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Final Report

Malaysia: Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n°: MDRMY008
Date of Issue: 30/09/2022	Glide number: FL-2021-000209-MYS
Operation start date: 24/12/2021	Operation end date: 30/06/2022
Host National Society: Malaysian Red Crescent Society (MRCS)	Operation budget: CHF 414,001
Number of people affected: 11,089 people (2,500 families)	Number of people assisted: 15,440 people (3,088 families)
Red Cross Red Crescent Movement partners actively involved in the operation: The National Society is well known and respected 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: its role is to support other government agencies in rescue and evacuation efforts and provide emergency medical services. The International Federation of Red Cross and Red Crescent Societies (IFRC) has a dedicated team located within MRCS, at the national headquarters. The IFRC Malaysia support team works closely with the MRCS headquarters counterparts in monitoring the situation and enhancing readiness measures. The IFRC has supported the MRCS with pre-positioned stock funded under Red Ready (the National Society capacity development project).	
Other partner organizations actively involved in the operation: Government of Malaysia (GoM), National Security Council (NSC), National Disaster Management Administration (NADMA), Malaysian Fire and Rescue Department, Social Welfare Department (JKM), and the Malaysian Civil Defence Force (APM). The Malaysian Army and Malaysian Navy have deployed boats and heavy-duty equipment such as tractors and lorries to clear the muddy road and ensure flood-affected people are transported to the evacuation centre. This includes logistics support through an A400M aircraft from the Malaysian Airforce to mobilize relief goods.	

A. SITUATION ANALYSIS

Description of the disaster

Tropical Depression TWENTYNINE made landfall in Kemaman District located in the southern part of the state of Terengganu in December 2021. Most Peninsular Malaysia experienced moderate to heavy rain with thunderstorms on 17-18 December, causing severe flooding. A total of 54 fatalities have been recorded, two people were missing, and more than 120,000 people were forced to leave their homes for safe shelter in relief centres.

On 28 January 2022, the government of Malaysia stated in their report that the floods had caused an estimated MYR 6.1 billion (USD1.46 billion or CHF 1.3 billion) in overall losses. In a special report on the floods' impact, the Department of Statistics said damage to public assets and infrastructure caused losses of MYR 2 billion (CHF 444.3 million), followed by MYR 1.6 billion (CHF 355.4 million) in damage to homes. Manufacturing losses accounted for MYR 900 million (CHF 100.9 million), most of which were recorded in the central state of Selangor, one of the country's wealthiest and most populous regions surrounding the capital Kuala Lumpur. The report said Selangor was also the worst hit overall, with about half of Malaysia's losses recorded in the state. The department also reported heavy damage to vehicles, business premises and the agricultural sector.

On February 2022, MET Malaysia issued a warning about strong winds and choppy waters for much of the East Coast. A combination of heavy rain for more than six hours, compounded by an astronomical tide experienced in the coastal area, saw rapidly rising floodwater being pushed inwards into areas previously unaffected by any type of flooding. The affected states were Kelantan, Terengganu, and Pahang. Ten roads in five districts were closed and underwater in Terengganu, with depths ranging from 0.3 to 2.0 meters, and authorities have had to rely on helicopters to survey the areas before initiating boat rescues. There were unscheduled water cuts at 44 places in *Hulu Terengganu*. There have

been medical evacuations as senior folk, and people with chronic diseases suffered from lack of food, running water, disrupted electricity supply and shortage of medication.

In Kelantan, the out-of-season flooding presented a different challenge as people were caught unprepared. Leading into the monsoon season, regularly affected locations often stock up on food supplies, medication and drinking water. Many were running low on food and relief items, especially in areas that are flooded for the first time. In Kelantan, new housing areas such as *Perumahan Prima* in *Lubok Jong* promoted to be beyond flood were also affected. The newly affected areas extend to Rantau Panjang, a Malaysian border town near the Golok River.

On the other hand, as of 30 June 2022, a total of 4,511,283 confirmed COVID-19 cases had been recorded in Malaysia, with 29,426 active cases and 2867 daily cases. There have been 35,980 recorded deaths, with a 40 per cent ICU bed occupancy rate. COVID-19 cases were particularly high in Kelantan in March, with 1,500 to 2,000 cases a day, but have since declined to 25 cases a day as of 30 June. However, Kelantan is the state with the lowest vaccination rate at 63.5 per cent of the population, with Terengganu at third (71.9 per cent) and Pahang at fourth (74.3 per cent) lowest vaccination rate nationwide.



The flood due to TD29W as seen in Kuantan, Pahang. (Photo: Wikimedia Commons)

Summary of response

Overview of Host National Society

The flood response of MRCS funded through IFRC DREF and USAID BHA was concentrated in the targeted flood-affected states, namely Selangor, WP Kuala Lumpur, Pahang, Kelantan, Johor and Terengganu. The focus activities of MRCS are:

- Provide hygiene kits, multi-purpose cash grants (MPCG), hygiene promotion, health awareness, and mental health psychosocial support (MHPSS) - funded by IFRC DREF (CHF 350,000).
- Provide mobile clinic services, MHPSS, hygiene promotion, and Water, Sanitation and Hygiene (WASH) support (e.g., water and household storage distribution) - funded by USAID BHA (USD 100,000).

A total of 3,088 households (15,440 people) received multi-purpose cash assistance (MPCA), and 1,750 households (an estimated 7,500 people) received hygiene kits. The same communities that received the MPCA benefited from hygiene promotion and health awareness, including COVID-19 awareness and MHPSS activities. As of reporting period, 2,571 households were reached by mobile health services conducted in the same targeted communities.

MRCS and the IFRC Asia Pacific Regional Office (APRO) closely monitored the floods and coordinated the response with the Government of Malaysia (GoM) at the district level. This includes the Social Welfare Department (JKM), National Disaster Management Administration (NADMA), and the Malaysian Civil Defence Force (APM) which leads the response. MRCS, in the affected branches, mobilized their staff and volunteers to monitor and get secondary data related to the flood through the local authorities. MRCS complemented the search and rescue operations by government agencies, and also deployed a few staff from MRCS national headquarters to support the assessment and the early responses in Terengganu and Kelantan.

Cash assistance breakdown by state	# of male heads of household	# of female heads of household	Total # of households
Selangor	573	377	950
Pahang	390	300	690
Kelantan	270	330	600
Johor	198	114	312
Terengganu	153	121	274
Kuala Lumpur	144	118	262
MALAYSIA	1,728	1,360	3,088
Percentage	55.96%	44.04%	100%

The households were selected based on the vulnerability criteria used for this cash assistance. 3,088 households (an estimated 15,440 people, with an average of five family members per household) received the MPCA. MRCS response reached 55.96 per cent male-headed households and 44.04 per cent female-headed households. More details are shown in the above table.



A resident getting medication after consultation at the mobile clinic in Tiong Nam, Kuala Lumpur. (Photo: MRCS)

For the health sector, MRCS conducted at least 27 mobile health clinics nationwide to perform health screening, referrals and triage for COVID-19 status to ensure that covid-positive people are identified and isolated into quarantine centres. The health outreach reached 12,583 people, where many adults are either single-dose vaccine recipients or unvaccinated, and most children are not vaccinated. MRCS also provided MHPSS to 11,760 people in the target villages when people return to their villages. MRCS also implemented health and wellness awareness activities for 12,583 households.

Under the WASH sector, MRCS distributed hygiene kits to 1,750 target households in the early stages of the emergency. MRCS reached 13,318 people from the targeted communities with hygiene promotion, conducted together with the health awareness, COVID-19 awareness, and MHPSS activities mentioned above. Hygiene promotion was conducted in all six states. In addition, MRCS delivered 92,700 litres of processed water and 575 water storage containers to 1,240 households.

Overview of Red Cross Red Crescent Movement in country

The IFRC APRO in Kuala Lumpur has a dedicated team located within the MRCS at the national headquarters. The IFRC Malaysia support team worked closely with the MRCS headquarters counterparts to monitor the situation and enhance readiness measures, besides providing support to MRCS on the emergency operations, including the current COVID-19 and disaster emergency response. IFRC has been supporting the capacity enhancement of MRCS through implementing activities and projects under different thematic areas, including cash transfer programming.

IFRC provided DREF amounting to CHF 414,000 for this operation from 27 December 2021 until 30 June 2022. IFRC also received support from USAID BHA with USD 100,000 to support the MRCS Malaysia flood response. IFRC staff from the Malaysia team provided support to conduct a need assessment in the affected location, and the IFRC Senior Emergency WASH Officer provided technical assistance to the MRCS WASH team during the operations.

Overview of non-RCRC actors in country

NADMA is the lead agency for disaster response in Malaysia under the Prime Minister's Office. However, the Prime Minister announced on 20 December 2021 that the National Security Council (NSC) would be taking the lead for flood relief efforts effective immediately. The past search and rescue effort saw more than 66,000 police, army and fire department personnel mobilized nationwide to help with evacuations to relief centres. NADMA hotlines had to be increased to cope with the SOS calls for evacuation. People who could not get through the hunting lines have resorted to Twitter to flag their needs, using the *#daruratbanjir* hashtag (literally meaning "flood emergency"). In the past flood, the Prime Minister announced an initial fund of MYR 100 million (CHF 21.9 million) to repair houses and infrastructure

damaged by the floods and allocated each flood-hit household MYR 1,000 (CHF 219) (removing the earlier criteria of compensation for "evacuees only").

NADMA has since been restored as the lead agency for disaster response in Malaysia under the Prime Minister's Office. At the local level, MRCS engaged with the local coordinating platform for disaster response, the *Pusat Kawalan Operasi Bencana (PKOB)*, in each district. The Royal Malaysian Police (PDRM) has requested support from *Pasukan Gerak Am (PGA)* and *Pasukan Polis Marin (PPM)* to coordinate search and rescue. In this wave of floods, the Prime Minister announced assistance for each household to the sum of RM 1,000 and additional vouchers for consumer goods to the value of RM2,500 (CHF 543). The assistance is intended to assist the household in repairing their houses and replacing damaged household appliances.

Needs analysis and scenario planning

MRCS conducted a re-assessment in the five states affected by the December 2021 floods from 10-16 February 2022 to gauge the current needs of the affected population. The assessment covered the following themes: communication needs, shelter, food and market functionality, water supply, sanitation facilities, and health. An additional mapping was also conducted concurrently on educational institutions, given possible community-based activities with schoolchildren in the future.



Needs assessment with affected communities in Hulu Langat, Selangor. (Photo: MRCS)

In terms of communication preferences, 25 per cent of respondents preferred mobile phones to share and seek information. Thirty per cent of respondents have sustained 50 per cent or more damage to their shelters. Most places with food and market functionality were in Johor and Kelantan. Three villages in two districts in Kelantan were identified to have issues with access to water and hygiene and community cleanliness (Kuala Krai and Pasir Mas district). COVID-19 remains the biggest health concern for most respondents at 52.5 per cent.

Targeting

MRCS coordinated closely with agencies on the ground to engage affected communities and ensure the selection of recipients for the distribution of assistance was well-targeted based on clear criteria, targeting those most in need. The general criterion was households affected by flood and the most vulnerable households (under B40 family group), with additional vulnerability criteria that may include the income situation, level of damage of the shelter, etc. MRCS considered the vulnerability criteria such as the elderly, pregnant and lactating women, women-headed households, and households caring for persons with disabilities in selecting the target beneficiaries. During the Internal registration of beneficiaries, the sex, age and disability disaggregated data (SADDD) for the target population was collected during the implementation phase of this operation.

Risk Analysis

With increasing cases of COVID-19 in Malaysia, staff and volunteers are at high risk of contracting the COVID-19 virus. Few states targeted, Kelantan and Terengganu, have higher unvaccinated rates in Malaysia. MRCS continues to strict COVID-19 SOP for staff and volunteers. Staff and volunteers are equipped with personal protective equipment (PPE), and regular rapid tests are conducted. MRCS also integrates COVID-19 response activities in these flood operations that target the communities.

During this operation, MRCS followed the existing Government and movement guidance related to the COVID-19 crisis. IFRC oriented MRCS on the COVID safe programming pilot guide Asia Pacific 2020, which used to reference the mitigation risk. MRCS considered appropriate logistics to reach out to the targeted areas, such as having 4WD vehicles for the operations for its water distribution. In the targeted locations, most major roads to the major operations side were reported safe by the state government. Most of the roads are open and are clear to use. MRCS also monitored daily situation updates on potential roads that might be damaged and fail to connect the villages to the district office. This ensures multi-sectoral responses and sharing of information.

B. OPERATIONAL STRATEGY

As stated in the DREF [EPoA](#), the primary objective of this emergency operation is to provide effective integrated relief assistance to 2,500 households severely affected by the December 2021 flash floods in five target states. With the second wave of floods in February, an additional 500 households in Terengganu and Kelantan were added, as stated in the [Operational Update](#). Details of the key components of this emergency operation are outlined below.

Livelihood and basic needs

MRCS provided MPCA to 2,500 households severely affected by flash floods in five target states. With the February flood in Terengganu and Kelantan, an additional 500 households were targeted for MPCA, covering 250 households in Tumpat, Kelantan state, and another 250 households in Hulu Terengganu, Terengganu. The cash assistance aimed to enable recipients to address their immediate food and non-food needs. Amongst other basic needs, the MPCA assistance targeted the food and hygiene needs of the target households. Overall, **3,088** households (an estimated 15,440 people, with an average of five family members per household) received MPCA.

The households were selected based on the vulnerability criteria used for this MPCA. The Government announced that cash assistance would be provided to the flood-affected, with MYR 1,000 (CHF 219) plus RM 2,500 (CHF 543) to be used for house rehabilitation and the purchase of house appliances. The MPCA from the MRCS aimed to complement the existing assistance from the government and enable people to address their immediate food and non-food needs. The amount of MPCA is the amount given in the original EPoA, which is MYR 350 (CHF 77) per household. Detailed activities can be found in section C.

WASH

As of 30 June 2022, MRCS distributed hygiene kits to 1,750 target households in the early stages of the emergency. The distribution of those hygiene kits targeted the people affected by the flood in December 2021 and January 2022, as well as the second wave of floods in early March 2022 in Kelantan and Terengganu.

MRCS started to conduct hygiene promotion to targeted communities and delivered key messages through different communication strategies in the communities, including but not limited to community events, community workshops and dissemination of IEC materials. Overall, MRCS reached **13,318** people from the targeted communities with hygiene promotion, conducted together with health awareness, COVID-19 awareness, and MHPSS activities. Hygiene promotion was conducted in all six states.

Overall, MRCS delivered 92,700 litres of processed water and 575 water storage containers to **1,240** households. Through the funding from USAID BHA, MRCS provided temporary access to water by processing river water, delivering supplies by water trucks to the targeted communities and distributing water storage at the household level. WASH teams



Distribution of food and non-food items in Kelantan. (Photo: MRCS)

were deployed to carry out water filtration using water purification units such as the Aquaplast AP 700CL (more commonly known as Man-pack) and LMS. At least 6,200 people were reached by the water trucking activities, who have received 80,700 litres of drinking water and 12,000 litres of raw water for household usage, such as washing clothes and support for containers and piping into their area. That water is for one day of utilization in the targeted communities. The detailed activities can be found in **Section C**.

Health

MRCS provided MHPSS to 11,760 people in the target villages when people returned to their villages. There were sessions for adults and children, with MRCS volunteers providing mental health awareness coping mechanisms and promoting the MRCS psychosocial support (PSS) careline centre. By having members from five states, including Selangor, Kuala Lumpur, Kelantan, Pahang, and Terengganu, on the ground to support activities, this interaction eased the stress of the villages with interventions for their mental health. MHPSS information was included in the IEC material that MRCS distributed to the families, including DREF operations information, Cash and Voucher Assistance (CVA), early recovery livelihoods grants, hygiene promotion, and feedback number. MRCS has implemented health and wellness awareness activities that reached 12,853 people.



Psychosocial activities with children in Johor. (Photo: MRCS)

MRCS conducted PSS needs assessments in early emergencies at the evacuation centres. The delays in the search and rescue contributed to prolonged stress for the people who were trapped and unable to rescue by the responders. Individuals who are successfully evacuated might also experience negative stress reactions due to traumatic incidents. Education has also been disrupted as schools become temporary shelters for the community. With all the effects of the disaster, the MRCS ensured the MHPSS interventions were integrated into the overall emergency response activities. Various assessments revealed that necessary MHPSS interventions were needed by the affected communities. These were tailored fit and contextually appropriate for children, adults, and older persons. The MHPSS interventions included stress management activities, psychological first aid, child-friendly activities, psychosocial support for children, and referrals to government institutions and facilities.

MRCS conducted MHPSS interventions in six targeted states with a total of 11,760 people reached and receiving other assistance from MRCS. As of 30 June 2022, there were no cases that need referrals by MRCS.

Through the funding from USAID BHA, to ensure affected communities, especially the critically ill and those in rural areas, have sufficient access to basic and emergency health services, MRCS has provided health services through the mobile clinic to the people affected by flood in the targeted areas. MRCS integrated their COVID-19 response into their mobile clinic activities, which included rapid COVID-19 tests for the people who came to the mobile clinic, providing them with prevention kits (PPE: masks, hand sanitisers), and home kits care (thermometer, oximeter, paracetamol, mouthwash, lozenges, self-test saliva COVID-19 kit, home care guidebook). Over 12,853 people have received health services from mobile clinic activities. Detailed activities can be found in section C.

MRCS ensured that all staff and volunteers abide by the national disaster management guidelines on measures to minimize transmission of COVID-19 that was released in November 2020. IFRC has oriented MRCS on the COVID safe pilot guide Asia Pacific 2020, strictly implemented under this emergency operation.

Community engagement and accountability

MRCS assessed the communication needs of the affected populations. Mobile phones were found to be the highest preferred form of communication. It was also found that some areas might lack access to the internet and electricity, and alternative channels would be required. More people prefer to share information through mobile phones, friends and family than printed materials. Moving forward, MRCS would need to consider developing more interactive forms of communication compared to printed materials.

MRCS created a feedback mechanism for its DREF response and was rolled out to be benefited by affected communities. MRCS communicated to affected communities in the states affected by the flood through IEC materials and booklets with a demonstration on how to use the goods in-kind distributed, such as the home care kits and risk communication for health issues during floods. MRCS has set up a bulk SMS account to reach out to communities, especially for updates on cash distribution and potentially other important news.

Protection, gender and inclusion

MRCS considered the inclusion of vulnerable groups in their assessments and has actively included them in distributing hygiene kits, MHPSS, WASH, and MPCA. Vulnerable populations included children, single mothers, persons with disabilities and seniors. MRCS Youth plans to conduct DRR activities in schools affected by the floods, not limited to only Malaysians but also considering populations of the refugee community in Malaysia. MRCS incorporated child-friendly spaces during their flood response for MHPSS. Areas of improvement include looking into the relevant existing policies to help strengthen protection, especially child protection.

Logistics and supply chain

The Humanitarian Services and Supply Chain Management – Asia Pacific (GHS&SCM - AP) of IFRC in Kuala Lumpur supported MRCS to purchase 1,750 hygiene kits to replenish the pre-positioned stocks distributed in this DREF operation. The IFRC also provided advisory support for replenishment of WASH materials as MRCS did not have its' own WASH Officer to oversee the technical details of the chemicals and spare parts. The IFRC also supports MRCS in facilitating the Red Rose's services to the MRCS MPCA project.


Quality of programming and information technology and information management

MRCS used the KOBO toolbox to assess the targeted affected areas. The IFRC APRO information management (IM) team supported MRCS in utilizing the KOBO toolbox and provided technical support on this. MRCS continues to use the Red Rose data management system for their MPCA projects. The registration of the households to receive the MPCA was collected using the Red Rose data collection tool and integrated into the Red Rose data management system. MRCS conducted staff training and volunteers in the targeted states on utilizing the KOBO toolbox, the Red Rose data collection, and the Red Rose data management system.

IFRC APRO regional cash coordinator facilitated MRCS to receive support from the Netherland Red Cross on the IM system and post-distribution monitoring of the operation. The post-distribution monitoring (PDM) questionnaire was deployed from April until early May to collect feedback from aid recipients across all the programmes. The training done by the Netherland Red Cross helped MRCS to generate a dashboard of dynamic data that was shared at the Lessons Learned Workshop from 3-5 June 2022 (attended by the staff and volunteers who were involved in this emergency operations) where more insights can be extracted with less static analysis.

MRCS also collected a few case stories from the beneficiaries who received assistance during this response. The case studies can be found in **Annex 1**. The main finding and recommendations from the lesson learned workshop can be found in **Annex 2**.

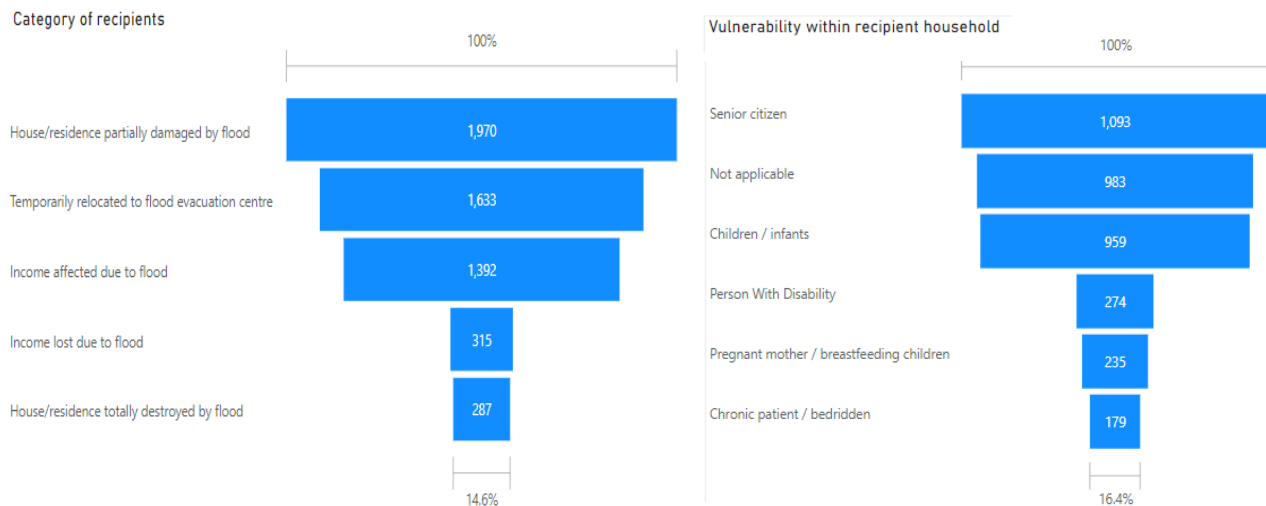
C. DETAILED OPERATIONAL PLAN

	<p>Livelihoods and basic needs People reached: 15,440 people (3,088 households) Male: 8,646 Female: 6,794</p>	
<p>Indicators:</p>	<p>Target</p>	<p>Actual</p>

# of targeted households that have enough (food, cash, income) to meet their survival threshold	3,000	3,088
# of household reached with cash for basic needs	3,000	3,088

Narrative description of achievements

Overall, the cash assistance was successfully transferred to 3,088 households (an estimated 15,440 people, with an average of five family members per household). Beneficiary registration was done from 29 January to 15 February 2022 by MRCS volunteers through Red Rose Data Collect. The selection of beneficiaries was outlined through pre-set main criteria and vulnerability criteria. The main criteria are households badly affected by flood disasters, and their livelihoods were affected or cut off due to floods. The vulnerability criteria were also included and the breakdown is as below:



The process of verifying beneficiary data was supported by the heads of communities and observations by volunteers who made house-to-house visits. The hard copy registration forms were given to the head of communities to be distributed to potential beneficiaries. Upon form submission and keying in the data into Red Ready Collect apps, headquarters shortlisted the beneficiaries based on the pre-set scoring through the Red Rose platform which prioritized the applicants based on the main selection criteria and vulnerability criteria.

All volunteers involved were briefed on DREF and the implementation plan of the operation. They were also given training on how to utilize the Red Ready Collect apps for beneficiary registration. Field Coordinators from all states were trained on using the Red Rose platform to verify data keyed in through the apps.

While the majority of people were able to receive the assistance directly into their bank accounts, some recipients had to be reached directly with cash in hand as the transfers were unsuccessful, and alternative bank accounts could not be found.

According to the PDM:

- Most respondents confirmed that they were successfully notified by MRCS of their cash assistance (88.6 per cent). Of the 11.4 per cent of respondents who said No, most of the feedback came from FT Kuala Lumpur, Terengganu and Kelantan. All respondents confirmed that they received RM350 as promised. 90.6 per cent of respondents have fully spent the cash assistance from MRCS, and this is seen across all states.
- The majority chose food as the most important need that they were able to meet using cash assistance (69.04 per cent), and basic household items came second at 54.78 per cent. The next common needs were shelter repairs, medical expenses, hygiene items, paying for household utilities, house rent and school expenses for their children.
- Only 46.2 per cent of the respondent said the assistance was sufficient to cover their basic needs. The rest cited two main reasons for insufficiency; the amount is not enough to cover basic needs (79.4%), and they need an additional round of cash aid distribution due to the effects of the flood (42.9%).
- However, most of the respondents acknowledged that they managed to receive assistance from other non-governmental organisations or private companies (71.25 per cent). Almost half of the respondents said they had

received assistance from their community representatives or other individuals (40.59 per cent), while a third mentioned receiving assistance from friends and family (33.4 per cent).

Challenges

- The capacity of the volunteers in the targeted states differed, especially in conducting a digitalised registration process. This is because not all volunteers had been trained properly on Cash before the disaster. MRCS has a Cash Preparedness Plan, and capacity building for staff and volunteers is part of it. This challenge will be taken forward for MRCS to continue to build its staff and volunteer capacity on Cash.
- MRCS piloted a bulk SMS to inform recipients that they transferred the funds to the beneficiary account. Most of the time, it worked well, but still needs an improvement for the error occurred, to avoid confusion among beneficiaries.

Lessons Learned

- To review and update a cash grants value that is informed by minimum expenditure basket (MEB) analysis and to consider recent inflation.
- The timeliness of cash assistance can still be improved and that recommended timing of cash assistance distribution should be aimed from week 3 to 4 weeks after the onset of flooding.
- To strengthen disaster preparedness including cash preparedness and systemically capture lessons learned and address bottlenecks to improve efficiency and quality of programming.
- Consider embedding bulk SMS whenever possible to keep aid recipients updated.
- Increase and strengthen CVA capacity at state levels.
- Engage with commonly used banks and find ways to reduce errors in bank numbers and transfers.
- Disseminate past and present DREF operations on the website to establish awareness and credibility. The page can be supported by FAQs in more than one language, as some confusion and suspicion were due to language issues. Links to past reports and media coverage can also be shared on-site to strengthen MRCS credibility and inclusivity.



Health

People reached: 12,853 people

Male: 7,198

Female: 5,655

Indicators:	Target	Actual
# of targeted people that have received health services	12,500	12,853
# of people reached with community-based health promotion and monitoring by volunteers	12,500	12,853
# of targeted people reached with social care assessment and support	12,500	11,760
# people reached with psychosocial support activities	12,500	11,760

Narrative description of achievements

The mobile health activity carried out Type 2 health screening, which consisted of basic health screening such as blood pressure measurement, checking glucose levels, BMI, and treating fever and basic skin problems. MRCS integrated their COVID-19 response into mobile clinic activities, which included rapid COVID-19 tests to the people who came to the mobile clinic, providing them with prevention kits (PPE: masks, hand sanitizers), and home kits care (thermometer, oximeter, paracetamol, mouthwash, lozenges, self-test saliva COVID-19 kit, home care guidebook). Whenever MRCS identified covid-positive patients, there were facilitated referrals to the health district office. A few patient transfers for emergency cases related to non-communicable diseases were also done in Terengganu.

Overall, 12,853 people benefited from health services from the mobile clinic activities. The most common cases recorded were open wounds, muscle cramps, asthma, and skin disease. The activities in the five targeted areas benefited the communities living there. MRCS coordinates with the district health department to carry out the mobile clinic activities.

According to the PDM, 98.53 per cent of the respondent were satisfied with the mobile health services. Additional comments from respondents were to extend the service hours at each location and to have more doctors in the morning session as there would be more people able to attend. Below is the breakdown of mobile health activities by location:



An emergency patient transfer facilitated by MRCS in Hulu Terengganu. (Photo: MRCS)

State	District/ sub-district	Sub-district or village names, if any	No. of people reached
Selangor	Hulu Langat	Kg. Sungai Lui & Kg. Sungai Gabai	2,500
	Klang	Dewan Kg. Sg. Pinang, Kg. Orang Asli, Kg. Perigi Nenas, Kg. Teluk Nipah, Kg. Sg. Kembong, Pulau Indah	7,115
	Petaling	Taman Seri Muda	320
Pahang	Bentong		97
	Temerloh		130
	Pekan		120
	Kuantan	Perumahan Awam Kos Rendah (PAKR) , Bukit Rangin, Kuantan	85
Kelantan	Pasir Mas	Kampung Bonggor, Pejabat Penggawa Daerah Rantau Panjang	300
	Tumpat	Pejabat Penggawa Pengkalan Kubor, Pejabat Penggawa Jal Besar	400
Terengganu	Hulu Terengganu	Masjid Kampung Sekayu, Sekolah Kebangsaan Padang Setar, Masjid Durian Bador, Sekolah Kebangsaan Bukit Gemuroh, Perkampungan Orang Asli Sungai Berua, Kampung Kemat, Kampung Belukar Bukit, Kampung Peneh, Mukim Tersat, Mukim Hulu Berang, Mukim Jenagor, Asrama Anak Yatim Darul Falah, Terengganu	571
Johor	Segamat	Pertubuhan Kebajikan Anak Yatim Islam, Padang Anam Pogoh	439
	Muar	Kampung Lenga , Kampung Jawa, Kampung Bukit Kepong	384
WP KL	Tiong Nam		200
	Kg. Baru and Flat PKNS		192
Total			12,853

Mental Health and Psychosocial Support

Volunteers came from different states were trained on basic psychological first aid (PFA) training to help them provide basic psychosocial support.

Psychosocial support for children in the affected communities is one of the priority activities of the MHPSS volunteers. Each state has provided PSS Toolboxes (materials) that were utilized for child-friendly activities. Children participated in different educational, recreational, and arts activities being managed by the volunteers in the evacuation centers and community villages.

Age group	Activity types
Young children, (3 - 6 years old)	Building blocks / Lego / Colouring
Children, (7 -12 years old)	Checkpoint 1 -- Puzzle
	Checkpoint 2 -- Emotions Story
Teenagers (13 - 17 years old)	Checkpoint 3 -- Community tools
	Checkpoint 4 -- Sudoku / Maze / Card Deck
Adults and Senior Citizens	Distribute Flyer on Depression & Anxiety
	Emotions Story activity



Psychosocial activities with children in Johor. (Photo: MRCS)

According to the PDM, 79 per cent of respondents were aware of the PSS careline run by MRCS, and from that group, a further 62 per cent participated in MHPSS activities. The high awareness and high participation can be seen in 3 states: Selangor, FT Kuala Lumpur and Terengganu. The Careline Centre was established in January 2021 during the COVID-19 as MRCS COVID-19 response in Sabah and Kuala Lumpur. The Careline received call from people which majority of cases covered family issues, work stress, financial issues and academic stress.

Overall, 68 percent of the respondents found MHPSS activities helpful, even though only 49 per cent of the respondents were direct participants. 52 percent of respondents further elaborated that the MHPSS activities for kids specifically helpful. This indicates that parents benefit from MHPSS activities for children, even though they might not be directly participating in a program for their own age groups.

Below is the breakdown of MHPSS activities by location:

State	District/ sub-district	Remarks	No. of people reached
Selangor	Klang	Dewan Kg. Sg. Pinang, Kg. Orang Asli, Kg. Perigi Nenas	4,650
Pahang	Kuantan	Perumahan Awam Kos Rendah (PAKR) , Bukit Rangin, Kuantan	116
Kelantan	Pasir Mas	PPS Masjid Mukim Padang Licin, PPS SK Tok Deh, PPS SK Kedai Tanjong, PPS SK Gual Perioik, Kampung Bonggor, Kampung Terusan	3,575
	Tumpat	Kampung Simpangan, Kampung Bendang Pak Yong, Kampung Jubakar Darat, Pejabat Penggawa Pengkalan Kubor, Pejabat Penggawa Jal Besar	2,500
Johor	Segamat	Segamat, Padang Anam Pogoh, Felda Pemanis	331
	Muar	Kampung Lenga , Kampung Jawa, Kampung Bukit Kepong	238
WP KL	Kampung Baru		306
	Tiong Nam		44
Total			11,760

Challenges

- Limited number of volunteers to conduct the PFA and other MHPSS activities in the community. MRCS will review its volunteers' list that had been trained on PFA and MHPSS, and also recruit and train more volunteers at the state level.
- The capacity of the volunteers in the targeted states differed in conducting PFA and MHPSS; not all volunteers have proper skills in the PFA and MHPSS. MRCS is planning to train more volunteers in the states on PFA and MHPSS.
- There is a lack of engagement with local authorities in some states. MRCS will improve their engagement with the authorities during emergency and non-emergency situations, in all sectors.

Lessons Learned

Mobile health

- MRCS needs to strengthen links with local district health offices, as they can support gaps such as the supply of medication as well as the promotion of events. This will also help to ensure consistency in the types of services offered as well as the quality of service provided.
- Regular requests for secondary data from health authorities will also help in determining relevant health needs rather than having MRCS reassess the community frequently to get up-to-date health situations of the community.
- To involve communities in the decision-making of where and how long sessions should last, and to manage expectations via clear communication to avoid misunderstandings.

MHPSS

- Ensure MRCS has sufficient staff and volunteers who are trained and engaged in deploying MHPSS activities, particularly stakeholder management with referral systems for continuity of care.

- To sustain psychosocial support activities for children for the post-emergency response. Explore other MHPSS activities for adults, parents, and caregivers such as psychological first aid and psychoeducation sessions.



Water, sanitation and hygiene

People reached: 13,318

Male: 7,458 people

Female: 5,860 people

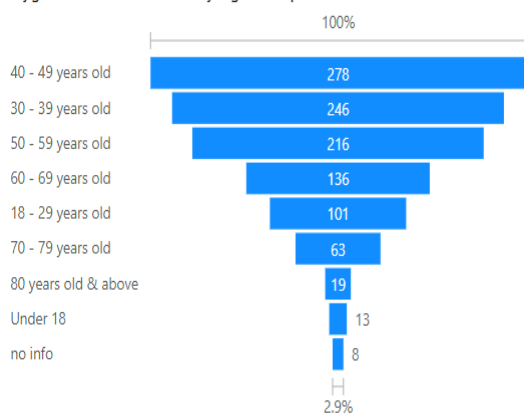
Indicators:	Target	Actual
# of households reached with WASH services	3,000	1,240
# of assessments/monitoring visits undertaken and shared	2	2
# of people reached by hygiene promotion activities	13,589	13,318
# of households provided with a set of essential hygiene items	1,750	1,750
# of households trained in the use of distributed items	1,750	1,750

Narrative description of achievements

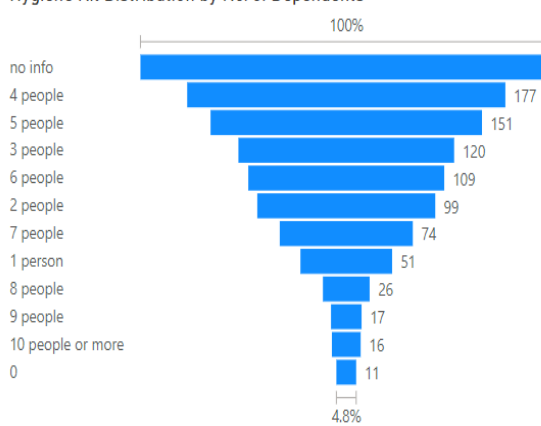
Hygiene Kits Distribution

MRCS distributed 1,750 hygiene kits in Selangor, Pahang, Kelantan, and Terengganu from the pre-positioned stocks and additional kits requested following the second round of floods. In Selangor, Kelantan and Terengganu, MRCS were able to distribute hygiene kits in evacuation centres and the targeted villages in the early days of the flood, while in Pahang, distribution took place at the targeted villages, a few weeks after the flood. The limited access to the target villages located in remote areas had caused a delay in distribution. Despite these challenges, MRCS was able to complete the distribution within the first two months of the operations. Three states (Kelantan, Terengganu and Selangor) were able to supply some disaggregated data on their hygiene kit recipients, as seen below:

Hygiene Kit Distribution by Age Group



Hygiene Kit Distribution by No. of Dependents



According to PDM, aid recipients benefited from the hygiene kit distribution, with 90 per cent of respondents having used the hygiene kits given, and 98.79 per cent of the respondents found the hygiene kit helpful in improving their household situation. Meanwhile, 72.06 per cent confirmed that the items in the kit were sufficient to use for one month for the entire family. In terms of the quality of items in the kit, 78.95 per cent said it was good, and another 20.65 per cent stated it was satisfactory. Slightly over half of the respondents said the waiting time for hygiene kits was very fast (58.7 per cent) while another 40.49 per cent said the duration was acceptable. 99.19 per cent said they faced no difficulties in receiving the kits.

Hygiene Promotion

MRCS prepared IEC materials which included health and WASH information, the information was focusing on hygiene kit contents, messaging related to personal hygiene during COVID-19 and water-borne diseases such as cholera and typhoid, which are commonly associated with floods. These IEC materials were distributed to the target communities who received the MPCA and hygiene kits. MRCS carried out hygiene promotion activities face to face activities, together with health awareness including COVID-19 awareness. IEC materials were also put up and displayed in public places.

From the PDM, hygiene promotions appear to be useful and appreciated by respondents, with 98.46 per cent of them saying the information given had helped to improve their overall hygiene; 98.07 per cent of the respondents felt that the information given by MRCS has empowered them to better safeguard against COVID-19 and waterborne diseases. When asked to elaborate, 54.55 per cent of respondents felt the information from MRCS helped them to maintain better environmental hygiene, and 20 per cent felt empowered to teach their family members. When asked specifically about COVID-19, 31.48 per cent of respondents felt the health and hygiene session has helped them to understand how to prevent COVID-19 from spreading. Another 20.37 per cent felt the sessions were educational and useful, and 12.96 per cent felt they can better maintain their hygiene.



Handwashing demonstration with kids at the temporary evacuation centre in SK Tok Deh, Kelantan. (Photo: MRCS)

Below is the breakdown of hygiene promotion activities by location:

State	District/ sub-district	Village names, if any	No. of people reached
Selangor	Kuala Langat	Kg. Orang Asli Sg. Judah, Pulau Carey	750
	Klang	Dewan Kg. Sg. Pinang, Pulau Indah Kg. Orang Asli, Pulau Indah Kg. Orang Asli and Kg. Perigi Nenas, Pulau Indah	5,740
Pahang	Bentong		97
	Temerloh		130
	Jerantut		120
Kelantan	Pasir Mas	PPS Masjid Mukim Padang Licin, PPS SK Tok Deh, PPS SK Kedai Tanjong, PPS SK Gual Periok, Kampung Bonggor, Kampung Terusan	3,575
	Tumpat	Kampung Simpangan, Kampung Bendang Pak Yong, Kampung Jubakar Darat, Pejabat Penggawa Pengkalan Kubor, Pejabat Penggawa Jal Besar	2,500
Johor	Segamat	Padang Anam Pogoh, Segamat	59
	Muar	Kampung Lenga , Kampung Jawa, Kampung Bukit Kepong	46
WP KL	Kampung Baru		201
	Tiong Nam		100
Total			13,318

Water Processing

Overall, MRCS has delivered 92,700 litres of processed water and 575 water storage containers to 1,240 households, reaching 6,200 people.

In December 2021, MRCS deployed 16 volunteers to do water processing in Hulu Langat, Selangor after the typhoon flooded the area. MRCS provided temporary access to water through the processing of river water and delivering by water trucks to the targeted communities, and distributed water storage for household level. At least 2,500 people were reached by the water trucking activities who received 50,000 litres of drinkable water and 12,000 litres of raw water for household usage such as for washing clothes, as well as support for containers and piping into their area. That water is for one day of utilization by the people in the targeted communities in Hulu Langat, Selangor. It was a total of 17 days of operation over two locations in Hulu Langat.

MRCS conducted a re-assessment from 10 to 16 February 2022 in the targeted location, to obtain a more current understanding of the local WASH needs. Based on the findings, water access has returned to normal in the majority of the flood-affected areas, and there were no need for further water trucking distribution. However, in a few areas, there was a need for water storage containers, and for alternative water sources in Hulu Langat.

During the emergency phase in the second wave of floods. MRCS has delivered a total of 3,976 cartons of bottled water for drinking to both Kelantan and Terengganu. Both states identified community cleaning as an immediate need and MRCS supplied a total of 6 water jet cleaners and 20 IFRC shelter tool kits to each state.

MRCS deployed six volunteers to carry out water processing in Kuala Berang, Hulu Terengganu, after the second wave of floods came in late February. MRCS provided temporary access to water through processing of river water and delivering by 4X4 vehicles to the targeted communities, and distributed water storage for household level.

At least 1,700 people were reached by the water trucking activities who received 30,700 litres of drinkable water, as well as support for containers. That water is for one day of utilization by the people in the targeted communities in Kuala Berang. It was a total of 7 days of operation covering various locations around one base camp in Hulu Terengganu. MRCS collaborated with the local 4X4 vehicle associations to support water distribution using their fleet of vehicles. The service ended after the municipal water supply was restored. Below is the breakdown of water distribution activities by location:



Distribution of processed water to villagers in Kuala Berang, Hulu Terengganu. (Photo: MRCS)

No.	State	District	Distribution point	No. of HHs reached	Amount of water distributed (litres)	No. of jerry cans/buckets distributed
1	Selangor	Hulu Langat	Kampung Paya Lebar Kampung Sungai Gabai (OA) Kampung Donglai (OA) Kampung Genting Peras (OA) Sekolah Tahfiz	500	50,000 (drinkable) 12,000 (raw water)	75 jerry cans (distributed to Orang Asli villages)
2	Kelantan	Pasir Mas		400		230 buckets with lids
3	Terengganu	Kuala Berang	Masjid Kg. Sekayu Surau Kg. Belukar Bukit Kg. Berua SK Tapah	340	30,700	270 buckets with lids
Total				1,240 HHs (approx. 6,200 people)	92,700 litres	575 water storage containers

Challenges

WASH

- There was unstable electricity at the Hulu Terengganu base camp, which affected water-processing operations.
- In Terengganu, manpower issues were observed where insufficiently trained volunteers were available to be deployed, thus the team had to cope with multiple tasks with a lean team to carry out treatment, storage and distribution of processed water. Additional backup from Kelantan was deployed to support mass water processing.
- Logistical issues were also seen where the small team had to give sufficient coverage for water distribution to seven villages in Hulu Terengganu. This was managed together with community leaders who linked MRCS with local 4X4 owners and groups willing to support the distribution.

Hygiene kit distribution

- Communications relating to assistance could be improved; 73.68 per cent were informed on what items they will receive, while 26.32 per cent said they were not informed. The same percentages were seen when respondents were asked whether they received guidance and information on hygiene kits.

Lessons Learned

WASH

- To explore the possibility of maintaining relationships with relevant communities with continuous water needs, as they are not only affected because of floods.
- To ensure staff and volunteers are well-trained and with sufficient headcount to be deployed on a rotational basis, as the drinkable water supply is the most utilised service and highly relevant.
- To encourage water users to channel their feedback directly to the team if they have comments on the quality and other needs so that such matters can be addressed. MRCS developed a feedback mechanism, and this will be disseminated and oriented to all MRCS staff and volunteers, and to the community.

- To preposition WASH items closer to flood-prone areas where WASH needs are anticipated to occur. This would help to mitigate any logistical challenges that may occur during the next disaster response
- To have spare parts and materials sufficiently stocked to anticipate wear and tear. This is because back-to-back flood operations can be expected to increase in frequency and intensity due to climate change.

Hygiene promotion and kit distribution

- MRCS needs to ensure that there is complementarity between hygiene promotion and hygiene kit distribution, and the same recommendation is made to establish a dedicated WASH team to make it into a coherent activity.
- MRCS needs to ensure proper engagement was done with the communities prior to distribution activities. Staff and volunteers must ensure that data collection and hygiene promotion activities can be conducted.



Protection Gender and Inclusion

People reached: 12,352 people reached (2470 HH)

Male: 6,917

Female: 5,435

Indicators:

The operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response services

Target

Yes

Actual

Yes

NS ensures improved equitable access to basic services, considering different needs based on gender and other diversity factors.

Yes

Yes

Narrative description of achievements

- An assessment was done to capture the number of vulnerable populations. These include unaccompanied children, female-headed households, pregnant and lactating mothers, migrants, PWDs, unaccompanied seniors, and the chronically ill. The assessment included questions to help identify vulnerable populations, which allowed the preparation to respond to their needs. During the activities, wheelchairs were prepared for PWDs, child friendly spaces were ensured for children during MHPSS activities and vulnerable individuals were considered in the criteria for MPCA.
- Activities already carried out include vulnerable populations in hygiene promotion activities, MHPSS child-friendly spaces and activities, water distribution, and cash.
- Communication outreach was done via state radio broadcasts at certain states, which helped to increase reach and extend the geographic range. Improved publicity and awareness of MRCS services also helped to engage with the community.
- Post-distribution monitoring was carried out where the population were sampled to be inclusive, and people can give feedback about the relevance and appropriateness of assistance
- Translation of forms was done for the elderly in Tiong Nam as they can only speak Chinese languages



Patient being attended to in wheelchair after flood evacuations in Shah Alam, Selangor. (Photo: MRCS)

Challenges

- Not all events could be held and wheelchair-accessible locations, which limited the reach. Volunteers had to facilitate in other ways to ensure inclusion
- Even though MRCS is a statutory body of the government, some volunteers had a difficult time getting cooperation from the community who were afraid of scams and some misunderstood the beneficiary registration form to be a loan application form. This was rectified with the support of the CEA team from the headquarters and the branches who made further engagement with the heads of communities to build trust and provide an explanation. Press coverage from senior management was also shared with the community to ensure that the assistance is legitimate and credible.

Lessons Learned

- To strengthen CEA dialogue via web presence. A DREF microsite or page can be supported by FAQs in more than one language. Links to past reports and media coverage can also be shared on the site, to strengthen MRCS credibility and inclusivity.
- To embed CEA into MRCS coordination mechanism and decision-making whenever possible
- While community engagement and relationships with local leaders need to be strengthened and maintained, COVID-19 realities should be considered when dealing with communities. It also recommended that several options for community feedback should be maintained, and feedback designed and option on the mechanisms to consider where transparency is best achieved.
- Improvement is needed in the feedback mechanism for some states with above 50% awareness (i.e. Pahang, Terengganu, Selangor) and states with lower awareness will need to strategize and promote their feedback channel (Johor, Kuala Lumpur, Kelantan).

Strategies for Implementation

Indicators:	Target	Actual
<i># of NS branches that are well functioning in the operation</i>	6	5
<i># of volunteers involved in the operation provided with briefing/orientation</i>	95	130
<i>CEA activities are carried out according to the Principles and Rules for Humanitarian Assistance</i>	100% compliance	100% compliance
<i>Procurement is carried as per IFRC standards and items replenished in the operation timeline.</i>	100% compliance	100% compliance
<i># of branches reached by the NS and IFRC DREF operation</i>	6	6
<i># of states that have conducted assessments</i>	6	6
<i># of lessons learned workshops</i>	1	1
<i>Finance Department provides consistent support to the national society to ensure quality to financial reporting</i>	Yes	Yes
<i>The Finance Department continuously aims to assist the national society in working to ensure the quality of financial reporting.</i>	Yes	Yes

Narrative description of achievements

- All five states did initial joint assessments with UNICEF in December 2021. A reassessment was done between 10-16 February 2022 to gauge the needs again in the community after the people returned home. Four states participated in the second round, with the Federal Territory being an exception as they saw that the needs did not change being in a high-density urban area. Appointed staff and volunteers from all five states were trained to conduct the assessment in the field using the Kobo data collection. The assessment was done based on the main basic sectors, including shelter, basic needs, health, WASH, and education. Detailed findings on the assessment can be found in the earlier Need Analysis section.
- Over 100 volunteers have been trained over the five states, with some doing additional training for their respective teams to increase the human resource capacity for DREF activities.
- A feedback mechanism had been deployed for this and has been rolled out to affected communities. MRCS has communicated to affected communities through events in the states affected by the flood, using IEC materials and booklets. A demonstration on how to use the goods distributed in-kind was provided, such as the home care kits and risk communication for health issues during floods. MRCS has set up bulk SMS to reach out to communities, especially for updates on cash distribution.
- Procurement of 1,750 hygiene kits to replenish the pre-positioned stocks had been completed and delivered to MRCS warehouses. Procurement of WASH items to be replenished was completed.
- IFRC supported MRCS to monitor the budget forecasting and spending of the flood operations and continue to support the reporting. IFRC support team facilitated a monthly financial review meeting with MRCS to review the updated expenditures against the budget forecasting, based on the overall implementation plan.
- Lessons learned workshop was carried out in Johor Bahru from 3-5 June 2022 where 18 volunteers from 6 states analysed their performance and shared their challenges as well as achievements and best practices. More details in **Annex 2**.
- IFRC Finance team provided clear guidance to MRCS about working advance claims and the required documentation for submission to IFRC.
- The IFRC team assisted the MRCS team in developing a budget forecasting model and monitored the budget

Challenges

- Volunteers gave feedback that late payment for volunteers' allowances (exceeding two weeks after the work has been done) often occurred, leading to volunteers being demotivated to do further tasks. There were also unclear or inconsistent procedures on fuel claims, which created confusion.
- For the earlier part of the project, MRCS could not develop the forecast on its own, which made decision-making on expenses less precise.

Lessons Learned

- MRCS Finance to make SOP and policies easily accessible to everyone, online and offline.
- MRCS Finance to improve its internal system for payment.
- Continued IFRC support for financial reporting is required, as is guidance to MRCS. MRCS submitted financial reporting and required documentation during this operation with the assistance of IFRC

D. Financial Report

A DREF amount of CHF 414,001 was allocated for MRCS to respond to the needs of the targeted population. By the end of the operation, CHF 396,999 (95.9 per cent) was spent. The remaining fund of CHF 17,001 will be returned to the DREF pool.

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 and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Contact information

Reference documents

Click here for:

- [Previous update](#)
- [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

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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 Organizations (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.

Annex 1: Case Stories

Case story 1: Kelantan – Cash assistance

Mazlan bin Ab. Samat is the father of 4 child. He used to work as a laborer to support his family. His income is not fixed, it is dependent on the hours he works and he is paid on a daily basis. Mazlan and his family lives in a double-storey house which he had built himself. They have lived here since 2012.

According to Mazlan's wife, this year's flood was the worst they have ever seen. During the flood, Mazlan and his family were trapped in their home. They were unprepared and shocked by the scale of the flood. They survived the flood by rationing what they eat as

they are limited by the food available in the house during that time. The water level in their house had almost reached the second floor of their house. She also told us that there were snakes in the flood that make them fear to go outside.



Post-Distribution Monitoring (PDM) visit by MRCS volunteers. (Photo: MRCS)



House condition of Mazlan's house in Kelantan. (Photo: MRCS)

The flood waters only receded after several days. They were finally able to go and buy their basic needs on the market. They were invited to register for assistance from MRCS. They were given the Cash and Voucher Assistance of RM350. Mazlan used all the money to buy foods and his children's school uniform as the school is about to start. He is so thankful that MRCS help them in recovery stage because there is no NGO came and support them

Case story 2: Kelantan – kitchen set



Rosnah, a single mother, who received assistance from MRCS in Kelantan. (Photo: MRCS)

Rosnah binti Husin is a single mother with 2 children. She stays in the same neighborhood with her mother. Raising 2 children alone is not an easy task to do. Rosnah's income came solely from her job as a tailor. She sometimes asks help from her family to support her in term of finance.

During the flood, she was completely unemployed. There were no orders and she could not sew past orders as the electricity in the neighborhood was disrupted. She fully depended on her family during the flood. She was very lucky to have her family around to help her.

Rosnah and her children were taken to SK Tumpat along with other survivors. She received food and shelter there. After the water receded, she went back to her house to check on her sewing machine. Luckily it was still in good shape. Later on, Rosnah CVA, hygiene kit and kitchen set from MRCS. She used the cash assistance on her sewing machine, while the hygiene kit and kitchen set was used daily. All the items were received in good condition.

Case story 3: Kelantan – Cash Assistance



Cik Dah, single mother, received assistance from MRCS. (Photo: MRCS)

Saadah Bt Che Wil or better known as " Cik Dah " is a single mother who lives with her granddaughter, Nur Izati Bt Mazlan. Her life is totally dependant on her granddaughter who is still studying at SMK Gual To 'Deh. She has said that the level of danger from floods this year was very bad since the water exceeded the human height and all her equipment and goods were destroyed.

During the incident, she was only able to save herself as well as important documents. She moved to the flood relief center as soon as possible because the water was rising too fast. While at flood relief centre, she received necessary assistance from other (NGO) communities. She was informed by the village chief regarding to the PBSM assistance that would be given, she gave her name to village chief as the recipient of the assistance.

With the cash assistance (CVA) contributed by MRCS, she was able to use the money as to repair the damage she had faced during the day. 90 per cent of her belongings were damaged and destroyed. With the cash voucher assistance (CVA) provided by PBSM as much as RM350, the money able to cover her and her grandchildren's expenses as well as a huge impact for herself who only lives with her grandchildren.

Annex 2: Main finding and recommendations of lesson learned workshop

Findings	Recommendations
<p><u>Communications</u></p> <ul style="list-style-type: none"> ▪ Communication from HQ tends to be top-down and one-way. Information-sharing and updates tends to be informal via multiple WhatsApp groups and not systematic. This inadvertently leaves some people feeling like they were left out, while some get the same documents via multiple groups. ▪ Delayed responses by HQ to queries from the field, whether via email or WhatsApp ▪ Not all decisions were made officially in meetings, and not all meetings were documented. This made it hard to keep track of who made which commitments. ▪ A lack of transparency and presence about DREF on the MRCS website, which created some confusion among the communities ▪ Unclear internal communication and/or last-minute dissemination of programs and activities created stress 	<ul style="list-style-type: none"> ▪ To establish better ways of sharing information to all stakeholders on an official platform owned by MRCS. Access levels can be pre-determined, and dissemination can be more efficient. This also eliminates the impression of “leaving people out” and lessens office rumors and speculation. ▪ To have a set turnaround time on how soon messages need to be responded to, and to disseminate this commitment. ▪ Meeting minutes must be developed and disseminated to the entire team. ▪ To strengthen CEA dialogue via web presence. A DREF microsite or page can be supported by FAQs in more than one language. Links to past reports and media coverage can also be shared here, to strengthen MRCS credibility and inclusivity. ▪ To embed communication into the coordination mechanism and decision-making
<p><u>Finance</u></p> <ul style="list-style-type: none"> ▪ Late payment for volunteers’ allowances (exceeding beyond two weeks after the work has been done) leading to volunteers being demotivated to do further tasks ▪ Unclear or inconsistent procedures on fuel claims 	<ul style="list-style-type: none"> ▪ Finance to make SOP and policies available to everyone ▪ Finance to communicate timely to states if the claims submission does not meet stated requirements ▪ MRCS to enable feedback mechanism to allow complaints of delays or differentiated treatment from Finance Dept
<p>Sector-specific feedback</p> <p><u>CVA</u></p> <ul style="list-style-type: none"> ▪ Aid recipients reported receiving SMS at a much later date after the money was banked in, causing confusion. Some did not receive the money at all but received the SMS text. This contradicts with the information from banks which indicated all transfers were successful. 	<ul style="list-style-type: none"> ▪ To encourage aid recipients to channel the information to staff or volunteers as soon as they discover errors, and to encourage chapter staff and volunteers to promote the feedback channel or to gather feedback directly from the communities. ▪ To establish better error-checking processes with the most commonly used banks. MRCS needs to engage with the different entities and establish working relationships.

Findings	Recommendations
<p><u>MHPSS</u></p> <ul style="list-style-type: none"> There were limited volunteers who were interested in sustaining PFA and other MHPSS activities, except those with psychological background. This affected the scale of the MHPSS activities that could be deployed. <p><u>Hygiene kit distribution</u></p> <ul style="list-style-type: none"> Kits distributed were not all according to IFRC standards (specific comment to the kits distributed in the second wave of floods in Kelantan on February 2022). Delivery of hygiene kits to Kelantan was delayed due to limited transportation under MRCS. Instead of renting a lorry from Penang, Kelantan sent its own lorry to collect the prepositioned stock in Penang. Some kit distribution was done without the complementary hygiene promotion activities. Most states had no difficulties in compiling a kit distribution list for reporting to IFRC, except one. This made the reporting incomplete and disrupted the replenishment of prepositioned stocks. <p><u>Kitchen set distribution</u></p> <ul style="list-style-type: none"> The quality of kitchen set items were not up to par, with recipients reporting back to MRCS volunteers of broken or rusted items. Recipients gave feedback on the timing of the delivery being too late, the sets would have been better received if delivered earlier in the recovery phase. <p><u>WASH</u></p> <ul style="list-style-type: none"> Water processing and distribution in Terengganu was delayed because of equipment having to be brought in from KL, compounded by transport limitations. 	<ul style="list-style-type: none"> To recruit and select MHPSS volunteers who have specific interest in psychosocial activities. The volunteers recruitment could come from the partnership with universities and professional volunteers. To establish links with MHPSS referral systems within each state for better continuity of care. To ensure as much as possible kits that was received from other donors also comply with IFRC standards so that aid recipients do not feel differentiated. To ensure that fleet decisions are made timely and prioritising for on-time delivery rather than minimising logistical costs. Kit distribution should not be done in a rush without complementary hygiene promotion activities (as said in WASH training, “no distribution without training”) Kit distribution cannot be done without some prior engagement with the communities. Staff and volunteers must ensure that data collection and hygiene promotion activities can be conducted. To pass feedback to IFRC on the quality of some of the kitchen sets received To ensure that future distributions will not face the same issues, IFRC and MRCS can jointly carry out stock-taking activities to see if items are fit for distribution, as part of pre=disaster preparations. To preposition WASH items closer to flood-prone areas where WASH needs are anticipated to occur. This would help to mitigate any logistical challenges that may occur during the next disaster response

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/12-2022/8	Operation	MDRMY008
Budget Timeframe	2021-2022	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

MDRMY008 - Malaysia - Floods

Operating Timeframe: 24 Dec 2021 to 30 Jun 2022

I. Summary

Opening Balance	0
Funds & Other Income	414,001
DREF Allocations	414,001
Expenditure	-396,999
Closing Balance	17,002

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	271,125	371,790	-100,666
PO04 - Health	19,543		19,543
PO05 - Water, Sanitation & Hygiene	53,596	24,223	29,373
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	26,598		26,598
PO10 - Community Engagement and Accountability	11,449		11,449
PO11 - Environmental Sustainability			0
Planned Operations Total	382,311	396,013	-13,703
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	31,494	986	30,508
EA03 - National Society Strengthening	196		196
Enabling Approaches Total	31,690	986	30,704
Grand Total	414,001	396,999	17,001

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/12-2022/8	Operation	MDRMY008
Budget Timeframe	2021-2022	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 28/Sep/2022

All figures are in Swiss Francs (CHF)

MDRMY008 - Malaysia - Floods

Operating Timeframe: 24 Dec 2021 to 30 Jun 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies		21,777	-21,777
Water, Sanitation & Hygiene		19,772	-19,772
Cash Disbursement		2,005	-2,005
Logistics, Transport & Storage		3,437	-3,437
Storage		587	-587
Transport & Vehicles Costs		265	-265
Logistics Services		2,584	-2,584
General Expenditure	2,404	1,027	1,377
Travel	2,000	671	1,329
Financial Charges	404	356	48
Contributions & Transfers	386,329	346,528	39,801
Cash Transfers National Societies	386,329	346,528	39,801
Indirect Costs	25,268	24,230	1,038
Programme & Services Support Recover	25,268	24,230	1,038
Grand Total	414,001	396,999	17,001