



COVID-19 Emergency Plan of Action (EPoA)

Myanmar Red Cross Society (MRCS)

Revised on 9 April 2020



[Handwashing campaign](#) in Mon state



Myanmar-Thai [border screening](#) in Kayin state



[Psychosocial support](#) in Kachin state

Date of launch/Revised	1 March 2020	Expected timeframe:	12 months
		Expected end date:	28 February 2021

Total budget: MMK 4,688,213,500 (approx. USD 3,280,000 or Euro 2,977,720)

Funding gap: MMK 3,145,093,500 (approx. USD 2,364,000 or Euro 2,160,550)

Total number of people affected:	Over 52 million people (see MIMU census 2014)	Number of people to be assisted:	1.2 million people (50% women and girls)
			5 million people through social media campaigns
Provinces affected:	All 17 States and Regions	Provinces/Regions targeted:	All 17 States and Regions affected

Priority areas

1. **Risk Communication and Community Engagement (RCCE)**
2. **Services in support of government activities related to COVID-19**
 - Temperature screening
 - Quarantine services
 - Community-based surveillance
 - Other support activities in collaboration with COVID-19 multisectoral taskforce
3. **Psychosocial support (PSS)**
4. **Increased access to basic needs for displaced and restricted movement population**
 - Multipurpose cash transfer to increase social security of vulnerable population

Learn more about MRCS's activities through [Weekly COVID-19 update by Myanmar Red Cross Society](#)

MRCS field operations support

751 MRCS staff and at least **4,000 volunteers** out of 44,000 active Red Cross volunteers will support COVID-19 operations under this MRCS EPoA through **330** branches out of 330 MRCS branches throughout the country.

A. Situation analysis

Description of the disaster

On 31 December 2019, Wuhan city in China reported cases of pneumonia of unknown origin, which was later confirmed to be caused by a new coronavirus now known as COVID-19. COVID-19 continues to spread within Asia and Pacific and countries on other continents.

Myanmar as of 9 April, date below:

Number of cases	27
Number of deaths	3
Response phase	Containment
Mode of transmission	Limited community transmission

Summary of the current response

For more information about the actions of IFRC and the regional response, refer to the Emergency Plan of Action for Asia and Pacific.

Overview of the National Society and steps taken

Number of staff	751
Number of volunteers	44,000 of which 4,000 support current COVID-19 CEOP.
Clinical services by the NS	MRCS has been implementing mobile health clinics in Rakhine State, and ambulance services (if outbreak worsening, currently not functioning) closely coordinating with MoHS. Additionally, NS has 480 CBHFA trained volunteers.
Other programs delivered relevant to COVID-19	Currently, all health-related programs and projects (10 in total) are mainstreaming the preparedness and surveillance activities by including risk communication and community engagement and accountability (RCCEA). Similarly, all DRM projects have revised activities for risk communication and institutional preparedness for COVID-19. Currently, some projects activities are not allowed as per government advisory on 23 March and more activities are shifted towards the outbreak preparedness and response.
Containment capability	MRCS works with the Central Committee for Coronavirus Disease 2019 (COVID-19) Prevention, Control and Treatment in carrying out community-based surveillance, temperature screening, contact tracing capability, support to facility-based quarantine arrangement as well as community-based surveillance.
Capacity on epidemic preparedness	Yes: 290 Epidemic Control for Volunteers (ECV) in different states and regions, of which 60 ToT for COVID-19; All States and Regions have ECV (COVID-19 focus) trainers and they have rolled out multiplier training sessions for respective States and Regions. MRCS also have 59 RCV in Public Health in Emergency (PHiE) level A (57) and level B (2), 290 in Epidemic Control for Volunteers (ECV) and nationwide 1,827 Emergency Response Teams (ERT) trained members ready for response. 4,000 volunteers are supporting the COVID-19 operations.
Community information and feedback capability	Wide range of platforms including social media (MRCS Facebook page (over 200,000 followers) and twitter) and 330 offices at Township and branches level, reaching every area of the country, making RCCEA related activities with public and communities possible.

The MRCS used Emergency Management Fund (EMF) to kick-start its timely needs-based activities from February 2020 onward with close coordination with MoHS. It also held emergency coordination meetings with in-country Movement partners, sharing latest situation updates in the country and MRCS's priority areas in preparing and responding to COVID-19.

MRCS has activated different communication platforms including paper based, emails, Microsoft team, Zoom, Viber, Facebook and Messenger. Since the outbreak, MRCS is trying to improve its information sharing platforms with everyone and IT Unit is working closely with health department for this and organization's Business Continuity Plan. Updated information for the operation can be found weekly from COVID-19 dashboard.

RCVs are being involved in temperature screening (entry points at borders and specific community areas), risk communication and community engagement (RCCE), handwashing campaign and disinfection activities at community levels. A total of 533,979 of the target population has been reached with all activities done as of date. Distributing key messages through **social media** (MRCS Twitter and Facebook accounts) with innovative campaign "Corona Go Away" song that is receiving lot of interest:

<https://www.facebook.com/info.mrcs/videos/208936023870747/>

Similarly, PSS aspect for staff and volunteers followed up:

Online sessions <https://www.facebook.com/info.mrcs/videos/147205810055217/> and

<https://www.facebook.com/info.mrcs/videos/563453480945834/> with specific focus on children:

<https://www.facebook.com/info.mrcs/videos/262723878078664/> or e.g. outside quarantine centres

<https://www.facebook.com/info.mrcs/videos/237254584087279/>

MRCS's COVID-19 interventions continue with a Risk Communication and Community Engagement (RCCE) including pamphlet distribution, billboards in key township locations to support MoHS messaging and use of loudspeakers. Red Cross Volunteers (RCVs) are also supporting with temperature screening at checkpoints (border and cross state), as well as quarantine facilities assistance for people returning to their villages from abroad/cross states. In Shan, Mon and Karen States, where migrant labour returnee influx was high in past weeks, specific focus has been set for disease prevention and RCCE.

Safety of MRCS staff and volunteers is core for business continuity during pandemic and therefore, prioritisation has been providing them with Personal Protective Equipment to be able to operate in the communities. Distribution for materials and list for items sent to States/Regions as of 4 April 2020 are indicated in the table below:

State & Region	Surgical Mask	N 95	Hand Sanitizer	Sticker	Poster	Pamphlet	Apron	Sport shirt	PPE
Nay Pyi Taw	700	20	40	200	450	0	40	40	0
Kachin State	500	20	0	300	766	0	150	0	0
Kayah State	700	0	8	200	750	0	80	40	0
Kayin State	700	0	8	200	750	0	80	40	0
Chin State	250	0	0	200	0	0	0	0	0
Mon State	750	0	200	200	250	0	100	50	0
Rakhine State	550	0	10	300	977	1500	100	0	0
Shan (East) State	1250	20	10	900	650	0	100	100	0
Shan (South) State	1200	20	28	400	1400	0	140	0	0
Shan (North) State	2400	40	840	500	550	0	0	0	0
Sagaing Region	900	20	142	625	2185	18800	70	70	0
Bago(East) Region	350	0	160	300	760	0	70	80	0
Bago (West)	800	0	152	350	866	0	70	70	0
Magway Region	1600	20	44	884	2900	6000	220	0	0
Tanintharyi Region	700	0	18	300	1025	0	90	0	0
Manadalay Region	1050	20	62	800	1200	0	110	50	0
Yangon Region	1050	20	62	800	1200	0	110	50	0
Aeyerwady Region	1350	0	77	1400	1675	0	230	160	0
Total (State and Region)	16800	200	1861	8859	18354	26300	1760	750	0

Please note that the above does not include already existing warehouse stocks in regions that have been used and will need to be replenished.

Overview of Red Cross and Red Crescent Movement Actions

MRCS is supported with IFRC multilaterally with financial support from Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross, and Norwegian Red Cross. In-country bilateral partners include American Red Cross, Danish Red Cross, German Red Cross, Norwegian Red Cross, Qatar Red Crescent Society, Swedish Red Cross and Turkish Red Crescent. The ICRC focuses its support in internal violence and fragile areas of Rakhine, Kachin and Northern Shan. Coordination meetings on how to be prepared and to respond to the corona virus has been held at Yangon and Kachin levels so far. A Movement taskforce COVID-19 for this outbreak has been formed and the follow-up meetings are held twice a week, currently online meeting are now taking place.

MRCS is currently utilizing its own EMF fund, a DREF allocation of CHF 20,000 and contributions from PNSs and private donors (Coca Cola, Total P &B, Cartier Foundation) to help to continue its response activities.

Overview of non-Red Cross and Red Crescent actors in country

MRCS, with its auxiliary role to the government in humanitarian activities by the national law, closely participates and coordinates with Ministry of Health and Sports (MoHS) in the COVID-19 preparedness and response meetings since early January 2020 in Yangon and Naypyitaw, and worked also similarly at the state/regional, and township levels, exchanging regular updates on the status in relation to developing situation COVID-19 in the country.

The IFRC country office in Myanmar, in close collaboration with MRCS, is in communication with WHO and UNICEF as well as other health and response actors (OCHA, WFP, FAO, INGO Forum, among other) to better understand overall strategy and the planned operations for all organizations, considering the developing situation with COVID-19.

Security related updates are shared by HCT that shares relevant information e.g. if any relevant UNDSS updates where IFRC focal point follows and updates the Movement partners. During following months the operation will be focused on logistics, where MRCS is monitoring the situation through logistics sector coordination meetings led by WFP where all related information for procurement is shared, and analysis of supply chain and impact of COVID-19 at national, regional and global levels is provided. WFP which leads the food security coordination group is also mapping all relevant cash grants for COVID-19 operations ongoing/pipeline as for the humanitarian system to assure harmonized approach for overall needs in country for food insecurity that is estimated to increase in coming months.

Inter-agency coordination

MRCS has regular meeting with the Central Committee for Coronavirus Disease 2019 (COVID-19) on Prevention, Control and Treatment to coordinate activities and better understand and respond to the needs and gaps. MRCS is also part of the Cooperating Group for Record Taking for COVID-19 food distributions for people without regular income (as of April 10th) that comprises of: Fire Department, Dep. of Social Welfare, Myanmar Red Cross Society and Community Elders. The Ministry of Social Welfare, Relief and Resettlement has also presented on Action Plan for the Control of COVID-19 (Corona Virus Infectious Disease) Outbreak at IDPs Camps. MRCS is at the frontline for response COVID-19, where indications exist that many of INGOs and other organisations still in planning mode which provides opportunity for MRCS together with MoHS and MSWRR to implement activities where e.g. UNICEF has reached out to MRCS for interest to collaborate on RCCE messaging for COVID-19 and also together on RCCE strategy development with WHO/MoHS. Assessment of the vulnerable groups in the country is a continuous process and MRCS HQ will lead this process in close coordination with MoHS including its Central Epidemic Control Unit, WHO and other stakeholders relevant to specific sectors.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Real-time information on the development of the outbreak is available via the [World Health Organisation's COVID-19 Dashboard](#)¹ and [Ministry of Health and Sports COVID-19 Dashboard](#).

¹ <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

Myanmar is one of the high risks and vulnerable countries for COVID-19 according to WHO vulnerability index that reflect that with the exposure to China; the demography; a weak health care system with low health security index - **Myanmar scores only 43.4 in Global Health Security Index.** <https://www.ghsindex.org/country/myanmar/>. On top of this, the country's weak healthcare system including its past and current testing and surveillance capacity along with its weak infrastructure in healthcare facilities particularly for this kind of infection make the risk and potential consequences and impacts quite high. ACAPS' [Global Risk Analysis for COVID-19](#) mentioned for next six months, **highest risk globally** are 9 countries, where **Myanmar is one of these.** With the population of over 52million people, and with urban high-risk areas, as well as specific internal displacement populations that are already highly vulnerable, COVID-19 impact (health, economical, food security) will be high. From the urban areas, Mandalay and Yangon are densely populated, thereby making these areas and the residents more susceptible to being infected with COVID-19. Similar situation for high density population areas exist in displaced people's areas (IDPs, people living among family or extended family, monasteries etc.). *IDPs and movement restricted communities:* Situation is particularly acute in the 8 townships in **Central and Northern areas of Rakhine** where conflict is increasing. A total of 11 of Rakhine's 17 Townships are directly affected by the conflict or indirectly affected as the host of displaced communities. 'Closed camps have estimated 131,000 people, temporary displaced 64,658 people of which 80% are of internally displaced people are in four townships: Rathedaung, Mrauk U, Buthidaung, Kyautaw. In Sittwe, the Department of DM coordinating with INGOs to spread COVID-19 awareness at IDP sites in Rakhine State, as well as the follow up for **distribution of sanitation/hygiene supplies.** Coordination side covered widely in Sittwe, especially under CCCM where WFP now can provide food distributions with 2-month rations. Another **4,800 people are displaced in Southern Chin State.** Lately, non-government armed organization Chin National Front signed the Nationwide Ceasefire Agreement (NCA), as to join forces to stop the spread of COVID-19 which hopefully will improve access to areas. In Kachin and Northern Shan, Northern Brotherhood Alliance are in conflict with Tatmadaw and its increasing. Tensions between KIA-Tatmadaw as Kia has been supporting AA -Tatmadaw has expressed that if they still support AA, they will attack KIA areas as well.

Joint Strategy Team (JST1) that is providing humanitarian assistance to the IDPs and communities affected by the conflict in **Kachin and Northern Shan State** has expressed their concern to donors, UN agencies, partner and international community on 8th of April for COVID-19 related catastrophic situation evolving. As the conditions in the IDP camps are far away from optimal for human living conditions; with **overcrowded shelters**, limited WASH facilities and hygiene practices, and almost non-existent health services in most of the camps the pandemic is increasing the risk for the highly vulnerable population. Populations are already facing social problems such as **gender-based violence, under-age marriages, school drop-out, and drug problems including limited livelihoods opportunities, lack of quality education** services etc. adds on the **critical situation of IDPs.**

For overall operations COVID-19, all 17 states and regions are covered as to reach public and communities with information campaigns led by MoHS. Specially targeted interventions are required for Rakhine, Kachin, Northern Shan and Karen States affected by escalating complex conflict situation. Displaced populations that are due to tight camp or isolated situation with restriction of movement, are more prone to the epidemic outbreak. On top of the above challenges, the literacy of many especially the ones living in the rural areas is low and there are many false health beliefs and rumours preventing many people from practicing necessary preventive measures for the outbreak. The prevalence of Diabetes, Hypertension and Chronic Respiratory Diseases is quite high and according to the current reports, they are vulnerable to COVID-19. The Emergency Plan of Action will support the most vulnerable that have been experiencing difficulties in accessing any services or activities being provided (communication, treatment, support), to those most affected by the outbreak.

MRCS's COVID-19 response aims to reach the targeted population through risk communication, community engagement, health promotion in supporting MoHS in relevant services for preparedness and response of the outbreak and psychosocial support for those traumatised by the pandemic, including women, children and youth in the communities (non-displaced and displaced) with special focus on Gender-based Violence (GBV) caused by the situation. Additionally, targeted highly vulnerable households will be provided access to social security.

As impact on mental health and increase in domestic violence cases is observed globally, 24/7 PSS hotline that will provide PSS support to the ones affected, as well as additional specific needs focused campaigns in relation to ethnicity and women/girls is specifically planned. MRCS follows closely the Protection from Sexual Exploitation and Abuse Strategy for Myanmar with close coordination with PSEA Network Myanmar where if needed, specific referral procedures exist among agencies. As the situation is evolving in next months, antitrafficking perspective and other protection, gender and inclusion focused activities will be added through revision process of this COVID-19 EPoA.

MRCS' with support from IFRC will intensify its activities on preparedness for response of COVID-19 outbreak in the country. MRCS is currently utilizing its own EMF fund, a DREF allocation of CHF 20,000 and contributions from PNSs helped to kick start the preparedness activities. Through IFRC Global Appeal MRCS has so far received also CHF 500,000 to further implement its COVID-19 response plan with CHF 125,000 capacity support to the IFRC country office.

Targeting

Main target group

1,2million people (50% girls and women) as direct beneficiaries, indirect with awareness campaigns 5million people. General population including the most vulnerable people, such as migrants, elderly and people with underlying chronic diseases, internally displaced people and those in conflict areas. For all MRCS's activities, Protection, Gender and Inclusion (PGI) aspect will be mainstreamed.

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Priority areas

1. Risk communication, community engagement (RCCE)
2. Services in support of government activities related to COVID-19
 - A. Temperature screening
 - B. Quarantine services
 - C. Community-based surveillance
 - D. Other support activities in collaboration COVID-19 multisectoral taskforce
3. Psychosocial support (PSS)
 - Increased access to basic needs for displaced and restricted movement populations: Multipurpose cash transfer to increase social security of vulnerable population

Table 1. The main target groups

Target group	Rationale	Remarks
General population	As of 9 th April, there are 27 confirmed cases with 3 fatalities in the country with transmission mostly due imported cases, and some are local transmissions. Additional steps are identified, based on situation development in the country. Stress and anxiety can increase. Increased GBV aspects during lockdowns and loss of income/economic insecurity/food insecurity.	RCCE, Services in support of government activities related to COVID-19
Elderly and vulnerable people with underlying chronic diseases (Hypertension, heart diseases, diabetes etc)	According to the current reports, higher risks of serious clinical outcomes and deaths due COVID-19. Stress, anxiety and stigma can increase. Increased GBV aspects during lockdowns and loss of income/economic insecurity/food insecurity.	RCCE, Services in support of government activities related to COVID-19
Internally Displaced People and conflict affected communities with restricted movement or no access to essential services	Internally Displaced Persons (IDPs) or people with restricted movement in Myanmar will face particular risks and vulnerabilities for pandemic. The existing underlying vulnerability in these areas is related to overcrowding, limited existing access to health services, decreasing food security, limited access to WASH, underlying poor health status, blanket blocks with reduction of humanitarian assistance to displaced persons areas or people under movement	Multipurpose cash grants, RCCE and social security e.g. multipurpose cash grants Collaborate with ICRC closely as one

	<p>restrictions due to increasing conflict. Existing situation and COVID-19 put the population to extreme high risk.</p> <p>Stress, anxiety and stigma can increase. Increased GBV aspects during lockdowns and loss of income/economic insecurity/food insecurity.</p>	Movement
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Scenario planning

Scenario	Humanitarian impact
A small number of imported and isolated cases, managed effectively by the health system.	Low
Long-term spread of the virus, with outbreaks in certain parts of the community, putting stress on the health system.	Medium
Rapid spread of the virus, leading to breakdown of the health system and other essential services.	High

As per above orange level but with the underlying factors above considered **impact right now already to be on medium/high humanitarian impact.**

Operational Risk Assessment

Risk area	Controls
Staff health: risk of contracting COVID-19 through clinical or community-based activities	<ul style="list-style-type: none"> Information and training for staff and volunteers PPE for all frontline volunteers and staff in high-risk affected areas Minimize non-essential travel
Services disrupted due to restrictions to movement or illness of personnel	<ul style="list-style-type: none"> Finalise Continuity Plan including tasks for finance, admin, IT, HR Set up flexible working arrangements Identify essential and non-essential services that could be prioritized during period of hibernation or withdrawal.
Negative media coverage related to handling of the response operation	<ul style="list-style-type: none"> Proactive communication with media and stakeholders Risk Communication and Community Engagement and Accountability Thorough needs analysis, planning, prioritisation and reporting

B. Operational strategy

Overall Operational objective

The overall operational objective is to contribute to reducing morbidity, mortality and social impacts of the COVID-19 outbreak by preventing or slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services and can support themselves in dignity.

The National Society is receiving Package MMK 745 862 980, equivalent to 500,000 CHF, to undertake the activities outlined in section C over a period of 6 months.

As the outbreak evolves, the National Society will:

1. Prepare for cases imported to the country or new communities in order to be able to respond quickly, appropriately and effectively.
2. Support rapid containment of localised outbreaks when they occur.
3. Mitigate the health and social impacts of large-scale outbreaks.

The COVID-19 response strategy will be based on the phase of the epidemic and the National Society's role to support the local response. These may change over time, sometimes rapidly.

Red Cross Red Crescent staff and volunteers are well placed to carry out health, disaster risk reduction, and other programmes at the community level; give accurate information based on community questions and concerns; give communities the tools for positive behaviour change to reduce the risk of disease; document and correctly answer community feedback (questions, concerns, rumours); and communicate risk. The National Society may be called upon to help detect and support people who contract the virus.

This strategy will provide support for preparedness measures and the training of National Society staffs and volunteers and the key messages that need to be communicated. It will also include contingency and business continuity planning to help National Societies to continue to provide lifesaving services as the outbreak evolves.

The National Society will enhance coordination with public health authorities at national and local levels and undertake awareness sessions in communities including those that are particularly vulnerable to epidemics due to poor hygiene and sanitation conditions.

To achieve the above the MRCS will also need operational support through the following.

Operational support services

Communications

MRCS will continue to actively communicate with external audiences through its own social media channels like Facebook and its website, not only aimed at generating visibility but also to reach out to the larger population, its members, volunteers and other stakeholders that can support COVID-19 preparedness and response. IFRC Communications Coordinator Delegate based in Yangon in coordination with the MRCS Humanitarian Values and Communications Department will support communications efforts and engagement with national and international media. Commonly agreed key messages and audio-visual materials will be produced for usage across MRCS and IFRC multimedia platforms.

Community Engagement and Accountability (CEA)

Risk communication is a powerful and effective tool enabling people to be better informed and part of the solution by countering rumors and providing correct information. MRCS will utilize its own CEA minimum standards. The field teams and volunteers carrying RCCE have been trained on CEA tools during EVC training and will utilize IEC materials /loudspeaker presentations to mobilize communities and share information about the COVID-19 preparedness and response operation. Importantly this will assist in getting feedback on key information that will be shared regularly by volunteers through feedback mechanisms.

Protection, gender and inclusion (PGI)

PGI Training has been and will continue to be provided for staff and volunteers during the EVC TOT and multiplier trainings on COVID-19 to support their application of key principles and approaches in the EPoA operation.

[Basic guidance](#) on key messages and groups for a general audience, including all NS staff and volunteers.

[Technical guidance note](#) aimed primary at PGI and health staff in IFRC and NS

Migration and Displacement

Many migrants have returned from affected countries and they face specific risks and vulnerabilities related to COVID-19. Many migrants have lost their livelihoods and, in some case, social support networks (eg those returning from Thailand, Malaysia, Singapore). Some may be facing stigma related to the perception that they are a threat for COVID-19 spreading in country. Many returning migrants may also face related MHPSS concerns

Planning, monitoring, evaluation, & reporting (PMER)

MRCS will be responsible for day-to-day implementation and monitoring of the COVID-19 preparedness for response operation in accordance with MRCS standard PMER guidelines. Reporting on the operation will be carried out in accordance with the IFRC EPoA minimum reporting standards. The NHQ will receive at least weekly updates from its 17 State and Regions Branches and compile monthly reports to assess the implementation of the EPoA operation, identify, successes, challenges and any risks. There will be limited travel from NHQ to branches due to travel restriction. Updates will be issued during the operation timeframe as per the Federation wide reporting guidelines, a lessons-learned workshop will be held after the end of the operation and a final report within three months of the end of the operation. The IFRC will also support the monitoring of the operation.

Human resources

Staffs from MRCS Health Department are leading the COVID-19 preparedness and response operation. MRCS will recruit more staff/volunteers to manage (EOC) centre in the event of the COVID-19 outbreak that require containment and mitigation. Via EOC task force and its operational team, MRCS is having internal coordination of all its departments on a regular basis to ensure that everyone is on standby to support.

About 4,000 MRCS volunteers have been mobilized for the implementation of the overall EPOA; and are involved in engaging of township communities on COVID-19 through Risk Communication, Community Engagement (RCCE), and surveillance at port of entries together with MOHS.

To implement the overall EPoA an operations management staff structure has been developed by MRCS headed by the Director and Deputy Directors of Health Department and supported by other senior staff within and other departments mainly through EOC task force and its operation team.

Technical support is also being provided by the IFRC Country Office a Health Surge capacity (in country) will for 3month support the operation and PNS's with relevant technical background among their international and national staff.

Logistics and Supply Chain Management

A global sourcing approach is being led by the IFRC Logistics, Procurement and Supply Chain Management (LPSCM) team at both regional and Geneva level. The team has been coordinating the global supply of the operation internally with the IFRC technical departments as well as with CCSTs/COs logistics counterparts, ICRC and WHO, and the Pandemic Supply Chain Network (PSCN). As part of the COVID-19 preparedness, a Procurement mapping exercise (focusing on PPE needs) is done with the coordination of respective NSs supported by the CCSTs/COs in the region.

In view of the current situation of global shortage of the PPE supplies, CCSTs/COs in coordination with NSs are also sourcing the PPE supplies in country. Local sourcing and procurement of the PPE will be done in accordance to the IFRC Procurement procedures for medical items. On quality assurance check, it will be done in coordination with the Regional Health team and the Medical Logistics Coordinator in Geneva to ensure the PPE products meet the minimum required standard and specifications within the WHO/IFRC guidance or the national standard requirements approved by the local Ministry of Health (MoH) .

Logistic Department of MRCS will facilitate for timely and effective logistic support for this plan. IFRC and in-country Movement partners will provide logistics support coordinated with MRCS Logistics Department. IFRC Asia Pacific Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department in Kuala Lumpur will provide required technical support.

Administration and Finance

The IFRC Programme Coordinator Delegate will be responsible for managing the budget and will support MRCS with their financial management. The Director of the MRCS Health department will be responsible for daily operations, including authorizing expenditures. Existing MRCS policies of volunteer management, HR and administration will guide this operation, under the oversight of the MRCS Deputy Secretary General for Programme support.

Security

MRCS is responsible throughout the duration of the operation for the safety of its staff and volunteers, the majority of which have completed the IFRC online learning courses (Stay Safe); however, refresher trainings will be done as required.

Surge or RDRT personnel that will be deployed (in country existing pool of experts due to travel restrictions existing regionally and globally) for this operation under IFRC country office will be under the existing IFRC country security plan, including business continuity plan for medical emergencies, relocation and critical incident management will apply. In this case, location specific safety and security assessments will be conducted.

C. Detailed Operational Plan



Health

People targeted: 1,2million

Male: 600,000

Female: 600,000

Requirements (MMK): 1,869,650,000

Needs analysis and risk analysis: Refer to Section A: Needs analysis, targeting, scenario planning and risk assessment and COVID-19 Emergency Plan of Action for Asia Pacific.

Population to be assisted:

- Preparedness activities will focus on the most at-risk communities, while building the capacity and relationships needed for NS and volunteers to effectively respond.
- Containment activities will focus on the communities at risk of transmission, and individuals experiencing COVID-19 infection.
- Mitigation and risk reduction activities will be focused on ensuring the most vulnerable and excluded groups have access to essential services
- Priority communities across all phases of the outbreak will include as pandemic, overall population with specific activities for displaced populations or people with restricted movement, elderly and women/girls, staff and volunteer safety for pandemic

Programme standards/benchmarks: *SPHERE standards, WHO guidelines, MoHS contingency plan, MoHS guidelines on community-based quarantine*

PHASE 1: PREPAREDNESS

P&B Output Code	Health Outcome 1: Communities and National Societies can quickly and effectively respond to an outbreak of COVID-19	#Risk Assessment done/reports # of people (SADD) reached through risk communication and community engagement activities. (Target:1,200,000)											
	Health Output 1.1: Increase understanding of risk and safe activities, including risk communication, CEA and health promotion based on community feedback	# of people reached with community-based epidemic prevention and control activities (SADD) (Target:1,200,000)											
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP084	Context analysis: Rapid assessment to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors (local cultures and languages, customs, concerns and risky behaviours and practices of communities, preferred/trusted channels of engagement) that could help or hinder an effective response		x	x									
AP021	In coordination with Central Epidemic Unit and MoHS and in country WHO and partners, MRCS' ETF and ORT undertakes regular situation and risk analysis of the epidemic and needs of the		x	x	x	x	x	x	x	x	x	x	x

	communities												
AP021	Health promotion: Mobilize NS volunteers' networks and key influencers (i.e. religious and community leaders) to encourage promotion of general health behaviours and address mistrust, misinformation and rumours with actionable and verified information	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Risk communication: Carry out risk communication activities based on community information needs, concerns and perceptions, share timely and trustworthy information, address misinformation and build knowledge, acceptance and intention about signs and symptoms, transmission modes, preventive actions (handwashing, social distancing) and care-seeking behaviours by people experiencing respiratory symptoms. Participate in and contribute to risk communication and community engagement coordination structures.	x	x	x	x	x	x	x	x	x	x	x	x
AP021	CEA materials: Preposition community engagement and communication material for rapid use by volunteers in at risk/affected areas (i.e. FAQ documents)	x	x	x	x	x							
AP084	Reporting Mechanism: Set up reporting channel and template for compiling data/information from MRCS branches	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Social cohesion: Promote local dialogue and social cohesion with focus on addressing stigma and xenophobia and promote acceptance and trust.	x	x	x	x	x	x	x	x	x	x	x	x
AP021	Feedback mechanisms: Set up a community feedback system (including rumours tracking) to monitor, address and answer information gaps, beliefs and misconceptions, questions and rumours and inform health approaches (This may be done together with in-country RCCE group) and follow up with the community based feedback mechanism	x	x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Health Output 1.2: National Societies are prepared to maintain life-saving humanitarian and development activities during an outbreak of COVID-19 and can adapt their approaches to the evolving outbreak.	<i># of people (SADD) reached with community-based epidemic prevention and control activities (Target: 1,2 million)</i> <i># of RCVs (SADD) trained with ECV (COVID-19) NS EPoA and BCP</i>											
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP084	Feedback mechanisms: Follow up with set community feedback system (including rumors tracking) to monitor, address and answer information gaps, beliefs and misconceptions, questions and rumours and inform health approaches	x	x	x	x	x	x	x	x	x	x	x	x
AP021	ECV training: Conduct training for new staff and volunteers on Epidemic Control for Volunteers – focused on COVID-19	x	x	x	x								
AP021	Reprinting of Posters on MOHS n-CoV education documents with updates Reprinting of Leaflets on MOHS n-CoV education documents with updates Develop materials: Localise, contextualise and/or translate COVID-19 materials and tools for community-level use	x	x	x	x	x	x	x	x	x	x	x	x
AP040	PPE training: Training and sensitization of the appropriate, safe and effective use of PPE to staff and volunteers	x	x	x	x								
AP050	Preposition PPE: in close coordination with public authorities, for use by volunteers and staff working in high-risk conditions (i.e. home-based care; screening by questionnaire)	x	x	x	x								
AP042	Readiness checks: Readiness checks: Conduct national- and branch-level readiness checks to prepare to activate CBHFA, ECV and other community-based volunteers to respond in the event of an outbreak	x	x	x	x								

AP011	Plan risk communication: Develop a comprehensive risk communication and community engagement plan (age-gender focused) for the three phases that indicates National Society support to the Government-led preparedness and response plan (with focus on vulnerable groups: the elderly, women, migrants, persons with disability) and follow up with this	x	x	x	x								
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PHASE 2: CONTAINMENT

P&B Output Code	Health Outcome 2: National Societies support rapid containment of localised outbreaks when they occur in new communities or countries	<i>NS supported outbreak response at the request of the respective government. (Target: Yes)</i>											
	Health Output 2.1: Support public confidence in the health system and outbreak response measures, and promote effective community engagement, risk communication, behaviour change and hygiene promotion approach to motivate action and promote participation with reducing stigma and violence.	<i>NS working in clinical setting following IPC guidance. (Target: Yes)</i>											
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP021	Enhance RCCE and Map resources and positive practices: at the community level to support locally driven actions for preparedness, containment and response are helpful and empowering preparedness activities.		x	x	x	x	x	x	x	x	x	x	x
AP084	Information sharing about available resources and containment measures: Communicate the public and targeted communities about relevant available services (e.g. psychosocial support, etc.), based on community questions and concerns. Appropriate referrals to MoHS and relevant services (MRCS RCVs will not do patient referral in person except in some cases e.g. supporting ambulance services. In that case, necessary trainings by MoHS and equipment provision such as PPE must be provided). Share the information of key containment actions and its benefit to the targeted population (e.g. IPC, community-based surveillance, quarantine, point of control screening, isolation). Develop/reprint materials: Localise, contextualise and/or translate COVID-19 materials and tools for community-level use		x	x	x	x	x	x	x	x	x	x	x
P&B Output Code	Health Output 2.2: Reduce risk of secondary transmission of the virus to prevent an outbreak or once local transmission has begun, reduce risk of more generalised transmission of the virus to contain the outbreak.	<i># of people reached by psychosocial support. (Target: 10% of population)</i>											
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP011	Surveillance support: Screening, contact tracing and other services related to surveillance and case detection, in support of government activities		x	x	x	x	x	x	x	x	x	x	
AP021	Trained and equipped MRCS Rakhine mobile health clinic teams see vulnerable patients in Rakhine to do initial triage, consultations and initial clinical care for COVID-19 suspected patients and do appropriate referral for testing and further care as needed		x	x	x								
	Procurement of PPE		x	x	x								
	Procurement of surgical masks		x	x	x								
	Procurement of n-95 masks		x	x	x								
	Procurement of hand sanitizers		x	x	x								
	Procurement of Dead body bag		x	x	x								
AP025	Surveillance support: Support government in temperature screening (Especially for returnees),		x	x	x								

	contact tracing and other services related to surveillance and case detection, in support of government activities													
	Procurement of Infrared Thermometers	x	x	x										
		x	x	x										
P&B Output Code	Health Outcome 3: People living under disease containment measures have access to services to maintain their wellbeing and dignity.	<i>% of target population who agree their priority needs are being met. (Target: at least 80%)</i>												
	Health Output 3.1: Psychosocial support provided to the target population as well as to Red Cross Red Crescent volunteers and staff	<i># of "Epidemic Control for Volunteers" activities carried out. (Target: 100% of planned events)</i>												
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12	
AP023	Psychosocial support: Emergency social services and related psychosocial support, if applicable, is provided to quarantined or movement-restricted communities as well as NS staff and volunteers Setting up of 24-hour hotline(s) PSS service (gender-age specific) with MoHS, and maintaining together with specific staffing (specialists PSS), materials produced		x	x	x	x	x	x	x	x	x	x	x	
AP034	Reprinting of Posters on COVID-19 related PSS, including aspects for GBV		x	x	x	x	x	x	x	x	x	x	x	

PHASE 3: MITIGATION (TO BE REVISED WITH SITUATION CHANGE)

P&B Output Code	Health Outcome 7: National Society has increased capacity to manage and respond to health risks	<i>NS requested by MoH to support COVID-19 preparedness and response. (Target: Yes)</i>											
	Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services	<i>NS having epidemic preparedness and response plan. (Target: Yes)</i>											
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP021	Health services maintenance: Support health and social service maintenance (e.g. support to scale up services required, direct service provision as appropriate)												
AP021	Stakeholder engagement: Engage with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination												



Protection, Gender and Inclusion

People targeted: 1,200,000

Male: 600,000

Female: 600,000

Requirements (MMK): 1,200,000

Needs analysis: Refer to Section A: Needs analysis, targeting, scenario planning and risk assessment and COVID-19 Emergency Plan of Action for Asia Pacific.

Population to be assisted: Myanmar Red Cross Society will target all population in selected areas within relief phase and through specific sectoral interventions,

where all activities include Protection, Gender and Inclusion (PGI) aspects. Especially beneficiary selection, delivery of interventions, monitoring and reporting aspects are targeted with PGI.

Program standards/benchmarks: [IFRC minimum standards for protection, gender and inclusion in emergencies](#), SGBV guidelines, [Child Protection Policy of IFRC, Code of Conduct](#), etc.

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.						Targeted people's needs and rights are met and PGI are included in all stages. (Target: Yes)						
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.						Initial assessments include key PGI areas. (Target: Yes) Sex, age and disability disaggregated data is collected. (Target: Yes) # of staff and volunteers aware on minimum standards. (Target: 2,000)						
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12
AP034	PGI- PGI training will be incorporated in ECV training and volunteers sensitized about GBV		x	x									
AP031	SADD data: Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)		x	x	x	x	x	x	x	x	x	x	x



Migration

People targeted: 20,000 displaced or people with restricted movement, and migrants at border or other areas impacted by COVID-19

Male: 10,000

Female: 10,000

Requirements (MMK): 583,700,000

Needs analysis: Refer to Section A: Needs analysis, targeting, scenario planning and risk assessment and COVID-19 Emergency Plan of Action for Asia Pacific.

Population to be assisted: The operation will support Myanmar Red Cross Society to assist vulnerable displaced and restricted movement populations, and migrants – irrespective of their legal status – and their family members.

Activities:

The operation will support MRCS to:

- Monitor and analyse needs related to migration and displacement (building on the 2019 MRCS Understanding of Migration and Displacement and utilizing the MRCS Task Force on Migration and Displacement)

- Support sectors to include migrants and displaced populations in all relevant MRCS activities (guided by the MRCS Task Force on Migration and Displacement): including providing accessible information on COVID-19 in an appropriate language and level of literacy.
- Targeted action to support vulnerable migrants and displaced populations, including RCCE, MHPSS, any specific social security aspects and addressing social stigma, humanitarian diplomacy where relevant.

The operation will also support the capacity strengthening of Myanmar Red Cross Society, including:

- Support for the functioning of the MRCS Task Force on Migration and Displacement
- Support for the MRCS 10-Point Plan of Action on Migration and Displacement
- Documenting and sharing MRCS experiences and lessons learned at the regional and global levels, both inter-agency and with sister National Societies and the Red Cross Movement.

Risk analysis: The operation will closely monitor and analyse evolving and possible risks in the context of migration, including: increasing stigma and discrimination against migrants; onward large-scale movement away from areas of infection; also barriers to services for irregular migrants may drive the infection underground, making the situation harder to manage.

Program standards/benchmarks: This operation will be undertaken in accordance with relevant policies and guidelines, IFRC Policy on Migration (2009), the IFRC Asia Pacific Framework on Migration and Displacement (2017) and the Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster (MICIC) (2017) as well as IFRC Asia Pacific - COVID-19 Including migrants and displaced people in preparedness and response activities - Guidance for Asia Pacific National Societies (2020), [IASC Gender alert for COVID-19 outbreak](#), GPC Task Team on Anti-Trafficking COVID-19 guidance.

P&B Output Code	Migration Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)						<i># of migrants reached with information and services provided from welfare desks. (Target: 20,000)</i>							
	Migration Output 1.1: Assistance and protection services to migrants and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations						<i># of affected people have access to basic services.</i>							
	<i># RCV/Staff trained with Basic Migration Knowledge related to COVID-19 Target (60)</i>													
	Activities planned	Month	1-2	3	4	5	6	7	8	9	10	11	12	
AP036	Migration and Displacement Analysis and Assessment: Monitor and assess risks and vulnerabilities for migrants and displaced populations.		x	x	x	x	x	x	x	x	x	x	x	
AP036	Include migrants and displaced populations in relevant MRCS activities: support sectoral colleagues (including through MRCS TF) to ensure that all relevant services are accessible and appropriate for migrants and displaced populations.		x	x	x	x	x	x	x	x	x	x	x	
AP036	Addressing social stigma and access to COVID-19 related information in own language -reference to above overall population activities related to Information sharing about available resources and containment measures: Communicate the public and targeted communities about relevant available services (e.g. psychosocial support, etc.), based on		x	x	x	x	x	x	x	x	x	x	x	

	community questions and concerns.											
AP036	Take targeted approaches for at risk migrants and displaced populations: including RCCE, MHPSS	x	x	x	x	x	x	x	x	x	x	x
AP037	Humanitarian diplomacy: Support humanitarian diplomacy, in favour of vulnerable migrants and displaced populations	x	x	x	x	x	x	x	x	x	x	x
AP037	Support for the functioning of the MRCS Task Force on Migration and Displacement to respond to needs of displaced populations due COVID-19	x	x	x	x	x	x	x	x	x	x	x
AP037	Support for the MRCS Action Plan on Migration and Displacement: focus on emergency situations	x	x	x	x	x	x	x	x	x	x	x
AP037	Knowledge sharing: Document and share good practices by MRCS at the regional and global levels.	x	x	x	x	x	x	x	x	x	x	x



Livelihoods and basic needs

People targeted: 20,000 households

Female: 50,000

Male: 50,000

Requirements (MMK): 1,150,000,000

Need Analysis: Camp quarantine and home quarantined households in the target locations causing overcrowding due returnees, including ones that are jobless due to COVID-19, especially most vulnerabilities groups. MRCS support affected people accordance to MRCS disaster response regulations.

Population to be assisted: MRCS is supporting 20,000 households (100,000 people, 50% women headed households) that will be supported with cash grants equivalent to MMK 5,000/day for three days and per person. This is equivalent to CHF 11.1 per person, or CHF 51 for a family of five members, and is sufficient for 4-8 weeks of supplies. The final amount will be decided in dialogue with the cash working group led by WFP and standards set by the government. MRCS will work with Financial Services Provider which was agreement for all of the MRCS Cash Assistant Activities. MRCS will start the distribution of multipurpose cash grants with its own funding. The DREF will replenish the pre-financing. Complementary to this, MRCS seeks donations from local donors for provision of food to the affected population.

Risk analysis: The operation will closely monitor and analyse evolving and possible risks in the context of migration and specific GCAs and others, including: increasing stigma and discrimination against migrants; onward large-scale movement away from areas of infection, or areas of quarantine or restrictions; also informal and formal barriers to services for migrants and displaced populations

Programme standards/benchmarks: will follow National and MRCS/IFRC distribution guidelines.

P&B Output Code	Livelihoods and basic needs Output 1.5: Households are provided with multipurpose cash grants to address their basic needs	<i># of 10 % of affected households assisted through cash assistants</i>
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	Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
AP081	Assessment and targeting for distribution of multipurpose cash (Beneficiaries Selection)			X	X	X	X	X	X	X	X	X	X	X
AP081	Distribution of multipurpose cash grants				X	X	X	X	X	X	X	X	X	X
AP081	Post-distribution monitoring of multipurpose cash grants				X	X	X	X	X	X	X	X	X	X
AP081	Print and Distribute CEA related materials				X	X	X	X	X	X	X	X	X	X

Strategies for Implementation

Several related guidance and additional tools are or have been adapted, revised or updated, in particular for **business continuity planning**, which establishes the basis for National Societies to ensure the continuous functioning of key services during the crisis in all relevant locations. It includes also a plan to recover and resume business processes when programmes have been disrupted unexpectedly. Beside activities ensuring the duty of care for staff and volunteers, special focus is also put on back-up measures for defined services of the MRCS.

P&B Output Code	Outcome S1.1: MRCS capacity building and organizational development objectives are facilitated to ensure that MRCS has the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	NS have prepositioned masks and other PPE. (Target: Yes)												
	Output S1.1.4: MRCS has effective and motivated volunteers who are protected	# of volunteers insured. (Target: 4,000) % of staff and volunteers are provided with necessary PPE. (Target: 100%)												
	Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11	12
AP040	Volunteer insurance: Ensure that volunteers working with MRCS has insurance coverage for accidents and death.		X	X	X	X	X	X	X	X	X	X	X	X
AP040	Staff and volunteer safety: Safety, health and psycho-social welfare of staff and volunteers supported, including the provision of and training in the use of PPE		X	X	X	X	X	X	X	X	X	X	X	X
AP040	Stress management: Stress management campaigns/events for RCVs and Staff				X			X			X			
AP040	PPE prepositioning: Preposition stock of Personal Protection Equipment for staffs and volunteers (masks, hand sanitizers)		X	X	X	X	X	X	X					
AP040	Activate Business Continuity Plan as necessary		X	X	X	X	X	X	X	X	X	X	X	X
	Based on guidance of MoHS, RCCE activities such as enforce work from home and recommendations for individuals as not to leave their home etc – support travel costs for staff and volunteers to reach office		X	X	X	X	X	X	X	X	X	X	X	X
	Strengthen stakeholder engagement: Engage with inter-governmental bodies and stakeholders (UN agencies, WHO, ICRC) to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination		X	X	X	X	X	X	X	X	X	X	X	X

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	NS coordinated international disaster response effectively. (Target: Yes)											
	Output S2.1.1: Effective response preparedness and surge capacity mechanism is maintained	NS set up and adapt feedback mechanism. (Target: Yes)											
	Activities planned	Month	1	2	3	4	5	6	7	8	9	10	11
AP046	Surge support: Receiving surge remote technical support due to travel restrictions		x	x	x	x	x	x					
AP046	Surge support: Receiving surge support through deployed staff from other National Societies or IFRC Secretariat		x	x	x	x	x	x	x	x	x	x	x
AP053	Feedback mechanism: National Societies with support from IFRC, set up, scale up and adapt feedback mechanisms to capture key community concerns via CEA activities		x	x	x	x	x	x	x	x	x	x	x
AP055	Monitor: Monitoring missions with IFRC		x	x	x	x	x	x	x	x	x	x	x

Funding Requirements

Activity	MMK
Area of work	MMK
AOF-4 Health	1,869,650,000
AOF-6 Protection, Gender and Inclusion	1,200,000
AOF 7 - Migration	583,700,000
AOF 3 - Livelihoods & basic needs	1,150,000,000
SFI-1 Strengthening Myanmar Red Cross Society	783,000,000
SFI-2 : International Disaster Management: surge	63,000,000
SFI-3: Influence others as leading strategic partner	7,500,000
MRSC support cost 7%	230,163,500
TOTAL	4,688,213,500

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Learn more about MRCS's activities through:

[Weekly COVID-19 update by Myanmar Red Cross Society](#)

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