I. ALLOCATION OVERVIEW

I.1. Introduction
A total of US$6 million\(^1\) will be made available from the Myanmar Humanitarian Fund (MHF)\(^2\) under this Second Standard Allocation in 2019, to respond to essential humanitarian activities of displaced and host communities affected by protracted crisis in Myanmar. This MHF allocation will prioritize urgent life-saving activities in the most crisis-affected states across Myanmar, including Rakhine, Kachin and Shan States and the South-East part of Myanmar, in line with the 2019 Myanmar Humanitarian Response Plan (HRP). In addition, the food security sector has prioritized agriculture support for flood-affected farmers in Kachin and the South-East, seriously affected by monsoon rains in 2019. In this occasion, the allocation will exclude multisector interventions related to conflict-affected people in Chin State and south-eastern Myanmar, which are being supported by one-year projects through the First Standard Allocation, early this year.

This strategy paper is the result of broad consultations with a wide range of stakeholders in October and November 2019, particularly clusters, sectors and working groups, with final recommendations made by the MHF Advisory Board (AB), and ultimately endorsed by the UN Resident and Humanitarian Coordinator (HC/RC) on 20 November 2019. The prioritization process was focused on identifying the most urgent needs and gaps, complemented by an analysis of ongoing response by sector and geographic area.

I.2. Humanitarian situation
Protracted crises across Myanmar, mostly affecting Rakhine, Chin, Kachin, and Shan States and the south-east part of Myanmar continue to bring suffering to large numbers of civilians, who are affected by displacement and serious protection including direct exposure to armed conflict, violence and explosive hazards, movement restrictions, occupation of property, abduction and constrained access to humanitarian assistance.

In Rakhine State, the situation remains deplorable for the Rohingya remaining since the mass exodus of more than 740,000 people to Bangladesh that commenced in August 2017. An estimated 598,000 stateless Rohingya remain in Rakhine State. Around 470,000 Rohingya and other members of the Muslim community are affected by severe restrictions on freedom of movement limiting their access to basic services and their ability to earn a living. Another 128,000 people, mainly Rohingya but also including 2,000 Kaman Muslims, remain confined in camps since sectarian violence displaced them in 2012. In addition, more than 100,000 civilians in seven townships have limited access to humanitarian and development assistance since new access and movement restrictions were imposed on humanitarian staff following the outbreak of conflict between the Myanmar Military and the Arakan Army (AA) in January 2019, with around 31,000 people displaced in 114 temporary sites as of October 2019. This situation also affected the neighboring Chin State, with around 1,500 people displaced in Paletwa Township. The most priority

\(^1\) Throughout 2019, as of 1 November, the MHF has received $16.6 million in contributions from nine donors (Australia, Canada, Germany, Luxembourg, New Zealand, Sweden, Switzerland, the United Kingdom and the United States of America).

\(^2\) The Myanmar Humanitarian Fund (MHF) is an OCHA-managed country-based pooled fund (CBPF) led by the Humanitarian Coordinator to provide emergency response to urgent needs of people affected by natural disasters or conflict. Since 2007, the MHF has mobilized US$62 million from donors, providing life-saving assistance to 2.6 million people through 152 projects. More information is available at the CBPF Business Intelligence website: https://pfbi.unocha.org
sectors of humanitarian intervention in Rakhine are emergency shelter, non-food items (NFIs) and camp coordination and camp management (CCCM); water, sanitation and hygiene (WASH); and protection.

In Kachin State, the intensity of the conflict has reduced significantly since August 2018 with no new displacement since July 2018. However, there has been no change to those in protracted displacement with 97,500 people (29,250 women; 24,375 men; 22,425 girls; 21,450 boys) remaining displaced, with over 38,000 of them located in areas controlled by ethnic armed organizations (EAOs), which have been inaccessible to the UN and most international partners since June 2016, but still reached by national partners, albeit with increasing challenges. The State Government and local NGOs have initiated some actions to provide durable solutions to displaced people, but these have been at a relatively small scale. Since 2016, some 3,500-displaced people have been able to voluntarily return to their homes or resettle in other locations, half of these have been returns to original homes. The most priority sectors of humanitarian intervention in Kachin are emergency shelter, NFIs and CCCM; food security; and protection.

In Shan State, over 9,000 people (2,700 women; 2,160 men; 2070 girls; 2,070 boys) remain in situations of protracted displacement in 33 sites in northern Shan following the resumption of armed conflict in 2011. Sporadic outbreaks of conflict over the course of 2019 were reported to have caused the temporary displacement of more than 23,000 people. While most have been able to return to their homes within weeks, even short-term displacement of this nature can significantly disrupt wellbeing and livelihoods, and can be particularly traumatic for children. August and September saw increased levels of armed conflict and associated displacement in northern Shan; some 6,000 people were reported to have fled their homes during this period. The most priority sectors of humanitarian intervention in Shan are protection and health.

In the South-East part of Myanmar, while 120,000 persons are estimated to be displaced, most of them are no longer considered to require humanitarian assistance except for over 11,400 people in displaced communities in Hpapun and Hlaingbwe townships, in Kayin State, and Kyaukkyi township in Bago Region, who remain of serious concern. The most priority sectors of humanitarian intervention in the South-East are food security for those affected by monsoon rains in 2019 and health, mostly for those people displaced, resettled or locally integrated living in hard-to-reach areas in Kayin State.

II. ALLOCATION STRATEGY

II.1. Purpose, Scope and Linkages with the Humanitarian Response Plan

This Second Standard Allocation in 2019 will prioritize projects that are in line with the MHF Strategy for 2019, including its operating principles, ensuring the application of minimum humanitarian standards (depending on the local context), particularly in displacement sites, and preventing a worsening of the situation and increased vulnerability. The allocation follows the overarching goal of the 2019 HRP for Myanmar to ensure that the lives, dignity, well-being and rights of persons affected by conflict, natural disasters and other emergencies are protected. The present allocation will consider resilience and humanitarian-peacebuilding-development nexus issues in terms of linked up programmes, but strictly keeping the focus on the humanitarian action, which remain the core mandate of the MHF.

The allocation aims to achieve one main objective: to respond to the critical unmet humanitarian needs of the displaced people and host communities resulting from the ongoing protracted crises across Myanmar, mostly in Rakhine, Kachin and Shan States, and south-eastern Myanmar, and people affected by floods in Kachin and the south-east part of Myanmar. As mentioned above, it will exclude multisector interventions related to conflict-affected people in Chin State and south-eastern Myanmar, which are being supported by one-year projects through the First Standard Allocation, early this year.

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In addition, the allocation will contribute to the operationalization of the HCT Protection Strategy (2019-2020) and other relevant guidance, with a singular attention to those approaches sensitive to age, gender and diversity, especially regarding disability inclusion. Disaggregated data will be collected from all the approved projects. In the case of activities in displacement sites in the central part of Rakhine State declared “closed” by the Government, the HCT Operating Principles agreed in March 2019 on this issue will be fully considered.

### II.2. Allocation Breakdown

<table>
<thead>
<tr>
<th>Indicative Envelopes</th>
<th>Priority</th>
<th>TOTAL US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter / NFI / CCCM</td>
<td>1</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Protection</td>
<td>1</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>950,000</td>
</tr>
<tr>
<td>WASH</td>
<td>2</td>
<td>900,000</td>
</tr>
<tr>
<td>Food Security</td>
<td>2</td>
<td>800,000</td>
</tr>
<tr>
<td>EiE</td>
<td>3</td>
<td>550,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>6,000,000</strong></td>
</tr>
</tbody>
</table>

### II.3. Prioritization of Funding Envelopes

The initial funding analysis per geographical area and sector facilitated the identification of priority funding envelopes, considering funding received against the 2019 Myanmar HRP and real-time analysis of priority needs according to the actual context. Three levels of priority have been assigned as per indicative funding envelopes:

- **Priority 1**: Shelter, NFI and CCCM; and protection.
- **Priority 2**: Health, WASH and food security.
- **Priority 3**: Education in emergencies (EiE) and nutrition.

Justification of the above-mentioned priorities are included as follows. Further detailed exposition of priority activities, target population and locations by geographical area and sector are included below (under title II.5):

**Priority 1.**

- **Shelter, NFI and CCCM**: Shelter activities are extremely underfunded in Rakhine (only 5 per cent). As a result, 90 longhouses, located in displacement sites in Sittwe and Pauktaw townships, housing some 4,000 people, are in urgent need of reconstruction and are at a risk of collapsing if there is no urgent intervention. In Kachin, the allocation will focus on the immediate needs related to shelter replacement, rehabilitation in displacement sites and other sites where durable solutions are feasible. Additionally, it will cover the site management cost for some 45-50 sites and site-like settings which are in dire need of camp management support, particularly for fuel for cooking, electricity for household and public spaces, coordination, administration and maintenance costs. According to the FTS and validation in country, the shelter/NFI/CCCM cluster has a funding gap of US$19.5 million (83 per cent) against initial requirements included in the 2019 Myanmar HRP.

- **Protection**: In Rakhine, the provision of protection services, extremely urgent for gender-based violence (GBV) and child protection (CP) specific services, appears as a priority, particularly to mitigate physical and psychological harm.
psychosocial threats and to promote resilience and durable solutions to those affected by the armed conflict between the Myanmar military and AA. In addition, housing, land and property (HLP) disputes in displacement sites located in Sittwe rural affect the provision of humanitarian services across sectors, with displaced people directly involved in land sales and disputes near the sites, as well as in their places of origin. These disputes thus impact the access of displaced people to essential services and fundamental rights, as well as lead to increased protection risks such as arrest. In Kachin, a high percentage of casualties related to the use of landmines and explosive remnants of war (ERW) has been recorded in 2019, with more incidents in non-Government controlled areas (NGCA) which are most likely unreported. Mine risk education (MRE), including support on mapping contamination, is urgently required for people living in communities and for displaced people who may be forced to return or resettle in communities contaminated by these devices in 2020. On the other hand, Adolescent and youth engagement in displacement sites, host communities and conflict affected communities needs to be reinforced, avoiding additional protection risks. More awareness activities on CP in emergency and related knowledge such as MRE, monitoring and reporting mechanisms and parental education, needs to be conducted. This allocation will also contribute to enhance capacities of civil society organizations (CSOs) and local partners to provide adequate CP services through case management, mental health and psychosocial support, and child friendly spaces. In Shan, there are strong protection concerns among communities affected by repeated, temporary short-term displacement. There is a need for community based protection mechanisms especially for the frequently displaced and for raising community awareness. On the other hand, more proper and technical assessment related to durable solutions is also a need. Landmine incidents rate is also quite high in northern Shan and the biggest reason for civilian casualties, affecting community livelihood as well. Children are the most vulnerable population within crisis-affected communities affected, including high drug abuse rate. So far, only few child protection activities are available in response to the issue. Another key point is ensuring availability and accessibility of GBV prevention and response services in Kachin and Shan, targeting directly women and girls, at high-risk even in short-term displacement. As per partners’ date, around 30 per cent of displacement sites are not covered by GBV actors, and only a limited number of GBV partners are operating in NGCA. Strengthening capacity of CSOs and local NGOs to do quality GBV service is also critical considering access issues and sustainability. According to the FTS and validation in country, the protection sector has a funding gap of US$16.8 million (50 per cent) against initial requirements included in the 2019 Myanmar HRP.

Priority 2.

- **Health**: Priorities in Rakhine are focused in Buthidaung, Maungdaw, and Kyauktaw townships because of needs and challenges in accessing health services of both stateless people and those affected by the conflict between Myanmar military and AA. Subject to further fund availability, Mrauk-U township is also considered as priority. Based on partners’ feedback, some displacement sites have not been reached by current health actors due to non-issuance of travel authorization. Some local partners such as CSOs are able to reach such areas but that the nature of their support and activities for health services must be well coordinated with the Township Health Department and other actors currently present for both operational and technical considerations. The impact on diseases by the possible deterioration of WASH situation (due to lack of access either for direct service provision or technical monitoring support) should be a mounting concern. In Kachin, priorities are related to the support of mobile clinics, sexual and reproductive health rights (SRHR) services together with primary health care (PHC). Other gaps identified are regarding promoting equitable access to inclusive healthcare including disability and mental health and psychosocial support (MPHSS) improving health information availability in hard-to-reach areas (NGCA), and site clinic renovation. For Shan, similar priorities were raised. The allocation will target also health support to hard-to-reach areas in the South-East. Upon consultation with health partners, in addition to the 11,400 people in displacement sites in Hpapun, Hlaingbwe (Kayin) and Kyaukkyi (Bago), health prioritization should take into consideration other people in need in Kawkareik and Kyainseikgyi (Kayin). It is particularly difficult the situation in NGCA of Kyaukkyi township (Bago), where no health facilities or mobile clinic are operational, based on currently available information. According to the FTS and validation in country, the health cluster has a funding gap of US$25 million (74 per cent) against initial requirements included in the 2019 Myanmar HRP.

- **WASH**: Given the geographical dimension of the crisis, the WASH cluster will focus efforts in the three main affected states (Rakhine, Kachin and Shan), to increase impact of the funds. Also, given the underfunded
situation from Kachin and Shan, bigger proportion of the funds (versus HRP) is focalized there. In Rakhine, new displacement sites will be prioritized. This will be done having into account that approximately 20 per cent of that population is being reached by other actors (UNICEF via other partners, and the Red Cross). In Kachin, displaced population in three townships (GCA and NGCA) will be targeted. In Shan, funds will be utilized for re-start provision of lifesaving services where these are currently interrupted, in three priority townships. In all areas, safe water provision will prioritize rehabilitation of current water sources as well as household water treatment, to maximize the costs (instead of construction of new infrastructure). Sanitation activities will also prioritize rehabilitation of current infrastructure, as much as possible. Operation and maintenance activities will also be eligible as needed. Provision of hygiene promotion, including hygiene kits as needed, will also be prioritized. In Kachin, blanket distribution will be done in NGCA, while targeted distribution will be carried out only in GCA. According to the FTS and validation in country, the WASH cluster has a funding gap of US$14.5 million (48 per cent) against initial requirements included in the 2019 Myanmar HRP.

- **Food security:** Due to limited funding, food security activities will not be prioritized in Rakhine and Shan. In Kachin, activities will focus on food assistance (in-kind or cash) for displaced people in five displacement sites in NGCA within Chipwi and Waingmaw townships. As the return/resettlement/local integration process has begun, urban areas such as Bhamo, requires a more diverse/dynamic type of livelihoods (urban livelihoods for women and youth) while in rural areas such as Momauk, Mansi and Waingmaw, there is an urgent need to ensure that agricultural livelihoods can be restored through one-time return package to rehabilitate community assets for returnee/relocated people. In addition, the food security sector has prioritized agriculture support (provision of life savings agriculture inputs, i.e. vegetable seeds, agricultural tools and fertilizers, and skills training) for flood-affected farmers in Kachin and the South-East. As per data from the Ministry of Agriculture, Livestock and Irrigation (MOALI) 414,085 acres were flooded in Kachin, Kayin, Tanintharyi, Bago and Mon. Based on the findings of FAO-WFP Rapid Flood monitoring conducted together with MOALI and Department of Disaster Management (DDM) in those areas, an average of 50 per cent of farmers were affected (75 per cent in Kachin). An estimated 56,000 small scale farmers (8,000 in Kachin; 48,000 in the South-East) have been affected by the flood in 2019. Farmers lost more than 40 per cent of their production due to the flood. Therefore, there is a need to rehabilitate the production capacity of the most affected farmers, restore the agricultural production, and therefore availability of agricultural products. According to the FTS and validation in country, the food security sector has a funding gap of US$14 million (23 per cent) against initial requirements included in the 2019 Myanmar HRP.

Priority 3.

- **EiE:** In Rakhine, there is a continued need of support for the next school year, with levels of displacement expected to remain at the same level. Government schools are still under pressure of additional influx of students and will need additional support, which has not been provided so far. Partners are intervening in 28 schools in Buthidaung and Mrauk-U, and are in discussion to extend this support to Rathedaung, Kyauktaw and Minbya. One of the priority of the sector is reaching conflict-affected adolescents by education partners. There continue to be persistent barriers to access learning opportunities for this age group, leading to increased child protection risks and vulnerabilities. In Kachin, overcrowding in Government schools including displaced children remains an issue affecting the quality of education, with up to 80 children in a class. Teachers and school management need to be supported to actively contribute to a positive learning environment. In NGCA, fees are collected annually, including uniform, food and stationary. This is a prohibitively large financial burden for many displaced people. In Shan, enrolment of displaced children in Government school remain high, requiring support with additional materials and changes in Government curriculum. Emergency rehabilitation of host schools are also needed to ensure a safe environment for children. To ensure that teachers and children are well-supported to learn in this difficult environment, parent/teachers’ associations (PTA) and teachers will require additional capacity building, including awareness raising for parents to reduce drop-out and keep children protected. Adolescents are at high risk of protection issues related to trafficking, drug use, and other questions, and life skills training seeks to mitigate these risks through improved communication, leadership and decision in their daily life. For the students’ dignity and instead of in-kind education support, cash grant gives more flexibility to individualize their needs. However, due to child protection concerns in relation to boarding schools/boarding houses, MHF will not support funding channelled to boarding schools/boarding houses.
Nutrition: Until September 2019, the gaps in nutritional response in Rakhine are severe. About 22,600 children under five and 5,400 pregnant and breastfeeding women have not been reached. As conflict between the Myanmar military and AA continues to produce new displacement, the mobility of conflict-affected population remain high, with an increased need of additional interventions to ensure community capacities to prevent and identify malnutrition. The host communities are becoming overburdened as the pressure exerted by the hosted population overstretches the pre-existing coping capacities (including access to sufficient quantity of nutrients rich food). Hence, their coping capacities need to be monitored, and where necessary enhanced. In Kachin, this year so far, 10,000 children under five and 1,200 pregnant and breastfeeding women have not been reached with nutritional assistance. Gaps include preventive nutrition services within displaced population, including promotion of infant and young child feeding practices and micronutrient supplementation. No nutrition assessment has been able to be carried out because of administrative barriers in Rakhine and Kachin. The nutrition sector proposes to institutionalise an indirect method of estimating needs through coordinated and harmonized periodic mass mid-upper arm circumference (MUAC) screening. According to the FTS and validation in country, the nutrition sector has a funding gap of US$4.6 million (41 per cent) against initial requirements included in the 2019 Myanmar HRP.

II.4. Selection of Projects Proposals

The selection of projects will be done against this allocation strategy paper, the agreed MHF operating principles and the prioritization provided by clusters and sectors as per the table below. All the submitted project proposals will be strategically, technically and financially assessed by the MHF Review Committee using a general score card and sector-specific criteria and the MHF Operational Manual. Only eligible partners as per MHF requirements will be considered.

Proposals will be closely revised, coordinated and monitored by clusters, sectors and existing coordination mechanisms to ensure complementarity and avoid any possible duplication. The comparative advantages of each proposal, including the relevance and urgency of activities, the type of partner, the operational capacity, the effective presence and access to affected communities, will be observed during the project selection.

The Review Committee will ensure that all project proposals should include a conflict-sensitivity analysis to ensure that any harm or aggravation of the current situation between communities is prevented. Specific information on potential risks, assumptions and mitigation actions will be attentively assessed by the Review Committee. Standard indicators applicable to the whole proposal measuring accountability to affected population (AAP), cash-based interventions (CBI) and actions carried out to remove barriers and increase access to humanitarian assistance to persons with disabilities (PWD) are mandatory, in complementarity to the Gender with Age marker assessment.

Funding support to national NGOs through this allocation will be prioritized, based on their access and experience in the prioritized geographical areas. However, the decision to fund through this allocation either a UN agency, a national or international NGO will be determined by the demonstrated comparative advantage of each organization to deliver the articulated response. The MHF will only fund activities in areas where sufficient access to affected people can be expected for projects to be implemented.

7 Please see annex 1.
8 Requirements include specific provisions on prevention of sexual exploitation and abuse (PSEA) and anti-fraud and conflict of interest.
9 It includes the Maungdaw Inter-Agency Group (MIAG) for proposals covering the northern part of Rakhine State and the South-East Working Group for those proposals to be implemented in the South-East part of Myanmar.
II.5. Matrix of priorities by geographical area and sector

<table>
<thead>
<tr>
<th>2019 MHF: SECOND STANDARD ALLOCATION</th>
<th>RAKHINE STATE</th>
<th>$2,450,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sector</strong></td>
<td><strong>Priority activities</strong></td>
<td><strong>Target</strong></td>
</tr>
</tbody>
</table>
| EiE                                   | • Early Childhood Care and Development (ECCD), primary education (formal and non-formal primary education, equivalency programme), formal post-primary and non-formal post-primary education opportunities (life skills, literacy and numeracy and vocational)  
• School supplies and teaching/ learning materials to students and teachers including reading promotion  
• Emergency rehabilitation of TLGs or Government schools  
• Emergency programmes that support adolescents, in particular girls to access meaningful education opportunities (formal and non-formal focusing on life-skills education and literacy)  
• Emergency capacity strengthening of volunteer and government teachers working in conflict-affected areas, especially females (inclusive and gender-sensitive pedagogy and child protection related)  
• Support Government teachers to access schools in conflict-affected areas | 9,500 people  
3,900 displaced children  
5,600 other vulnerable (host-community) | Buthidaung  
Kyauktaw  
Minbya  
Mrauk U  
Ponnagyun  
Rathedaung  
Sittwe (villages) | $250,000 |
| Health                                | • Emergency minimum package of primary health care services, including sexual and reproductive health with support for menstrual hygiene management, MHPSS services and emergency health care to landmine survivors wherever feasible  
• Emergency health services through mobile clinics or revitalization of health facilities  
• Revitalization of existing health facilities  
• Emergency referrals including specific services such as GBV response  
• Disease surveillance and response  
• Emergency preparedness capacity, including contingency medical supplies  
• Promote equitable access to inclusive healthcare including disability  
• Prioritize improvement of humanitarian health information availability from hard-to-reach areas | 564,000 people  
495,000 non-displaced stateless people  
69,000 other non-displaced people | Buthidaung  
Maungdaw  
Kyauktaw  
Sittwe  
Rathedaung  
Minbya  
Mrauk-U  
Myebon  
Kyaukphyu  
Pauktaw  
Ponnagyun | $300,000 |
| Nutrition                             | • Strengthen nutrition information system, including SMART survey.  
• Integrated management of acute malnutrition services for children under-five and between six and nine years, including active screening of acute malnutrition  
• Infant and young child feeding (IYCF) care and practices, including counseling, behavior change communications, cooking and responsive feeding demonstrations  
• Emergency preparedness and response planning, including emergency supplies and capacity building  
• Multisector integration: community engagement, behavior change communications, nutrition services in mobile clinics, WASH support, food aid (in-kind and/or cash), child protection with safe and supportive spaced for IYCF and early stimulation | 19,000 people  
12,000 displaced people  
7,000 other vulnerable | Kyaukpyu  
Kyauktaw  
Minbya  
Mrauk-U  
Myebon  
Pauktaw  
Ponnagyun  
Sittwe  
Maungdaw  
Buthidaung  
Rathedaung | $300,000 |
<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender Based Violence:</strong></td>
<td>• Promote gender equality and the empowerment of women, girls and persons with disabilities living in displacement&lt;br&gt;• Implement GBV mitigation and prevention strategies through community engagement (especially with men and boys), promotion of women and girls’ empowerment, and continued GBV mainstreaming, including safety audits and assessments&lt;br&gt;• Conduct GBV Prevention through Women and Girls Centers and outreach activities including men and boys’ engagement, reinforcing community structures/mechanisms on gender and GBV&lt;br&gt;• Provide Mental Health and Psychosocial Support (MHPSS)&lt;br&gt;• Conduct GBV response activities, specifically case management including referrals&lt;br&gt;• Conduct GBV safety audits</td>
<td>103,000 people</td>
<td>5,000 displaced people and host communities</td>
<td>$2,450,000</td>
</tr>
<tr>
<td><strong>Child Protection:</strong></td>
<td>• Establishing and maintaining emergency community-based child protection mechanisms, including through increased community participation, adolescent empowerment, awareness and capacity to prevent and respond to child abuse and violations&lt;br&gt;• Mainstreaming emergency MHPSS services across child protection interventions, ensuring the holistic and sustained well-being of affected children (i.e. the Child Survivor Initiative) and their primary caregivers</td>
<td>102,000 displaced people</td>
<td>Kyauktaw Minbya Mrauk-U Myebon Sittwe</td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>Housing, Land and Property Rights:</strong></td>
<td>• Provide legal assistance to displaced people on ongoing disputes and assistance to obtain the required documentation (i.e. registration of land contracts, receipt of tax slips, land historically used by displaced people before displacement)&lt;br&gt;• Mapping of legitimacy of claims to land, and purported landowners’ ties to construction companies, as a barrier to humanitarian service provision&lt;br&gt;• Improve closer collaboration with CCCM, Shelter and WASH actors, and relevant sub-cluster coordinators, in responding to HLP barriers to humanitarian service provision through technical assistance, along with analysis of legitimacy of land claims and ‘landowner’ links to construction companies (cross-cutting issue)&lt;br&gt;• Strengthen data collection (needs and constraints) through information management systems (CPIMS, GBVIMS); protection monitoring; analysis of barriers; closer collaboration with all clusters/sectors, including incidents related to disputes over land use and secondary occupation in place of origin (impacting return)</td>
<td>2,000 displaced people and 1,000 host communities (direct beneficiaries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sector</td>
<td>Priority activities</td>
<td>Target</td>
<td>Locations</td>
<td>Envelope</td>
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</tbody>
</table>
| Shelter/NFIs/CCCM     | • Rehabilitation of emergency shelter units in Rohingya sites  
                          • Site monitoring and beneficiaries’ access to information  
                          • Emergency training to community groups and camp management committees on CCCM issues, including emergency preparedness | 4,000 displaced people | Minbya Mrauk-U Ponnagyun Pauktaw Sittwe       | $700,000 |
| WASH                  | • Provision of lifesaving WASH services including safe water (household water treatment/water trucking, water quality testing), sanitation (latrines/showers), hygiene goods and information, and operation and maintenance services | 14,300 displaced people | Kyauktaw Mrauk-U Myebon Pauktaw Ponnagyun     | $500,000 |
### 2019 MHF: SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EiE</strong></td>
<td>• Provision of teaching and learning materials through in-kind or cash-based&lt;br&gt;• Emergency rehabilitation of temporary learning spaces (TLS) in NGCA or Government schools hosting displaced children in GCA, including WASH&lt;br&gt;• Emergency training of volunteer teachers and formal Government teachers (in schools that are hosting displaced children) to better cater for the needs of displaced students and ensure inclusion&lt;br&gt;• Incentives for volunteer teachers in NGCAs supporting displaced children&lt;br&gt;• Strengthening the engagement of parents in children development and learning&lt;br&gt;• Early Childhood Care and Development support (ECCD), including parenting groups&lt;br&gt;• Provision of books-in-a-box to TLS in NGCA or Government schools hosting displaced children.</td>
<td><strong>9,800 people</strong>&lt;br&gt;<strong>8,600 displaced people</strong>&lt;br&gt;<strong>1,200 other vulnerable crisis-affected people</strong></td>
<td>Bhamo&lt;br&gt;Chipwi&lt;br&gt;Hpakant&lt;br&gt;Injangyang&lt;br&gt;Mansi&lt;br&gt;Mogaung&lt;br&gt;Mohnyin&lt;br&gt;Momauk&lt;br&gt;Myitkyina&lt;br&gt;Puta-o&lt;br&gt;Shwegu&lt;br&gt;Sumprabum&lt;br&gt;Tanai&lt;br&gt;Waingmaw</td>
<td><strong>$200,000</strong></td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td>• Emergency food and/or cash assistance for displaced people in NGCA areas.&lt;br&gt;• Emergency livelihood support for returnee/resettled/locally integrated people promoting gender-transformative and non-household based activities.&lt;br&gt;• Emergency agriculture support for flood-affected farmers, i.e. vegetable seeds, agricultural tools and fertilizers, and skills training*</td>
<td><strong>19,300 people</strong>&lt;br&gt;<strong>7,000 displaced</strong>&lt;br&gt;<strong>1,680 returnee/resettled/locally integrated people (300 households)</strong>&lt;br&gt;<strong>2,200 flood-affected farmer households (12,300 people)</strong></td>
<td>Bhamo*&lt;br&gt;Chipwi&lt;br&gt;Mansi&lt;br&gt;Momauk&lt;br&gt;Myitkyina*&lt;br&gt;Shwegu&lt;br&gt;Sumprabum&lt;br&gt;Waingmaw</td>
<td><strong>$500,000</strong></td>
</tr>
</tbody>
</table>

Note: Due to child protection concerns in relation to boarding schools/boarding houses, MHF does not support funding channeled to boarding schools/boarding houses.

*Note: MHF does not support funding for boarding schools/boarding houses.*
<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Health | • Promote equitable access to inclusive health care including disability  
• Emergency minimum package of primary health care services, including sexual and reproductive health with support of menstrual hygiene management, and emergency health care for landmine survivors  
• Emergency referrals including specific services such as GBV services  
• MHPSS services.  
• Emergency preparedness capacity, including emergency contingency medical supplies  
• Emergency health services through mobile clinics or revitalization of health facilities, including emergency rehabilitation of site clinics in NGCA  
• Improve humanitarian health information availability in hard-to-reach areas, including NGCA | 168,000 people  
97,000 displaced people  
475 returnee/resettled/locally integrated people  
70,000 other vulnerable crisis-affected people | Mogaung  
Myitkyina  
Waingmaw  
Tanai  
Hpakant  
Momauk  
Mansi  
Sumprabum  
Bhamo  
Chipwi  
Injiangyang  
Mohinyin  
Puta-o  
Shwegu | $250,000 |
| Nutrition | • Blanket supplementary feeding programme to prevent nutritional deterioration for children and pregnant and lactating women and girls  
• Infant and young child feeding (IYCF) care and practices, including counseling, behavior change communications, cooking and responsive feeding demonstrations  
• Active emergency screening of acute malnutrition  
• Strengthen emergency nutrition information system, including SMART survey  
• Emergency preparedness and response planning, including prepositioning of emergency supplies and emergency training  
• Multi sector integration: community engagement, behavior change communications, WASH support, food aid (in-kind and/or cash), child protection with safe and supportive spaced for IYCF and early stimulation | 11,200 people (U5 and PLW)  
9,800 displaced people  
1,400 resettled people | Bhamo  
Chipwi  
Hpakant  
Injiangyang  
Mansi  
Mogaung  
Mohinyin  
Momauk  
Myitkyina  
Puta-o  
Shwegu  
Sumprabum  
Tanai  
Waingmaw | $200,000 |
### 2019 MHF: SECOND STANDARD ALLOCATION

#### KACHIN STATE

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td><strong>Mine risk education:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provision of MRE sessions for host communities and displaced people, including school-based sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facilitation of ToT sessions to replicate MRE activities across communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency financial assistance to ERW incident survivors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Community assessment and mapping of ERW risk areas by township.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Gender-based Violence:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Expand the provision of case management and MHPSS services to GBV survivors, including emergency training for newly hired GBV case workers in the expanded sites</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• GBV mitigation and prevention strategies through community engagement strategies (especially with men and boys), promotion of women and girls’ empowerment, and continued GBV mainstreaming, including safety audits, assessments and distributions of dignity kits</td>
<td></td>
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<tr>
<td></td>
<td>• Expand and strengthen safe collection, storage, analysis and dissemination of reported GBV incidents using GBVIMS in new sites covered</td>
<td></td>
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<tr>
<td></td>
<td><strong>Child Protection:</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Establishing and maintaining community-based child protection mechanisms, including increased community participation, adolescent empowerment, awareness and capacity to prevent and respond to child abuse and violations</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Establishing child friendly spaces in the targeted sites to provide MHPSS for the young children (i.e. under 10) to monitor them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provision of case management, monitoring and supporting services to vulnerable, abused, unaccompanied and separated children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mainstreaming MHPSS services through child friendly space, life skill education, adolescent engagement to ensure the holistic and sustained wellbeing of affected children (i.e. Child Survivor initiative) and their primary caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community engagement through awareness raising sessions to prevent and reduce violence against children</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Enrollment:**
- 10,100 people
- 10,000 displaced people
- 15 displacement sites
- 5 host communities

**Locations:**
- Bhamo
- Chipwi
- Hpakant
- Mansi
- Mogaung
- Momauk
- Myitkyina
- Shwegu
- Sumprabum
- Tanai
- Waingmaw

**Envelopes:**
- $2,350,000
- $400,000
### 2019 MHF: SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target Description</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Shelter/NFIs/CCCM    | • Replace sub-standard/no longer habitable shelter, considering minimum standards and protection risks  
                        • Emergency rehabilitation of shelter units where needed  
                        • Small scale emergency shelter solutions for displaced people wherever feasible and appropriate  
                        • Site management cost  
                        • Site monitoring and beneficiaries' access to information | 1,225 displaced people (Shelter/NFIs)  
14,200 displaced people (CCCM) | Bhamo  
Hpakant  
Mogaung  
Mohnyin  
Momauk  
Myitkyina  
Tanai  
Sumprabum  
Waingmaw | $500,000 |
| WASH                 | • Provision of lifesaving WASH services including safe water (household water treatment/water trucking, water quality testing), sanitation (latrines/showers), hygiene goods and information, and operation and maintenance services | 19,500 displaced people | Momauk  
Tanai  
Waingmaw | $300,000 |
### 2019 MHF: SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| **EiE** | • Provision of teaching and learning materials to students, teachers or schools  
• Strengthening Parent Teachers’ Associations (PTA) capacity to support school/TLCs management  
• EiE cash-based interventions  
• Training on essential life skills to volunteer teachers’ and PTA  
• Emergency rehabilitation of Government schools hosting displaced children  
• Emergency capacity strengthening of Government and volunteer teachers on inclusion, socio-emotional learning and Government curriculum, as appropriate.  

*Note: Due to child protection concerns in relation to boarding schools/boarding houses, MHF does not support funding channeled to boarding schools/boarding houses.* | **2,400 people**  
2,100 displaced children and adolescents  
300 teachers | Hseni  
Hsipaw  
Kutkai  
Namhsan  
Manton  
Muse  
Namhkan  
Namtu | **$100,000** |
| **Health** | • Emergency minimum package of primary health care services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care to landmine survivors wherever feasible*  
• Emergency referrals including specific services such as GBV and MHPSS services*  
• Emergency immunization coverage, and disease surveillance and response  
• Emergency preparedness capacity, ensuring availability of contingency medical supplies  
• Emergency health services through mobile clinics  
• Improve humanitarian health information availability in hard-to-reach areas, including NGCA | **43,500 people**  
7,200 displaced people  
36,300 non-displaced people | Hseni*  
Hsipaw  
Kutkai  
Namhkan  
Namtu*  
Kokang SAZ | **$200,000** |
### 2019 MHF: SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Protection      | • Extend protection monitoring beyond sites to highly conflict-affected communities  
• Empower the communities providing necessary knowledge and capacity and help in establishing community based protection mechanisms to prevent/mitigate protection risks.  
• Tailored response through referral mechanisms, integrated protection services, protection mainstreaming.  
• Increased data collection on intention of displaced on durable solution and inter-sectoral assessment to return/local integration sites.  

**Mine risk education:**  
• MRE activities, including mapping of landmine-affected areas and assistance to ERW incident survivors.  

**Child Protection:**  
• Emergency child rights awareness and promoting good parenting practices  
• Emergency CP rapid response for new displacement sites, including psychosocial support, identification of unaccompanied and at-risk children and linking with family tracing and reunification (FTR), and case management services  
• Emergency case management improving referral pathways  
• Anti-trafficking and safe migration awareness targeted at vulnerable youth  

**Gender-based Violence**  
• Expansion of provision of emergency quality psychosocial services and case management, especially by women CSOs  
• Expansion of emergency GBV prevention and mitigation strategies through engaging men and boys and promoting women and girls’ empowerment through socio-economic programming  
• Support emergency sexual and reproductive health and menstrual hygiene management promotion through women and girl centers.  
• Expand and strengthen safe collection, storage, analysis and dissemination of reported GBV incidents using GBVIMS in new sites covered                                                                                                                                                                                                                                                                                                                                 | 31,500 people | Hseni Hsipaw Kutkai Kyaukme Kyethi Lashio Manton Mon Kaing Muse Namhkan Namtu Namhsan Kokang SAZ | $300,000   |
| WASH            | • Water supply, sanitation, and hygiene promotion, including menstrual hygiene management (MHM) and operation and maintenance services.  
• Provision of life-saving WASH services including safe water (water quality testing), sanitation (latrines/bath area), hygiene goods and information; and operation and maintenance services.                                                                                                                                                                                                                                                                                                                                 | 2,700 people    | Kutkai Hseni Namtu            | $100,000  |
<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Locations</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Food Security | • Cash-for-work activities for emergency rehabilitation of community assets.  
• Emergency agriculture support for flood-affected farmers, i.e. vegetable seeds, agricultural tools and fertilizers, and skills training                                                                 | 16,800 flood-affected people  
3,000 households                                      | Kayin: Kawkareik Kyainseikgyi            | $300,000   |
| Health | • Emergency minimum package of primary health care services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care to landmine survivors wherever feasible  
• Emergency referrals including specific services such as GBV and MHPSS services  
• Emergency immunization coverage, and disease surveillance and response  
• Emergency preparedness capacity, ensuring availability of contingency medical supplies  
• Emergency health services through mobile clinics  
• Improve humanitarian health information availability in hard-to-reach areas, including NGCA | 75,000 people  
50,000 displaced and temporary/newly resettled people  
25,000 host community members                          | Kayin: Hlaingbwe Hp+a-an Hpapun Kawkareik Kyainseikgyi Myawaddy  
Bago: Kyaukkyi                                          | $200,000   |
III. TIMELINE AND PROCEDURE

The submission of project proposals for this MHF Second Standard Allocation will be open from 20 November until 8 December 2019 online via the MHF Grant Management System (GMS) at https://cbpf.unocha.org. Applications must be submitted in English due to auditing requirements. The allocation will be implemented as per the MHF Operational Manual and the revised Operational Handbook for CBPFs that can be found (together with additional information on CBPFs) at: http://www.unocha.org/myanmar/about-mhf.

Depending on the context, humanitarian responses would comprise either direct provision of humanitarian supplies, contributing to overheads\(^\text{10}\) and / or direct cash transfers. Partners can apply for one sector or multiple sectors within the same geographical area\(^\text{11}\) and targeting the same communities. The MHF Review Committee could recommend, after initial strategic review, splitting the proposed funding envelopes per geographical areas among several proposals, preferably with a multisector approach, with a strong justification on the added value of this recommendation. An organization can lead a consortium with other partners taking part of the interventions as sub-implementing partners. Multi-sector project proposals will be prioritized.

Project proposals from eligible partners who did not address key questions requested by the MHF during current or previous projects' implementation (e.g. monitoring and audit recommendations, alleged fraudulent cases) and did not demonstrate to have specific provisions on prevention of sexual exploitation and abuse (PSEA) and anti-fraud and conflict of interest will not be considered and be excluded of the strategic review. Any technical questions with regards to eligibility and/or partnership arrangements can be directed at OCHA: MHF-Myanmar@un.org, +9512305682 ext. 204.

III.1. Guidance for project submission

<table>
<thead>
<tr>
<th>Allocation size</th>
<th>US$ 6,000,000 distributed as per indicative funding allocation envelopes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>The allocation is limited in time, scale and scope to the prioritized activities and sectors indicated in the strategy paper. Any proposal beyond this scope will be not considered. Multisector projects will be prioritized.</td>
</tr>
<tr>
<td>Eligible partners</td>
<td>UN agencies, national and international NGOs, as well as the Myanmar Red Cross Society, registered and eligible to MHF funding, with demonstrated and existing operational capacity, reach and presence in the targeted geographical areas and operational sectors. An organization can lead a consortium with other partners taking part of the interventions as sub-implementing partners.</td>
</tr>
<tr>
<td>Allocation per project</td>
<td>A minimum of US$ 100,000 and a ceiling as per indicative funding envelope.(^\text{12})</td>
</tr>
<tr>
<td>Duration of projects</td>
<td>Maximum of 12 months. No-cost extensions could be considered case by case and for a maximum of 3 months.</td>
</tr>
<tr>
<td>Cross-cutting issues</td>
<td>Promoting protection mainstreaming, including accountability to affected population, age and gender equality,(^\text{13}) and disability inclusion are mandatory requirements. Considering environmental risks is required, when relevant. That includes clear risk analysis and mitigation planning.</td>
</tr>
</tbody>
</table>
| Pre-requisites for applicant organizations | • Completion of the due diligence process on GMS.  
• Capacity assessment conducted by OCHA, including anti-fraud and PSEA policies.  
• MHF requests on previous and ongoing projects have been addressed.  
• Active participation in coordination at national and/or sub-national level. |

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\(^\text{10}\) If direct material support is available from other sources, partners may use the funds to cover transport and delivery overheads.  
\(^\text{11}\) The MHF would consider single project proposals including activities in both Kachin and Shan states.  
\(^\text{12}\) For multi-sector project proposals, the Review Committee will provide a justified recommendation to the MHF Advisory Board.  
\(^\text{13}\) IASC Gender with Age Marker is a mandatory requirement. Please visit: https://iascgenderwithagemarker.com.
### III.2. Tentative Allocation Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Step</th>
<th>What</th>
<th>Who</th>
<th>Key Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td>1. Development of the draft of the allocation strategy paper</td>
<td>MHF Standard Allocation Strategy Paper</td>
<td>OCHA Clusters and sectors</td>
<td>15 November 2019</td>
</tr>
<tr>
<td></td>
<td>2. Comments from the Advisory Board</td>
<td>MHF Standard Allocation Strategy Paper</td>
<td>MHF Advisory Board</td>
<td>19 November 2019</td>
</tr>
<tr>
<td><strong>Proposal Development</strong></td>
<td>5. Proposal submission deadline</td>
<td>Proposal preparation</td>
<td>Partner</td>
<td>8 December 2019</td>
</tr>
<tr>
<td></td>
<td>7. HC/Advisory Board proposals endorsement</td>
<td>AB comments and HC endorses project prioritization</td>
<td>HC AB</td>
<td>20 December 2019</td>
</tr>
<tr>
<td></td>
<td>8. Proposal Revision and Adjustments</td>
<td>Partner address feedback, Proposal review</td>
<td>Partner OCHA</td>
<td>7 January 2019</td>
</tr>
<tr>
<td></td>
<td>9. Final Budget Clearance</td>
<td>OCHA final clearance</td>
<td>OCHA HQ</td>
<td>10 January 2020</td>
</tr>
<tr>
<td></td>
<td>10. Grant Agreement Preparation</td>
<td>GA prepared/start date agreed with partner</td>
<td>OCHA</td>
<td>13 January 2020</td>
</tr>
<tr>
<td></td>
<td>11. HC Grant Agreement signature</td>
<td>HC approves project</td>
<td>HC</td>
<td>13 January 2020</td>
</tr>
<tr>
<td></td>
<td>12. Partner Grant Agreement signature</td>
<td>Partner signs / start of eligible expenditures</td>
<td>Partner</td>
<td>15 January 2020</td>
</tr>
<tr>
<td></td>
<td>13. Project start date</td>
<td>Project implementation</td>
<td>Partner</td>
<td>16 January 2020</td>
</tr>
<tr>
<td><strong>Disbursement</strong></td>
<td>14. Grant Agreement final clearance</td>
<td>GA cleared and signed</td>
<td>OCHA</td>
<td>23 January 2020</td>
</tr>
<tr>
<td></td>
<td>15. First disbursement</td>
<td>Payment request processed</td>
<td>OCHA</td>
<td>23 January 2020</td>
</tr>
</tbody>
</table>
IV. INFORMATION AND COMPLAINTS MECHANISM

IV.1. OCHA Humanitarian Financing Unit

Mr. Narciso Rosa-Berlanga, Head / MHF Manager
Ms. Wai Wai Moe, Monitoring and Grants Management Officer
Ms. Thet Mon Soe, Monitoring and Grants Management Officer
Ms. Poe Ei Phyu, Programme Management and Reports Officer
Ms. Ei Kalayar Lwin, Programme Associate

IV.2. Complaints and Feedback Mechanism

MHF implementing partners with insufficiently addressed concerns or complaints regarding MHF processes or decisions can at any point in time send an email to MHFComplaints@un.org. Communications can include also reports on fraud and malfeasance. Complaints will be compiled, reviewed and raised to the HC, who will then take a decision on necessary action(s). When relevant, the HC will share with the Advisory Board any concerns or complaints and actions taken thereof.

V. ANNEXES

Annex 1: MHF Operating Principles and Strategic Review
Annex 2: Cross-cutting issues when developing a project proposal
Annex 3: MHF Budget Guidance
Annex 4: Cluster/sector contacts
Annex 5: List of acronyms
Annex 6: MHF Questions & Answers