention: First Aid and ambulance Services, basic health care, community health capacities and enhanced psycho-social support with protection, gender and inclusion incorporated into planned activities.

Needs assessment

- First Aid and ambulance assistance is required with reduced reach of existing ambulance and community service providers due to the operating context.
- Public health services are disrupted and ability to access to health is limited in some townships due to security and financial constraints, disproportionately impacting on vulnerable groups
- Strengthened local services capacities in basic health and first aid expertise are required in high-risk locations for groups at greatest risk.
- Psychological and protection impacts of the crisis are significant with people experiencing and/or witnessing traumatic events as well as loss or separation from family members. Escalated levels of anxiety due to the deteriorating safety and security are widespread.
- COVID-19 risks to affected communities as well as responding teams needs to be closely monitored.

First aid and ambulance services

Across most regions and states, casualty rates and injuries linked to incidents of violent confrontation has been high, with a sharp rise in casualty rates in late March. These services remain an ongoing humanitarian priority as regular ambulance services now face challenges to reach affected patients. In addition to the needs of people with injuries related to the current crisis, urgent medical cases, including for childbirth also require support. Scale up with increased skills development and expanded geographic coverage of first aid and ambulance services will continue to provide immediate lifesaving assistance to affected populations in areas affected by insecurity. The unpredictable nature of the situation requires coverage across 330 Townships for enhanced first aid capacity and where possible investments in Community Based Organisations (CBOs) and Ambulance Services to extend coverage for affected people.

Planned activities:

- First Aid Services including training for RCVs, equipment and first aid supplies:
- First aid training and equipment for Community-based organizations.
- Ambulance and medical transfer services including additional equipment for ambulances, additional ambulances and training for RCVs, including SOPs for COVID-19 safe ambulance services
- Ambulance training for CSO service providers to increase wider availability of first response providers.

Access to basic health services

From early February, disruption to health services affected 70 medical units and hospitals in Myanmar. Access to basic healthcare assistance is severely constrained. While some hospitals are now providing emergency services, public health services are operating at minimal levels. Referral routes are also affected. A reliance on

the private sector creates financial barriers, which, combined with curfew regulations and security risks, limits access to health care for vulnerable groups.

Public health considerations, including COVID-19 outbreaks further compound health risks with COVID-19 vaccinations as well as roll-out of routine immunisation impacted by the current situation.

Community level health capacity needs include basic first aid and public health related knowledge and practice. First aid skills have lifesaving implications when ambulance services are delayed, and basic health knowledge builds resilience in situations where the health system is not functioning. In the current context, key priorities identified for local community networks are skills in First Aid, Psychological First Aid (PFA) and basic health awareness and knowledge, supplemented by essential first aid supplies.

Planned activities:

- Temporary clinical services and patient referrals (Linked to First Aid Above) through temporary (static) clinics, basic medical supplied in temporary branch clinic facilities, outreach support for primary health care support and distribution of hygiene and dignity kits
- CBFHA for Communities and Community-based Organizations (CBOs) through a modified package of interventions building community capacities in First aid, Basic Health PHiE (Public Health in Emergencies), Epidemic Control for Volunteers (ECV) and Psychological First Aid (PFA) skills for communities in most affected locations

MHPSS and PGI Capacities

Overall psychological well-being is impacted by insecurity and job loss at a national scale. People directly impacted by the crisis events especially patients and their families also require additional MHPSS support. MRCS RCVs are skilled in basic Psychological First Aid (PFA) to support patients with minor injuries. In a context of traumatic injuries, a cadre of suitably trained RCVs can provide further MHPSS support to benefit patients in the situation of medical transfers as well as with other cases requiring support and skilled MHPSS and other referral assistance. It would also assist families being supported in cases of the death, or serious injury of a relative and in the provision of RFL related assistance. RCVs providing front-line assistance would also benefit from skilled peer-based support for critical debriefs following incidents, including medical evacuations.

Patients as well as communities supported by RCVs with relief assistance will benefit from delivery approaches and community engagement informed by knowledge and awareness of protection, gender and inclusion considerations. In a context of limited services, RCVs increased skills in analysing the diverse needs of affected populations will be critical to ensure that groups most in need can be identified and reached. This will apply to all interventions, incorporating first aid services, basic health assistance, socio-economic support and preparedness plans for natural disaster response.

There is also scope to provide additional training and support to branches in both referral mapping and effective referral procedures to ensure that additional support from available services can be accessed.

Planned activities:

- PFA support and MHPSS assistance and referral to affected individuals and families through training of RCVs and staff in basic PFA and MHPSS
- Family and Community focused support through branch led family visits, peer networks and referral support to family members of injured people.
- Training RCVS across priority townships in PGI guidelines and referral procedures as well as incorporation of PSEA and child safeguarding mechanisms into activities.
- Supporting staff and RCVS with practical guides and checklists for referral support, as well as resources for service mapping relevant to each context.
- Distribution of dignity kits, along with supporting information to women in contexts of displacement or other situations where supporting items are required.
- Refresher training for RCVs in Restoration of Family Links (RFL). RFL will be continued to be supported through the dedicated hotline and coordinated with ICRC.



Livelihoods and basic needs

People targeted: 50,000

Male: 24,500

Female: 25,500

Requirements (CHF): 1,073,000

Proposed intervention: Socio-economic support through immediate relief and support for livelihoods restoration

Needs Assessment:

Socio-economic vulnerabilities were experienced, particularly in protracted crisis and informal settlements in peri-urban locations prior to 2020. The COVID-19 crisis impacting from March 2020 has pushed already poor households further below the poverty line. In a report published in January 2021, over four-fifths of households in Myanmar reported a drop in income since the beginning of 2020³.

In the private sector, many industries remain suspended with factory closures, due to the combined impacts of banking sector and supply chains disruptions as well as the increasing levels of insecurity. Migrant workers, particularly in peri-urban locations in Yangon and Mandalay have re-located back to places of origin due to job loss and insecurity.

The crisis is deepening vulnerabilities for populations already displaced, with risks of increased displacement in protracted crisis areas including Kachin, Northern Shan, Rakhine and Kayin States. Targeting will be in line with details in Section B above.

Planned activities:

- Stabilization and social safety nets through household distribution of food (in-kind) or cash for the most vulnerable populations
- Early recovery support through livelihood cash grants, asset distribution and life skills training including vocational training
- Rapid assessment of markets to provide a quick picture on access and availability of supply chain
- Community need assessment to understand the livelihood patterns and interests, before initiating livelihood assets distribution.

Note: Cash remains the default response modality for this work, however, given the current disruptions to the banking sector, in-kind support is also referenced as modality here.



Disaster risk Reduction

People targeted: 120,000

Male: 58,800

Female: 61,200

Requirements (CHF): funding requirement reflected under enabling action "Strengthen National Societies"

³ Household Vulnerability Survey (HVS) Rapid Assessment of the impact of COVID restrictions on vulnerable households UNDP December 2020

Proposed intervention: Enhanced Capacity for Emergency Response in the Event of a Natural Disaster

Needs assessment

- Annual disaster preparedness is required with increasing vulnerabilities in 2021 due to events of COVID and conflict and including additional hazards including unexploded ordinances.
- Capacities and population reach of response agencies may be substantially reduced in 2021's disaster season due to current crisis.
- Operational constraints of minimal internet, limited cash for suppliers and households and disrupted transport & supply chain requires timely localized branch level preparedness and repositioning.

In the Monsoon season (mid-May to October), cyclones and/or floods impact particularly in regions and states in coastal areas. Between 2000 and 2019, Myanmar was one of the top three countries globally, most affected by the impacts of extreme weather events. This included Cyclone Nargis which caused 138,000 fatalities and left 2.5 million people homeless. A natural disaster event at even a small-medium scale will compound existing humanitarian needs, caused by the multiple crises of COVID-19 risks and ongoing civil unrest. Expectations on the MRCS in natural disaster events are high. In the 2021 monsoon season, response capacity of key agencies in mandated areas may be reduced, requiring strong IFRC support to enhance MRCS' response preparedness.

Four of the five most vulnerable regions/states in the Monsoon season are (i) Ayeyarwady, (ii) Bago, (ii) Tanintharyi, (iv) Mon and (v) Rakhine States. The first four are directly impacted by civil unrest. Rakhine State has existing vulnerabilities with high levels of existing displacement due to the protracted crisis. In all locations, there is inadequate shelter for both cyclone and flood protection.

Across regions and states, incidences of widespread fire outbreaks should also be anticipated. Mine Risk Education (MRE) remains a priority.

Planned activities:

- Upgraded/refresher skills for expanded RCV capacity and contingency planning incorporating ERT and NDRT - Refresher Training and NDRT in new curriculum and Basic Disaster Management as well as advanced skills for WASH in Emergencies, Logistics, Road Safety and Fleet Management training. Skills in Mine Risk Education, safety and security and incorporation of PGI are also required. These are addressed in Enabling Action 3 below.
- Enhanced HQ and branch emergency funds and equipment for rapid response. This will include localized response capacity at the branch level with approved funds, as well as sufficient response equipment for logistical support and communications. Related equipment to support basic response needs, including items such as water purification units would also need to be included

ENABLING ACTIONS

Strengthening National Societies Requirements (CHF): 1,456,000

Enhanced Staff and Branch operational capacity is required across all 331 township branches and 17 Units/Departments responsible for providing ongoing timely and efficient operational support and quality program service delivery to the response. Branches and departmental units are well equipped for localised emergency response; however, this organisation wide engagement at a national scale across multiple interventions requires sustained investment. IFRC support is crucial to strengthen the operational capacity at branch level.

Over 2,000 RCVs are already supporting the nationwide first aid response for this crisis and a total of 7,000 RCVs have been mobilised (since early 2020) to support the parallel COVID-19 response with ongoing COVID response needs anticipated given increasing risk factors since early 2021.

Skills development for Staff and RCVs has been incorporated into each of the planned interventions for service delivery to required technical levels and at scale.

Key interventions include.

- Prepositioned of stock key relief items including shelter for displacement due to disaster events.
- RCVs equipped and supported (volunteer support, insurance and protective items):
- RCV recruitment and enhanced skills coverage for RCVs and branch leadership:
- Operations, infrastructure and equipment support for branches including infrastructure upgrades and maintenance to support the current response, as well as warehouse and logistic support and staffing and support costs to sustain the response at scale.
- Continuous monitoring and analysis of population movements trends to inform anticipatory preparedness and identification of humanitarian needs of displaced people and host populations.
- Development/ revision of Contingency Plans at NHQ and branch levels for cyclones and floods; including coordination mechanisms with other national and international humanitarian agencies, government, and pre-agreements to ensure that MRCS access to impacted areas will remain granted/ possible in case of disaster

Influencing others as strategic partners

Requirements (CHF): 8,000

Communication and dissemination of MRCS role and mandate

Managing the profile of MRCS amongst the general public and key stakeholders including to authorities, communities and external partners, ensures that MRCS is perceived positively and understood as a neutral and impartial humanitarian actor providing life-saving assistance to all people affected by the crisis.

From the onset of the crisis in early February, MRCS's first point of action was to immediately reinforce the role of all staff and RCVs across all 17 Regions and States to provide a neutral, impartial and humanitarian response in line with the Red Cross mandate and Seven Fundamental Principles. This extended not only to services provided but to forms of engagement in public forums in particular, social media.

Ongoing dissemination of messages to stakeholders, as well as sustained engagement with interlocutors at all levels on a timely basis is key to ensure safe and timely response capacity. Emblem management as well as consistent visibility of MRCS is also an ongoing priority.

Social media and all public communications are a key variable in supporting MRCS profile and ensuring that RCV's are accepted and widely respected by all factions in the current crisis. Effective, transparent and timely public communications for widespread credibility of MRCS is designed to support ongoing and future humanitarian programming. IFRC has been supporting MRCS with a Communications Rapid Response Personnel and will provide continued technical support in communications throughout the Emergency Appeal.

Planned Activities:

- Social media profiling and management to build followers, promote the impact of MRCS activities and increase public engagement through MRCS' social media forums.
- Disseminate key messages linked to the Fundamental Principles increasing public understanding and acceptance of the independent, neutral and impartial role of MRCS,

- Communications to support visibility and positioning of MRCS through media relations with national and international media and production of multi-media materials and new stories which capture MRCS activities and enhance donor relations. (including media trainings to MRCS staff).
- Dissemination of MRCS mandate and Red Cross Law to all key stakeholder through meetings, material production, trainings and public communication messaging targeting different stakeholders at national, state and regional levels, and CBOs on the Red Cross Law, MRCS's auxiliary role in line with the Fundamental principles.

Ensuring accountability Requirements (CHF): 421,000

PMER, Information Management and community engagement and accountability

IFRC will enhance IM and PMER capacity for MRCS to deliver this complex response at scale with data requirements across all 331 branches across all 17 regions and states.

Information management (IM) investments will facilitate timely gap analysis in coverage in terms of geographical reach and sectoral interventions. To strengthen data monitoring and reporting with the response covering all regions and states, investment in the following areas is required.

- conducting rapid assessments and providing regular, timely data inputs.
- IM Equipment and internet costs to increased including coverage across 17 states/regions.
- PMER & IM Training packages including in analysis for PMER leads.
- Lessons learned workshops and reflection sessions.

Communication, Engagement and Accountability (CEA):

Ensuring community engagement and accountability across each sectors of intervention are in line with the Community Engagement and Accountability Movement-wide commitments and minimum actions. This will incorporate community consultations and feedback systems. Community consultation forums and community engagement and accountability training packages will support this work. Options for establishment of relevant contact numbers for key services will be explored.

RCVs will be supported to consult with and capture community perceptions on health, livelihoods and basic needs, information channels and sources, amongst other themes.

This will help to serve the people in need and also to hear from the communities about the services provided. Capacity strengthening of the staff and volunteer to support these consultations will be provided, with a focus on feedback handling guidelines.

Programme management and technical support

Through the IFRC's Myanmar delegation in Yangon, the MRCS is supported with access to the substantial technical, coordination and advocacy resources and capacity of the Secretariat and entire Federation membership.

This includes a dedicated IFRC Myanmar team with a full-time Response Operations Manager and additional technical expertise in Communication, Information Management and PMER. This team will support the MRCS' Response Management team in coordinating across MRCS Departments and with close oversight of senior MRCS management and leadership including the Deputy Secretary General and Secretary General.

Additional technical support through the IFRC is also provided from the IFRC's Asia Pacific regional office in Kuala Lumpur, global headquarters personnel in Geneva, through peer-to-peer support from other Red Cross Red Crescent National Societies, both those with presence in Myanmar and others from the wider Asia Pacific region. Existing regional engagement includes MRCS' membership of the Movement Migration Leadership Group, the Movement Reference Group on Internal Displacement, and the Asia Pacific Migration Network (APMN).

D. FUNDING REQUIREMENTS

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRMM016 - MYANMAR – CIVIL UNREST

Funding requirements – summary

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	
LIVELIHOODS AND BASIC NEEDS	1,073,000
HEALTH	1,542,000
MIGRATION	
STRENGTHEN NATIONAL SOCIETIES	1,456,000
INFLUENCING OTHERS AS LEADING STRATEGIC PARTNERS	8,000
ENSURING ACCOUNTABILITY	421,000
TOTAL FUNDING REQUIREMENTS	4,500,000

Contact information

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

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For In-Kind Donations and Mobilization Table Support:

- Siokkun Jang, Logistics Manager; email: siokkun.jang@ifrc.org

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

How we work

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

Jagan Chapagain
Secretary General
