

Final Report

Malaysia: Floods

DREF operation	Operation n° MDRMY005
Date of Issue: 31 July 2021	Glide number: FL-2021-000001-MYS
Operation start date: 4 January 2021	Operation end date: 31 May 2021
Host National Society: Malaysian Red Crescent Society (MRCS)	Operation budget: CHF 324,047
Number of people affected: 23,776	Number of people assisted: 2,996 (10,267 households)
Red Cross Red Crescent Movement partners currently actively involved in the operation:	
<p>Malaysian Red Crescent Society (MRCS) has over 6,000 volunteers and staff and 16 states all over the country. The National Society is well known and respected in the country and works closely with the Government. The MRCS mandate is outlined in Directives No. 18, No. 20, and No. 21 of the National Security Council, where among its role is to support other government agencies in rescue and evacuation efforts and providing emergency medical services. The IFRC Malaysia support team was working closely with the MRCS headquarter counterparts in monitoring the situation and enhancing readiness measures. The IFRC supported the MRCS with prepositioned stocks that were funded under Red Ready that be utilized to respond to the floods.</p>	
Other partner organizations actively involved in the operation:	
<p>Government of Malaysia (GoM), MERCY Malaysia, National Disaster Management Administration (NADMA), Malaysian Fire and Rescue Department, National Security Council (NSC) and the Social Welfare Department of Kelantan and Terengganu (JKM), Malaysian Civil Defence Force (APM).</p>	

A. SITUATION ANALYSIS

Description of the disaster

Areas prone to flooding for Malaysia are approximately 29,800 square kilometres or nine per cent of the land area of the country. Large floods usually occur in the northern states of Malaysia due to prolonged rainfall, especially in the convening months of November and December. Johor, Pahang, Kelantan, Terengganu, and Sabah are affected, and flooding occurs annually.

Significant heavy rains, which began on 2 January 2021, caused flooding in the five states in Peninsular Malaysia on the morning of 4 January. National Disaster Management Administration (NADMA) estimated that 11,973 families were affected by the floods including 8 deaths. A total of 42,947 people were evacuated to 397 evacuation centres in 27 districts within the five states.



Flooded in the housing area, Kota Bahru, Johor. Photo credit: MRCS

On 8 January 2021, The Malaysian Meteorological Department (Met Malaysia) issued a weather warning alert with expected continuous heavy rain to occur over the states of Terengganu, Pahang, Johor and Sarawak. It was reported that heavy rain and thunderstorms were to continue to hit Sarawak and Sabah until January 19. Continuous heavy rain resulted in floods in Terengganu, Kelantan, and Sabah. There were reported damages of roads and landslides as well as minor damages to houses in the recent floods in those floods affected states.

Summary of response

Overview of Host National Society



MRCS team prepared for hygiene kits distribution. Photo by MRCS.

The MRCS along with the IFRC Asia Pacific regional office (APRO) closely monitored the situation and coordinated the response with the Government of Malaysia (GoM) through respective National and state Civil Defence Force (Flood Response Taskforce) at national and district levels. MRCS volunteers in branches throughout the affected areas were activated since 22 November 2020 and throughout the operation. The MRCS branches of Johor, Pahang, Kelantan and Terengganu had activated their annual floods preparedness plan in anticipation of the monsoon season.

MRCS mobilized its local branch network to work alongside the authorities in addressing community needs. The flood emergency response operation was successfully executed benefiting recipients affected by flood in five states, namely Johor, Pahang, Sabah, Kelantan and Terengganu. During the implementation of this operation, MRCS followed the existing government and movement guidance related to the COVID-19 crisis. During the MCO, MRCS staff and volunteers were still allowed to operate as usual, considering that MRCS were providing essential services to people. MRCS was still able to provide the planned assistance under the DREF operation, including the distribution of hygiene kits and provision of cash assistance to the targeted affected people.

This operation reached a total 2,996 households (10,267 people, with average of 3.5 family member size in one household), with the breakdown of 1,654 households that received multi-purpose cash grants and hygiene kits, 996 households received multi-purpose cash grants only, and 346 households received hygiene kits only. The operation started in January 2021 and was completed by 31 May 2021.

The National Society deployed members of its state disaster response teams (SDRT) to support rescue and evacuation efforts, to undertake rapid needs assessments and to distribute urgent relief. The SDRT were augmented by members of the rapid deployment squad (RDS) and two personnel from the IFRC regional delegation for Asia Pacific.

Overview of Red Cross Red Crescent Movement in country

The IFRC Asia Pacific regional office (APRO) in Kuala Lumpur has a dedicated team located with MRCS, at the national headquarters. The IFRC Malaysia support team worked closely with the MRCS headquarter counterparts in monitoring the situation and enhancing readiness measures. The IFRC continues to support MRCS in implementing the Red Ready Programme, with a key focus currently on enhancing cash readiness of the National Society's headquarters and branches. The MRCS launched a domestic appeal to support their flood response, through social media. Singapore Red Cross has provided bilateral support to MRCS to assist people affected by the floods.

Overview of non-RCRC actors in country

Government of Malaysia (GoM) through National Disaster Management Administration (NADMA) and National Security Council (NSC) were coordinating the rescue and relief efforts in the affected states. NSC at district level and Social Welfare Department established and managed evacuation centres and was transferring affected people to the centres. Malaysian Fire and Rescue Department, Malaysian Civil Defence Force (APM) and local NGOs were supporting the rescue and relief efforts.

Needs analysis and scenario planning

MRCS had mapped their capacity of each branch in the anticipation of the flooding and came up with a response plan for these branches. The continuous heavy rain had caused water levels to increase, and this led to further flooding in other areas.

MRCS conducted rapid needs assessment from 5 to 13 January 2021 in Johor, Pahang, Kelantan, Terengganu, and Sabah to map out needs and gaps to complement the relief efforts by the local authorities and NGOs. Based on the assessment, each state and district level Civil Defence Force was leading and coordinating flood relief efforts with local authorities and NGOs in the field. State and district level Civil Defence Force were on standby until March 2021 within the duration of the North-eastern Monsoon period where subsequent floods waves were expected in these states.



MRCS volunteers conducted rapid assessment. Photo by MRCS.

In the first few days since the flood happened in the areas, the assessment team collected information and secondary data from National Security Council (Majlis Keselamatan Negara (MKN)) and then visited each of MRCS branch and conducted meetings with the state-level Disaster Management Agency (NADMA) and local authorities such as state/district Civil Defence Force, Welfare Department, Ministry of Health, etc. to verify the secondary information. For these meetings and recommendations, the assessment team short-listed and visited the most affected areas narrowing down areas for the potential response and triangulating the impact and needs of the affected people. In addition, several people in the affected areas were interviewed (with consent).

In all five affected states, the Civil Defence Force reported that floods affected a lot of people. Nonetheless the magnitude of damage was not as bad as 2014 floods and there was no damage to roads or bridges in Kelantan, however, in Pahang and Terengganu, there were reported damages of roads and landslides. In addition, there were no high number of reported cases of houses damaged due to the floods in all affected five states.

Coordination among local authorities and existing NGOs were coordinated smoothly to assist affected people however, all parties providing aid/assistance were required to register with the District Office and Welfare Department to avoid duplication of assistance to the affected people. The states Civil Defence Force confirmed that most of the affected people in the evacuation centres had been assisted with basic food supplies. Of the communities returning home, those from the lower income group and in the rural areas, were in need of support in cleaning/disinfecting their houses from mud and debris, personal hygiene supplies, and most households especially in the rural areas required basic kitchen equipment for daily living as they were unable to cook and feed their families. During the assessment time, these types of needs were not covered under any assistance.

Considering that the flooding occurred when cases of COVID-19 were spiking across Malaysia, there were concerns that large numbers of people in relief centres would increase the risk of transmission. To address this risk, the Ministry of Health (MOH) has reminded the authorities and affected people to ensure adherence to COVID-safe standard operating procedures (SOPs), including physical distancing. Furthermore, effective 13 January 2021, the authorities enforced a renewed Movement Control Order (MCO) across several states and federal territories.

Livelihood situation

Household and foods assistance were well covered by Welfare Department and local NGOs. During the MCO and CMCO, essential services such as banks and markets were functioning as per usual. While a return to the tight restrictions on movement of people meant to stem the spread of COVID-19, it impacted on household economic security of households – especially of those who rely on wages or small businesses – whose breadwinners would struggle to earn an income. As such, there was a need to ensure that response efforts in areas affected by the double risks of floods and COVID-19 would include measures aimed at alleviating immediate socio-economic impacts to affected households. For this reason, cash and voucher assistance (CVA) was provided to the affected families – whose daily lives have been disrupted by floods and COVID-19 – to meet their immediate needs in a dignified manner.

Health and WASH situation

The health of the affected people was covered by respective District Health Offices, which was functioning. There was no reported outbreak of diseases. Diseases related to floods such as diarrhoea or other communicable diseases were well covered by the District Health Offices. No psychological traumatic experiences were reported. The Malaysian Civil Defence Force (APM) confirmed that there were no reports of damages to water supplies structures and sanitation facilities. From the need assessment finding, those communities returning home from the lower income group and in the rural areas, were in need of support in cleaning/disinfecting their houses from mud and debris, and personal hygiene supplies.

As of 13 January 2021, total COVID-19 case was 141,533 cases, with 3,309 new cases as of 12 Jan 2021. There were no COVID-19 cases among any flood evacuees reported. Malaysian government just announced on 11 January 2021, a Movement Control Ordered (MCO), often referred as a partial lockdown as a preventive measure by the federal government of Malaysia in response to the COVID-19 pandemic in the country, in Penang, Selangor, Malacca, Johor, Sabah, Kuala Lumpur, Putrajaya and Labuan. MCO begun from midnight Jan 13 until the end of Jan 26; a conditional MCO (CMCO) in Pahang, Perak, Negeri Sembilan, Kedah, Terengganu and Kelantan. In addition, Kuching, Sibul and Miri in Sarawak were also under the conditional MCO; and a recovery MCO in Perlis, and Sarawak (except Kuching, Sibul, and Miri). Among states targeted for the MRCS flood operations, Johor and Sabah were hit with MCO, while Kelantan, Pahang and Terengganu underwent CMCO.

Operation Risk Assessment

Apart from the difficulty of road access in some affected areas and increased health risks with the on-going COVID-19 crisis, mosquito and water-borne diseases, debris and vehicle accidents; there were no other major threats in Malaysia which directly disrupted the implementation of operational activities. However, to mitigate the security risks, adequate measures were put in place. An established field implementation guide for MRCS branches aided volunteers to consider the ongoing COVID context and was adhered to closely during the implementation of the DREF operation to minimize risk. During the implementation of this operation, MRCS followed the existing government and movement guidance related to the COVID-19 crisis. During the MCO, MRCS staff and volunteers were still allowed to operate as usual, considering that MRCS were providing essential services to people. MRCS was still able to provide the planned assistance under the DREF operation, including the distribution of hygiene kits and provision of cash assistance to the targeted affected people.

B. OPERATIONAL STRATEGY

Proposed strategy

The objective of the operation was to meet the immediate needs of 2,500 households in flood-affected villages of the five states (Johor, Pahang, Kelantan, Terengganu and Sabah) through the distribution of hygiene kits from the preposition stocks and distribution of unconditional multipurpose cash, which completed within 5 months.

The five months DREF operations reached a total 2,996 households (10,267 people, with average of 3.5 family members per household), with the breakdown of 1,654 households received multi-purpose cash grants and hygiene kits, 996 households received multi-purpose cash grants only, and 346 households received hygiene kits only. MRCS also provided the hygiene promotion and mental health and psychosocial support (MHPSS) promotion alongside with the distribution of the hygiene kits. Due to movement control order (MCO) implemented in the country, MRCS volunteers was not able to do face-to-face activities. The MRCS volunteers innovatively used diverse ways to communicate with the communities, such as in Kelantan, the MRCS volunteers conducted the hygiene promotion and MPSS promotion activities through vehicle so called by MRCS as an “information on wheel”. This was replicated also in the other states, such as in Terengganu and Pahang.

MRCS MHPSS program mobilized their trained psychosocial support (PSS) volunteers serving at the RedCrescent4U Careline in Sabah, alongside more than 20 volunteers under this operation. Basic psychological first aid (PFA) training was conducted to over 60 volunteers in Johor and Sabah, focusing on the 3 principles of PFA: look, listen and link for communities. Volunteers were equipped with the skills to approach people in distress. The PSS activities were conducted such as empathic interviewing, calming techniques, mindfulness breathing and grounding, arts, craft, and games with children. RedCrescent4U Carelines were promoted through every engagement with villagers, and posters were placed at public places to increase awareness. The careline was also utilized for feedback mechanisms to monitor the impact of intervention activities during the DREF. The RedCrescent4U careline received 2,786 calls (1,313 male and 1,473 female) as of June 2021.



1MHPSS activity in Sabah for the children affected by flood. Photo by MRCS.

Types of assistance received by households				
states	Cash and hygiene kit	Cash only	Hygiene kit only	Total no. of households
Johor	411	89	89	589
Kelantan	248	252	2	502
Pahang	562	93	188	843
Sabah	433	67	67	567
Terengganu	-	495	-	495
Grand Total	1,654	996	346	2,996

Gender segregation by type of assistance			
Type of assistance	Female	Male	Total
Cash assistance	1,090	1,560	2,650

Hygiene kits	885	1,115	2,000
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A total of 2,996 households (10,267 people), 41% (1,238) female-headed households and 59% (1,758) male-headed households were reached through the activities conducted under this operation, which covered provision of hygiene kits, provision of multi-purpose cash grants (MPCG), hygiene promotion activities and MHPSS. Of the 10,267 people, 53% (5,418) were female, and 47% (4,849) were male; and 48% (4,899) people were identified under 18 years, and 52% (5,368) people above 18 years.

Gender segregation data by households			
state	Female-headed	Male-headed	Total
Johor	232	357	589
Kelantan	244	258	502
Pahang	347	496	843
Sabah	271	296	567
Terengganu	144	351	495
Grand Total	1,238	1,758	2,996

Total number of people reached			
states	Total no. of people	Male	Female
Johor	2,602	1,230	1,372
Kelantan	1,250	605	645
Pahang	3,640	1,713	1,927
Sabah	2,775	1,301	1,474
Grand Total	10,267	4,849	5,418

Data of people by age group			
states	<18 years old	>18 years old	Total
Johor	1,195	1,407	2,602
Kelantan	531	719	1,250
Pahang	1,816	1,824	3,640
Sabah	1,357	1,418	2,775
Grand Total	4,899	5,368	10,267



MRCS staff explaining the MRCS activities and gave the IEC leaflet. Photo by MRCS.

At the beginning of this operation, MRCS prepared IEC materials with descriptions of MRCS activities in this operation, including the recipient selection criteria, type of assistance provided, the mechanism of assistance provided to recipients, the timeframe of the operation, and the feedback channels available for communities to contact MRCS to provide comments or feedback of the operation. MRCS volunteers conducted community engagement and provided IEC materials to the targeted community, prior to providing assistance. After the community engagement was conducted, MRCS began to register the potential recipients to receive hygiene kits and the multi-purpose cash grants (MPCG).

As this operation was implemented during the COVID-19 pandemic time, MRCS ensured the safety of staff and volunteers by providing them with orientation on the movement and mobilization guidance during COVID-19 pandemic, and providing them with personal PPE, included masks and hand-sanitizers.

Communication

The IFRC communication senior officer from APRO office supported the communications team of the MRCS to communicate with external audiences on the situation, with the aim of generating visibility and support for the humanitarian needs and the Red Cross Red Crescent response. During the rapid assessment, IFRC communication staff aided the MRCS communication person to support the collection of high-quality photos, and video content that was published on MRCS and IFRC social media and digital channels as well as shared with National Societies globally via Newswire. The IFRC regional communication manager also supported MRCS with sharing press releases to main media in Malaysia in the early days of the flood. The Secretary General of MRCS was interviewed by Al Jazeera News with the support from the IFRC communication manager regarding the flood in Malaysia and the response by MRCS.

MRCS developed internal communication mechanisms specific for this operation, including a weekly team call involving all field coordinators from the five states and created a WhatsApp group for daily communications.

Human resources

The operation activities in targeted states were led and carried out by MRCS staff and volunteers at the branch level, with support of the disaster management unit and cash focal point at the national headquarters, as well as support from the IFRC operations manager and IFRC regional cash coordinator. To complete the DREF operation within the timeline, MRCS appointed focal persons for the DREF operation in each of the target states and headquarter to mobilize its staff and engage volunteers as required and appropriate. Existing IFRC staff (including an operations manager for Malaysia operations) assisted MRCS in planning, coordination, information management (IM), need assessment, etc. In addition, IFRC staff provided technical support for operational management. With the support of IFRC APRO, additional two technical surge capacities were engaged to support the rapid assessment and the communication aspect of the operations.

Information Technology and Information Management

MRCS used a mobile data collection to conduct a rapid assessment in the targeted areas, through KOBO platform. MRCS with support with IFRC, developed the assessment tools, and uploaded in the KOBO platform. MRCS volunteers and staff were trained on the assessment tools and on how to collect the data with the mobile phone. From the Kobo platform, MRCS could generate a quick analysis from the data collected during the assessment. Under the program activities, MRCS also used a mobile data collection for registration of recipients and for conducting post-distribution monitoring. MRCS used a Red Rose data management platform on the program implementation, including the hygiene kits distribution and the multi-purpose cash grants. All the data had been collected by MRCS were stored in the Red Rose data management platform. The Red Rose data management managed all the cash transfer process, included

the review and verification process, cash transfer request from the program, approval from the management, until the cash transfer process by finance department. This Red Rose platform is also provided a feature to conduct a PDM, with a similar way with the KOBO platform.

Logistics and Supply Chain

IFRC through the Global Humanitarian Services and Supply Chain Management (GHSSCM) in Kuala Lumpur supported the MRCS to procure 2,000 hygiene kits. These 2,000 hygiene kits were delivered to MRCS, to replenish the pre-positioned stocks of hygiene kits that had been distributed for this operation. The pre-positioned stocks of those hygiene kits will enable MRCS to respond quickly the needs of hygiene kits to the disaster affected people in the early phase of a new emergency response.

One of the recommendations from the lesson learned workshop, MRCS will consider contextualizing the contents of the hygiene kits to Malaysia families. MRCS will continue the discussion on this contextualization of hygiene kits, and to involve the logistic unit as part of improving their disaster preparedness capacity.

In this operation, MRCS was working with one finance service provider (FSP). Maybank, to support the CVA activities. MRCS conducted a procurement process to select the FSP, with specific scope of work (SOW). Because of the CVA is still quite new in Malaysia, in this partnership, Maybank was not yet able to provide a maximum result as expected by the SOW. In this operation, Maybank were able to facilitate the unbanked families to open a bank account with them, but not yet able to provide options on providing cash to the unbanked families in the remote places. Based on this first partnership, MRCS with the support of IFRC, will continue to explore on finding the suitable FSP to support MRCS on the CVA. This is already included in the MRCS Cash Preparedness Plan.

Quality programming

The post distribution monitoring (PDM) exercise was carried out to gauge the overall satisfaction level amongst the recipients of the assistance. The aim of MPCG was deemed to be met when most of the respondents used the cash grants to address their self-identified basic needs, which included food, personal hygiene items, paying utilities, paying medical fees, etc. The assistance also helped them to mitigate negative coping mechanisms especially in limiting their quality food intake and utilizing their savings. Up to 82.6% of the respondents indicated that they were fully satisfied with the cash assistance provided by MRCS and 99% reported that they found the hygiene kits useful. The experience gained from this operation has also improved capabilities and capacities of the relevant MRCS branches in disaster response.

From this operation, MRCS identified key operational constraints in several segments starting from the overall planning, operational management, and coordination. There were also opportunities for improvements identified in the process of identifying targeted recipients, distribution of hygiene kits and MPCG, notification to the recipients of the assistance status, as well as the timeliness of the response.

Below are of the findings:

Targeting

- All respondents reported being affected by the floods either those temporarily relocated, or that household income was affected due to the flooding situation. Significant number of respondents also reported damaged houses. This DREF response also was able to reach the most vulnerable households where senior citizens and families with infants were prioritized.
- A total of five states was covered geographically for both the cash assistance and hygiene kits. As observed, geographical targeting was not clear, especially decisions on districts to be covered that informed practical operational considerations.
- Timing and synergy could be improved in ensuring that targeting for both assistances are well understood and coordinated to the branches. It was planned that the affected households were to receive both cash and hygiene kits; however, complementarity of the cash assistance and hygiene kits could not be established from the result of the PDM.

- A total of 46 per cent are female respondents while 54 per cent are male. Majority (56 per cent) of the respondents belong to the older age group 50 years old and above, while a significant proportion also belong to the 40-49 years old age group. The age group of the recipients needs to be considered in future program design especially on planning technology-based solutions in receiving the assistance and in communicating and gathering feedback.

Cash and Voucher Assistance

- A total of 88 per cent of the respondents reported receiving cash assistance and 97 per cent received MYR 300 cash assistance, while 3 per cent could not confirm receiving the cash assistance. It can be noted during the PDM field activity that some respondents were not aware of the cash assistance transferred to their bank accounts already.
- A total of 61 per cent reported that the cash assistance was not enough to cover their monthly needs, and this was attributed to prolonged community quarantine, loss of income due to COVID-19 and bigger family size.
- The top five cash expenditures were on food (63%), basic household items e.g., sleeping materials, kitchen items, etc. (46%), hygiene items (21%), medical expenses (20%) and shelter repair/construction (19%). While respondents reported that the cash assistance were spent on varied reasons hence, addressing multiple needs. It can be noted also that a relatively significant 21 per cent were still spent on hygiene items despite the plan for the beneficiaries to receive hygiene kits.
- PDM survey result and case stories both highlighted that the recipient's needs were met. The assistance received gave a sense of relief for a couple of weeks without them worrying about reducing quantity and quality of food and purchasing for basic household items, using up their savings, and seeking help to others by borrowing or relying on donations and other humanitarian assistance.
- The timeliness of cash assistance can be improved. While almost all the respondents reported that the assistance came on time, it was difficult to gauge since most of the respondents were still very positive and grateful of the cash received, noting that to some of them, it was their first time to receive cash assistance. It can also be noted that some of the respondents were not aware of the cash assistance and were only informed during the PDM.

Hygiene kits distributions

- A high utilization can be noted for the hygiene kits with 86 per cent and that 99 per cent of the respondents reporting that the assistance was useful and sufficient.
- It can be further noted however that while utilization and perceived sufficiency is high, the information received both prior to receiving the assistance and guidance on hygiene kits and hygiene promotion can be improved. As observed, some of the hygiene promotion sessions were only done when the PDM was already being conducted, months or weeks after the hygiene kits were distributed.
- Timing of hygiene kit distributions can be further improved. In some states, the distribution came early while some of the affected families were still in the evacuation centres. However, in some states, the hygiene kits and hygiene promotion were completed weeks and months after the onset of the disaster.
- Quality of the hygiene items were well appreciated, and the distribution of the hygiene kits were reported to be fast from the time they were informed. Some feedback however was noted on the content that needs to be contextualized based on the needs of Malaysian families.

Community engagement and accountability (CEA)

- The community feedback tools can still be improved to consider how best community members feel comfortable in using those mechanisms. The survey showed that community gathering is still the preferred means of getting information or even house to house visits.
- MRCS developed community feedback mechanisms with hotlines and brochures printed and dedicated email ID set-up. However, these systems either came in late or were not well communicated to the branches. Only 56.5 per cent of the respondents reported that they were aware how to report to MRCS if they have questions or feedback. It is also noted that there was no single documented community feedback with either of those mechanisms set-up.

- On the feedback mechanism, the most common medium is dependent on village representatives to send complaints or suggestions to MRCS (37.1%), send messages in MRCS social media accounts (30.6%) and call or send a message using the hotline number (29.6%).
- It is evident in the PDM that there has been a gap in communication for both assistances. For cash assistance, some of the respondents were not informed that the cash was already transferred to their bank accounts. Some of them could not confirm if the cash assistance were from MRCS or from the government. Also, to some they did not receive information about what the hygiene kit is for until they saw what was inside the white box.

Planning, operational management and coordination

- On the planning, it was planned that the beneficiaries will receive both cash and hygiene kits, it was however not clear in terms of how planning and coordination will be done at the state branch level especially on the targeting and selection of beneficiaries. It was evident that the state branches need stronger support especially on the initial program set-up.
- For this PDM, the list of recipients of each assistance was used as reference to be interviewed. However, it was not clear what documentation is required from state branches especially on the list of recipients for the hygiene kits. While the Red Rose data management system had been used for the cash assistance, the list of recipients for hygiene kits earlier distributed was difficult to obtain.
- Overall feedback from this PDM showed that there is a need to have a clearer communication structure and better communication channels beyond WhatsApp messaging.

To improve further, below are the recommendations as identified by the post distribution monitoring:

Recommendations

1. Targeting - Solidifying the recipient targeting by developing structured guidance, emphasizing on community participation in identifying the actual needs.
2. CVA - To review the value of cash grants from a proper market assessment to determine the minimum expenditure basket (MEB) analysis. Timeliness of cash assistance can be improved and should be aimed at completion within week 3 or week 4 after onset of flooding. This can be also achieved by addressing bottlenecks to improve the effectiveness and efficiency of cash programming.
3. Hygiene kits – To involve WASH specialists in the overall implementation of hygiene promotion supplemented by the provision of hygiene kits to the recipients. MRCS enable MRCS to properly design and plan on the hygiene kits provision project and on the hygiene promotion project.
4. CEA – A structured feedback mechanism needs to be developed at the early stage of the implementation and communicated across the program.
5. Operational management and coordination – There is a need of minimum standards training in needs assessment, community mobilization, basic program and project management, as well as in establishing an official communication channel for clearer information sharing.

A lesson learned workshop was conducted online on 27 and 28 May 2021, facilitated by IFRC PMER staff and IFRC operations coordinator for South East Asia. Due to the strict movement control order (MCO) applied in Malaysia, MRCS was not able to conduct a face-to-face meeting and discussion for this workshop. Up to 60 participants from the five states and MRCS national headquarters joined the online workshop. The participants consisted of MRCS states leaders, chapter leaders and National Society staff and management. Participants were asked for feedback on the past activity of DREF-Malaysia Floods operation by their respective states.

Recommendations from the lesson learned workshop

Disaster Response Operations


- MRCS national headquarters to orient and train MRCS branches on DREF mechanism and procedures. IFRC can support MRCS national headquarters on this DREF mechanism and procedures.

- MRCS to (re)-orient and provide refresher training to MRCS staff and volunteers on the disaster response SOP, including on the areas of providing quick situational report (sitrep) and rapid assessment.
- MRCS to (re)-orient and provide refresher training to MRCS staff and volunteers on the disaster preparedness SOP, including the logistic preparedness, and prediction and early warning.
- MRCS national headquarters to improve their mechanism to provide guidance and technical support to MRCS states and district during the implementation, either in the early stage and during the implementation of the DREF operations, to ensure staff and volunteers are well prepared.
- MRCS to improve communications on sharing the response plan and strategy with the MRCS branches on preparing the DREF Plan of Action, to ensure the involvement and the ownership of the operations from the branches.
- MRCS to provide training on CEA to MRCS staff and volunteers, to improve the community engagement and accountability for the response operations.
- MRCS to train more staff and volunteers on cash voucher assistance (CVA), as MRCS goes into direction of using CVA to provide assistance during the emergency response, and to improve the processes.
- MRCS to train more staff and volunteers on MHPSS.
- MRCS to improve their communication work to profile the MRCS works through taking photos and collect success stories from the beneficiaries. To also train MRCS branches on this communication works.

Volunteers' safety and wellbeing

- To provide a basic first aid training/course to staff and volunteers.
- To provide a resilience and PSS training to staff and volunteers.
- To ensure the staff and volunteers always insured with insurance, before the start of the operations.

C. DETAILED OPERATIONAL PLAN

 Livelihoods and basic needs People reached: 2,650 HH Male: 1,560 HH Female: 1,090 HH		
Indicators:	Target	Actual
# of targeted household that have enough (food, cash, income) to meet their survival threshold	2,500	2,650
# of household reached with cash for basic needs	2,500	2,650
Narrative description of achievements MRCS provided multi-purpose cash grants (MPCG) to 2,650 households affected by flood in five states (Johor, Pahang, Kelantan, Terengganu and Sabah) between January to May 2021. The recipient selection criteria were households affected by flood, households evacuated to the evacuation centre, households with vulnerability criteria such as senior citizen as head of household; women-head of households, family with pregnant and or with lactating women, family with illness member, family with people with disability (PWD) member. The value of cash assistance was pre-set by the MRCS at RM300 (CHF 70) per household. The cash assistance was given one-off with the aim to address needs self-identified and prioritized by the households themselves, hence the decision to use multipurpose cash assistance. In this operation, MRCS was working with one finance service provider (FSP). Maybank, to support the CVA activities. MRCS conducted a procurement process to select the FSP, with specific Scope of Work (SOW). Because of the CVA is still quite new in Malaysia, in this partnership, Maybank was not yet able to provide a maximum result as expected by the SOW. In this operation, Maybank were able to facilitate the unbanked families to open a bank account with them, but not yet able to provide options on providing cash to the unbanked families in the remote places. Based on this first		

partnership, MRCS with the support of IFRC, will continue to explore on finding the suitable FSP to support MRCS on the CVA. This is already included in the MRCS Cash Preparedness Plan.

MRCS conducted post-distribution monitoring (PDM) in the last month of the operations (May 2021). Based on the PDM result, below are the main findings:

- Cash assistance was used on many different needs. The top five spending were on food (63%), basic household items e.g., water container, sleeping materials, kitchen items, etc. (46%), hygiene items (21%), medical expenses (20%) and shelter repair/construction (19%).
- A total of 61 per cent of the respondents did not think the amount was sufficient to cover their household basic needs (food, housing rent, hygiene, medicine or communication) for one month. From the 61% we gathered information as to why, with respondents provided with more than one reason, the 39 per cent respondents thought that the amount was insufficient, 53 per cent said the amount is not enough to cover basic needs, 13 per cent have a big household (more than 6 members) and 14 per cent need additional rounds of distribution due to the long duration of the pandemic. The respondents also however recognized that the assistance may not address all needs of the households. the context of the COVID-19 pandemic also exacerbated issues, where people employment and economic opportunities have decreased, and then to be affected by the floods, the RM 300 can only contribute to a small proportion of the households' needs.
- Regarding the timeliness of the provision of cash assistance, 91.8 per cent of responded positively (yes) and 8.2 per cent said otherwise. Respondents that answered no were asked further when the cash assistance should have been provided. 44 per cent of the respondents stated it should have been done three weeks ago, 12 per cent mentioned that it should have been two weeks ago, while 44 per cent chose other time frames, including many stating a month ago would have been appropriate. The “no” highly contrasted with the “yes”. When saying no, a significant period is chosen as the appropriate amount of time, and many echoed the same timeframe of one month.
- On the question on overall satisfaction, 82.6 per cent indicated that they are fully satisfied with cash assistance provided by the MRCS. On the contrary, 17 per cent reported somewhat satisfied and 0.3 per cent reported that they are not satisfied. When asked further for those that reported somewhat satisfied or not satisfied, the reasons are as follows:
 - Add in-kind assistance with the cash grant (31.1%)
 - Higher amounts (26.2%)
 - Amounts according to the size of the household (21.4%)
 - Longer period of support (19.4%)
 - Others (1.9%)

To address the finding, recommendation for MRCS to review the value of cash grants from a proper market assessment to determine the minimum expenditure basket (MEB) analysis, before starting with the new cash grants project. Timeliness of cash assistance can be improved and should be aimed at completion within week 3 to week 4 after onset of flooding. This can be achieved by addressing bottlenecks to improve the effectiveness and efficiency of cash programming.

Challenges

Constraints exist in movement due to the current ongoing COVID- 19 pandemic and movement control order (MCO) imposed by the Malaysian government. Certain regions had elevated levels of lockdowns that hindered the MRCS to conduct the activities in the targeted villages. Special permission for MRCS were provided by the authorities, and coordination with the local authorities were made to address this movement challenges.

While the MRCS staff capacity in the headquarter level has improved in the cash & voucher assistance (CVA) approach, the staff and volunteer capacity in the branch level is still low. This impacted the slow starts of CVA implementation and the delayed transfer to the recipients. Many challenges occurred during the CVA implementation including the registration process, inaccurate data, long time process on following up issues. These all came up during the lesson learned workshop, and recommendation for MRCS to improve the capacity of the MRCS staff and volunteers on CVA approach was highlighted.

Lessons Learned

As mentioned in the challenges regarding to the MRCS volunteers and staff capacity on CVA, it is necessary to ensure that MRCS in the states/branches level are ready to implement the CVA approach before operations begin. Based on the lesson learned workshop, it is recommended for MRCS to train more staff and volunteers on CVA, as MRCS moves forward in favouring CVA mechanisms to provide assistance during emergency response, and to improve the processes. This is the on-going support by the IFRC to MRCS on the Cash Preparedness Plan.



Health

People reached: 10,267 people (2,500 HH)

Male: 4,849 people

Female: 5,418 people

Indicators:	Target	Actual
# of targeted household at evacuation centre and district effected by flood	2,500	2,650
# of household, vol, and village that involve in the disaster	2,500	2,786
# of volunteers involved in health programmes	1251	130

Narrative description of achievements

MRCS MHPSS program mobilized their trained Psychosocial support (PSS) volunteers serving at the RedCrescent4U Careline in Sabah, alongside 20 volunteers under this operation. Basic Psychological First Aid (PFA) training was conducted to over 60 volunteers in Johor and Sabah, focusing on the three principles of PFA; Look, Listen and Link for communities. Volunteers were equipped with the skills to approach people in distress. PSS activities were conducted such as empathic interviewing, calming techniques, mindfulness breathing and grounding, arts, craft and games with children. RedCrescent4U Carelines were promoted through every engagement with villagers, and posters were placed at public places to increase awareness. The careline was also utilized for feedback mechanisms in monitoring the impact of intervention activities during DREF. The RedCrescent4U careline received 2,786 calls (1,313 male and 1,473 female) as of June 2021.

From the PDM result, the main findings on the feedback mechanism were:

- With regards to overall satisfaction with the information respondents receive on the overall process, a majority (88.8 percent) indicated a positive response that they were satisfied, compared to 10.9 percent response rate of somewhat satisfied. Those who chose somewhat satisfied or not satisfied were given a list of options of possible improvements. On average, 34.3 per cent chose that house visits should be conducted, at 27 per cent highlighted improvements for community gatherings and 7.1 percent identified the need for improved complaint box.
- On the awareness of how to report any complaints or suggestions with assistance received by MRCS, the survey data showed 56.5 percent indicated they know how, and the most common feedback channel use are dependent on representatives to send complaints or suggestions to MRCS (37.1%), send message in MRCS social media accounts (30.6%) and call or send a message using the hotline number (29.6%). Reliability of the feedback channel however could be questionable especially the use of representative when it presents the opportunity of messages not being relayed. This also creates a dependency on representatives but most often villagers are more comfortable talking through a representative. 43.5 per cent of respondents stated that they did not know how To access the feedback mechanism. During PDM activities, recipients were informed of the hotline number and email. In certain areas, IEC material is distributed containing this information.

Recommendation from the finding for MRCS to develop a structured feedback mechanism at the early stage of the implementation and communicated across the program. MHPSS centres that have been created can also be used for a feedback channel, but more structured feedback mechanisms and multiple channels would be highly recommended.

Challenges

MRCS has limited numbers of volunteers who are trained on the PFA, and currently the PSS centre is only located in Sabah. Limited capacity of MRCS staff and volunteers who understand feedback mechanisms. MRCS will need to have a dedicated person to develop and institutionalize the feedback mechanism.

Lessons Learned

From the lesson learned workshop, the volunteers and staff from different branches highlighted the need to enhance understanding on the MHPSSs and CEA approach, to enable them to implement the activities in the future programming. The recommendation for MRCS to train more staff and volunteers on MHPSS, and for MRCS to provide training on CEA and feedback mechanism using the regional feedback tools and templates to MRCS staff and volunteers, to improve the community engagement and accountability for the response operations. With the current movement restriction, the training will have to be designed as an online training.



Water, sanitation and hygiene

People reached: 10,267

Male: 4,849 people

Female: 5,418 people

Indicators:	Target	Actual
# of households reached with WASH services	2,000	2,000
# of people provided with hygiene promotion	10,000	10,267
# of people provided hygiene kits	10,000	6,860

Narrative description of achievements

MRCS distributed 2,000 hygiene kits from their pre-positioned stocks in Johor, Pahang, Kelantan, and Sabah. In Johor and Sabah, MRCS were able to distribute hygiene kits in evacuation centres in the early days of the flood. While in Pahang and Kelantan, distribution took place at the targeted villages, a few weeks after the flood. The hygiene kit stocks were coming from the warehouses in Penang and Kuala Lumpur, which had caused a delay in distribution. The flood affected areas were also remote and hard to reach, and road accessibility in the flood affected areas were also less than ideal. Despite these challenges, MRCS was able to complete the distribution before the end date of the operations timeframe.

Hygiene Kits content:

Items	Qty
Washing powder, 1 kg bag	x3
Sanitary napkin, pack 20 pcs	x2
Disposable razor, pack	x5
Shaving cream, 100 g	x1
Toilet paper, pack	x4
Toothpaste, 75 ml tube	x3
Toothbrush	x5
Body soap, 100 g piece	x10
Dishwashing liquid, 500 ml bottle	x2
Shampoo, 500 ml	x1
Bath towel, 60 x 40 cm	x1
Nail clipper	x1
Sponge for washing dishes, pack	x4
Tissue paper for face, pack 150 pcs	x2
Carton box	x1

At the beginning of this operation, MRCS prepared IEC materials with descriptions of MRCS activities in this operation, including the recipient selection criteria, type of assistance provided, the mechanism of assistance provided to recipients, the timeframe of the operation, and the feedback channels available for communities to contact MRCS to provide comments or feedback of the operation. On the WASH section, the information was focusing on hygiene kits contents, messaging related to personal hygiene during COVID-19 and water-borne diseases such as cholera and typhoid, that are commonly associated with floods. These IEC materials were distributed to the target communities who received the MPCG and hygiene kits. As there were no face-to-face activities due to the MCO restrictions, MRCS carried out hygiene promotion activities through “information on wheel”, which the information provided through speaker from the vehicle that going around inside the village. IEC materials were also put up and displayed in public places.



MRCS volunteer putting up an IEC material at a public place. (Photo by MRCS)

Total 10,267 reached by the hygiene promotion activities, which consisted of 5,418 females, and 4,849 males from the targeted communities.

Based on the PDM results, below are the main findings:

- When asked if the hygiene kits received were enough for the family members' needs at that time, 82.9 per cent reported that they found the items received to be sufficient while 17.1 percent of them said it was not enough. However, when asked as to the reason why it was not sufficient, it was mentioned that some of the consumable items did not last the whole month for the family.
- When asked if they received information pertaining to the items they will receive, 56.9 per cent of them said that they were informed while 36.4 per cent were not. When asked if they received any guidance or information regarding hygiene and sanitation, 62.1 percent reported that they attended a session on hygiene promotion while 36 per cent did not. This can be attributed to the manner and the timing of the distribution of hygiene kits. Some of the hygiene kits were distributed early on while the affected people were still in the evacuation centres while in some branches, the distribution was done several weeks when most of the flood affected households had already returned to their respective houses and hygiene promotion sessions could not be conducted.
- When asked on the quality of the hygiene items received, majority responded that the items were good and sufficient. There were no reported major issues in terms of waiting time and majority reported that the distribution went very fast and carried out in an acceptable manner.

Based on the above findings, it is recommended to involve WASH specialists on the overall implementation of hygiene promotion supplemented by the provision of hygiene kits to the recipients, to support MRCS on a proper project design and implementation plan to carried out the hygiene kits provision project and hygiene promotion activities. It can be further noted that while utilization and perceived sufficiency is high, the information received prior to receiving the assistance and guidance on hygiene kits and hygiene promotion can be improved. In this operation, some of the hygiene promotion sessions were only done when the MRCS volunteers conducted a PDM, which was months or weeks after the hygiene kits were distributed.

Challenges

In few states, the hygiene kits were not distributed right away to the beneficiaries, due to some logistical challenges (reasons as mentioned above). MCO restrictions prevented hygiene promotion activities being carried out face-to-face with the targeted communities. The delayed hygiene kit distribution also meant that hygiene promotion sessions could not be conducted in an effective way, compared to the sessions conducted in the evacuation centres where distributions occurred simultaneously with dissemination of hygiene messages.

Lessons Learned

MRCS needs to plan hygiene promotion activities in the early stages of the operations, and not to wait until the middle of the implementation. More creative options are needed on how to deliver hygiene promotion and MHPSS session, considering the current COVID-19 pandemic situation. Based on learning from MRCS Kelantan, they were able to deliver the session through an innovative way using vehicles to disseminate the information on wheels.

From the lesson learned workshop, it is recommended for MRCS to (re)-orient and provide refresher training to MRCS staff and volunteers on disaster response SOP, including on the areas of providing quick situational report and rapid assessment. MRCS also need to (re)-orient and provide refresher training to MRCS staff and volunteers on the logistic preparedness, and prediction and early warning. This will improve the distribution planning and logistic preparedness for any in-kind distribution programming, which is include also to preposition stock in the prone disaster areas.



Protection Gender and Inclusion

Indicators:	Target	Actual
The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services	Yes	Yes
NS that ensure improved equitable access to basic services, considering different needs based on gender and other diversity factors	Yes	Yes

Narrative description of achievements

MRCS included the vulnerability selection criteria into the recipient's selection, which included the consideration to ensure minority groups in the community would be targeted, which included vulnerability criteria in the recipient selection criteria, such as senior citizen as head of household; women-head of households, family with pregnant and or with lactating women, family with illness member, family with people with disability (PWD) member. MRCS collected the Sex-age disability desegregated data (SADDD) data on the registration of the recipients to capture the information on the specific groups, and to analysed it for the program decision.

Challenges

Limited capacity of MRCS on the PGI issues, and how to integrate PGI approaches into their programming. There will be a need to continue to support MRCS to increase their understanding on PGI, and to ensure this will be integrated into their programming.

Lessons Learned

MRCS will need to consider PGI approaches in their operation design, and to provide an orientation to the volunteers and staff before the start of the operations. MRCS needs to provide training on PGI issues to MRCS volunteers and staff.

Strengthen National Society

Indicators:	Target	Actual
# of NS branches that are well functioning in the operation	5	3
# of volunteers involved in the operation provided with briefing/orientation	125	130

Narrative description of achievements

The Flood Response Team was activated in the five states to implement the operation. MRCS conducted a kick-off meeting with all the five states and to briefed on the DREF operations. A weekly call was set up between the headquarter and the states, to discuss on the progress of the implementation, and on the challenges faced by the team

in the field. A daily update communication system channel has been activated through WhatsApp group, to ensure that the operations on the field received necessary support from the National Headquarter.

A total of 130 volunteers were trained and involved during the operation in situation reporting, needs analysis, distribution and monitoring and ensured Red Crescent visibility during the process. MRCS staff from headquarters conducted five monitoring visits to all the five states.

Challenges

The MRCS state capacity to manage the operations in the field were various between the five states. Few states have strong capacity, but few other states were very weak. In the states that were quite weak to implement the activities, closed supervision and support was needed and this was impacted to the delayed of the activities in their states. The five states were not familiar with the DREF operation set up with the support of IFRC, which was more structured and organized. It was taking time to provide an orientation and repeated guidance for the states level to manage the operations in their states.

Lessons Learned

There was a limited capacity of the states to implement a DREF operations, and it was raised during the lesson learned workshop. Few recommendations from the lesson learned workshop were:

- MRCS national headquarters to orient and train MRCS branches on DREF mechanism and procedures. IFRC can support MRCS national headquarters on this DREF mechanism and procedures.
- MRCS national headquarters to improve their mechanism to provide guidance and technical support to MRCS states and District during the implementation, either in the early stage and during the implementation of the DREF operations, to ensure staff and volunteers are well prepared.
- MRCS to improve communications on sharing the response plan and strategy with the MRCS branches on preparing the DREF Plan of Action, to ensure the involvement and the ownership of the operations from the branches.

International Disaster Response

Indicators:	Target	Actual
Procurement is carried as per IFRC standards and items replenished in the operation timeline	100%	100%

Narrative description of achievements

The IFRC procurement department supported the MRCS to purchase 2,000 hygiene kits, for the replenishment of the initial hygiene kits that were distributed from MRCS's pre-positioned stocks. Those 2,000 hygiene kits were delivered to MRCS in March 2021.

Challenges

There were no significant challenges on this matter.

Lessons Learned

N/A

Influence others as leading strategic partner

Indicators:	Target	Actual
# of National Societies launched, and workshop conducted	1	1
# of assessments in five states	5	5

Lessons learned workshop is conducted	1	1
Narrative description of achievements		
<p>MRCS conducted a kick-off meeting and oriented the five states in the beginning of the operation. MRCS conducted rapid assessment in the five states, supported by one surge staff from IFRC in January. Lesson learned workshop conducted online and was facilitated by IFRC PMER staff and IFRC Operations Coordinator for South-East Asia. Full report is annexed to this report.</p>		
Challenges		
Due to MCO, the kick-off meeting and the lesson learned workshop was conducted online.		
Lessons Learned		
MRCS staff has a limited capacity to conduct a rapid assessment, and to gather sitrep on a timely manner and accurate. It is recommended for MRCS to (re)-orient and provide refresher training to MRCS staff and volunteers on the Disaster Response SOP, including on the areas of providing quick situational report (sitrep) and rapid assessment.		

Effective, credible and accountable IFRC		
Indicators:	Target	Actual
Finance Department provides consistent support to the national society to ensure quality to financial reporting	Yes	Yes
Narrative description of achievements		
<p>Finance department provided a clear guidance to MRCS on the working advance claim requirement and documentation required for submission to IFRC.</p> <p>IFRC team supported MRCS team to develop a budget forecasting, and to monitor the budget in a regular basis.</p>		
Challenges		
There was a finance manager transition in the MRCS during the operations. The new finance manager was joining in May 2021.		
Lessons Learned		
Continues support from IFRC on the financial reporting, and guidance to MRCS needed. During this operation, with the support from IFRC, MRCS submitted the financial reporting with the required documents on time.		

D. Financial Report

The DREF funding approved was CHF 324,020 and the expenditure recorded was CHF 289,989 (90% utilization). Out of the total balance CHF 35,584, CHF 924 came from the MRCS working advance. This has been returned to IFRC by MRCS.

The detailed financial report is attached at the end of the report.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO, Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the MRCS, would like to extend thanks to all for their generous contributions.

Contact information

Reference documents

Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

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For IFRC Resource Mobilization and Pledges support

- Alice Ho, partnership in emergencies coordinator; email: PartnershipsEA.AP@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. 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.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/1-6	Operation	MDRMY005
Budget Timeframe	2021/1-5	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 06/Sep/2021

All figures are in Swiss Francs (CHF)

MDRMY005 - Malaysia - Floods

Operating Timeframe: 05 Jan 2021 to 31 May 2021

I. Summary

Opening Balance	0
Funds & Other Income	324,047
DREF Allocations	324,047
Expenditure	-288,989
Closing Balance	35,058

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		3,824	-3,824
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	324,046	266,294	57,753
AOF4 - Health			0
AOF5 - Water, sanitation and hygiene		18,904	-18,904
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	324,046	289,022	35,024
SFI1 - Strengthen National Societies			0
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC		-33	33
Strategy for implementation Total		-33	33
Grand Total	324,046	288,989	35,058

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/1-6	Operation	MDRMY005
Budget Timeframe	2021/1-5	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 06/Sep/2021

All figures are in Swiss Francs (CHF)

MDRMY005 - Malaysia - Floods

Operating Timeframe: 05 Jan 2021 to 31 May 2021

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	241,675	194,332	47,343
Food		1,265	-1,265
Water, Sanitation & Hygiene	36,000	14,740	21,260
Cash Disbursement	205,675	178,327	27,348
Logistics, Transport & Storage	9,000	10,739	-1,739
Distribution & Monitoring	4,000	1,545	2,455
Transport & Vehicles Costs	5,000	7,067	-2,067
Logistics Services		2,127	-2,127
Personnel	26,800	35,755	-8,955
National Staff	8,700		8,700
National Society Staff		23,093	-23,093
Volunteers	18,100	12,662	5,438
Consultants & Professional Fees	1,000	746	254
Consultants	1,000	746	254
Workshops & Training	4,000	1,482	2,518
Workshops & Training	4,000	1,482	2,518
General Expenditure	21,794	28,298	-6,504
Travel	2,000	8,790	-6,790
Information & Public Relations	450	3,176	-2,726
Office Costs		1,563	-1,563
Communications		2	-2
Financial Charges	19,344	10	19,334
Other General Expenses		14,757	-14,757
Indirect Costs	19,777	17,638	2,140
Programme & Services Support Recover	19,777	17,638	2,140
Grand Total	324,046	288,989	35,058