MALAYSIAN RED CRESCENT

COVID-19 OUTBREAK

Malaysian Red Crescent Society (MRCS) National Response Plan

8 September 2021 (Revised)

1. SITUATION ANALYSIS

Since the end of May 2021, the daily COVID-19 infections have exceeded the 8,000 cases threshold in Malaysia with a total of recorded cases of 785,039 in July 2021. National COVID-19 infectivity rate, measured as R0 or Rt or R Naught, has gone up to 1.15 in May 2021, and currently, it is still above 1. At the same time, the number of COVID-19 patients in intensive care units (ICUs) has continued to increase day by day, reaching new records in May amid the detection of new COVID-19 variants. This grim situation has put Malaysia's health resources under severe strain with hospitals exceeding maximum ICU bed capacity while health providers sought to cope by adding on new ICU beds and even converting other non-ICU wards for such use.

As at 20 August 2021, the Director-General of Health advised the case reproduction number was 1.0 for the country as a whole, with higher figures for some states. The Government of Malaysia (GoM) put in place again a strict movement control order in June, and there have been subsequent extensions to movement restrictions in order to reduce infections. Real-time information on the development of the outbreak in Malaysia is available at http://covid-19.moh.gov.my/

Malaysia's vaccination programme commenced in February 2021. In response to the recent wave of COVID-19 cases, the Malaysian government has ramped up the national vaccination programme. The Government of Malaysia has a target of fully vaccinating 80 per cent of the population (around 26.1 million) in its efforts to achieve herd immunity. Malaysia has a population of around 32.7 million, of whom 27.9 million are Malaysian and 3 million are non-Malaysian (registered foreign workers or expatriates). At 6 September, 21,378,563 people had been registered for vaccinations. To 4 September 2021, 48.1 per cent of the population were fully vaccinated and a further 14.1 per cent were partly vaccinated (ourworldindata.org). Real-time information on vaccinations in Malaysia is available at https://www.vaksincovid.gov.my/en/

On 16 August 2021, Prime Minister Muhyiddin Yassin. The subsequent political uncertainty has delayed some decision making regarding the COVID-19 response, including regarding the vaccination of migrants.

Real-time information on the development of the outbreak is available via the IFRC GO Platform.

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Role of NS in response

The mandate of Malaysian Red Crescent Society (MRCS) is outlined in an Act of Parliament as well as in Directives No. 18, No. 20 and No. 21 of the National Security Council (MKN), and Act No. 342 of the Ministry of Health, and Police Act No.344. Under Directive No. 18 (crisis and violence management), MRCS role is to provide emergency medical services, prepare and provide food assistance, and provide first aid services. Under Directive No. 20 (national disaster management), the National Society is to support the Ministry of Women, Family and Community Development in providing food in relief centres, distributing relief items (such as clothing and blankets), registration of affected people and providing recovery support. MRCS is also tasked to support other mandated agencies in rescue and evacuation efforts as well as support the Ministry of Health in providing first aid, ambulance, medical and health services in relief centres. Under Directive No. 21 (public order and threat situation management), MRCS is mandated to support the Ministry of Women, Family and Community Development in evacuating affected people, mass feeding, and providing workforce for relief centres. Under Act No. 342 (prevention and control infectious diseases), MRCS role is to support the Ministry of Health on prevention and control infectious diseases, with supported by Police Act No. 344, to enable MRCS to carry out the enforcement function under the Act No. 342. The National Society is also to support the Ministry of Health in providing first aid as well as ambulance, screening, emergency medical and health services. During non-disaster time, MRCS operates an Emergency Ambulance Service (since 1969) and manages the '999' emergency assistance hotline. MRCS ambulance service covers the Federal Territory of Kuala Lumpur and 11 states.

MRCS has been involved in the planning discussion of the National Task Force for the government's vaccination programme since the beginning of the vaccination programme until now. Some specific components of the National Society's response are detailed below.

2. Summary of the current response

Overview of the National Society and steps taken

Number of staff	150 in total (national headquarters and branches)
Number of active volunteers	8,000 active volunteers out of 450,000 registered volunteers.
Other programs delivered relevant to COVID-19	Emergency Ambulance Service and Red Ready Project.
Cash preparedness	Provides cash assistance in emergencies to the vulnerable groups.
Experience in providing attention to migrants	Supports migrants and refugees as part of its response operations.

Malaysian Red Crescent Society (MRCS) initiated its response to the COVID-19 outbreak on 31 January 2020, focusing on preparedness and prevention. The overall objective of the COVID-19 operation of MRCS is to contribute to Red Cross and Red Crescent National Society efforts in reducing loss of life, while protecting the safety, wellbeing and livelihoods of the most vulnerable people for the duration of the COVID-19 outbreak.

MRCS has been actively providing assistance for the local population in areas including:

- Training of staff and volunteers on COVID-19 issues
- Providing ambulance services
- Providing support to public health facilities with PPE and COVID-19 screening services
- Providing COVID-19 screening tests in partnership with local health clinics
- Organizing deployment of medical volunteers

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- Providing mental health and psychosocial support (MHPSS) including through telephone helplines in Sabah and Kuala Lumpur
- In collaboration with the PKD (District Health Centre), from 23 August, two MRCS volunteers stationed at the health clinic in Klang have been providing psychosocial support for frontline workers and volunteers.
- Providing services (basic needs support including food kits, hygiene kits and Multi-purpose Cash Assistance (MPCA) for basic needs and livelihoods assets protection) to vulnerable groups including low income families, homeless people and migrants
- An MRCS staff member has been stationed at MAEPS (Quarantine centre) since 22 July, to coordinate and assist in the COVID Assessment Centre.
- MRCS volunteers are also supporting the vaccination programme by helping people register for vaccination using the MySejahtera application

Key Achievements to date

Health & Water and Sanitation and Hygiene (WASH)

- Total 7,980 people have been reached directly through Risk Communication and Community Engagement (RCCE) activities (39,900 people indirectly reached)
- More than 100,000 items of PPE have been distributed to the government hospitals and clinics and volunteers.
- Total 696 people tested for COVID-19 anti-gen test through partnership with a local private clinic.
- Coordinated medical volunteer deployment to Sabah (through MATCH coordination)
- During July 2021, a new psychosocial support helpline was set up in Kuala Lumpur. This augmented the helpline service already being provided in Sabah. Close to 3,000 helpline calls had been received between January and 6 August 2021.
- MRCS has received 100 oxygen concentrators from Singapore RC, which have been distributed to hospitals around the country.
- Between early July and 20 August, the MRCS NHQ mobile vaccination clinic has enabled 1,537 bedridden/vulnerable people who were unable to travel to vaccination clinics to receive vaccinations.
- As at 6 August, more than 290,000 people had registered as volunteers using the MRCS MyVac phone app and close to 8,000 volunteers had been deployed to 399 vaccination centres.

Socio-economic Interventions

- Total 950,616 people have been reached with food and hygiene kits assistance
- Total 2,987 households received cash assistance for basic needs and livelihoods assets protection

National Society Strengthening

- Total 8,000 volunteers had been trained and involved in the COVID-19 operations
- Co-lead MATCH coordination hub with few NGOs on COVID-19 Operations in Malaysia
- Increase capacity of the ambulance services, with additional 2 negative pressure ambulances in Kuala Lumpur, and 4WD ambulances in Sabah & Sarawak.
- Increase capacity of 5 medical services vehicle to reach remote areas in Sabah and Sarawak.

On the vaccination roll out by the GoM, MRCS has been appointed as a part of the national vaccination taskforce to play key roles in enabling access to the vaccination program by coordinating volunteer mobilization to support the vaccination centre.

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Overview of Red Cross and Red Crescent Movement Actions

Partner	COVID-19 support	International Staff	National Staff	Sectors of Focus
ICRC	Budget Extension			Vaccination roll-out and communication
IFRC	Emergency Appeal	1	2	All under this plan

To support the MRCS COVID 19 response, IFRC initially advanced CHF 16,000 from the Disaster Relief Emergency Fund (DREF). In February 2020, IFRC launched an Emergency Appeal in which needs for MRCS were included. In May 2020, the IFRC increased its total allocation for MRCS to CHF 994,000 of which CHF 512,000 was transferred to the National Society while procurement worth CHF 482,000 would be done by IFRC on behalf of MRCS. In September 2020, the IFRC total allocation to MRCS was increased to CHF 1.5 million, of which procurement worth CHF 763,000 was done by IFRC on behalf of the National Society.

From July 2021, IFRC has supported MRCS to access support for the COVID-19 response, including a donation of 386,500 hand sanitizers from Reckitt (estimated value CHF 660,000), CHF150,000 from the Swiss Agency for Development and Cooperation (SDC), a soft pledge of USD 800,000 from USAID in responding to their revised NSRP.

The IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur has a dedicated team located with MRCS, at the national headquarters. The IFRC Malaysia Support Team is working closely with the MRCS headquarters counterparts in monitoring the COVID-19 situation and enhancing readiness measures. The IFRC continues to support MRCS in implementing the Red Ready Programme, with a key focus currently on enhancing Response Readiness, Pandemic Preparedness and Cash Readiness of the National Society's headquarters and branches.

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

The Ministry of Health is leading operational aspects of the government response to COVID-19 with strategic directions being provided by the National Security Council, which is best known by its local name, i.e. *Majlis Keselamatan Negara Malaysia* (MKN). Other government ministries actively engaged in the response include – but are not limited to – the Ministry of Defence, Ministry of Home Affairs, Ministry of International Trade and Industry, and Ministry of Women, Family and Community Development. Government agencies and departments actively engaged in the response include the Immigration Department, Malaysian Armed Forces, Malaysian Civil Defence Force, Malaysian Volunteer Corps, National Disaster Management Agency (NADMA) and the Royal Malaysian Police. The police and military have been deployed to help in implementing movement control orders.

The UN system has presence and offices in Malaysia, with a Resident Coordinator in place. The main UN agencies supporting COVID-19 response efforts include WHO, UNDP and UNHCR.

The UN Resident Coordinator convenes the Malaysia Humanitarian Country Team (HCT) which comprises UN agencies, NADMA, international humanitarian organizations with presence in Malaysia, the Red Cross Red Crescent Movement, and established civil society organizations (CSO) in the country.

Some key corporate entities in Malaysia – including government-linked companies (GLC) and government-linked investment companies (GLIC) – are supporting national COVID-19 response efforts as part of the Disaster Response Network (GDRN). The GDRN is managed by a Joint-Secretariat led by Yayasan Hasanah and Telekom Malaysia.

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Several established CSO and foundations are engaged in responding to COVID-19 in Malaysia. These include Geutanyoe Foundation, Mercy Malaysia and Yayasan Hasanah. They have, collectively, agreed to establish the Malaysia COVID-19 Coordination & Action Hub (MATCH) as a platform that connects local CSO, relevant government agencies, GDRN and donors to enhance coordination and impactful action for COVID-19 response and recovery. The aim of MATCH is to deploy aid effectively, equitably, with speed and avoiding overlaps and redundancies.

Inter-agency coordination
MRCS is ensuring close coordination with relevant government stakeholders responding to COVID-19 at the national level through regular meetings. In this regard, the National Society participates in meetings with MKN, Ministry of Health and NADMA. At the local level, MRCS branches are coordinating with state government stakeholders.

In addition, MRCS is co-leading – together with Yayasan Hasanah – MATCH. The coordination platform will be institutionalized by June 2020, with a secretariat to be hosted by MRCS. The MATCH platform has a hub and spoke delivery model, with the four hubs covering health and wellbeing, food security, livelihoods, and community resilience. MRCS is to lead two hubs: food security and community resilience.

The MRCS launched the #responsMALAYSIA platform to rally support for its COVID-19 response from individuals and corporations in Malaysians, including Nestle, Lazada, and Saraya. The initiative has received support of the Ministry of Finance as well as established corporations, among them the Export-Import Bank of Malaysia (Exim Bank) and China Construction Bank Corporation (CCB), and as of 30 April cash and in-kind resources amounting to MYR 8 million (CHF 1.8 million) had been mobilized.

MRCS participates in the HCT meetings together with IFRC and ICRC. In addition, the National Society is coordinating with WHO on risk communication and community engagement (RCCE) aspects, with UNHCR, IOM and other NGOs on support to undocumented migrants and stateless people, and with UNDP on addressing the socioeconomic impacts of COVID-19.

3. Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

- All states and federal territories of Malaysia have been affected by COVID-19.
- The recent wave of COVID-19 cases peaked at 24,599 daily new cases on 26 August 2021.
- The number of people registered for vaccination is still below the target of 80% of the population specified by GoM (around 26.1 million) as a level needed for herd immunity.
- Potential impact of COVID-19 on basic services/welfare of people (such as health, food, livelihoods, access to services, mental health and psychosocial aspects and social cohesion):
  - There is an increase in pressure on the health system as cases arise and the need for PPE for the medical personnel is essential as well as medical support in non-related COVID-19 cases.
  - Restrictions on movement of people have had a critical impact on the most vulnerable communities, causing the loss of livelihoods for a significant part of the population. Specific actions to support the most vulnerable communities are needed to guarantee their access to food, the recovery of livelihoods and the access to internet for children that must attend classes on-line but do not have the means to do so.

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- The current restrictions have increased the level of stress of the population and the effect is even harder for vulnerable groups. There is a need to provide psychosocial support in a consistent manner.

- Vulnerable groups: older people, people with a disability, those with existing chronic health issues (diabetes and those with supressed immunity), those at higher risk, as well as the homeless, migrants and refugees.
- Other considerations: Bottom 40 (B40) households, i.e. those that earn a combined household income of MYR 3,855 (CHF 860) and below.
- Finding from Perception Survey conducted in December 2020:
  - More than two out of five people (44%) are unsure or do not want to be immunised. Religious concerns are mirrored by other majority Muslim countries in the region, where discussions about whether the vaccine is halal are ongoing. Perceptions on vaccines change constantly.
  - It is concerning that almost half of the participants (47%) continue to think that a specific group of people are causing the spread of COVID-19 in their community. Groups blamed for the spread of the virus are the same as those cited in the first survey: people who do not follow government guidance on protective behaviours, foreigners and migrants.
  - About 43% of respondents said they did not seek any essential health-care services during the COVID-19 pandemic, and among those 46% mentioned that they were afraid of being infected by COVID-19 if seeking essential health care. This is concerning as it could mean that other health issues are not being taken care of out of fear of getting infected with COVID-19.

- What are the current gaps in the national COVID-19 response?
  - Shortage of PPEs and medical equipment.
  - Food security of vulnerable communities.
  - Access to food, water facilities and health services for migrants, including access to vaccine.
  - Livelihoods recovery for those affected by the movement control order restrictions. Based on the Household Income Estimate (HIES) and Incidence of Poverty Report by the Department of Statistics Malaysia (DOSM), absolute poverty rises to 8.4% from 5.6% (2019) in Malaysia, 580,000 M40 households (households' incomes between RM4,850 and RM 10,959) fall into B40 category (households' incomes below RM 4,850).
  - Psychosocial support to affected and at-risk individuals and communities

- What support can the National Society provide in response to observed need and gaps?
  - Support MOH in the provision of PPE (masks, hand sanitizers, face shield) and medical supplies for front-liners and medical personnel.
  - Support the Ministry of Women, Family and Community Development in the distribution of food, provision of hygiene items, provision of cash and livelihoods recovery.
  - Provide online/telephone psychosocial support to affected and at-risk individuals and communities
  - Disseminate accurate and clear information to the general public on COVID-19, vaccination rollout, hygiene promotion, and the measures undertaken by the government (particularly targeting migrants and hard to reach communities)
  - Provide support to the government with the vaccination programme on volunteers management, and to reach hard-to-reach and vulnerable communities (refugees, undocumented, stateless, indigenous, rural areas).
  - Provide support to the government with providing support to people in home quarantine.

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- Provide support to the government with COVID-19 testing, especially for the hard-to-reach and vulnerable communities (refugees, undocumented, stateless, indigenous, rural areas).

Institutional strengthening

Institutional area	Assessment	Action
National Society readiness	COVID-19 has highlighted the need to enhance MRCS readiness capacity, including pandemic preparedness.	Invest in enhancing MRCS readiness capacity and pandemic preparedness including as part of Red Ready project.
National Society financial sustainability	The generosity of key individual and corporate donors is likely to be affected by socio-economic impacts of COVID-19. This would result in diminishing financial resources in MRCS.	Ensure that investment is made in protecting, and bolstering, the financial sustainability of MRCS. This is to ensure that the National Society can cover its core costs post-COVID-19.
Volunteer support	Current local insurance for volunteers cover COVID-19.	Ensure investment in a suitable local or international (if/when available) in insurance for volunteers.

Operational and Institutional Risk Assessment

The key risk is having MRCS volunteers and staff acquiring COVID-19 infection during the operation. To address this, the National Society is ensuring that all volunteers and staff engaged in the operation are equipped with adequate knowledge about the virus and PPE. Furthermore, MRCS leadership has decided that the National Society response will focus mainly on green and yellow zones, with red zones to be managed by the Ministry of Health and specialized agencies. In addition, MRCS is working to engage a suitable provider to insure volunteers.

Risk area	Controls
Staff and Volunteer health: risk of contracting COVID-19 through community-based activities	• Information and training for staff and volunteers. • PPE for National Society ambulance crew. • Modification of work approaches to reduce the risk of exposure for MRCS staff and volunteers in high-risk affected areas. • Minimize non-essential travel. • Support vaccination for staff and volunteers
Services disrupted due to restrictions to movement or illness of personnel	• Continue to review regularly the Business Continuity Plan including tasks for essential personnel. • Set up flexible working arrangements, including working from home. • 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	• Proactive communication with media and stakeholders. • Community Engagement and Accountability. • Thorough needs analysis, planning, prioritization and reporting.
MRCS capacity in Implementing a new type of programming or a scaling up the programming.	• IFRC to provide training and technical guidance to MRCS • IFRC to support MRCS to conduct a need assessment as needed to start with a new type of programming or approach, for example CVA, livelihoods, migration.
Scaling activities in areas new to MRCS	• Identify red lines based on a do no harm approach and the existing technical capacity of the National Society.
Community resistance and stigma against humanitarian workers,	• Gathering and analysis of community perceptions. • Community Engagement and Accountability. • Evidence-based action with community and media stakeholders.

Risk area	Controls
including volunteers, and against migrants	
Resistance from migrants on vaccination	• Risk Communication and Community Engagement (RCCE) on vaccination and stigma • Thorough needs analysis, planning, and prioritization on migration • Proactive engagement with the government on migration issue • Ensuring protection aspects are considered when dealing with migrants, such as no sharing data of the migrants to the other entities, including the government.

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4. DETAILED OPERATIONAL PLAN

The **operational objective** is to fulfil the auxiliary role and mandate of the National Society and contribute to reducing illness and loss of life, while protecting the health, safety, wellbeing and livelihoods of the most vulnerable people for the duration of the COVID-19 outbreak.

Building on the work since the start of the pandemic, immunization activities have been incorporated under operational priority 1. This revision also ensures that the secondary impacts are addressed and resources to support longer-term recovery efforts beyond the Immediate humanitarian needs are prioritized moving forward. MRCS will continue to implement the COVID-19 response activities which include expanding their previous activities, and to add new activities to support the vaccination rollout in the country.

Operational Priority 1: Sustaining Health and WASH

Objective: To support National Society contributions to reducing illness and loss of life, while protecting the health, safety and wellbeing of the most vulnerable people, by supporting efforts to contain, slow or suppress transmission of the virus, treating cases, and helping affected communities maintain access to essential health and social services.

Health Pillar 1: Epidemic control measures (testing, point of entry/point of control screening, contact tracing, quarantine, and support for isolation of mild cases)					
People Targeted:	5,000	Start Date:	20 Jan 2020	Current timeframe (months):	30 months

1. Support government testing activities at the community level, in support of health authorities (e.g. running testing sites, mass screening initiatives using MOH testing approaches)
2. Set up and operate COVID-19 quarantine centre(s) for migrants diagnosed with COVID-19 (e.g. procuring medical equipment (oximeter and infrared thermometer), supporting testing/screening, providing PSS and referrals to mental health services as required. This could be attached to support the migrants vaccination activities.

Health Pillar 2: Risk communication, community engagement, and health and hygiene promotion					
People Targeted:	20,000	Start Date:	20 Jan 2020	Current timeframe (months):	30 months

1. Ensure dialogue, capture community concerns and perceptions, and continuously adapt epidemic response based on community needs and preferences
2. Identify and use trusted communication channels to reach most at-risk populations, address barriers to protective behaviour changes, and gather insights on cultural and contextual factors influencing COVID-19 transmission, care-seeking, and access to relevant health services
3. Set up or scale up community feedback mechanisms that allow diverse community voices, priorities and perspectives to be heard and responded to
4. Risk Communication and Community Engagement (RCCE) for hygiene promotion to the most vulnerable and affected communities, according to guidelines and best practices
5. Risk Communication and Community Engagement for both COVID-19 awareness and vaccination awareness, including development of an RCCE strategy, conduct of a COVID-19 perception survey, and implementation with target communities (including migrant populations)
6. Volunteer training: Train volunteers (including online training) to encourage dialogue, capture community insights and use these to inform the response.
7. Provide COVID-19 prevention kits to community and volunteers (personal PPE, hand sanitisers) participating in RCCE.

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Health Pillar 5: Infection prevention and control (IPC) and WASH - Health Facilities					
People Targeted:	**20,000**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Support screening, triage and patient flows in existing health facilities, including vaccination centres, to rapidly identify and isolate suspected and/or positive COVID-19 cases
2. Provide PPE to frontline workers in National Society health facilities, including guidance and training on IPC, appropriate and rational use of PPE, and alternative methods of work to reduce risk
3. Deploy National Society personnel to complement frontline workers in health facilities, including vaccination centres and mobile clinics.

Health Pillar 6: Mental health and psychosocial support services (MHPSS)					
People Targeted:	**10,000**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Roll out psychosocial support (PSS and psychosocial first aid (PFA), closely linked and coordinated with risk communication, community engagement, and accountability and PGI
2. Provide psychosocial support to staff, volunteers, frontline workers and/or their families, including supporting frontline workers at a clinic
3. Provide psychosocial support and psychological first aid (PSS/PFA), to affected and at-risk individuals and communities, including through the provision of telephone helplines
4. Provide hotline services to provide psychosocial support services and basic health information
5. Ensure the availability of mental health referral pathways for staff, volunteers, and or the public
6. Train volunteers (including online training) on PFA

Health Pillar 8: Ambulance services for COVID-19 cases					
People Targeted:	**200**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Support and guidance to maintain, scale-up and adapt pre-existing ambulance service
2. Provide PPE for paramedics caring for possible, suspect or confirmed COVID-19 patients
3. Training on rational and safe use of PPE for paramedics
4. Training on IPC for paramedics to reduce transmission

Pillar 10: Maintain access to essential health services (clinical and paramedical)					
People Targeted:	**5,000**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Maintain blood serviced as per existing mandated role, as a response to decreased health service availability as a result of COVID-19
2. Maintain or scale up existing ambulances services, as a response to decreased health service availability as a result of COVID-19
3. Maintain and adapt first aid programs (e.g. online trainings) and ensure provision of first aid supplies to volunteers, as a response to decreased first aid services availability as a result of COVID-19

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Health Pillar 12: Support for immunization activities					
People Targeted:	**100,000**	Start Date:	**1 March 2021**	Current timeframe (months):	**15 months**

1. ADVOCATE for equitable access to COVID-19 vaccines
   a. Advocate for access to vaccines for the stateless and other undocumented that is not currently within the Government of Malaysia plan
   b. Manage volunteers' welfare from training competency, addressing any issues they may have throughout the duration of deployment and influencing decision with regards to providing good welfare program to volunteers (insurance, allowances, access to vaccine etc)
   c. Provide feedback to the Malaysia's COVID-19 Immunisation Task Force (CITF), the central body that manages vaccination program on issues related to vaccine hesitancy and awareness to ensure that the issue is addressed at the highest body where decision are made
2. TRUST: build community trust and acceptance of COVID-19 vaccines and help manage people's expectations – **will be linked to Pilar: Risk Communication & Community Engagement.**
   a. RCCE: develop vaccine awareness, risk communication, community engagement and accountability interventions (campaign, medias) which include migrants and isolated communities and are based on community questions/concerns (see point 2)
   b. Conduct perception surveys and community feedback mechanism to identify and address barriers to vaccine uptake and document and answer questions and concerns. Feedback channels will be made available in centres in a form of feedback desks.
   c. Close coordination with MATCH (Malaysian Humanitarian Coordination & Action Hub) to engage communities under various NGO/CSOs and disseminate information in various languages and dialects and formats (including formats for people with disabilities) to build confidence on vaccine
   d. Implementation of Mental Health and Psychosocial Support Services (MHPSS) active during vaccination period (virtual and face to face)) – **will be linked to Pilar: MHPSS.**
   e. Ensuring a safe zone for the vulnerable to access the centres with the help of related-NGO, within MATCH community
   f. Mobilize community health volunteers for house to house to promote COVID -19 vaccination – build confidence and establish trust
   g. *Support campaign for 'people vaccine' – COVID-19 vaccine*
3. HEALTH: support the delivery of COVID-19 vaccines in health facilities and during outreach activities
   a. Establish and continue to develop a volunteering management system (MyVac) to recruit volunteers to assist at the Vaccine Administration Centres (both Medical and non-Medical volunteers) in a real time manner, targeting over 6,000 volunteers at over 605 vaccination centres
   b. Train volunteers in Infection Prevention and Control (IPC) prior to deployment in immunization activities
   c. Through our volunteers, provide support for people to be vaccinated i.e. Medical (administer vaccine), non-medical (registration, crowd control, follow-up and appointment)
   d. Administer vaccines at vaccination centres in the MRCS national headquarters and in Sarawak
   e. Administer vaccines through setting up mobile clinic in ten States (Kedah, Penang, Kelantan, Perak, Melaka, Terengganu, Johor, Pahang, Perak, and Sabah and vaccination centre or to provide transportation for targeted groups to the vaccination centres.
   f. Provide training to medical and non-medical volunteers on IPC prior to deployment, working closely with the Ministry of Health
   g. Post vaccination support - maintaining contact and addressing community questions and concerns
   h. Train the recruited volunteers on basics of COVID-19 vaccine and COVID-19 safe practices
4. REACH underserved communities
   a. Providing access for vaccination will be a key priority. This could be either via providing transportation for targeted groups to the vaccination centres (going to the centres) or mobile clinic support

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b. MRCS plans to work with UNHCR and other NGO/CSO in setting up its own vaccination centres for the identified refugees/migrants to provide a safe inclusive environment for them to be vaccinated

C. Facilitate vaccination registration process for migrants, taking into consideration the aspects of protection and confidentiality. MRCS will coordinating with other agencies who are working on migrant issues, such as UNHCR, IOM, and the RCRC Movement (ICRC, IFRC, and MRCS).

Operational Priority 2: Addressing Socio-economic Impacts of COVID-19

Objective: To respond to the enormous socio-economic impact of COVID-19, the National Society is scaling-up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic

Pillar 1: Livelihoods and Household Economic Security

People Targeted:	20,000	Start Date:	20 Jan 2020	Current timeframe (months):	30 months

1. Adaptation of SOPs for food aid under the COVID-19 context
2. Development/adaptation of methodologies to assess CVA feasibility, risk management and mitigation, design, implementation and monitoring, under the COVID-19 context
3. Distribution of emergency food parcels, hot meals or any other food assistance
4. Cash and Voucher Assistance (CVA) implemented to address basic needs of people affected by COVID-19
5. Implementation of new market-based interventions for populations affected by COVID –19
6. Provide capacity building (face to face or online) in livelihoods, markets, employability
7. Revise targeting methodologies to include population affected by the COVID-19
8. Adaptation of current livelihoods interventions towards populations affected by COVID –19
9. CVA implemented to provide livelihoods support for people affected by COVID-19

Pillar 3: Community Engagement and Accountability, and Community Feedback Mechanisms

People Targeted:	20,000	Start Date:	20 Jan 2020	Current timeframe (months):	30 months

1. Development of policies, structures and procedures to fulfil Movement commitments on community engagement and accountability as the foundation for all phases of the response – supported under the Red Ready Programme. The policies and SOP under the developments are includes Finance, Logistic & Procurement, Human Resources, Disaster Management.
2. Enhance community feedback mechanisms
3. Use feedback mechanisms to collect and analyse community concerns and perceptions regarding socio-economic impact
4. Ensure that programmes and overall response is continuously adapted based on community feedback, perceptions and concerns, and monitor evidence of adaptation.
5. Participation of diverse community groups in programme planning and decision-making

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6. Access and use of trainings and distance learning tools and platforms for strengthening capacity and continuous distance coaching on CEA

Pillar 4: Social Care and Cohesion, and Support to Vulnerable Groups					
People Targeted:	**20,000**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Use of key messages and tools addressing risk of violence, exclusion and discrimination for specific vulnerable groups
2. Identify, promote and disseminate practices that enhance the social cohesion between migrants and host communities, addressing stigma and xenophobia
3. Advocacy with relevant stakeholders to ensure services reach vulnerable groups, including prevention and durable solutions
4. Continuous work and alignment with all other pillars to adapt aspects of the response to the needs of vulnerable groups

Operational Priority 3: Strengthening National Society

Objective: To support preparedness and institutional readiness to respond to COVID-19, as well as to other disasters and crises, through sound preparedness and contingency planning.

Pillar 1 – National Society Readiness					
People Targeted:	**150**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Develop and regularly review a multi-hazard contingency plan that incorporates COVID-19 and other potential pandemics.
2. Support preparedness for other crises and disasters in line with the Preparedness for Effective Response (PER) action plan.
3. Training and equip National Response Teams

Pillar 2 – National Society Sustainability					
People Targeted:	**150**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Ensure continuity of critical services
2. Development of a Business Continuity Plan, with support from the BCP Help Desk if relevant; getting ready to scale up and scale down
3. Active participation in the COVID-19 Financial Sustainability community of practice
4. Assess and understanding current Financial Sustainability situation and possible risks, and focus on identified priority areas
5. Invest in Emergency Fundraising, and new and diverse ways to generate income
6. Liaising with authorities, Partners and Donors
7. Support branches to enhance local actions, partnership and fundraising

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Pillar 3 – Support to Volunteers					
People Targeted:	**6,000**	**Start Date:**	**20 Jan 2020**	**Current timeframe (months):**	**30 months**

1. Enhance or develop national mechanisms to support uninsured volunteers who need hospitalization or lose their life as a result of COVID-19
2. Access and use of SOKONI online digital platform to exchange experiences, communicate with volunteers from other NSs, and access official documents of the IFRC
3. Provide easy access to new volunteers; provide options for online or distance volunteering

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5. INDICATORS

Sustaining Health and WASH	
Pillar	Indicator(s)
Epidemic control measures ([a]testing, [b]point of entry/point of control screening, [c] contact tracing, [d] support for quarantine and isolation of COVID-19 cases not requiring clinical treatment)	[a] # of people tested by NS to diagnose COVID-19 (Target: 500) [b] # of staff and volunteers supporting screening (Target: 6,000) [c] # of people in quarantine supported by NS (Target: 1,000)
Risk communication, community engagement, and health and hygiene promotion	# of people reached through risk communication and community engagement for health and hygiene promotion activities (Target: 20,000)
Infection prevention and control and WASH (health facility)	# of health facilities supported with IPC and WASH activities (Target: 4)
Mental health and psychosocial support services (PSS)	# of people reached with MHPSS services for COVID-19 response (Target: 2,000)
Ambulance services for COVID-19 cases	# of COVID-19 cases (confirmed or suspected) who received ambulance transport (Target: 500)
Maintain access to essential health services (clinical and paramedical)	# of NS supported HFs maintaining services to pre-COVID levels
Support for immunization activities	[a] # of staff and volunteers participating in routine immunization and supplementary immunization activities (Target: 6,000) [b1] # of staff and volunteers trained on COVID-19 vaccine introduction (6,000) [b2] # of individuals NS has supported to get vaccinated against COVID-19 (20,000) [c] # of people reached by the NS to address vaccine hesitancy (20,000) [d] # of hard-to-reach persons helped by the NS to receive the COVID-19 vaccine (100,000)

Addressing Socio-economic Impacts of COVID-19	
Pillar	Indicator(s)
Livelihoods, Cash Support and Food Aid	[a] # of people made vulnerable by COVID-19 reached with food and other in-kind assistance [b# of people made vulnerable by COVID-19 reached with conditional and unconditional cash and voucher assistance.
Community Engagement and Accountability, and Community Feedback Mechanisms	[a] # of community feedback comments collected [b] # of community feedback reports produced [c] # of NS staff and volunteers trained on community engagement and accountability
Social Care, Cohesion and Support to Vulnerable Groups	[a] # of branches who include an analysis of the specific needs of marginalised groups in their assessments [b] # of people reached by programmes addressing exclusion [c] # people reached by programmes addressing education-related needs

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Strengthening National Society	
Pillar	**Indicator(s)**
National Society readiness	[a] # of people reached through pandemic-proof community preparedness, response and DRR measures [b] The NS has developed contingency plans for COVID-19 response and other concomitant emergencies [c] The role and activities of the NS are expressly included in the national government's main plan(s) for COVID response/recovery
National Society sustainability	[a] # of new streams for unrestricted income [b] The NS has adapted its business continuity plan (BCP) for COVID-19 or developed a new one.
Support to volunteers	[a] NS volunteers are provided with insurance that covers accidents, illness, or death benefits to their families, including private, organizational (e.g. solidarity funds) or public coverage from authorities. [b] NS COVID-19 volunteers have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty

6. REVISED BUDGET SUMMARY

Budget Item	Amount (in CHF)
Operational Priority 1: Sustaining Health, and Water, Sanitation and Hygiene (WASH)	**1,210,000**
Support for Immunization activities	1,000,000
Risk communication, community engagement, and health and hygiene promotion	90,000
Mental Health and Psychosocial support services (MHPSS)	20,000
Epidemic control measures, IPC for community & health facilities, ambulance services, and maintain access to essential health services	100,000
Operational Priority 2: Addressing Socio-economic Impacts of COVID-19	**2,880,000**
Livelihoods and Household Economic Security: Multi-purpose cash assistance	2,850,000
Community Engagement and Accountability, and Community Feedback Mechanisms	30,000
Operational Priority 3: Institutional Strengthening	**430,000**
National Society Readiness	40,000
National Society Sustainability	40,000
Support to Volunteers	350,000
Total	**4,520,000**
Program Support Recovery (6.5%)	293,800
Grant Total	**4,813,800**

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7. CONTACTS

1. **Malaysian Red Crescent Society**
   Hj. Hakim Bin Hj. Hamzah - *Honorary Secretary General*
   secgen@redcrescent.org.my
2. **Malaysian Red Crescent Society**
   Selvadurai Selva Jothi - *National Vice Chairman and Chair of Disaster Management Committee*
   drjoti@gmail.com
3. **Malaysian Red Crescent Society**
   Suhana Sidik - *National Board Member, Community Resilience Coordinator*
   suhanasidik@gmail.com

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