



MRCS RESPONSE - OPERATIONAL UPDATE 1 Feb to 15 April 2021¹

Context

Since 1 February, when the Myanmar Military detained the leadership of the recently elected parliament and established military leadership under a State Administrative Council (SAC), Myanmar has experienced a political crisis that precipitated nationwide civil unrest with widespread social and economic implications.

A Civil Disobedience Movement (CDM) emerged in parallel with public demonstrations and protests which continue to take place in towns as well as rural areas across the country. The response of the security forces has resulted in hundreds of deaths and thousands of arrests. There has also been an escalation or renewal of clashes in areas of protracted conflict between the army and EAOs (Ethnic Armed Organisations).

Humanitarian Impacts

Immediate humanitarian impacts have been felt across all 17 regions and states and, as the crisis continues, there is a deepening of existing vulnerabilities and a growing concern that there will be an exponential rise of people in need of support.

Since early February, access to basic and emergency health services has been reduced with the public health system operating at limited capacity. This, coupled with the high number of injuries amongst the civilian population and the prevailing security environment, in which medical workers have been targeted, has restricted access to emergency hospital services for patients requiring urgent medical care.

¹ Figures shown here are up to 17 April 2021

Other public health management risks include the prospect of fresh outbreaks of COVID-19. Routine measures for COVID-19 surveillance and management are now minimal and planned roll-out of the COVID vaccine is also now limited in coverage and population reach.

Socio-economic vulnerabilities that emerged due to 12 months of COVID-19 impacts, have been greatly exacerbated by disruption to basic services across various sectors of operation, including banking, healthcare, communications, transportation and supply chains.

Townships in peri-urban areas with significant populations of migrant workers and informal settlements have been most affected by incidents of violence, with six townships in Yangon placed under Martial Law. Food insecurity for these populations is a growing concern due to the combined effects of sudden job losses, reduced social safety nets and limited access to basic goods and services.

According to WFP, food prices have increased across the country, most significantly in Kachin and Rakhine States, both of which have been affected by protracted conflicts. Increased population displacement is a concern. This is particularly evident in Kachin State and in Kayin State in Southeast Myanmar following renewed military engagement between ethnic armed opposition groups and the army.

MRCS in Action

The Myanmar Red Cross has a nationwide presence through its network of 330 branches covering the entire country. In response to immediate humanitarian needs, by mid-February, MRCS had mobilised its trained first aid volunteers and ambulances services, reaching populations in need across all 16 affected regions and states.

Resources Mobilised	People Reached
2,002 RCVs*31% female First Aid Skilled *	2,595 People*44% female
*30% with trauma first aid skills	
309 First Aid Posts across 194 Townships	1,878 Minor patients 68 Major patients
143 Ambulances	337 First Aid and Ambulance
102 Motorcycles	264 Referrals
68 Vehicles	48 Birth Patients

Response Operations

➔ First Aid and Ambulance Services

To date, Red Cross Volunteers (RCVs) have provided first aid services to over 2,500 people. Major injuries including gunshot wounds, have been supported with emergency medical transfer. Over 337 patients have received combined first aid and ambulance assistance.



Myitkyina Township, Kachin State
8 March 2021

➔ Referral support

Access to hospitals and clinical services is affected by limited services and/or insecurity. To date, 250 referral patients and 48 birth patients have been helped to access medical assistance.



North Dagon Township Yangon
31 March

➔ Community based first aid capacities

Communities need additional basic first aid skills and materials to provide life-saving interventions in cases where emergency services may be delayed or lacking. MRCS is engaging at the local level, providing community relief groups in affected townships with First Aid kits and MRCS Trauma First Aid booklets.



Hlaing Thar Yar Township Yangon
14 April

➔ Access to basic health services

In several townships currently under Martial Law, Red Cross branches now support Free Clinics where volunteer medical staff are providing basic healthcare to the community.



Free Clinic, Dagon Seikkan Township,
Yangon 29 March



Operational Priorities and Key Challenges

➔ Advanced Training in Trauma First Aid

Specialised skills in trauma first aid training are required to build MRCS capacity to better respond to the current patient caseload and related injuries. Training commenced on 23 February across 10 regions/states. A total of 640 RCVs have been trained to date.



Field Testing for Advanced Trauma First Aid Insein Township Yangon, 26 March

➔ Emblem Management and MRCS Visibility

Ensuring safe access to populations in need for MRCS staff and volunteer is a foremost priority. MRCS has been taking proactive steps around emblem protection and promoting better recognition of the neutral and impartial role played by MRCS amongst both communities and authorities. Multiple communication channels are used and standardisation of emblems and visibility materials are applied. Local relationships, along these measures have proven effective.



Htik Gyi Township, Yangon 25 Feb

➔ Emergency Medical Transfer-Contingency Vehicles

MRCS has 143 ambulances. Additional emergency transport has been engaged to quickly transfer patients. This has been a particular need in affected townships from mid-March.



Kayan TS Yangon 10 March 2021

➔ Safe Access and Security Protocols

With incidences of attacks on ambulances, medical personnel and equipment, field movements are closely managed. For patient transfer after curfew hours, strict protocols are in place across Branches. The Tripartite security cell which meets regularly, further supports MRCS leadership with analysis and pre-emptive action for risk reduction.



Patient Evacuation, Mawlamyine Township, Mon State 28 February



Key Operational Constraints

Internet communication remains a key limitation. Since 14 February, all internet communications are suspended nightly from 1am-9am and mobile internet (4G) data has been under blanket suspension since 15th March. For the majority of Red Cross staff and volunteers, Wi-Fi internet can be accessed in offices but with limited access in residences. Only essential movement is recommended in many locations, however, staff are unable to work from home environments without access to the mobile data. This provides additional challenges for timely coordination, planning and reporting.

Limitations remain on transport and travel. Ground travel is feasible, with security checks reported on major transport routes. A daily curfew from 8pm to 4am adds to movement restrictions. However, domestic flights which were restricted in February, resumed across some locations in March. WFP humanitarian relief flights operate on a bi-weekly basis for international travel. Limited domestic travel is currently being undertaken due in large part to security considerations, with limited scope for program related visits.

The banking and finance sector continues to have limited operational capacity with restrictions and limits on cash withdrawals. Branches of private banks, closed for much of February and March have re-opened in some locations. Basic operations including supplier payments, staff salaries and branch transfers are all affected and additional transaction management is needed for basic functions and cash transfer, with heightened security considerations for the movement of cash. Programme interventions reliant on cash based transfers are not feasible at scale in the current operating context.

There is limited functionality in customs and freight transport which, coupled with banking limitations, continues to impact significantly on the supply chain. This applies to importation of goods, linked to customs operations, as well movement of goods around the country. Operational impacts include additional planning and lead time required for procurement and an increase in prices for some commodities. Distribution challenges should also be anticipated.



Movement Co-ordination and Planning

MRCS has received expressions of solidarity and funding support from both in-country and supporting partners including peer national societies in the Asia region.

Coordination

With active support of the IFRC, the MRCS continues to lead co-ordination of this response and has held 4 Movement Coordination Meetings with IFRC, ICRC, in-country partner national societies and other supporting partners including regional NS. Tripartite Security Cell Meetings are held on a regular basis. To date 8 meetings have been held for MRCS IFRC and ICRC to jointly analyse and plan security and safety measures in the evolving operating context. Since 1st February, 5 Regional Director updates, prepared jointly by IFRC, MRCS and ICRC, have been shared with partner national societies. Operational updates including sit reps are now being shared on a weekly basis.

MRCS Operational response is being actively supported by Red Cross and Red Crescent Movement Partners including IFRC, ICRC, American Red Cross, Australian Red Cross, British Red Cross, Danish Red Cross, Finnish Red Cross German Red Cross, Korean Red Cross, Norwegian Red Cross, Singapore Red Cross, Swedish Red Cross, Thailand Red Cross, Turkish Red Crescent and Qatar Red Crescent.

Planning

An Initial Emergency Plan of Action (EPOA) running from February to June 2021, was prepared by MRCS and shared with partners on 24th February. Given the increasing humanitarian needs, an expanded one-year Emergency Plan of Action (EPOA) was developed and shared on 16th April.

The ongoing nature of the crisis requires sustained investment in current interventions and a scale up of additional services to reach affected people as humanitarian needs continue to increase.

The EPOA sets out additional support interventions in;

- A. First aid and ambulance services,
- B. Basic health care services
- C. Socio-Economic Support
- D. Enhanced disaster response capacity
- E. Psycho-social Support and Protection
- F. Communications and profiling of MRCS's role
- G. Information management, CEA, monitoring and reporting
- H. Staff and branch capacity development



MRCS EPOA Feb 2021-March 2022

