

2020: FIRST RESERVE ALLOCATION (COVID-19)

With the support of the Access to Health Fund



MHF

DEADLINE: Friday, 24 April 2020 (23:45 Yangon time)

I. ALLOCATION OVERVIEW

I.1. Introduction

This document lays out the 2020 First Reserve Allocation of the [Myanmar Humanitarian Fund \(MHF\)](#), with the support of the [Access to Health Fund](#), to scale up prevention against the transmission of 2019 Coronavirus Disease (COVID-19) and access to health care in humanitarian settings in Myanmar, in line with the [COVID-19 Global Humanitarian Response Plan](#), officially launched on 25 March 2020, and the 2020 Myanmar Humanitarian Response Plan Addendum on COVID-19.¹ Under this strategy, **US\$2 million** would be made available from the MHF, thanks also to the generous support of the Access to Health Fund which is contributing with \$1 million. It aims to support a coordinated response to COVID-19 related actions for displaced people and other vulnerable crisis-affected people in Chin, Rakhine, Kachin, Shan and Kayin states.

This allocation strategy paper² is the result of broad consultations on the response with a wide range of stakeholders in March and April 2020.

I.2. Allocation Breakdown

Indicative Envelopes ³	Priority funding level	TOTAL US\$
Health	1	700,000
Water, Sanitation and Hygiene	1	600,000
Shelter / NFI / CCCM	2	400,000
Protection	3	300,000
TOTAL		2,000,000

I.3. Humanitarian situation

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a “public health emergency of international concern” (PHEIC). The Emergency Committee also provided recommendations to WHO, to all countries and to the global community, on measures to control the outbreak. On 11 March 2020, WHO announced the COVID-19 outbreak as pandemic, affecting 123 countries and territories. Since the first cases were reported globally, the WHO Country Office in Myanmar and partners have been gradually expanding the support to the Ministry of Health and Sports (MoHS) to prepare for and respond to the COVID-19 related challenges.

¹ This addendum is still being consolidated by OCHA with support of ICCG and partners.

² The Humanitarian Coordinator endorsed on 27 March 2020 an initial concept note of this integrated approach, consolidated by the MHF and the Access to Health Fund, after feedback cluster and sectors.

³ Funding envelopes are only indicative and will depend on the quality of the proposals submitted by partners, the recommendations made by the MHF Review Committee, including the Access to Health Fund, the comments provided by the MHF Advisory Board and the final decision of the HC (for the MHF projects).

As of 13 April 2020, Myanmar had 41 confirmed cases of COVID-19, including four fatalities. There is a limited test kit supply in-country. The Ministry of Health and Sports continues its surveillance at international entry and exit gates and has imposed quarantine measures on national citizens and foreigners travelling from countries with high numbers of COVID-19 cases. There are also community surveillance systems across the country. Suspected cases are referred to the nearest designated COVID-19 government hospitals.

As indicated in the [2020 Myanmar Humanitarian Needs Overview](#), Myanmar ranks 17th out of 191 countries in the Index for Risk Management (INFORM)⁴ and fourth highest in terms of exposure to natural hazards. This fragile situation affects in a most serious degree those population groups affected by humanitarian crisis including displaced people, stateless people and other vulnerable people, namely in Chin, Kachin, Kayin, Rakhine and Shan states. Many of these populations would likely face difficulties accessing health services. For instance, in Rakhine, where approximately 79 per cent of the people targeted by the [2020 Myanmar Humanitarian Response Plan](#) (HRP) reside, restrictions on freedom of movement – most notably for Rohingya displaced communities – already limit access to health care and other basic services. Access constraints and a ban on Internet services in much of conflict-affected Rakhine severely hamper not only the delivery of humanitarian assistance but also the delivery of risk communication messages and referral instructions. The coming monsoon season by June likewise increases the risk for seasonal influenza as well as other associated risks.

There is a high risk of stigmatization and discrimination of people with suspected or confirmed cases of COVID-19, particularly amongst marginalized groups and stateless people. While the provision of health care continues in all accessible locations, some partners have experienced disruption of cross-border aid delivery to a few IDP camps in non-Government controlled areas of Kachin State. Another concern is potential water scarcity during the dry season (March–May), which could undermine handwashing and personal hygiene. Child-friendly spaces for displaced communities have suspended activities, reducing the opportunity for awareness-raising among vulnerable populations, and increasing risks for child protection.

In addition to the Government’s medical surveillance and awareness campaigns, detection and case management activities, the humanitarian community is working together to support the response in humanitarian setting. The Inter-Cluster Coordination Group and subnational coordination bodies are undertaking an impact analysis to prioritize activities, including what to enhance from the ongoing HRP and what additional activities are needed. Partners are scaling up their preparedness measures in all accessible locations, including hygiene promotion and risk communication. Health partners are also supporting capacity building of front-line responders. Humanitarian actors are reviewing their service delivery modalities to ensure they can continue life-saving assistance despite potential movement restrictions. Service delivery modality review is also necessary in line with the broader public health interventions for infection prevention and control measures such as physical distancing.

II. ALLOCATION STRATEGY

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

The overall objective of the response is to provide a coordinated response to the direct public health and indirect immediate humanitarian consequences of the pandemic, supporting humanitarian partners to prevent the human-to-human transmission of the COVID-19 in humanitarian settings and prepare partners and communities to provide adequate support to crisis-affected people in the event of COVID-19 transmission. The allocation aims to accelerate the strengthening and scaling-up of the capacity to prevent, including early detection and response to any potential COVID-19 outbreak.

⁴ The INFORM methodology has three dimensions: hazard and exposure, vulnerability and lack of coping capacity.

This MHF Reserve Allocation aims at covering the most critical needs in alignment with COVID-19 Global HRP and its strategic priorities, with focus in two main actions:

1. Contain the spread of the COVID-19 pandemic in humanitarian settings in Myanmar, decreasing morbidity and mortality; and
2. Protect, assist and advocate for displaced people, stateless people and other vulnerable crisis-affected particularly vulnerable to the pandemic.

The strategic objective related to decrease the deterioration of human assets and rights, social cohesion and livelihoods will be target in coming allocations, depending on the impact of the pandemic in the most vulnerable communities in Myanmar.

The allocation also follows the strategic objectives of the 2020 Myanmar HRP and its Addendum on COVID-19, aiming to improve the physical and mental wellbeing and respect for the rights of people affected by conflict or disasters in the targeted areas; as well as to improve their living standards and strength their resilience.

The allocation prioritizes projects that are in line with the [MHF Annual Strategy 2020](#), considering the [Access to Health Fund](#)'s vision as well, ensuring the application of minimum humanitarian standards (depending on the local context) and preventing a worsening of the situation and increased vulnerability. The strategy is also aligned to four steers or priority areas, as communicated by the Emergency Relief Coordinator to the Resident Coordinators/Humanitarian Coordinators on 29 January 2019, namely: a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (b) programmes targeting persons with disabilities; (c) education in protracted crises⁵; and (d) other aspects of protection.

The allocation is based on the premise that, in humanitarian settings, a potential COVID-19 outbreak will further exacerbate the vulnerability of host communities, increasing their risks to emerging humanitarian needs. In planning the response, it is thus important to consider the broader range of pre-existing vulnerabilities together with the coming cyclical monsoon season and their additional implications in terms of humanitarian needs and operational implementation, as well as ensuring the centrality of protection across interventions.

While the combined funding from the MHF and the Access to Health Fund would provide much needed financial support to speed up the emergency response in support to the efforts done by the Government, the community-based organizations, the Red Cross / Red Crescent Movement and other humanitarian partners, e.g. WHO, it is critical that additional contributions are received to immediately boost the response capacity to meet the needs of the people and avoid the deterioration of their situation, including the risk of loss of lives and livelihoods.

The **core elements** of the Reserve Allocation are:

- Crisis-affected people in humanitarian settings;
- Needs-based approach and response;
- Centrality of protection, in line with the Global COVID-19 HRP and the 2020 Myanmar HRP Addendum on COVID-19, considering it across all the humanitarian action;
- Demonstrated humanitarian access to the affected population, including displaced and host communities;
- Preparedness response, with a maximum duration of projects established up to 6 months;

This Reserve Allocation will safeguard the complementary use of limited funds channeled through both pooled funds by ensuring that the most immediate needs are addressed by funding the top priority activities in the most affected areas; taking into consideration other sources of funding and reprogrammed activities; ensuring timely

⁵ This steer is not directly prioritized by this allocation, but teachers, children, adolescents and teachers will be targeted groups of priority activities under other sectors, including child and youth friendly COVID-19 related messages to be disseminated within education activities.

response through an integrated and simultaneous strategic prioritization and technical review, which will shorten the time required to identify priority activities and areas of implementation; and assuring the greatest accountability and value-for-money for limited funds available through decreasing overheads and costs of subcontracting and applying the MFH Accountability and Risk Management Framework.

II.2. Prioritization of Funding Envelopes

The initial funding analysis per sector facilitated the identification of priority funding envelopes, considering 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:** Health and WASH.
- **Priority 2:** Shelter/NFI/CCCM.
- **Priority 3:** Protection.

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 D). Additional support costs and human resources to enable community-based monitoring targeting households with added vulnerabilities such as older persons, single-headed household, persons with disabilities, etc. will be mainstreaming in all the actions as much as possible. All activities will be implemented in modalities that observe physical distancing and respect other preventive measure to avoid and minimize the spread of the virus.

- **Priority 1:** Health and WASH.

In alignment with the Global COVID-19 HRP, the strategic priority for **health** is to contain the spread of COVID-19 pandemic and decrease morbidity and mortality in Myanmar. This is to be achieved through activities that are geared towards (1) enhancing interventions to detect and test cases through surveillance and laboratory testing, (2) strengthening risk communication and community engagement supported by robust infection prevention and control measures, and (3) supporting continuity of essential health services and systems and related supply chains.

The majority of confirmed cases (20 out of 41) are being treated Yangon Region. In areas where we have ongoing humanitarian activities, that there are no confirmed cases yet in Rakhine, Kachin, and Kayin States, while there is one case in Shan State and two in Chin State. This is a critical opportunity to enhance capacities to prevent and enable early detection thus the importance of surveillance related activities. Physical distancing and infection prevention and control measures such as proper use of personal protective equipment and handwashing decrease the risk of disease transmission. Supporting the right messages reach the vulnerable population is a corner stone for public health measures to be effective. Finally, accounting for the aforementioned measures necessitates modification of service delivery as well as implementation of measures that affect mobility – this then potentially affects the continuity of essential health services which must be maintained. It is with this justification that the said activities are based on.

Water, sanitation and hygiene (**WASH**) activities are key to support infection control measures in all the humanitarian settings. In addition, WASH activities experience a historical financial gap, particularly in the new displacement sites in Rakhine. Long-term situation and lack of access are two of the main reasons. In the current context, and given the high number of newly displaced people, there is a high stress over the provision of WASH life-saving assistance. This poses an additional risk to the nearby sites (Rohingya population) with limited freedom of movement, vis-a-vis the transmission of COVID-19. This MHF allocation would help to alleviate the inherent vulnerability of newly displaced population, plus and added value of secondary protection to the protracted camps, since the proposed activities would serve to reduce the risk of transmission in Rakhine State. As per the access situation, the Review Committee would prioritise actors with proven capacity to implement, including the Myanmar Red Cross Society. Project proposals in hard-to-reach areas, i.e. non-Government controlled areas (NGCA) will be

also considered on a case-by-case basis, assessing whether the multi-sector approach of the proposals justifies a higher joint impact to the related clusters/sectors.

That said, priority activities under WASH will focus on: (1) safe water supply, including an increase for hand-washing (household level treatment provision, water points/systems rehabilitation); (2) hygiene promotion activities, including provision of materials for the installation of emergency hand-washing stations at household, community and institutional levels (temporary learning spaces and temporary health facilities, if needed) and provision of hygiene kits and community level kits; and (3) sanitation activities, including basic operations and maintenance activities and construction of temporary sanitation facilities.

- **Priority 2:** Shelter/NFI/CCCM.

Under the coordination and request of Ministry of Health and Sport (MoHS) and State-level authorities **Shelter/NFI and CCCM** partners will provide of shelter, non-food items and gender-sensitive materials to site-based clinics and to support creation of dignified isolation/quarantine spaces to enable physical distancing.

While the situation is evolving quickly there is an identified need to begin prepositioning of ready-to-deploy solutions that support the creation of isolation/quarantine locations i.e. rub halls, tarpaulin, tents and other non-food items (mattress, mosquito nets, blankets, etc.)

- **Priority 3:** Protection.

Regarding **protection** priorities, the right to access information and community engagement is the most important. Disseminating clear and accurate information on the prevention, early diagnosis and treatment of COVID-19 through the Protection Communication with Communities (CwC) working groups will be a priority to ensure that communities, including the most vulnerable, are informed about and participate meaningfully, to the extent possible, in the assessment of the impact of the outbreak and to the development of solutions, including promoting feedback and complaint mechanisms. It will also include child and youth friendly messages to be disseminated within education activities.

In addition, from the **child protection** side, evidence from other pandemics show heightened violence against children during these times as a result of related stress and loss/disruption of care mechanisms for children as well as limited access to child friendly information, health and WASH services. Breakdown of community protective mechanisms during times like these further makes children more vulnerable to violence and psychosocial distress. Disruption of livelihood and closure of schools may place children at-risk of forced recruitment or other negative coping mechanisms. To ensure that alternative arrangements for psychosocial support and prevention of violence against children, information for COVID-19 safe behavior change, and family support will be prioritized.

In relation to **gender-based violence** (GBV) support to women and girls are normally disrupted during public health emergencies, when, paradoxically, the vulnerabilities of women and girls are amplified. Priority activities will support the continuation of critical GBV services, such as, GBV case management, psychosocial support, and safe house. Distribution of basic hygiene kits/dignity kits to meet the specific needs of vulnerable groups, including women and girls at risk of GBV, will be also considered.

Finally, the **mental health and psychosocial support** (MHPSS) require a specific treatment. The COVID-19 pandemic is a threat to both physical and mental health. Fear from the virus is spreading faster than the virus and inducing mental health and psychosocial consequences among those affected directly and those who are following the news. Priority activities aim to address mental health needs of children, youth, older persons and other vulnerable people, through appropriate targeting of this population and adapting accessible messages and communicating them.

II.3 Matrix of Priorities by Sector

2020 MYANMAR: COVID-19		MHF FIRST RESERVE ALLOCATION		US\$2,000,000	
Cluster / Sector	Priority activities ⁶	Target	Locations (States)	Funding (US\$)	
Health	<ul style="list-style-type: none"> Provision of essential healthcare activities equipped with essential medicines with enhanced emphasis on surveillance activities and support for case investigation and contact tracing as needed. Activities to support infection control measures, including the procurement and distribution of personal protective equipment (PPE) and related items (masks, gloves, etc.) for humanitarian workers and health staff (cross-sector activity) 	<p><i>Displaced people and host community members in humanitarian settings</i></p>	<p><i>Chin Rakhine Kachin Shan Kayin</i></p> <p><i>Priority given to displacement sites, hard-to-reach areas and non-Government controlled areas (NGCA)</i></p>	700,000	
WASH	<ul style="list-style-type: none"> Provision of emergency WASH support, i.e. safe water supply (increased, or if absent); installation of hand-washing stations; and hygiene and sanitation services, including soap distribution; targeting displacement sites, relief distribution points and crisis-affected communities' settlements, including social, educational and health facilities (cross-sector activity). 			600,000	
Shelter/NFI/CCCM	<ul style="list-style-type: none"> Minor/temporary infrastructure modification and implementation of other related measures, including provision of shelter, non-food items and gender-sensitive materials to site-based clinics and isolation/quarantine spaces to enable physical distancing. Prepositioning of ready-to-deploy solutions that support the creation of isolation/quarantine locations i.e. rub halls, tarpaulin, tents and other non-food items (mattress, mosquito nets, blankets, etc.). 			400,000	
Protection	<ul style="list-style-type: none"> Risk communication and community engagement activities on COVID-19, in modalities that observe physical distancing, including child and youth friendly messages to be disseminated within education activities (cross-sector activity). Provision of mental health and psychosocial support and GBV case management, in modalities that observe physical distancing. 			300,000	

⁶ Some priority activities, even if inserted under a specific cluster/sector, may be applied across sectors. In this regard, a cross-sector titled 'COVID-19' has been also set up in the online MHF Grant Management System. Community-based monitoring targeting households with added vulnerabilities such as older persons, single-headed household, persons with disabilities, etc. will be mainstreaming in all the actions as much as possible. All activities will be implemented in modalities that observe physical distancing and respect other preventive measure to avoid and minimize the spread of the virus.

II.4. Selection of Projects Proposals

The selection of projects will be done against this allocation strategy paper, the agreed MHF operating principles as per the [MHF Annual Strategy 2020](#) and the prioritization provided by clusters and sectors as per the **table above**. All the submitted project proposals will be strategically, technically and financially assessed by a Review Committee, including also the Access to Health Fund, using a **specific COVID-19 scorecard**, in compliance with the [MHF Operational Manual](#). An expedited selection process may be agreed within the Review Committee, taking into account both urgency and strong encouragement for fewer but multi-sector project proposals.

Only eligible partners as per MHF requirements will be considered. Proposals will be closely revised, coordinated and monitored by clusters, sectors and existing coordination mechanisms⁷ to ensure complementarity and avoid any possible duplication. The comparative advantages of each proposal, including the effective access to the affected communities, particularly in those hard-to-reach areas; the type of activities (direct assistance or provision of services to the affected population); and/or existing partnership agreement with key stakeholders (e.g. local authorities, host communities, existing agreements with community-based organizations), will be observed during the project selection. Final prioritization will be recommended in a collective manner by the Review Committee, considering all the project proposals as a whole, and providing each one with a ranking, noting that all the proposed priority activities are mainstreamed across clusters and sectors.

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.

In accordance with the [MHF Operational Manual](#), which follows the Global Country-Based Pooled Fund (CBPF) Operational Handbook and after agreement of the donors supporting the Access to Health Fund, the HC will direct the funding to the **partners best placed** to immediately deliver assistance in at-risk locations; with priority given to cluster/sector lead agencies (or a partner representing the cluster/sector) to speed up the process and facilitate bulk procurement process and/or quickly re-allocate funding to operating partners in priority locations. Funding support to national NGOs through this allocation will be equally prioritized when possible, 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 agency/organization to deliver the articulated response. The MHF will prioritize multi-sectoral interventions,⁸ over single cluster/sector project proposals. Partnership agreements with other humanitarian partners are also welcome. The recipient agencies/partners should provide guarantees in advance of their ability to fast track procurement and/or re-allocation of funds/supplies.

III. TIMELINE AND PROCEDURE

This allocation has been designed with the support of the existing coordination mechanisms, including the clusters and sectors. It has been presented to the MHF Advisory Board (AB) and the Access to Health Fund's Board of Donors, for comments. The strategy document has been also submitted to the OCHA Country-Based Pooled Fund (CBPF) Section for comments. All these entities provided comments by 9 April 2020. Upon receiving feedback, the consolidated document was finalized by OCHA and reviewed and endorsed by the Humanitarian Coordinator (HC).

⁷ It includes the Maungdaw Inter-Agency Group (MIAG) for proposals covering the northern part of Rakhine State and the South-East Working Group (SEWG) for those proposals to be implemented in the South-East part of Myanmar.

⁸ For multi-sector project proposals, the Review Committee will provide a justified recommendation to the MHF Advisory Board.

The escalation of the COVID-19 pandemic in Myanmar on top of the existing humanitarian conditions in crisis-affected population demands rapid decision-making and immediate scale-up of life-saving response. This will entail strong commitment and enhanced efforts from all stakeholders to do everything in their power to expedite the process leading to emergency response that will be supported through this integrated approach. Stakeholders involved in this Reserve Allocation (OCHA, the Access to Health Fund, sector and cluster coordinators, agencies) will strive to expedite the allocation process to the extent possible and ensure maximum possible responsiveness.

The submission of project proposals for this MHF First Reserve Allocation (COVID-19) will be open **from 13 April until 24 April 2020** 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 overheads⁹ and / or direct cash transfers. Partners can apply for one sector or multiple sectors. The Review Committee could recommend, after initial strategic review, splitting the proposed funding envelopes areas among several proposals, preferably with a multi-sector approach, with a strong justification on the added value of this recommendation.

Project proposals from eligible partners that are involved in a compliance matter or subject to an inquiry; did not demonstrate to have specific provisions on prevention of sexual exploitation and abuse (PSEA) and anti-fraud and conflict of interest; and/or did not address key questions requested by the MHF during current or previous projects' implementation (e.g. monitoring and audit recommendations) 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 submissions

Allocation size	US\$2 million distributed as per indicative funding envelopes
Scope	This integrated allocation strategy is limited in time, scale and scope to the prioritized activities and sectors indicated in the document. Any project proposal beyond this scope will be not considered.
Eligible partners	Open to the partners best placed to immediate deliver assistance in at-risk locations; with priority given to cluster/sector lead agencies (or a partner representing the cluster/sector). Funding support to national NGOs through this allocation will be <u>equally</u> prioritized when possible. Partnership agreements with other humanitarian partners are welcome.
Allocation per project	A minimum of US\$ 100,000 and a ceiling as per indicative funding envelope. Only one grant will be awarded per partner. Multi-sector projects are encouraged.
Duration of projects	Maximum of 6 months . No-cost extensions could be considered case by case and for a maximum of 3 months.
Cross-cutting issues	Promoting protection mainstreaming , including accountability to affected population, age and gender equality , and disability inclusion are mandatory requirements. Considering environmental risks and cash-based programming are required, when relevant. Projects should include clear conflict sensitivity analysis, including risk analysis and mitigation plan.
Pre-requisites for applicant organizations	<ul style="list-style-type: none"> • 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.

⁹ If direct material support is available from other sources, partners may use the funds to cover transport and delivery overheads.

III.2. Tentative Allocation Timeline

Phase	Step	What	Who	Key Date
Preparation	1. HC endorsement of the concept note on the integrated approach	Concept note	HC Access to Health Fund	27 March 2020
	2. Development of the draft of the allocation strategy	MHF Reserve Allocation Strategy	OCHA Access to Health Fund Clusters/Sectors	9 April 2020
	3. Comments from the Advisory Board and HC endorsement of the allocation strategy	MHF Reserve Allocation Strategy	MHF Advisory Board HC	13 April 2020
	5. Launch of allocation strategy	MHF Reserve Allocation Strategy	OCHA	13 April 2020
Proposal Development	6. Proposal submission deadline	Proposal preparation	Partners	24 April 2020
Proposal Review	7. Strategic, Technical and Financial Review	Project prioritization Proposal review	Review Committee OCHA Access to Health Fund	30 April 2020
	8. HC/Advisory Board proposals endorsement	AB comments and HC endorses project prioritization	HC AB	4 May 2020
	9. Proposal Revision and Adjustments	Partners address feedback	Partners OCHA	8 May 2020
	10. Final Budget Clearance	OCHA final clearance	OCHA HQ	11 May 2020
Approval	11. Grant Agreement Preparation and signature	GA prepared/start date agreed with partner and signature	OCHA HC Partners	12 May 2020
	14. Project start date	Project implementation	Partners	11 May 2020 <i>(if pre-financed, as soon budget is cleared by OCHA HQ)</i>
Disbursement	15. Grant Agreement final clearance	GA cleared and signed	OCHA	15 May 2020
	16. First disbursement	Payment request processed	OCHA	15 May 2020

IV. INFORMATION AND COMPLAINTS MECHANISM

IV.1. OCHA Humanitarian Financing Unit

Mr. Narciso Rosa-Berlanga, Head / MHF Manager	rosa-berlanga@un.org
Ms. Wai Wai Moe, Senior Humanitarian Financing Officer	moe2@un.org
Ms. Thet Mon Soe, Senior Humanitarian Programme Officer	soe4@un.org
Ms. Poe Ei Phyu, Programme Management and Reports Officer	poe.phyu@un.org



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