

Emergency appeal No: MDRMM023 Emergency appeal launched: 30/03/2025 Operational Strategy published: 09/04/2025	Glide No: EQ-2025-000043-MMR
Operation Update #3 Date of issue: 01/08/2025	Timeframe covered by this update: 28/03/2025 to 30/06/2025
Operation timeframe: 24 months (28/03/2025 - 31/03/2027)	Number of people being assisted: 192,480 people
Funding requirements (CHF): CHF 100 million CHF 80 million through the IFRC Emergency Appeal CHF 20 million Federation-wide	DREF amount initially allocated: CHF 2,000,000

To date, this IFRC Emergency Appeal, which seeks CHF 80,000,000, is 24 per cent funded. Further funding contributions are needed to enable the Myanmar Red Cross Society, with the support of the IFRC, to continue providing humanitarian assistance to the earthquake-affected population.



The Myanmar Red Cross Society, with support from IFRC and Red Cross Red Crescent partners, delivered coordinated assistance across health, psychosocial support, water and sanitation, shelter, cash and relief distributions in Sagaing on 17 May 2025, including services through a mobile health clinic, pictured. (Photo credit: MRCS)

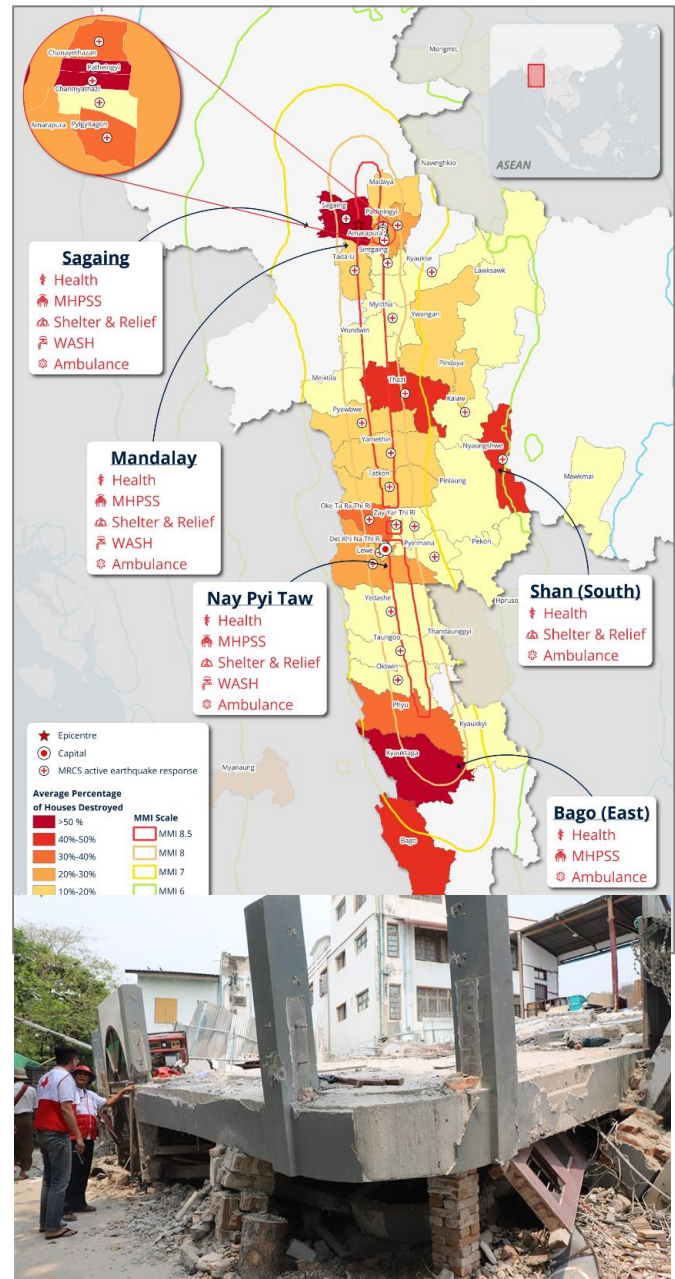
A. SITUATION ANALYSIS

Description of the crisis

On 28 March 2025, a 7.7-magnitude earthquake struck central Myanmar, with the epicenter located near Sagaing and Mandalay. Twelve minutes later, a strong 6.7-magnitude aftershock followed, exacerbating the destruction caused by the main quake. The tremors resulted in widespread devastation across five regions: Sagaing, Mandalay, Southern Shan, Naypyidaw, and Bago. These areas were already facing complex humanitarian needs with an estimated 17.2 million people residing within the affected zones. The earthquake caused extensive damage to critical infrastructure, including roads, bridges, hospitals, schools, and water systems. In total, over 120,000 houses, 5,488 office buildings, 640 health facilities, 431 schools, 77 bridges, 38 railways and 405 roads have been reported damaged¹.

Physical access to the most affected areas has returned to normal with the Yangon to Mandalay corridor functional and operational for heavy vehicles. Routes between Mandalay and Naypyidaw remain accessible via the highway and standard roads. Telecommunications and mobile coverage have also largely returned to normal while electricity supply has returned to its previous state.

Seismic activity remains, albeit sporadic. The Department of Meteorology and Hydrology recorded at least 196 aftershocks up until 30 June, including tremors recorded near Naypyidaw and Wundwin in March and April (exceeding magnitude 5.0) and a 5.2 magnitude in Myinttha, Mandalay on 17 May. A magnitude 3.8 aftershock was also recorded near Lewe, Naypyidaw on 5 June. Although no large aftershocks (above magnitude 5.0) have been officially confirmed since May, these continued tremors and field reports indicate persistent community fear of structural collapse and elevated psychological distress across affected areas. Many households remain outdoors or in makeshift shelters due to ongoing safety concerns, damaged infrastructure, and psychological distress stemming from the initial quake sequence.



MRCS volunteers and staff assessing the situation of earthquake-affected communities near a damaged building in Amarapura Township, Mandalay Region. (Source: IFRC)

¹ Rapid Needs Assessment as of 13 April 2025.

Summary of response

Overview of the host National Society and ongoing response

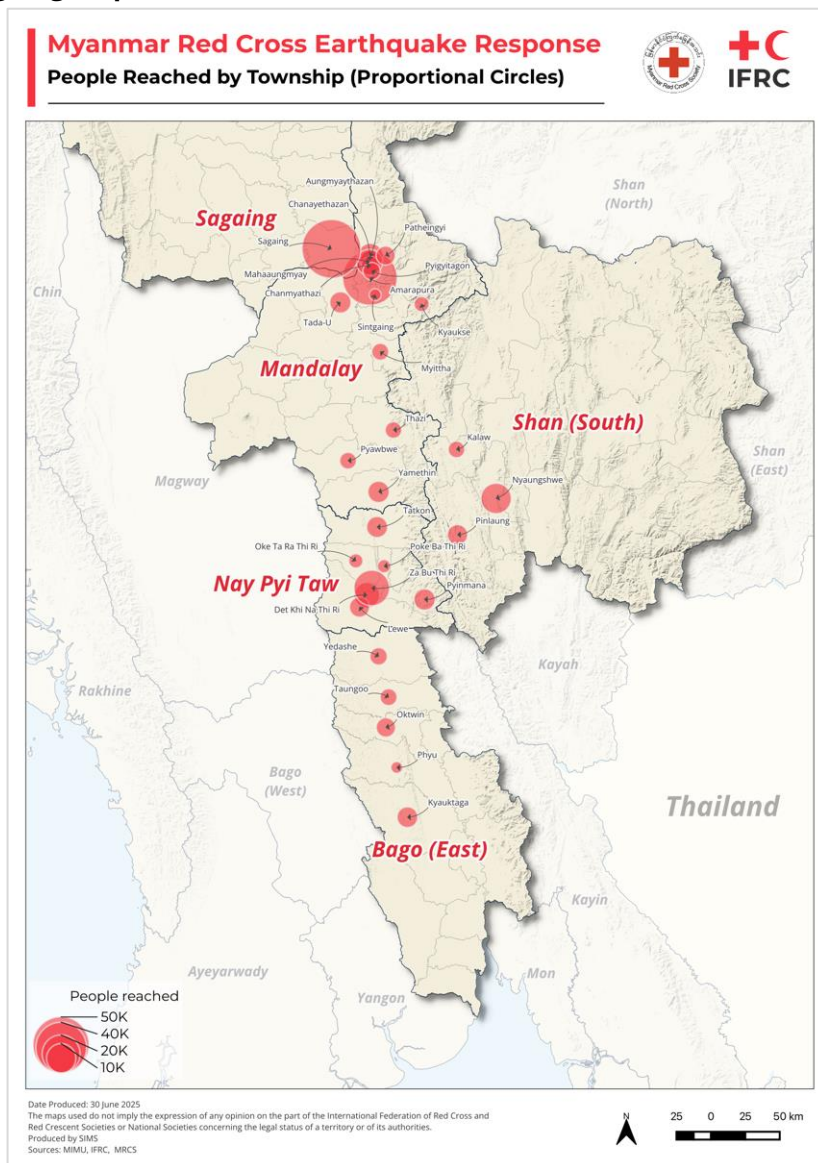
The Myanmar Red Cross Society (MRCS), operating under the Myanmar Red Cross Society Law (2015), is the oldest and most widely present national humanitarian organization in Myanmar. With an extensive branch network and trained volunteers nationwide, MRCS is a key local actor and plays a leading role in the earthquake response, having an active response in more than 30 townships affected by the earthquake.

Immediately following the 28 March earthquake, MRCS activated its national Emergency Operations Centre (EOC) and rapidly mobilized volunteers in affected regions; many of whom were impacted themselves. Staff and volunteers from other states and regions were rapidly deployed to reinforce local response capacity. MRCS teams have since provided search and rescue, first aid, pre-hospital care, ambulance services, emergency relief, water production to provide clean and drinking water, installation of emergency latrines, and the distribution of food and relief items.

MRCS has also contributed to joint inter-agency assessments, including both Rapid Needs Assessments (RNA) and the Multi-sector Initial Rapid Assessment (MIRA), which collectively assessed damage and needs in 55 townships.

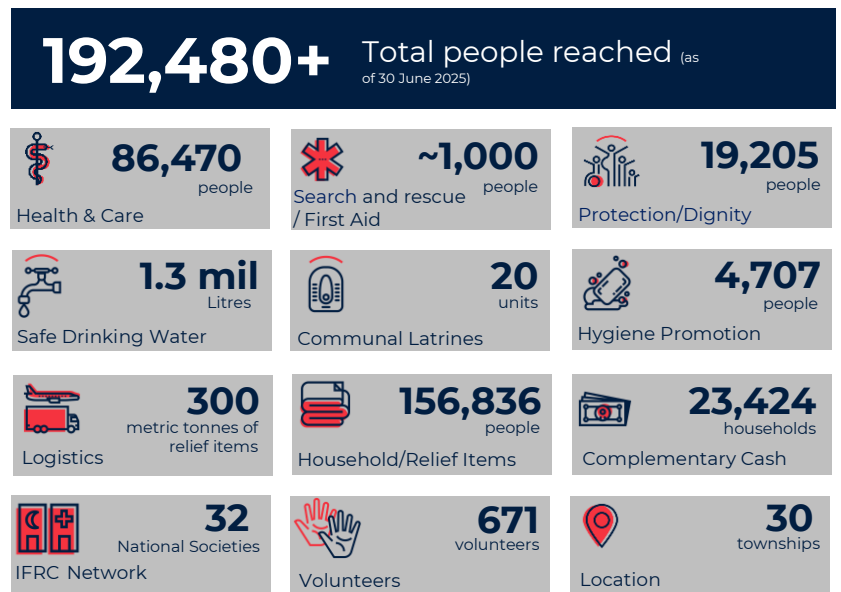
As of 30 June 2025, MRCS has reached a cumulative total of more than 192,480 people with humanitarian assistance across the five most affected states and regions, Sagaing, Mandalay, Southern Shan, Naypyidaw and Bago. This includes assistance in emergency shelter, complementary cash, food and nutrition, health and first aid, water, sanitation and hygiene (WASH), and protection.

MRCS has deployed 671 local Red Cross Volunteers (RCVs) deployed from at least 24 township branches, supported by technical and operational personnel from headquarters and partner branches. The operation continues to scale up with a shift toward early recovery interventions, including comprehensive integrated transitional shelter, cash and voucher assistance across sectors, livelihoods, and community-based health and WASH initiatives. This extensive response has been made possible through the strong collaboration and support of 32 Red Cross and Red Crescent National Societies, as well as IFRC and ICRC, seven diplomatic missions, and 109 corporate partners. Their collective efforts, alongside the dedication of MRCS staff and volunteers, have enabled the timely delivery of critical assistance to those most affected by the earthquake.



MRCS and IFRC maintain close coordination with external humanitarian actors, including United Nations agencies, international non-governmental organizations, and local networks. Alongside the IFRC, MRCS actively engages in national and sub-national sectoral coordination platforms, including those for health, WASH, protection, and shelter.

The IFRC, working closely with MRCS headquarters and Red Cross Supervisory Committees, has established a field presence in Mandalay to support operational coordination, technical alignment, and inter-agency engagement. With the technical assistance and strategic orientation from the IFRC Network, MRCS continues to monitor evolving needs and adapt its response to ensure that services are community-driven, evidence-based, and conflict-sensitive, placing the needs and priorities of affected people at the center of the operation.



MRCS Myanmar Earthquake Response people reached data as of 30 June 2025. (Source: IFRC/MRCS)

Needs analysis

The earthquake has affected an estimated 1.35 million people, displacing over 206,977 individuals and damaging more than 120,000 houses, 64,000 latrines, and critical infrastructure across five regions. Rapid and multisector assessments conducted by MRCS and partners confirmed widespread humanitarian needs in Sagaing, Mandalay, Naypyidaw, Southern Shan, and Bago. According to [IOM](#), as of 26 June 2025, 70% of the affected people in need have not yet received assistance. Based on recent field monitoring conducted, three months after the earthquake, several evolving needs and trends have emerged:

- **Market analysis:** Local markets have largely resumed, especially in urban and peri-urban areas, with small businesses and roadside vendors active. Based on community survey, affected communities highlighted that inflation continues to erode household purchasing power. However, market analysis conducted by [MIMU](#) in June reported that essential food and NFI prices are stable despite increasing demands due to monsoon season. Some retailers speculated that limited cash access among households may be muting monsoon-season demand, although lower transport costs due to global oil prices is likely responsible in part as well. Ongoing conflict in various regions, changes in trade at Myanmar's borders, and the effects of rain and flooding are likely to instigate greater price shifts in July, and it more likely than not those will break toward pushing prices higher.
- **Waste management / debris clearance:** In urban areas, most construction debris has been cleared, but earthquake rubble remains visible in outlying areas. Communities have begun rebuilding, often relying on informal labour.
- **Shelter:** Many households in rural and peri-urban zones remain in makeshift shelters or semi-damaged homes awaiting repairs, and most of these shelters lack separated room for privacy and as well as proper sanitation facilities. While some displaced renters have relocated, the local authority announced that official earthquake displacement sites are scheduled to close by the end of July. Monsoon rains and strong winds are

affecting people living in makeshift shelters, increasing the needs of additional shelter toolkits and materials for repair and replacements.

- **WASH:** In non-urban areas, a critical gap remains in sanitation infrastructure, particularly latrine and drainage systems. Some latrines and bathing spaces, hastily constructed or repaired, do not meet minimum standards. Poor drainage has caused stagnant wastewater in and around affected villages and displacement sites. With the ongoing monsoon rains, this has significantly heightened the risk of waterborne and vector-borne diseases.
- **Protection and MHPSS:** Protection needs remain high, including psychosocial support among children, older people, and persons with disabilities based on their current living conditions and ongoing fear triggered by aftershocks. This has also been highlighted in recent UNICEF reports as a critical gap in the humanitarian response.

Building on initial assessments and these recent findings, MRCS supported by the IFRC Network is preparing for the next phase of integrated recovery assessments to guide the transition from emergency response to early recovery.

Operational risks

Several factors continue to affect the speed, scale and efficiency of the response:

- The ongoing monsoon season poses serious risks to displaced households living in temporary shelters, while also creating operational challenges for activity implementation. Flooding has increased in some areas due to persistent rainfall, underscoring the urgency of expanding transitional shelter solutions and flood-resilient infrastructure.
- Although markets are functioning in most affected areas, rising inflation continues to limit the affordability of basic goods, compounding vulnerabilities for crisis-affected households.
- Volunteer and staff fatigue remains a concern, particularly in Sagaing and Mandalay, where Red Cross teams have been actively engaged since the onset of the response. MRCS is providing mental health and psychosocial support and regular safety briefings to help mitigate this risk.
- The MRCS workforce requires rapid scale-up to ensure technically sound, high-quality activities, particularly in the shelter sector, which remains one of the most urgent and complex areas of response.

B. OPERATIONAL STRATEGY

The **IFRC Emergency Appeal, launched on 30 March 2025**, directly contributes to the MRCS-led earthquake response operation. The [Operational Strategy](#) for this response was published on 9 April 2025, outlining a Federation-wide, locally led, and needs-driven response in support of the Myanmar Red Cross Society (MRCS). The strategy is designed as a 24-month operation, recognizing the scale and complexity of needs and their overlap with climatic, seasonal, hostilities-related, and economic vulnerabilities. This operation aims to assist 100,000 people (20,000 households) through the collective efforts of the IFRC Secretariat and Red Cross and Red Crescent National Societies.

The strategy prioritizes life-saving assistance in the immediate phase focusing on shelter, health, WASH, protection, and multipurpose cash assistance (MPCA), while then swiftly moving to attend community needs for early recovery, shelter, livelihoods, resilience-building, and National Society Development (NSD). It promotes localization, inclusion, climate-smart, and conflict-sensitive programming that ensures MRCS is supported strategically, operationally and technically, including identified rapid response profiles with technical expertise and investment in enhancing MRCS's disaster management.

To support implementation, MRCS convened a Planning Workshop from 24 to 25 April 2025 together with the IFRC network and ICRC. The workshop focused on sectoral priorities, cross-cutting elements including NSD, resource mobilization, procurement, workforce planning, and complementarity with ICRC efforts. In the immediate response

phase, MRCS is scaling up integrated interventions in health, WASH, shelter, MPCA, and MHPSS across the most affected areas of Sagaing, Mandalay and Naypyidaw.

As the operation transitions to early recovery, MRCS is strengthening community-driven services through a locally embedded workforce and reliable supply chains to reach at least 100,000 people. This shift focuses on restoring dignity, rebuilding livelihoods, and enhancing local resilience through coordinated, inclusive, and sustainable recovery interventions.

To guide this transition, MRCS supported by the IFRC Network organized an online Recovery Conference on 5 June 2025. The event brought together the Movement, to reflect on progress, share challenges, and discuss the next phase of the operation focusing on recovery. MRCS provided a comprehensive operational update with support from its partners, while the IFRC presented a shared and collectively developed vision for recovery and resilience-building. The conference also served as a platform for partners to indicate planned allocations, highlight remaining funding gaps, and explore opportunities for continued support to MRCS in advancing a locally led and inclusive recovery.

C. OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION²

The data on the number of people reached in all sectors provides an overview of the people reached by MRCS. While specific IFRC Secretariat reach data may not be available for every sector, any available information on IFRC Secretariat reach will be provided where applicable.

 Shelter, Housing and Settlements				
Objective:		Communities in affected areas and displaced individuals restore and strengthen their safety, well-being, and longer-term recovery through shelter and settlement solutions.		
Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	Number of people reached with shelter support. (accommodation and settlements, guidance and awareness)	100,000		TBC
	Number of people (and households) provided with household items that support the restoration and maintenance of health, dignity, and safety, and the completion of daily domestic activities in and around the home.	100,000		156,836
	Number of people who attended training/awareness raising sessions on transitional safe shelter.	5,000		N/A

² People reached data is still being synchronized and consolidated. Sectoral people reached figures will be standardized and shared in the coming updates.

Progress Toward Objectives

As of 30 June 2025, the Myanmar Red Cross Society (MRCS), with support from the IFRC Network and other partners, has reached 156,836 people with emergency shelter assistance and distributed 35,219 household kits. This includes the provision of 15,397 tarpaulins, 4,496 shelter toolkits, 129 tents, 5,272 kitchen sets, 10,508 blankets, 13,374 mosquito nets, and 1,718 family kits. These items have been delivered across priority locations in Sagaing, Mandalay, Naypyidaw, Southern Shan and Bago.

During the initial phase, MRCS and the Red Cross Society of China jointly established displacement sites in Mandalay and Naypyidaw, delivering over 240 metric tonnes of relief items and installing more than 143 tents at displacement sites.

Shelter assistance has been informed by MRCS field reviews and household validation processes. The widespread destruction of homes, combined with continued displacement and lack of privacy in collective shelters, has reinforced the need for transitional shelter solutions. The MRCS family kit and emergency shelter packages have been distributed based on vulnerability criteria. Distributions have been coordinated with WASH and relief teams to ensure integrated support.

MRCS is also providing technical guidance to communities through trained volunteers and information materials. While Build Back Safer (BBS) community messaging and Participatory Approach for Safe Shelter Awareness (PASSA) sessions have been planned, their roll-out has been delayed due to staffing constraints. Preparations are underway to scale up these interventions alongside transitional shelter and home repair assistance.



Shelter Tool Kits along with household items were provided to the affected people in Sagaing township in May 2025. (Photo: IFRC)

Federation-wide and bilateral support has played a key role in enabling the timely dispatch of relief items to the affected people. Contributions from National Societies including the **Bangladesh Red Crescent Society, British Red Cross, Canadian Red Cross, Red Cross Society of China, Danish Red Cross, German Red Cross, Hong Kong Branch of the Red Cross Society of China, Palang Merah Indonesia, Japanese Red Cross Society, Korean National Red Cross Society, Malaysian Red Crescent Society, Pakistan Red Crescent, Singapore Red Cross, Thai Red Cross Society**, and others have supported the provision of tents, tarpaulins, household kits, solar lamps, mosquito nets, hygiene items, and shelter kits.

Challenges

Many affected families prefer to remain near their damaged homes, often initiating self-recovery efforts without adequate technical support or suitable materials. Overcrowding, poor ventilation and lack of privacy in informal shelters continue to increase protection risks particularly for women, girls and persons with disabilities. MRCS, with support from the IFRC Network, is addressing these risks by promoting PGI-integrated shelter programming. This includes incorporating safety considerations, lighting and privacy measures, and ensuring access to gender-sensitive facilities.

Debris clearance remains a major concern, with satellite estimates indicating approximately 1.7 million tonnes of debris in Mandalay alone. Access limitations to remote or insecure areas, limited documentation on housing tenure, and fluctuating material prices have added to the complexity of implementation.



Shelter Tool Kits along with household items were provided to the affected people in Sagaing township in May 2025. (Photo: MRCS)

Next Steps

- Provide displaced families with resources to access locally sourced materials to strengthen makeshift shelters or construct transitional shelters.
- Scale up the distribution of tarpaulins, tents and essential household items ahead of the monsoon season.
- Improve existing shelters with privacy partitions, lighting, drainage and sanitation.
- Preposition stocks of emergency shelter items in Sagaing, Mandalay, Naypyidaw, Southern Shan and Bago.
- Roll out shelter awareness sessions for staff and volunteers, including training on emergencies and mid-term shelter recovery.
- Launch PASSA and BBS sessions under the Community Engagement and Accountability (CEA) approach.
- Develop inclusive transitional shelter designs, Bills of Quantities (BoQs), and on-the-job construction training.



Livelihoods

Objective:	Communities in affected areas and displaced individuals recover their way of life and incomes through sustainable livelihoods assistance programmes promoting socioeconomic integration and economic security.			
Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	Number of people reached with livelihoods support.	75,000		113,039

<i>Number of volunteers and staff trained in livelihoods</i>	100	N/A
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Progress Toward Objectives

As of 30 June 2025, the Myanmar Red Cross Society (MRCS) has reached 113,039 people (26,149 households) through integrated food and livelihoods support in Sagaing, Mandalay, Naypyidaw, Southern Shan, and Bago. Early actions have focused on needs analysis, stakeholder coordination, and preparing for a scalable livelihoods programme aligned with long-term recovery planning.

Food assistance including rice packages, canned food, cooking oil and other staples—was delivered to affected households in close coordination with local stakeholders and community volunteers. Distributions were integrated with shelter and WASH interventions and were tailored to local needs and capacities. Local donors and township branches also contributed significantly to addressing urgent food insecurity.

MRCS, supported by the IFRC, conducted Rapid Needs Assessments across the five priority regions. Findings confirmed that the earthquake severely disrupted household incomes, marketplaces, and productive assets, compounding pre-existing vulnerabilities and food insecurity in many communities.

While direct livelihoods recovery programming is still in the planning stage, MRCS is currently preparing a strategy to support:

- Asset and input replacement (e.g. seed, fertilizer, poultry, livestock).
- Vocational training and alternative income generation.
- Cash-for-work (C4W) and community grants to support infrastructure recovery.
- Market reviews and harmonization of transfer values with partners.



Household items are being provided to the affected people in Mandalay in May 2025. (Photo: MRCS)

Challenges

Livelihoods recovery remains complex, particularly in contexts of prolonged displacement and fragile market environments. Many affected individuals face ongoing barriers to income generation, including damaged infrastructure, reduced mobility, and limited access to financial services. The upcoming agricultural season (May–August 2025) is at risk, as many farmers have lost critical inputs such as seeds, fertilizers and machinery.

Food insecurity is a growing concern in some locations as initial relief mechanisms taper off. Site planning and access to safe and durable shelter remain preconditions for sustainable livelihoods recovery. The impact of past hazards, including flooding from Typhoon Yagi in late 2024, has further weakened community resilience.

Next Steps

- Finalize criteria for selecting households to receive livelihoods assistance.
- Coordinate with partners to align assistance values and avoid duplication.
- Initiate early recovery programmes, including cash-for-work (C4W) activities in priority communities.
- Facilitate market-based interventions and support community infrastructure restoration.
- Begin design and mobilization of livelihoods inputs and vocational training opportunities.
- Explore long-term delivery mechanisms and capacity building for sustainable recovery.

MRCS will continue to strengthen its internal capacity and coordinate with the IFRC Network, ICRC, UN agencies and other partners to ensure that livelihoods support reflects the realities of affected communities and complements broader recovery plans.



Cash and Voucher Assistance

Objective: <i>Displaced individuals in vulnerable situations have their needs addressed through the use of cash.</i>				
Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	<i>Number of people reached - Cash Transfer Programming³</i>	75,000		101,967

Progress Toward Objectives

Since the onset of the response, the Myanmar Red Cross Society (MRCS), supported by the IFRC Network, has launched the initial phase of cash programming through Complementary Cash Assistance (CCA). Between 28 March and 30 June, 101,967 people (23,424 households) received MMK 50,000 (equivalent to CHF 12) each alongside emergency shelter distributions. This early cash support helped address immediate household needs across Sagaing, Mandalay, Naypyidaw, and Southern Shan.

Building on rapid needs assessments, further CVA distributions are being planned in phases to reach the most vulnerable. Community and stakeholder consultation, household registration, and joint coordination with national and sub-national cash working groups are guiding implementation. MRCS has completed beneficiary identification in several wards and has aligned its CVA approach with broader basic needs planning.

³ The indicator has been revised to include all cash-related activities across sectors.

In locations where CVA is not feasible, MRCS may transition to market-based interventions, subject to contextual suitability. Any such shift will follow standard MRCS procedures, ensuring continuity of assistance and adherence to planned household selection.

In addition, monitoring of unintended impacts is ongoing. For example, the MRCS is assessing whether CVA may be inadvertently creating tension in neighbouring communities which may not be receiving such assistance. Should such issues arise, community committee will be informed and appropriate solution will be sought together with the community in addressing the needs.



MRCS staff and volunteers are distributing the Complimentary Cash Assistance with the value of MMK 50,000 alongside the household items to the selected recipients in Mandalay. (Photo: MRCS)



A recipient from Southern Shan is collecting the Complimentary Cash Assistance provided by the MRCS. (Photo: MRCS)

Challenges

- Ongoing displacement and informal shelter arrangements complicate community selection and validation.
- Rising community demand for CVA support, coupled with inflation, requires careful expectation management and clear communication.

- Given the volatile context in Myanmar and the potential for rapid shifts in access, security, or market functionality, the CVA may be adapted to a market-based interventions where deemed more appropriate. MRCS has prior experience implementing market-based programming such as voucher assistance in Myanmar and would draw upon existing systems and protocols to ensure effective delivery. This contingency approach allows the programme to remain flexible, inclusive, and responsive to changes on the ground, while continuing to uphold standards of quality and accountability.

Next Steps

- Ensure GBV risk mitigation, community feedback channels and protection measures are in place at all distribution sites.
- Monitor implementation through post-distribution monitoring (PDM), community dialogues and exit surveys.
- Expand CVA coverage and introduce digital delivery modalities as operational capacity allows.
- Enhance advocacy with local, regional, and national authorities and stakeholders to ensure shared understanding of CVA with the view of mitigating potential impacts on delivery timelines.

CVA promotes dignity and flexibility for affected households while supporting local market recovery and contributing to community resilience.



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Objective: <i>Communities in affected areas and displaced individuals in vulnerable situations are provided with high-quality health and care services, including MHPSS.</i>				
Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	<i>Number of people reached by National Societies with contextually appropriate health services.</i>	100,000		86,470
	<i>Number of people reached with mental health and psychosocial support services.</i>	10,000		499
	<i>Number of people reached by community health services (CBHFA).</i>	50,000		-

Progress Toward Objectives

As of 30 June 2025, MRCS has reached 86,470 people (14,911 households) through health and care interventions across Sagaing, Mandalay, Naypyidaw, Southern Shan and Bago. These services include first aid, mobile medical care, ambulance referrals, health education, and psychosocial support.

Mobile health clinics remain a cornerstone of MRCS's health response. Two clinics in Sagaing and one in Mandalay supported by the Norwegian Red Cross and ICRC have provided primary healthcare, trauma care, maternal and child health, treatment for respiratory and waterborne diseases, and referrals for chronic conditions. These services reached 8,317 individuals living in displacement sites, informal shelters, and hard-to-reach communities.

Home visits and patient transport by MRCS ambulances have supported the safe referral of vulnerable individuals, particularly elderly people and pregnant women.

As part of the IFRC global surge tools, the Japanese Red Cross Society (JRCS) deployed a Health Emergency Response Unit (ERU) team leader to support MRCS mobile health clinics with technical support and health supply chain management. From 28 April until mid-June, a four-member Health Team has worked alongside MRCS teams to strengthen health clinic service quality and delivery.

Field teams report that while disaster-related trauma cases are declining, access to healthcare for non-communicable diseases (e.g., hypertension, diabetes) and maternal health remains limited in underserved areas. Overcrowding, poor ventilation, and inadequate WASH infrastructure continue to heighten risks of dehydration, heatstroke, acute watery diarrhea, and skin infections.



Regular mobile health clinic visits in Sagaing Township provides continuous complimentary primary health services to the affected people, 17 May 2025. (Photo: MRCS)

Mental Health and Psychosocial Support (MHPSS)

MRCS has reached 2,467 people with Mental Health and Psychosocial Support (MHPSS), including individual and group psychosocial support activities, structured child-friendly space (CFS) activities, recreational sessions, and psychosocial kit distribution.

Children and caregivers reported improved emotional well-being and social connection through these interventions. The Danish Red Cross is supporting the expansion of recreational materials to enhance inclusive, healing environments for affected communities.

MRCS provides regular MHPSS support and safety briefings to staff and volunteers, knowing that they have been working continuously since the onset of the earthquakes. Between 9 and 27 June, MRCS organized two key capacity-building activities aimed at strengthening MHPSS within emergency response operations and

supporting the well-being of children and communities. The two training sessions on Community-Based MHPSS and CFS were conducted in Yangon increasing the capacity of 53 staff and volunteers (24 women, 29 men).

These trainings aimed to build participants' understanding of MHPSS in emergencies and enhance their ability to provide basic psychosocial support at community level. As part of the training, participants developed a plan for implementing community-based psychosocial support activities. These activities were carried out by local volunteers and tailored to the specific needs of different provinces.

In addition, one training on Child-Friendly Spaces (CFS) was held for 25 participants (11 women, 14 men), focusing on equipping implementers and facilitators with knowledge and skills to establish and manage CFS that promote the mental health and psychosocial well-being of children in crisis-affected settings.

Participants' feedback from all three training sessions were overwhelmingly positive. Participants reported increased confidence in their ability to apply MHPSS principles, deliver PFA, facilitate psychosocial support activities, and establish CFS in line with standards. They highlighted the relevance of the training to their roles, the practical nature of the exercises, and the supportive learning environment created during the sessions. Many

noted that the training enhanced their understanding of how to care not only for others but also for themselves and their teams, an aspect they found particularly valuable.

Early in the response, the Red Cross Society of China deployed 37 search and rescue and medical personnel, who provided first aid to over 80 individuals, supported environmental disinfection, and assisted in respectful handling of deceased individuals. They also trained 271 MRCS volunteers in logistics, water treatment, hygiene promotion, epidemic prevention, and sanitation.

Health awareness has been integrated with clinical services. As of 30 June, 2,946 people participated in the health awareness sessions on disease prevention, handwashing and menstrual hygiene. Some of the awareness sessions were integrated with sessions on First Aid and MHPSS and led by MRCS staff and volunteers including the youth volunteers.



MRCS is conducting MHPSS activities focusing children from a camp aims to promote mental health and psychosocial well-being of the children affected from the earthquake. (Photo: MRCS)

Challenges

- Overcrowded displacement sites with poor ventilation and limited sanitation infrastructure elevate public health risks.
- Medical services are concentrated in urban centers, leaving peri-urban and rural areas underserved.
- MHPSS needs exceed the current delivery capacity, especially in remote locations.
- Low health literacy among newly displaced groups requires ongoing outreach and awareness.

Next Steps

- Continue operating mobile health clinics in Mandalay and Sagaing, with improved service delivery and quality.
- Sustain in Sagaing and expand MHPSS services in Mandalay, including Child-Friendly Spaces, basic psychosocial support, and staff and volunteer care.
- Conduct PFA ToT and MHPSS in Emergencies training to build the capacity of the provinces in implementing MHPSS activities.
- Monitor emerging health risks (e.g., acute watery diarrhea, vector-borne diseases).
- Roll out community health awareness campaigns across affected locations.
- Strengthen coordination with health actors and ensure effective referral pathways.

The integrated health and care response aims to reduce morbidity, promote psychological recovery, and restore well-being with a focus on dignity, accessibility, and community trust.



Water, Sanitation and Hygiene

Objective:

Comprehensive WASH support is provided to people in vulnerable situations, resulting in an immediate reduction in the risk of water-related diseases and improvement in dignity for the identified population.

	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
Key indicators:	<i>Number of people reached by the National Society with contextually appropriate water, sanitation, and hygiene services.</i>	100,000		168,681
	<i>Total volume of water distributed (litres)</i>	-		1.3 mil
	<i>Number of sanitation facilities constructed or rehabilitated.</i>	10,000		50
	<i>Number of people reached through hygiene promotion / awareness</i>	50,000		4,707

Progress Toward Objectives

As of 30 June 2025, the Myanmar Red Cross Society (MRCS), with support from the IFRC and Partner National Societies, has reached 168,681 people (20,274 households) with essential WASH services across Mandalay, Sagaing, Naypyidaw, Southern Shan and Bago. These services include safe drinking water, hygiene promotion, sanitation support, and installation of WASH facilities in displacement sites and high-risk communities.

MRCS established four operational drinking water production camps, three in Mandalay (including Amarapura), one in Sagaing, and one in Naypyidaw which have collectively produced over 723,000 litres of drinking water to date. These distributions are supported by E. coli testing and community messaging on safe water use.



Hygiene promotion sessions are provided alongside the water supply distribution activities in Amarapura Township, Mandalay in April 2025. (Photo: MRCS)

In addition, the WASH teams have:

- Constructed 20 communal latrines (Sagaing: 11, Mandalay: 7, Naypyidaw: 2).
- Installed 30 emergency latrines at Mandalay Stadium with support from the Red Cross Society of China (RCSC).
- Distributed 10,120 jerry cans, 701 hygiene kits, 2,558 Hygiene, and 2,558 hygiene parcels.
- Reached 4,707 people with hygiene promotion sessions, with a focus on menstrual hygiene, water handling, proper use of latrines, food hygiene, and handwashing.

Support from Partner National Societies has been crucial in scaling up the WASH response:

- The Red Cross Society of China donated five water purification units (operational in Mandalay) and 100 emergency toilet kits.
- The Singapore Red Cross provided 90 ultrafiltration hand pumps for use in infrastructure-limited areas
- The Swedish Red Cross Initial Response Fund supported deployment of three MRCS WASH teams during the emergency phase.
- Technical support from the Swedish Red Cross WASH delegate, Austrian Red Cross WASH ERU Team Leader, and IFRC WASH Rapid Response personnel contributed to field-level assessments, hygiene promotion, and coordination.

To ensure gender-sensitive and inclusive services, WASH interventions have been integrated with protection and PGI messages, including discussions with women and girls about private bathing areas and menstrual hygiene. Water distributions are often conducted in parallel with community engagement and health awareness activities.

Challenges

- Limited access to remote and hilly areas in Southern Shan and parts of Sagaing.
- Gaps remain in the availability of dedicated bathing spaces, particularly for women and girls.
- Human resource constraints across MRCS WASH teams due to scale and complexity of needs.

Next Steps

- Finalize identification of recovery areas and conduct detailed technical assessments.
- Recruit additional technical personnel to support recovery planning and monitoring.
- Support rehabilitation of water supply facilities at community or household level. This will include provision and promotion of household drinking water treatment.
- Scale up latrine installation and explore longer-term sanitation solutions.
- Expand hygiene promotion campaigns, conduct refresher training for MRCS volunteers, and training for community volunteers.
- Strengthen integration with protection, gender, and inclusion (PGI) initiatives to ensure privacy, safety, and dignity in all WASH facilities.



Children in the Child-Friendly Spaces are taught on correct handwashing techniques to promote positive hygiene behaviour in Sagaing. (Photo: IFRC)



Protection, Gender and Inclusion

Objective:

Communities in crisis-affected areas and displaced individual in vulnerable situations are safe

from harm including violence, discrimination, and exclusion, and their needs and rights are met.

Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	Number of people reached by protection, gender, and inclusion programming.	75,000		19,205

Progress Toward Objectives

As of 30 June 2025, MRCS has reached 19,205 people (1,918 households) through identified Protection, Gender and Inclusion (PGI) interventions and inclusive service delivery. PGI focal points are working across sectors; cash/relief, shelter, WASH, health, and MHPSS to ensure that activities address the specific needs of women, children, older people, persons with disabilities and marginalized groups.

Since early April, MRCS has prioritized inclusive relief distributions, reaching 4,268 people with gender- and age-appropriate items, including:

- Dignity kits for women and girls.
- Individual kits for men.
- Clean delivery kits for pregnant women.
- Infant kits for children under two.
- Psychosocial kits for children in Child-Friendly Spaces.

Safeguarding approaches include child-safety training for new volunteers at Child Friendly Spaces and the availability of localized PSEA materials and the MRCS helpline to report to. MRCS is actively engaged in regional PSEA networks, supporting a nationwide approach to safe humanitarian action.



Children in the Child-Friendly Spaces in Southern Shan are engaged with interactive activities on various topics to promote mental health and psychosocial well-being. (Photo: MRCS)

Mainstreaming PGI to address immediate protections risks in the operation continue. In WASH sites and displacement camps, MRCS has installed gender-segregated communal latrines and partitioned bathing spaces to improve privacy and safety. These efforts respond to direct feedback from women and girls, who cited lack of privacy and safety as key concerns in communal settings.

Mobile health units are equipped with PEP and STI kits for distribution to community members presenting with signs of SGBV, and refer to other services for additional treatment and specialised attention.

Shelter and WASH teams continue to ensure transitional shelter designs and site layouts are gender-sensitive, accessible, and culturally appropriate. Field visits in late April highlighted limited involvement of women in shelter planning. In response, MRCS has begun incorporating feedback from women and girls into its transitional shelter design and CEA processes, and seeking to ensure representation of women in community committees.

In Naypyidaw and Sagaing, the MRCS MHPSS team conducted situation analyses to understand specific needs and barriers. Findings informed the rollout of Child-Friendly Spaces (CFS) and supported improvements in psychosocial service design. Plans are underway to expand CFS to additional locations.

MRCS volunteers are implementing PGI principles of dignity, access, participation and safety by actions such as establishing priority queues at distribution and mobile health clinics, allocating volunteers to assist carrying materials, providing outreach/activities at different locations, and teams made of male and female volunteers.

Efforts to promote inclusive response and recovery continue by establishing engagement with local organizations for gender-sensitive, disability-inclusive assessments and recovery planning. MRCS, in partnership with the Finnish Red Cross and a local civil society organization (Myanmar Paralympic Sports Federation) supporting parents of children with disabilities, responded to the needs of 59 children (57 in Mandalay, 2 in Sagaing) affected by the earthquake. MRCS distributed tailored assistance, including dry rations, mosquito nets and solar lamps, to meet household-specific needs. Discussions on disability inclusive training are in progress.

Capacity building in PGI continues. Foundational training in PGI and dignity, access, participation and safety has been integrated into Community-Based Mental Health and Psychosocial Support training with volunteers. PGI minimum standards have been adapted to the Myanmar context and tested in trainings, with further adaptation planned.

The PGI team supported the development of a guidance document to support structured engagement with religious entities. This initiative aims to promote transparency, strengthen accountability and ensure alignment with the fundamental principles.

To enhance data quality and inclusion, MRCS is strengthening SADD tracking especially entering the recovery phase with support from IFRC's PMER and PGI focal points, wherever possible in line with the understanding of the local context sensitivity. Helpdesks and hotlines are active at field sites and have been adapted to support persons with hearing or speech impairments, including printed IEC and referral support. Staff and volunteers have received training to ensure that feedback mechanisms are accessible to all.

Emerging good practice includes the mobilization of local Red Cross Volunteers to identify individuals at risk of exclusion due to literacy, language, or mobility barriers. This has helped to ensure inclusive access to all interventions and reinforces MRCS's commitment to safe and equitable assistance delivery.

Highlights

- Commencement of MRCS PGI Coordinator and IFRC PGI and Safeguarding Senior Officer.
- PGI-sensitive approach embedded in recovery approach.
- Engagement with disabled people's organizations.
- PGI training is integrated into MHPSS.
- Field visits to Mandalay and Sagaing to assess the integration of PGI into shelter, health, cash and WASH.

Challenges

- Limited visibility and coordination mechanisms of local protection and social services actors, resulting in gaps around referral pathways and under-utilization of local capacity.
- Incomplete SADD collection and analysis across all locations due to contextual considerations.
- Constraints in integrating safeguarding and PGI minimum standards into some field operations.

Next Steps

- Child Safeguarding Risk Assessment.
- Roll out PSEA briefings, posters and modify existing grievance and community complaints processes to be SEA-sensitive.
- PGI-sensitive post-distribution monitoring questions and briefings.
- Prioritize and equip mobile health clinics and child-friendly spaces to make safe referrals for GBV, child protection and specialized health support.
- Roll out PGI training plan to MRCS staff, PGI focal points and volunteers on PGI principles, Minimum Standards and sector-specific PGI integration.
- Equip branches and department with adapted PGI minimum standards and sector-integration checklist
- Engage a local organization for people with disabilities to deliver disability inclusion awareness sessions.



Community Engagement and Accountability

Objective:

The diverse needs, priorities and preferences of the affected communities guide the response through a people-centered approach and meaningful community participation.

Key indicators:

Indicator

Number of staff, volunteers, and leadership trained on community engagement and accountability.

**IFRC Fed-
Wide Target**

300

**IFRC
Secretariat
Actual**

**Fed-Wide
Actual**

Ongoing

Progress Toward Objectives

Since the onset of the response on 28 March, the Myanmar Red Cross Society (MRCS), with support from the IFRC and the broader IFRC Network, has prioritized community engagement and accountability as a core pillar of the operation. CEA activities have been embedded across all sectors, including relief distributions, health and MHPSS outreach, WASH promotion and shelter interventions across Mandalay, Sagaing, Naypyidaw, Southern Shan, and Bago. Staff and volunteers have received training to ensure that feedback mechanisms are accessible to all.

Community participation is ensured through local-level community committees, which are established through MRCS to strengthen ownership and buy-in. These committees support planning, selection and mobilization efforts

and often include women, youth, and other community representatives. In addition, volunteers are often part of the community which they serve, enabling an additional manner to ensure community participation. Further efforts are needed to systematically strengthen community participation across all stages of the programme cycle.

MRCS established community feedback and information desks at distribution sites to clarify entitlements, respond to questions, and gather real-time input on service gaps. They have also put up flip charts at distribution sites for community members to easily provide their feedback in writing. Randomized exit interviews, household visits, and informal conversations during field activities have also informed programme adjustments.

MRCS launched a nationwide hotline to serve as a dedicated feedback and information channel, enabling affected individuals to confidentially raise concerns, request information, and provide suggestions. Township-level teams have begun analyzing feedback trends to inform adaptive planning and referrals to technical sectors. Helpdesks and hotlines are active at field sites and have been adapted to support persons with hearing or speech impairments, including printed IEC and referral support. During the reporting period, MRCS received 717 items of community feedback. The feedback generally contains requests for general assistance, request for inclusion in the household registration list, and perception of delayed response or excluded from the assistance list. However, one case of exclusion error was addressed through on-site verification and corrective action in coordination with the MRCS township branch.

MRCS, with IFRC support, has established multiple feedback and information-sharing channels across all programme components. These include:

- Printed materials, visual posters, and face-to-face engagement in local languages.
- Community meetings, helpdesks at distribution sites, and a complaints hotline.
- Deployment of trained Red Cross Volunteers, including female volunteers for gender-sensitive outreach as well as youth volunteers.
- Adapted messaging for varying literacy levels and social contexts.

CEA has also been integrated into sectoral outreach:

- MHPSS teams conducted focus group discussions and key informant interviews to shape services based on community priorities.
- CEA messages (statement of intent, what we were doing in the communities, how to share feedback with MRCS, staff code of conduct) were shared consistently during distributions and mobile health sessions, including on hygiene promotion, mobile clinic schedules, and community health.
- Caregivers participating in Child-Friendly Space (CFS) activities received information on psychosocial support and available referral pathways.

Across Mandalay and Naypyidaw, community feedback highlighted a need for clearer communication on registration processes, assistance timelines, and the frequency of support particularly regarding shelter items, health access and cash assistance. These insights were shared with relevant teams for timely follow-up.

At the regional level, MRCS and IFRC CEA teams are engaged in the Risk Communication and Community Engagement (RCCE) Inter-Agency Technical Working Group, led by WHO. A joint six-month RCCE plan is being developed to support communication on health and water-related risks.

MRCS and IFRC have drafted a CEA action plan to systematize community feedback and embed CEA across all components of the response. This includes adapting tools to reach specific groups such as children, older people, and people with disabilities. An IFRC Rapid Response CEA Officer is now supporting the rollout of field-level CEA mechanisms and capacity building. In parallel, the CEA team led the development of a guidance document to

support structured engagement with religious actors. This initiative promotes transparency, reinforces alignment with the Fundamental Principles, and enables MRCS to engage trusted community leaders while ensuring accountability.

Challenges

- Lack of a centralized digital system to aggregate and analyze feedback across branches.
- Connectivity issues in displacement sites hinder information flow and feedback documentation.
- Some vulnerable population groups face barriers in expressing feedback or accessing information, or in accessing feedback or participatory mechanisms.

Next Steps

- Finalize and implement the MRCS-IFRC CEA operational plan.
- Number of CEA trainings planned for staff and volunteers to ensure community engagement and accountability in the recovery operation.
- Scale up promotion of the feedback hotline, particularly in remote and underserved areas.
- Finalize deployment of CEA focal staff and roll out minimum CEA packages to township teams.
- Digitize and systematize feedback collection, analysis and referral processes.
- Expand tailored outreach tools in Southern Shan, Sagaing and other remote regions.
- Strengthen integration of CEA with PGI, Health and Shelter sectors to ensure inclusive, two-way communication.



Migration and Displacement

Objective: <i>People on the move, regardless of their background or status, have access to lifesaving assistance and protection they need.</i>				
Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	<i>Number of migrants and displaced persons reached with services for assistance and protection</i>	50,000		TBC ⁴
	<i>Data collection, research, analysis, or other information management initiatives to better assist and protect people on the move.</i>	Yes/No		N/A

Progress Towards Objectives

Since the earthquake on 28 March, MRCS supported by the IFRC Network has prioritized humanitarian assistance for displaced populations across Mandalay, Sagaing, Naypyidaw, Southern Shan and Bago. As of 22 April, the Department of Disaster Management (DDM) recorded more than 206,977 people displaced, including those

⁴ Data collection specific to the number of displaced persons assisted is planned for the recovery phase. During the relief phase, only consolidated data was collected due to operational constraints and contextual sensitivities.

residing in over 135 temporary sites. Continued secondary displacement is being reported due to the destruction of homes, poor shelter conditions, and safety concerns, particularly in peri-urban and rural communities.

Findings from the Rapid Needs Assessment (RNA) and Multi-sector Initial Rapid Assessment (MIRA) confirm that shelter remains a major driver of displacement. Many affected households are living in makeshift structures, informal encampments, or damaged religious buildings, with limited privacy, access to sanitation, and exposure to protection risks especially for women, girls, and persons with disabilities. The onset of the monsoon season has heightened these vulnerabilities and is expected to drive further displacement if more durable shelter options are not available.

MRCS continues to deliver critical services to displaced populations and host communities, including:

- Food and clean water.
- Temporary shelter and household items.
- Health services and psychosocial support.
- Sanitation facilities and hygiene promotion.

In Sagaing, field observations highlight that many families have remained in makeshift shelters, requiring sustained WASH, protection, and health support. In Mandalay, people continue to shelter in informal spaces such as damaged religious buildings, with minimal access to basic services.

Identified PGI and MHPSS services have been integrated in displacement sites, including Child-Friendly Spaces, psychosocial kit distribution, and protection messaging tailored to vulnerable groups such as children, women and older people.

Challenges

- Prolonged displacement has placed pressure on MRCS response capacity and community resources.
- Limited availability of safe, durable shelter raises risks as the monsoon season intensifies.
- Strong coordination is needed across stakeholders to avoid duplication and ensure equitable coverage.

Next Steps

- Conduct further analysis of displacement patterns and protection risks informing programme selection process and referrals.
- Ensure MRCS sectoral interventions in shelter, WASH, health, PGI and CEA remain responsive to the evolving needs of displaced people.



Risk Reduction, climate adaptation and Recovery

Objective:

The immediate needs of the people affected are met, their vulnerability to future disaster and Climate Change impacts are reduced, and the resilience and preparedness of affected communities are strengthened.

Key indicators:

Indicator

IFRC Fed-
Wide Target

IFRC
Secretariat
Actual

Fed-Wide
Actual

	<i>Number of people reached with disaster risk reduction</i>	75,000		N/a
	<i>Number of people reached by environmental awareness and education activities in schools.</i>	75,000		N/a

No update during the reporting period, this is planned to occur at a later stage of the operation.



Environmental Sustainability

Objective:	<i>The environmental sustainability of the operation is ensured, and no harm is caused to the local environment during the intervention.</i>			
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Key indicators:	Indicator	IFRC Fed-Wide Target	IFRC Secretariat Actual	Fed-Wide Actual
	<i>Number of households provided with a sustainable household energy solution.</i>	15,000		1,527

Progress Toward Objectives

MRCS has begun incorporating environmentally conscious practices in response, with a focus on promoting renewable household energy sources. As of early May, 1,527 units of solar lamps have been integrated into core relief packages distributed to affected households in priority areas such as Mandalay, Sagaing, and Naypyidaw. These efforts improve safety and access to light, while reducing reliance on firewood or fossil fuels, especially in displacement sites with limited infrastructure.

Environmental sustainability has also been prioritized in procurement processes, with IFRC members coordinating to provide solar-powered lighting solutions as part of shelter and household items. MRCS is working to finalize the distribution of solar lamps to an estimated 15,000 households, with updated tracking expected in the coming weeks.

While field-level awareness activities on waste reduction or natural resource use have not yet been reported, environmental considerations have been embedded in the operational design. Packaging standards, selection of materials, and transport logistics are being reviewed to reduce environmental impact, in line with the IFRC's Green Response approach.

Challenges

- Environmental activities such as household awareness sessions and green procurement are still in the early planning or implementation phase.
- Limited local access to eco-friendly materials at scale and high transport costs poses challenges for wider adoption of sustainable items in shelter and WASH responses.

Next Steps

- Finalize supply chain and verification of solar lamp distributions to ensure 15,000 households receive those items.
- Scale up sustainable procurement practices.
- Integrate environmental monitoring indicators into post-distribution tools and upcoming shelter/WASH field reviews.
- Plan tailored community awareness activities on sustainable energy use and environmental protection as part of early recovery.
- To consider environmental factors across sectors where possible, i.e. checking the quality of basic products in local markets, as well as the availability and costs of household energy sources.



Education

Objective:

Children and young people affected by the earthquake have access to safe, inclusive, and supportive learning and recreational spaces that promote emotional wellbeing, restore routine, and strengthen resilience.

Key indicators:

Indicator

**IFRC Fed-
Wide Target**

**IFRC
Secretariat
Actual**

**Fed-Wide
Actual**

Number of people with access to (temporary) safe spaces established or operated by the National Society/IFRC network for the purpose of learning, psychosocial support, or recreation.

TBC

-

1,203

Number of schools or other educational spaces constructed or established, rehabilitated or improved that comply with safe site selection, design, and construction regulations (when in place) or international standards.

TBC

-

Number of people reached by the National Society's educational programmes and/or the number of people whose access to education is facilitated through the National Society's programming

30,000

-

Progress Toward Objectives

During the reporting period, MRCS provided structured psychosocial support to children in displacement sites through the establishment of Child-Friendly Spaces (CFS). In Sagaing and Southern Shan, 1,203 children (Boy: 567, Girl: 636) accessed recreational and emotional support activities through 29 CFS sessions conducted, helping to reduce stress, restore a sense of routine, and promote healing through play, group interaction and safe adult supervision.

These CFS activities form part of MRCS's broader Mental Health and Psychosocial Support (MHPSS) approach. In addition to structured sessions, MRCS distributed 480 psychosocial kits to children under the age of 10, offering tools for play, creativity and emotional expression in safe spaces.

The Danish Red Cross is supporting the further expansion of MRCS’s CFS and recreational outreach, providing both technical assistance and essential materials. This support is enabling more communities to access inclusive, child-friendly environments as part of their emotional recovery.



Children in the Child-Friendly Spaces in Southern Shan are engaged with interactive activities on various topics to promote mental health and psychosocial well-being. (Photo: MRCS)

Next Steps

- Scale up the CFS model to additional displacement sites across affected regions.
- Further details on education-related plans and child protection initiatives will be included in upcoming operational updates.

Enabling approaches

 National Society Strengthening			
Objective:	National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well-defined and recognized.		
Key indicators:	Indicator	IFRC Secretariat Target	IFRC Secretariat Actual
	The National Society adopted a child safeguarding policy to enforce prevention and support survivors.	Yes/No	In progress

<i>National Society covers health, accident and death compensation for all of its volunteers.</i>	Yes/No	In progress
<i>The National Society has a functioning data management system that informs decision-making and supports monitoring and reporting on the impact and evidence of the IFRC network's contributions.</i>	Yes/No	Yes
<i>The National Society is engaged in structured preparedness and capacity building processes.</i>	Yes/No	Yes
<i>The National Society has strengthened its integrity and reputational risk mechanism.</i>	Yes/No	In progress
<i>The National Society reports that it has a system that applies to the entire organization, either its own or shared, for managing the data of volunteers through a digital platform.</i>	Yes/No	Yes

Progress Towards Objectives

MRCS has taken clear steps to strengthen institutional systems and operational readiness in the aftermath of the earthquake. Working with the IFRC network, MRCS has initiated improvements in data management, risk and integrity systems, and volunteer management:

- The MRCS Earthquake Response benefits from strong local coordination through three MRCS Field Coordination Hubs that serve as operational platforms to engage township branches, coordinate volunteers, validate data, and support decision-making:
 - Sagaing – coordinating access and activities in Sagaing.
 - Mandalay – overseeing implementation and logistics across central townships.
 - Naypyidaw – also covering southern zones including Southern Shan and Bago.

The hubs also contribute to strengthening the capacity of MRCS township branches, through positioning of technical focal points and experts, enabling them to manage local response, coordinate with stakeholders, and sustain community engagement beyond the Emergency Appeal. This investment in branch-level systems and leadership is critical for long-term resilience and localization.

- MRCS, supported by IFRC PMER and IM teams, conducted a multi-stakeholder planning workshop with Federation partners. This led to the development of a 4-month operational plan, which provided a structured foundation for scaling up capacity across all operational functions. PMER and IM collaboration is ongoing to improve data and reporting quality at the field level and ensure timely, evidence-based reporting.
- IFRC IM is working closely with MRCS IM on data and information management processes, including increasing MRCS capacity utilizing Kobo for data collection system during household registration and



A meeting between IFRC and the MRCS Vice President and Disaster Management Department in Naypyidaw on coordination and updates regarding the earthquake response including the warehousing management in June 2025 . (Photo: IFRC)

verification. MRCS is exploring the integration of Kobo data into programme dashboards for better field-level use.

- MRCS has taken steps to strengthen its integrity and risk management by reinforcing its Code of Conduct, and risk management practices across its operations. These include integrating risk management practices into ongoing activities such as discussing risks and developing a risk register for the operation. While these systems continue to evolve, MRCS is working with the IFRC network to align with wider standards and improve accountability and transparency. IFRC will continue to provide technical expertise to help MRCS further strengthen these systems as the operation progresses and longer-term institutional development needs are identified.
- MRCS volunteers are covered by IFRC supplementary accident insurance.
- MRCS has been using its existing digital platforms for volunteer engagement, while IFRC is supporting improvements to the volunteer insurance system. Discussions are ongoing to extend digital coverage to deployed volunteers, reinforcing volunteer safety and duty of care.
- MRCS is implementing safeguarding measures, including volunteer briefings, incident reporting protocols and revision of mechanisms. These include active deployment of volunteer insurance and access to psychosocial support (MHPSS) and counselling services for frontline volunteers and staff.
- Recognizing volunteer exhaustion as a key operational risk, MRCS has introduced structured volunteer rotation systems to ensure that Red Cross Volunteers are regularly rotated between field activities. This helps manage fatigue, maintain service quality, and sustain volunteer motivation.
- To meet growing operational demands, MRCS and IFRC have rapidly scaled up their human resources, particularly following the MRCS-led collective planning process. IFRC has initiated local and international recruitment to support MRCS's expanded response needs, while MRCS has progressed in its structuring and recruitment processes for the required workforce. National and regional surge profiles continue to be deployed in coordination with MRCS.

Next Steps

- MRCS is planning to coordinate the 9-month and 2-year plan for the operation in July 2025.
- Strengthen data management and reporting systems at township and regional branch levels through additional IM-PMER training, field coaching, and introduction of simple digital tools. This includes aligning earthquake response reporting with the broader MRCS Unified Planning framework to ensure consistency, and institutional learning.
- Conduct volunteer safety and well-being audits, including reviews of insurance coverage, access to psychosocial support, and implementation of safeguarding protocols.
- Expand MRCS volunteer digital registration and management systems, including the use of dashboards to improve real-time tracking, deployment, and performance monitoring.
- Align safeguarding mechanisms with IFRC and Movement-wide policies, including the adoption of a formal Child Safeguarding Policy, supported by tailored training modules.
- Develop a mid- to long-term HR planning and capacity strategy with IFRC support, to ensure sufficient staffing and technical capacity for both response and recovery phases.



Coordination and Partnerships

Objective:

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

Key indicators:	Indicator	IFRC Secretariat Target	IFRC Secretariat Actual
	<i>The National Society uses a Federation-wide approach for planning, monitoring, and reporting the impact of the IFRC network.</i>	Yes/No	Yes
	<i>The National Society has a membership coordination mechanism in place.</i>	Yes/No	Yes

Progress Toward Objectives

MRCS continues to lead the response in coordination with more than **33 National Red Cross and Red Crescent**, including National Societies from Asia-Pacific, the Middle East, Europe, and the Americas, as well as with IFRC and ICRC.

Following ongoing operational coordination exchanges, a formalized Movement operational coordination platform for the earthquake response was initiated on 28 April. Building on previously existing coordination mechanisms, the MRCS has established this coordination structure to strengthen cohesion and information flow among all Red Cross Red Crescent actors, ensuring harmonized support to MRCS priorities and field operations. MRCS has also established ten technical sectoral working groups, while the pre-existing strategic tripartite forum for MRCS, IFRC and ICRC is maintained.

Following two previous Movement partners' calls facilitated alternatively by IFRC and ICRC, IFRC facilitated the third Movement Partners' call on 2 May. It was an opportunity to provide key highlights to the wider membership on, the MRCS earthquake response achievements, priority actions under the Emergency Appeal Operational Strategy, as well as challenges faced on the ground and risk management.

MRCS, with the support from IFRC Network, organized a Recovery Conference on 5 June 2025, hosted by IFRC Geneva. The conference was held online and attended by National Societies worldwide. The objective of this online meeting was to share successes and challenges as well as to openly discuss with the IFRC membership the next phase of the operation. MRCS provided its operational updates, with support from its partners, as well as an overview of IFRC Network shared recovery and resilience-strengthening needs, capacities and ambitions. The conference also included a session for the membership to share planned allocations and funding gaps and discuss opportunities for further support of MRCS in the recovery effort and strengthen coordination.

A shared membership leadership architecture is being finalized based on pre-existing shared leadership practice within the IFRC network in Myanmar. The aim is to align efforts and resources to support MRCS response teams to achieve greater collective and shared outcomes, leveraging the respective expertise of partner National Societies and IFRC. It also fosters an environment of mutual trust, where responsibilities are shared, and decision-making is inclusive and transparent. Membership coordination is facilitated through regular coordination meetings, merged with pre-existing membership coordination meetings, and a dedicated surge Membership Coordinator.

At the technical level, MRCS and IFRC field teams maintain active participation in national and sub-national cluster coordination mechanisms, including Shelter/NFI/CCCM (co-led by IFRC in the Northwest and Southeast), WASH (UNICEF), and Health (WHO).

Additionally, IFRC coordinates with the Logistics Cluster coordination forum to synchronize transport and warehousing strategies. This is particularly important for dispatch planning and market engagement ahead of the rainy season.

Grant management and resource mobilization have remained a priority focus area, with the IFRC Secretariat supporting MRCS in tracking bilateral and multilateral contributions, coordinating donor engagement, and ensuring funding allocations align with the operational budget and response priorities. This includes ongoing coordination with key donors and partners, to align funding flows with operational timelines and procurement requirements.

The Federation-Wide approach is also visible in joint planning and data management. MRCS' and IFRC's PMER and IM teams are collaborating to align data collection and analysis, facilitating consistent reporting across partners and platforms.

Next Steps

- Sustain Movement coordination through the established platforms.
- Finalize Federation-Wide monitoring and planning processes aligned with MRCS's response strategy.
- Continue engagement in sectoral and inter-sectoral clusters at regional and national levels.



Shelter Cluster Coordination

Objective:

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

Progress Toward Objectives

The Shelter/NFI/CCCM Cluster is led nationally by UNHCR and co-coordinated by the Norwegian Refugee Council (NRC), with four active sub-national coordination hubs. In line with its global co-convenor role in disasters caused by natural hazards, IFRC has deployed Rapid Response personnel to support sub-national Shelter/NFI Cluster coordination in both Northwest (Mandalay and Sagaing) and Southeast (Southern Shan and Bago) Myanmar.

In the northwest (NW) the IFRC Rapid Response Shelter Cluster Coordinator, has focused on coordination efforts on Mandalay and Sagaing. Since the start of the response, five ad-hoc Shelter/NFI/CCCM Cluster meetings and four ad-hoc Shelter/NFI Technical Working Group meetings have been convened, from which four and five respectively, have been co-chaired by NW IFRC Rapid Response Shelter Cluster Coordinator. As co-coordinator in the Northwest, IFRC is also supporting 5W reporting and mapping, contributed to MIRA, and working towards harmonization of tools and process within the sector.

As a result of this work, a Guidance on Emergency shelter and household items assistance has been elaborated, including recommended assistance and modalities, technical specifications, selection and prioritization of most-at risk population criteria. As of now, this guidance provides recommendations on contextualized emergency shelter (emergency shelter kits, tents), household items assistance, transitional shelter assistance (inclusive, climate smart and structurally sound shelter designs), environmental guidance and IEC materials; it is a work in progress document that is being updated and revised alongside the response, with a strong focus on Recovery and preparedness for the upcoming monsoon season.

- [Guidance on Emergency Shelter and NFI for Earthquake Response](#)
- [Transitional Shelter Design and Bill of Quantities \(BoQs\) for Earthquake Response](#)

- [Standard Operating Procedures for Cash-Based Interventions for Shelter and NFI](#)

Through co-leading the sub-national Shelter/ NFI/ CCCM clusters, IFRC is actively engaged in the Area Inter cluster Coordination Group (AICCG), strengthening coordination among clusters. Specifically, bilateral coordination meetings with WASH, Protection, Early Recovery, Cash Working Group are ongoing on a regular basis to ensure integrated interventions and mainstreaming of cross-cutting issues.

A Dedicated website for the Earthquake Response is active under the Global Shelter Cluster webpage.
[Myanmar Earthquake Response 2025 | Shelter Cluster](#)



Secretariat Services

Objective:

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

Key indicators:

Indicator

IFRC
Secretariat
Target

IFRC
Secretariat
Actual

Number of review/evaluation commence for the operation

3

Progress Towards Objectives

From 28 March to 30 June, the IFRC Secretariat through the IFRC Country Delegation in Myanmar has provided strategic, operational and technical support across core service functions to the MRCS since the start of the emergency, as had been the case for previous years and scaled up to the magnitude of the earthquake emergency response.

Thirteen cargo flights carrying household items have arrived in Myanmar, with transport costs supported by ECHO, Airlink, and KOICA and as well as the in-kind contributions from IFRC Network namely **British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, Hong Kong Branch of Red Society of China, Malaysian Red Crescent, Singapore Red Cross, Spanish Red Cross, and Thai Red Cross**. These flights delivered over 300 metric tonnes of relief items, including tents, hygiene kits, solar lights, tarpaulins, MHPSS kits, and shelter toolkits. Relief items continue to be dispatched to Sagaing, Mandalay, Naypyidaw, Southern Shan, and Bago. A Mobile Storage Unit (MSU) was delivered to Mandalay and the set-up was completed in the end of May with support from trained MRCS volunteers.

Human resources support has included the deployment of 42 Rapid Response and Emergency Response Unit (ERU) personnel (21 in-country, 3 providing remote support with 12 working remotely while waiting for visa, and 6 based at the Asia Pacific Regional Office) out of which, as of end June 2025, 17 have completed their missions. These deployments cover Situation Analyst, CEA, Clinical Unit, Health, Communications, CVA, Information Management/SIMS, Relief, Logistics and Supply Chain, Membership Coordination, Operational and Strategic Leadership, Operational Support Hub (OSH), PMER, PGI, MHPSS, Relief, Strategic Partnerships and Resource Mobilization (SPRM), Team Safety and Security, Shelter, WASH, Risk Management and Welcome Services to support

implementation. IFRC has also begun international and local recruitments through the Country Delegation to increase operational continuity and reduce surge dependence.

The IFRC is grateful to its members for the Rapid Response and ERU deployments and contribution of expert personnel, including **Australian Red Cross, Austrian Red Cross, Bangladesh Red Crescent, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, German Red Cross, Hong Kong Branch of the Red Cross Society of China, Italian Red Cross, Japanese Red Cross Society, Norwegian Red Cross, Singapore Red Cross, and Swiss Red Cross.**



A Mobile Storage Unit (MSU) installation in Mandalay in May 2025. (Photo: IFRC)

In ICT, the IFRC APRO IT Service Desk Officer continues providing support to the Myanmar operation. Mobile and internet connectivity have largely stabilized, though monitoring continues in areas with intermittent coverage.

Information Management has been reinforced by SIMS (Surge Information Management Support), with ongoing collaboration between IFRC and MRCS to enhance dashboard visibility and sectoral reporting. Infographics and data snapshots are now issued two times a week, to inform leadership and partners. [IFRC's GO emergency page](#) is live, providing situational updates and key reports.

In addition to several field visits from IFRC leadership and operational staff, IFRC PMER Delegate was deployed to the Mandalay Field Coordination office to support data quality review. Based on findings, observations and recommendations were shared with the MRCS PMER unit. MRCS deployed three team members from the PMER-CEA and IM units to the three Field Coordination Offices to strengthen data collection mechanisms. The IFRC PMER-IM team continues to work closely with sectoral colleagues to improve data quality and presentation. To enhance data quality and inclusion, MRCS is strengthening SADD tracking especially entering the recovery phase of the operation with support from IFRC's PMER and PGI focal points, wherever possible in line with the understanding of the local context sensitivity.

IFRC and MRCS have strengthened their security capacities in light of increased field presence. . No major incidents have been reported in operational areas. Two volunteer incidents (one fatal due to health issues, one involving a chemical accident) are being addressed through IFRC's volunteer insurance mechanisms and other support mechanisms. Operational risks monitoring is being conducted in Sagaing, Mandalay, Naypyidaw, Southern Shan and Bago.

The IFRC worked closely with the Myanmar Red Cross Society (MRCS) to commemorate the 100 day mark since the earthquake. The IFRC has shared updated [key messages](#) related to the earthquake response in Myanmar and has

actively engaged with international media outlets, including [AFP](#) and [Xinhua News Agency](#), to raise awareness and mobilize support.

In June 2025, the IFRC communications team visited Mandalay and Sagaing Regions to document the impact of the response. They met with people who received assistance from MRCS, visiting their homes, listening to their stories, and learning about their experiences during and after the earthquake. These conversations focused on the support they received and how it has made a difference in their lives. The team also interviewed local volunteers who have been on the frontlines since day one of the disaster.

These communications materials including stories, visuals, and impact highlights will be disseminated to mark the 100-day milestone, honouring the resilience of affected communities and the dedication of Red Cross volunteers. For detailed information on the IFRC's activities and the current humanitarian needs in Myanmar, refer to the Media Advisory: [Myanmar Earthquakes – 100 Days On, Red Cross Calls for International Assistance 100 Days After Deadly Myanmar Quake](#), a video on [MRCS and IFRC 100 days mark Earthquake Response](#) and with the key social media posts from [Secretary General of IFRC](#) and the [IFRC Asia Pacific Regional Director](#).

FUNDING

As of 30 June 2025, the funding coverage of the Federation-Wide contribution to support the operation is CHF 23,133,920 (23% of the Federation-Wide funding requirement) out of which, IFRC Secretariat total hard and soft pledges (including in kind) for the support of this operation totaled CHF 19,236,877 (24% coverage of the IFRC Secretariat funding requirement). This percentage is separate from the bilateral funding of around CHF 3,897,043 (19% of the bilateral funding requirement).

Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat	80,000,000	19,236,877	60,763,123	24%
Bilateral (PNS)	20,000,000	3,897,043	16,102,957	19%
Total Federation-wide contribution (Secretariat + bilateral) + in kind	100,000,000	23,133,920	76,866,080	23%

In a country such as Myanmar, with vast humanitarian needs within a complex context, the IFRC's mandate and function in strategic and operational coordination is of prime importance. This includes IFRC's role in Red Cross Red Crescent membership coordination and Movement coordination. Regular resources are invaluable and have considerable impact on the IFRC's ability to strategically coordinate and represent alongside the MRCS, including in mounting a timely response to the earthquake. The Head of Delegation, the Programme Coordinator and the Humanitarian Diplomacy and Partnerships Manager are covered by regular resources.

Contact information

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

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For In-Kind donations and Mobilization table support:

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Reference documents



Click here for:

- [Emergency Appeal](#) and [Operational Strategy](#)
- [Previous Updates](#)

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, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.