



DEADLINE: **Monday, 20 July 2020 (23:45 Yangon time)**

## I. ALLOCATION OVERVIEW

### I.1. Introduction

This document lays the strategy to allocating funds from the [Myanmar Humanitarian Fund \(MHF\)](#) First Standard Allocation to scale up the response to the protracted humanitarian crises in Myanmar, in line with the 2020 Humanitarian Response Plan (HRP). The allocation responds also to the critical underfunded situation of humanitarian requirements by mid-June 2020. As of 20 June, only 23 per cent of the 2020 HRP requirements, including the revised COVID-19 Addendum, have been met up to now (29 per cent in the case of the mentioned addendum), which is very low in comparison with donor contributions against the HRP in previous years for the same period (50 per cent in 2019 and 40 per cent in 2018).

This standard allocation will make available about **US\$7 million** to support coordinated humanitarian assistance and protection, covering displaced people and other vulnerable crisis-affected people in **Chin, Rakhine, Kachin and Shan states**. The allocation will not include stand-alone interventions related to the Coronavirus Disease 2019 (COVID-19), which has been already supported through a Reserve Allocation launched in April 2020, resulting in ten funded projects amounting a total of \$3.8 million that are already being implemented. Nevertheless, COVID-19 related actions may be mainstreamed throughout the response to the humanitarian needs. In addition, activities in Kayin State will not be included in this allocation, due to the ongoing projects and level of funding as per HRP requirements.

This allocation strategy paper<sup>1</sup> strategy paper is the result of broad consultations with a wide range of stakeholders in June 2020, with final recommendations made by the MHF Advisory Board (AB), and ultimately endorsed by the UN Resident and Humanitarian Coordinator (HC/RC) on 3 July 2020.

### I.2. Allocation Breakdown

Indicative Envelopes <sup>2</sup>	Priority	TOTAL US\$	Chin	Rakhine	Kachin	Shan
Shelter / NFIs / CCCM	1	2,300,000		1,400,000	700,000	200,000
Food Security	2	1,200,000		600,000	600,000	100,000
Protection	2	800,000		400,000	300,000	100,000
WASH	2	800,000		700,000	100,000	
Education	3	700,000		300,000	300,000	100,000
Health	3	700,000		400,000	200,000	100,000
Nutrition	4	200,000			200,000	
Multisector	4	200,000	200,000			
<b>TOTAL</b>		<b>7,000,000</b>	<b>200,000</b>	<b>3,800,000</b>	<b>2,400,000</b>	<b>600,000</b>

<sup>1</sup> An initial concept paper, prepared by the MHF, was endorsed by the Humanitarian Coordinator MHF on 19 June 2020.

<sup>2</sup> 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, the comments provided by the MHF Advisory Board and the final decision of the HC.

### I.3. Humanitarian situation

The humanitarian situation in several areas of Myanmar remains complex and challenging. Needs are driven by factors including armed conflict, inter-communal violence, and vulnerability to natural hazards. The situation is aggravated by chronic poverty, protracted displacement, food insecurity, limited social support networks, and underlying inequalities including statelessness, segregation, discrimination, and gender disparities that exacerbate the needs, vulnerabilities, and marginalization of people. The crises disproportionately affect women and girls, as well as the most vulnerable and marginalized population groups, by perpetuating and exacerbating pre-existing, persistent gender and social inequalities, gender-based violence, and discrimination. Notably, pre-existing gender norms of roles also shape the differential impact of the crises on men and boys, who have been exposed to human rights violations due to performing their gender roles as heads of households and breadwinners (forced recruitment, arbitrary arrests, landmines etc.).

As indicated in the [2020 Myanmar Humanitarian Needs Overview](#), Myanmar ranks 17th out of 191 countries in the Index for Risk Management (INFORM)<sup>3</sup> 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. Particular vulnerabilities have been identified among women, children, the elderly, persons with disabilities and lesbian, gay, bisexual, transgender, intersex or queer/questioning (LGBTIQ) persons. Many of these populations would likely face difficulties accessing health and protection 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 ongoing monsoon season started in June likewise increases the risk for seasonal influenza as well as other associated risks. Entrenched gender inequality and socio-cultural norms in all communities magnifies the impact of discrimination especially on women and girls, exacerbating their specific needs, creating barriers to their equitable access to information, services (including life-saving health services such as sexual and reproductive health interventions), aid, education, livelihoods, community engagement and overall decision making and leadership, and rendering them at greater risk of violence and hardship. Women and girls are at risk of gender-based violence, including trafficking, transactional sex, sexual exploitation and abuse, child marriage and forced marriage, while men and boys are more at risk of arrest, detention and forced labor. Regarding the incidence of the **COVID-19**, as of 30 June 2020, Myanmar is positively managing to contain the spread of the virus, with only 299 confirmed cases of COVID-19, including six fatalities. On 27 June, the Government of Myanmar announced the extension of the precautionary measures for prevention, control and treatment of the COVID-19 Pandemic until 15 July 2020. In addition, on 28 June, the Government of Myanmar extended the temporary ban on international commercial flights, including international entry restrictions, until 31 July.

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 sites since sectarian violence displaced them in 2012. Children make up at least 37 per cent of this population, while women and children together make up about 71 per cent. Rakhine State is culturally diverse, with cultural and social norms often serving as barriers to women's access to humanitarian services as well as public life across communities. 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 Armed Forces (AAF) and the Arakan Army (AA) in January 2019, with 69,600 people displaced in 155 temporary sites as of 21 June 2020<sup>4</sup>. This situation also affected the neighboring **Chin State**, with

<sup>3</sup> The INFORM methodology has three dimensions: hazard and exposure, vulnerability and lack of coping capacity.

<sup>4</sup> This situation has been aggravated with [additional displacement](#), due to ongoing fighting and an increased presence of security forces in the area of Kyauk Tan village tract in Rathedaung Township since 25 June.

7,655 people displaced in 26 sites in Paletwa Township. The most priority sectors of humanitarian intervention in Rakhine are shelter, non-food items (NFIs) and camp coordination and camp management (CCCM); water, sanitation and hygiene (WASH); and food security. In Chin, the most priority sectors are education in emergencies (EiE) and health.

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 95,736 people remaining displaced as of 31 May 2020. Children make up about 36 per cent of this population, while women and children together make up about 66 per cent. These figures include over 38,000 displaced people 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. Access constraints have a serious impact on the protection and welfare of vulnerable conflict-affected people. This includes women, children, persons with disabilities and LGBTIQ persons who are at increased risk of gender-based violence, trafficking and other protection concerns. 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. Women and girls remain at risk of various forms of gender-based violence (GBV) and human trafficking. Men and boys are particularly vulnerable to arbitrary arrest and detention as well as forced recruitment and forced labor. 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 shelter, NFIs and CCCM and food security.

In **Shan State**, as of 31 May 2020, 9,625 people remain in situations of protracted displacement in 33 sites in northern Shan following the resumption of armed conflict in 2011. Children make up at least 38 per cent of this population, while women and children together make up about 69 per cent. Experiences of displacement disproportionately affect women and girls, as well as the most vulnerable and marginalized population groups. 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. The most priority sectors of humanitarian intervention in Shan are shelter, NFIs and CCCM.

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.

## II. ALLOCATION STRATEGY

---

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

The overall objective of this First Standard Allocation is to scale up a coordinated response to the critical unmet humanitarian needs of the displaced people and host communities resulting from the ongoing protracted crises across Myanmar, namely in Chin, Rakhine, Kachin and Shan States.

The allocation prioritizes projects that are in line with the [MHF Annual Strategy 2020](#), 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 strategic objectives of the 2020 Myanmar HRP, 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, including targeted emergency support for livelihoods to encourage sustainable return as soon as conditions allow and in line with international standards.

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 crises; and (d) other aspects of protection.

Subject to the prioritization process and available funding, the MHF aims to support life-saving activities, particularly:

- Urgent needs of **people displaced in sites and other vulnerable people**, including women, children, older persons, persons with disabilities; lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTIQ) persons; and persons in need of urgent life-saving medical attention, e.g. persons living with HIV or chronic diseases or persons experiencing severe complications due to COVID-19.
- Priority given to displacement sites, surrounding communities, hard-to-reach areas and non-Government controlled areas (NGCA) in **Chin, Rakhine, Kachin and Shan States**.

As mentioned above, the allocation will not include stand-alone interventions related to the COVID-19, which has been already supported through a Reserve Allocation launched in April 2020. Nevertheless, COVID-19 related actions may be mainstreamed throughout the response to the humanitarian needs. In addition, interventions in Kayin State will not be included in this allocation, due to the ongoing projects and level of funding as per HRP requirements, at 70 per cent by 30 June 2020.

In planning the response, it is thus important to consider the broader range of pre-existing vulnerabilities together with the ongoing 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 funding from the MHF 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, 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 First Standard Allocation are:

- Crisis-affected people in humanitarian settings;
- Needs-based approach and response;
- Centrality of protection, in line with the 2020 Myanmar HRP and the Global COVID-19 HRP, considering it across all the humanitarian action;
- Demonstrated humanitarian access to the affected population, including displaced and host communities;
- Duration of projects established at 12 months.

This allocation will safeguard the most effective use of limited 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 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 MHF 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. Four levels of priority have been assigned as per indicative funding envelopes, with an additional priority across sectors (COVID-19).

- **Priority 1:** Shelter/NFI/CCCM
- **Priority 2:** Food Security, Protection and WASH
- **Priority 3:** EiE and Health
- **Priority 4:** Nutrition and multisector response in Chin State
- **Cross-sector:** COVID-19

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. 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:** Shelter/NFI/CCCM

The **shelter/NFI/CCCM** cluster is one of the most underfunded against the 2020 HRP, with no reported contribution as of 30 June in the Financial Tracking Service (FTS). In Rakhine, 700 longhouses in Sittwe and Pauktaw displacement sites are in urgent need of reconstruction, according to the joint assessment conducted in 2019 with the Rakhine State Government and further reviews conducted by the shelter cluster. In addition, minor improvements of internal roads, walkways and footpaths are necessary, particularly during and post rainy season, which could be done using cash-for-work modality, benefitting both the sites and also providing cash in communities, in coordination with Government and other actors conducting similar activities to avoid duplication. Cooking fuel remains an important gap. Cash grants to communities for temporary shelter support or implemented through individual cash/voucher support for shelter/NFI items may be considered. Additionally, a lack of privacy and sense of safety in and around the shelters, in particular for women, girls and boys, has been reported due to overcrowding and small size of shelters, especially for emergency shelter. Lack of time and resources to promote inclusive and participatory consultations with women and men in communities about their preferences for shelter design, location and targeting means that often only camp management committees are consulted and make the decisions.

In Kachin, the need of shelter replacement is mostly in the displacement sites in NGCA for barrack type metal shelters that were constructed during 2012-2014. Similarly, the majority of shelters in GCA area are in need of maintenance while some are in need of replacement. Displacement sites which were recently relocated to new site due to various reasons (congested living space, flooding area) are in urgent need of electricity line installation as the displaced people do not feel safer. Some displacement sites and site-like settings will not have funding through 2021 to run the site management. Since the camp running costs cover most of the expenses of daily fuel/electricity usage, administrative and communication cost, it would very important to fill the gap to maintain the dignity of displaced people in the displacement site.

In Shan State, most of the shelters are in need of maintenance. In addition, some displaced people are looking to relocate to new sites due to space limitation while other people are looking to move near to their village of origin until they can safely return for good. Shelter cash grand to communities for the displaced people looking to return or relocate, providing a safe place to return to and utilizing local materials and markets, may be considered.

- **Priority 2: Food Security, Protection and WASH**

The **food security** sector prioritized key activities to support immediate food assistance and emergency livelihood response to people in need. In Rakhine, the conflict and the COVID-19 crisis have dramatically impacted the livelihood of the communities in Rakhine, reduced job opportunities, for communities already very vulnerable, especially land less ones. Gender inequalities in intra-household food sharing and gender barriers, including movement to access food assistance, put women-headed households and single women at higher risk of food insecurity, especially in Rakhine state. Restriction of movement between states/regions and fear of movement constrained transport of goods to processing facilities and markets. It affected agricultural input supply chains at critical times of the season and shrank the area of land cultivated, reduced informal labourers' access to farmlands and therefore reduced their wages. The provision of multi-purpose cash support as an option that may be considered.

On the other hand, according to NGCA food gap mapping prepared by Kachin Food Security Sector, there will be a food gap to cover approximately 12,000 displaced people at 11 sites: two sites in Sumprabum, seven sites in Waingmaw, one site in Chipwi and one site in Shwegu; starting from July 2020 onwards due to lack of funding. Restriction of transportation movement across the China border has been an impact on food availability and prices of commodities in NGCA due to prevention measure of COVID-19 transmission. The use of cash or mixed cash/in-kind food support is encouraged where feasible and appropriate.

In Shan, returnee people from recent conflicts had their livelihoods disrupted and need replacement of productive assets such as seeds, livestock, tools and equipment; it also presents an opportunity to upgrade skills for improved post-conflict livelihoods. The provision of livelihood cash grants for these populations is encouraged where feasible and appropriate.

Lack of women's participation in livelihoods programmes by virtue of mobility restrictions, gender norms, roles and barriers and security concerns, especially for women living in displacement sites. Therefore, there is a large need to provide more self-reliance and livelihoods opportunities for women by pursuing a consultative approach to ensure that the opportunities are viable and feasible. Gender-transformative and non-household-based activities for women and where possible should include the promotion of equal access to resources and joint intra-household decision-making more long-term sustainable and transformative livelihood programmes targeting women, such as skills training as well as market.

For the **protection** sector, protection monitoring (including remotely) remains key activity in Rakhine State to understand the overall environment and needs of populations in different locations. Findings from the monitoring exercise will inform needs on the ground in addition to identifying specific needs for vulnerable individuals and guide tailored responses by both protection sector and others. The targeted locations are affected by armed conflict and in order to enhance protection response, it is essential to ensure that protection monitoring activities are expanded to these hard-to-reach locations to the maximum extent possible. Gender-based violence (GBV) is a global problem which often worsens during conflict and war. As the security and socio-economic situation of displaced persons in Rakhine worsens, risks of intimate partner violence (IPV), are heightened. Increased risks of IPV are already emerging from trends reported in some GBV reports. Reduced access of women and girls to GBV services due to COVID 19 restrictions and closures of services might impact immediate safety and health of survivors. Life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted. Hospitals and health centres have minimal capacity to adequately manage sexual violence cases and psychosocial counselling is extremely limited. The formal justice system is not available to all, and it offers few protections and high risks for survivors who can access it. It is therefore important that funding is made available to GBV service providers to explore innovative ways of continuing to support women and girls. Remote and mobile GBV services will be prioritised for women and girls in the worst affected townships in Sittwe. Currently there are multiple displacement locations in Sittwe, Mrauk-U and Kyauktaw that are not fully covered by any child protection actors. With the ongoing risks that all communities face in these areas due to the ongoing conflict, restriction of movement and displacement, there is an urgent need for more child protection actors to operate across these townships. There is urgent need of service provision to highly vulnerable population

such as displaced, stateless and conflict-affected children suffering for lack of child protection services, severe acute malnutrition and presenting developmental delays, or children with physical impairment. Aid actors are essential to leave no-one behind in the humanitarian response. Furthermore, as of 30 June, there are 12 cases of COVID-19 confirmed cases in Rakhine state and communities should be duly informed and supported as part of overall response to be able to protect themselves and their communities.

In Kachin, there remain large gaps in the coverage of mental health and psychosocial support (MHPSS) services for displaced people and other vulnerable populations in Kachin State. For the displaced population, an estimated 76,000 displaced people in 117 sites lack access to MHPSS services. Displaced people in particular face challenging living conditions and difficulties, in addition to anxiety, uncertainty, and the risk of hopelessness over future prospects of finding durable solutions as protracted displacement continues. Such difficulties may also lead to negative coping mechanisms and result in other protection risks. Given the additional stressors and socio-economic hardships caused by the COVID-19 pandemic and resulting downturn in movements and economic activity, the affected population suffering from a short state of psychological distress would benefit from being included in community activities (Cf. MHPSS IASC pyramid of intervention) such as the community based MHPSS mentioned in priorities. A number of displacement sites in Kachin are not covered by GBV actors, and only a limited number of GBV partners are operating in NGCA. Hence, there is a need to ensure availability and accessibility of GBV prevention and response services. The community has limited understanding on life saving services and referral to time critical services is hampered both due to lack of knowledge and non-availability of services. Strengthening capacity of community-based organizations (CSOs) and local NGOs to provide quality GBV service is also critical considering access issues and sustainability.

In Shan, women and girls living in emergency settings experience heightened risk of GBV. Cases of intimate partner violence, sexual violence and other forms of abuse have been reported. GBV response services are needed to support women and girls' mental well-being, safety and access to medical and legal services. Capacity building of service providers, particularly frontline CSOs, can strengthen GBV response mechanism to provide quality services. Prevention activities can mitigate and reduce risk, while empowerment activities can give women and girls the tools to enhance their stability and resilience.

Additionally, gender barriers prevent women and girls from equally benefiting from humanitarian action, the peace-building process and socio-economic development as well as participating in and influencing humanitarian decisions that affect their lives. This results in inequitable access to humanitarian information, relief, and services, as well as leadership and livelihoods opportunities, and women being unable to voice the specific relief and protection needs which they require for their basic survival, wellbeing, and dignity.

Given the geographical dimension of the crisis, the **WASH** cluster will focus efforts in the two main affected states (Rakhine and Kachin) to increase impact of the funds, with a higher concentration of the support in Rakhine due to the greater severity of needs in this state. In Rakhine, affected populations throughout Sittwe, Kyauktaw, Pauktaw, Mrauk-U, Minbya, Myebon, Ponnagyun, Ann, Maungdaw, Buthidaung and Rathedaung townships will be prioritized. This includes new displacement, temporary health facilities and temporary learning spaces to ensure that affected people have access to integrated WASH services, for life saving needs and improve dignity.

In Kachin, displaced population in Momauk and Shwegu townships, particularly NGCA in the Mai Ja Yung corridor will be prioritized for humanitarian assistance to ensure populations have access to integrated/mainstreamed WASH services for life saving needs and improve dignity.

In all areas, the following activities will be prioritized: safe water provision with prioritization to rehabilitation of current water sources as well as household water treatment, storage, distribution to maximize the costs, construction of new infrastructures where appropriate, ensuring people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards. Sanitation activities with prioritization to rehabilitation of current infrastructure and/or construction of new facilities where appropriate, while addressing protection concerns and expanding accessible, disabled, and child friendly facilities, gender appropriate, ensuring people have equitable, inclusive and safe access to functional

excreta disposal systems. Hygiene promotion activities will prioritize essential household / female hygiene item distribution ensuring people have equitable, inclusive and safe access to hygiene items and community - tailored messages, enabling health seeking behaviour. Women are particularly affected by a lack of sufficient and safe sex-segregated WASH facilities, particularly where they are not in close proximity from their shelter. Similarly overcrowding of any health facilities that might not be able to provide adequate privacy, hinders women's access to health services. Construction of gender appropriate bathing facilities. And operation and maintenance activities will also be eligible as needed. The delivery of assistance through cash or voucher assistance is encouraged where feasible and appropriate.

- **Priority 3: EiE and Health**

In relation to the **education in emergency (EiE)** sector, children and adolescents across all HRP areas continue to have significant barriers to education access and quality. The risks of dropping out and learning loss among displaced and conflict-affected youth and adolescents are particularly severe during the COVID-19 crisis. At this time, particular attention is needed to providing safe and sanitary learning environments; addressing the emotional wellbeing of children, teachers, and parents/caregivers; and helping children to learn at home, including with the assistance of parents/caregivers and volunteer teachers.

In Rakhine State, children in central Rakhine displacement sites will require additional support to learn in safe environments, as well as to access early childhood care and development (ECCD) and post-primary education. In other areas of Rakhine State, increasing displacement creates significant need to provide teaching and learning materials and other avenues of support to those displaced, as well as improving capacity of host communities to provide education. Efforts to improve girls' enrolment and persistence in education must also continue.

In Kachin State, overcrowding in government schools is a particularly acute issue at this time and support will be needed to create safe and child-centred learning environments, as well as improved capacity for children to learn at home. Ensuring the protection of children at and on the way to/from school is also critical, and must involve the support of teachers and of parents and caregivers, which then relies on a reduction in family separation. This is a significant consideration as plans for durable solutions go forward, with increased evidence and innovative solutions required to improve post-primary education access in sites of return. Education in NGCA continues to require support as well, to continue strengthening quality and reduce the financial burden on families.

In Shan State, education is chronically underfunded. Needs remain at all levels of education, from ECCD to post-primary, and targeted support to displaced children and adolescents is required to ensure they remain in school. Additionally, the state has the lowest female literacy rate among young women at 59.4 per cent, accordingly to the 2016 Myanmar Gender Situation Analysis. Education mitigates protections risks, which remain a significant concern.

In both Kachin and Shan States, it is acknowledged that boarding houses may continue as an interim measure for education access, until education opportunities are improved in remote areas and NGCA. However, given the increased protections risks, boarding houses will only be funded under MHF if evidence is provided that child safeguarding measures are in place or will be developed over the course of MHF funding. These may include safeguarding policies, codes of conduct, referral systems, and focal points; all measures should be based on child safeguarding assessment outcomes and then implemented and monitored.

For the **health** cluster, proposals that support any activity for targeted populations in location prioritized by the 2020 HRP and COVID-19 addendum are considered eligible for submission. At the same time, the limitation of available resources requires strategic prioritization which will be used to guide this funding allocation. Prioritization was conducted using a bottoms-up approach with virtual discussions held in Kachin, Rakhine, and northern Shan States. Submissions for other areas were directly obtained from partners with operational presence in the field. Considerations include the vulnerable population caseload such as displaced people, the presence of humanitarian actors, existing humanitarian funding, and challenges in access to conflict-affected and NGCA. Equitable access to inclusive and gender-responsive healthcare programming is strongly advocated across all types of service provision and modalities, as women, children, persons with disabilities and LGBTIQ persons face multiple socio-cultural and

safety barriers to accessing healthcare clinics. Universal access to sexual and reproductive health services regardless of ethnicity and religious affiliation is essential in ensuring that the humanitarian response is both people-centered and gender-inclusive. Results of these discussions are reflected in the prioritization table section.

It is important to note that the health section of the HRP COVID-19 addendum was prepared in close consideration of that of the HRP core funding requirement. Considering the recently awarded MHF reserve allocation, priority is given to HRP core activities which naturally contributes but not specific to COVID-19 preparedness and response.

The ongoing armed conflicts in Chin (southern part) and Rakhine States resulted to additional affected population evidenced by the newly displaced with uncertain number of non-displaced yet equally affected population. This situation remains fluid and affects humanitarian access to pre-existing displaced and non-displaced communities in varying degrees. There is a contextual difference between Rakhine and Kachin State wherein most of the displacement sites within government-controlled areas are provided with basic health services by the Ministry of Health and Sports (MoHS). This highlights the importance of coordination to ensure complementarity of approaches and maximize the use of the limited funding. The context of northern Shan State is uniquely characterized by frequent, short-term displacements in addition to the long-term displacement, which is considered in the present allocation.

- **Priority 4:** Nutrition, and multisector response in Chin State

Regarding the **nutrition** sector, many hard-to-reach areas are still lacking nutritional support in Kachin State. So far this year, only 21.4 per cent of targeted children under-five and pregnant and breastfeeding women (1,615 children under five and 2,397 pregnant and breastfeeding women) have been reached with nutritional assistance. Challenges include community sensitivity on COVID-19 to ensure the nutrition services apply with COVID-19 prevention measures by the service providers; limited access to services in humanitarian communities and delayed implementation by nutrition partners; and difficulties in field monitoring and supervision to ensure quality implementation, capacity building and online coordination among partners. As COVID-19 cases were identified in Momauk Township in June 2020, demand of COVID-19 related measures from nutrition partners has increased both in NGCAs and GCAs including in adjacent townships. Nutrition partners therefore need further support to maintain nutrition services including promotion and protection of optimal feeding practices with protective measures and COVID-19 preventions messages. Quarantine centers also require additional support, especially in townships with port of entries (POE) within Kachin State.

In relation to a **multisector response in Chin State**, displacement from armed conflict is growing and necessitates support in key sectors, particularly EiE and health. In reference to EiE, new and increasing displacement has resulted in the need to expand access to all levels of education, supply teaching and learning materials, and provide furniture and other equipment for temporary learning centers (TLC). There is also need to respond to displacement with improved capacity of teachers to provide child-centered and inclusive education, with attention to emotional wellbeing. Emphasis must also be put on creating learning environments which minimize the risk of COVID-19 transmission. The complications of the COVID-19 crisis heighten the need for material support as well as emergency capacity building for a foundational level of education quality. Regarding health, a challenge is the limited humanitarian health actors operating in the area. Ongoing armed clashes between the Myanmar Armed Forces and the Arakan Army trigger additional health response, particularly support for basic health care services through mobile clinics, referrals to tertiary hospitals and access to maternal and child health materials.

Due to restrictions on movements for safety and health reasons, child protection actors have been prevented from reaching children affected by the crisis in Paletwa township with case management services, MHPSS services and even education. It becomes clear that stronger networks need to be formed with structures closest to children in order to ensure prevention and response to incidences of violence, neglect and abuse. It is necessary to provide capacity to local structures and organizations to be able to reach children with child protection services through localization strategies. It is also necessary, that given the current level of skills in language and technical know-how for child protection, all reference materials are simplified to enable this new category of responders to be able to understand and deliver. In addition, facilities to enable local organization to carry out this work would also be key

for an effective child protection response. Lastly, coordination support for sector and inter-sector child protection coordination at community level and liaison with sub-national and national levels would be key.

- **Cross-sector:** COVID-19

Despite of a specific MHF Reserve Allocation to contain the virus among vulnerable groups and conflict-affected populations, including provision of preventive material to health and humanitarian workers, strengthening of risk communication and community engagement (RCCE) and infection prevention and control (IPC) measure among communities, a cross-sector support may be needed to ensure a safe and protective humanitarian action. Even if no specific envelope for stand-alone COVID-19 interventions has been identified, related activities will be mainstreamed within a sector or a multisector response. In any case, 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.

Other actions may be enhancing RCCE, including educating and communications with people of concern on COVID-19 through awareness raising campaigns that reaches all including marginalized population; strengthen IPC measures in public places with high risk of transmission and quarantine and health facility settings to include adequate supply and promote rational use of personal protective equipment; strengthening case management capacity at health facilities as appropriate; protect frontline healthcare workers from infection through adequate IPC measures, and from stigma and discrimination through enhanced community engagement and other relevant support; strengthen surveillance support by preventing, preparing for, detecting and rapidly responding through the Early Warning Alert and Response System (EWARS) for any communicable disease outbreak; support community surveillance for COVID-19 through various health facilities and community clinics as well as engaging community-based networks; and support contact tracing activities as needed; and in general any COVID-19 related action looking at supporting the continuity of essential and life-saving healthcare services for targeted vulnerable groups (elderly, children, pregnant women, persons with disabilities, persons with chronic diseases) in collaboration with relevant stakeholders to include but not limited to maternal, newborn, child health and sexual and reproductive health care services; emergency patient referrals; immunization activity; antiretroviral therapy needs of people living with HIV; essential treatment services such as methadone maintenance therapy for people who inject drugs, and HIV risk reduction commodities; anti-tuberculosis treatment; non-communicable diseases; mental health and psychosocial support needs.

### II.3 Matrix of priorities by geographical area and sector

2020 MYANMAR: MHF FIRST STANDARD ALLOCATION		CHIN STATE	\$200,000
Cluster / Sector <sup>5</sup>	Priority activities	Target	Township
<b>Education</b>	<ul style="list-style-type: none"> <li>Provision of teaching/learning materials, with an emphasis on cash/voucher assistance and considering COVID-19 preventive items (e.g. soap, face masks and other items for hygiene and health).</li> <li>Emergency capacity building of teachers (formal/non-formal) and of parents/caregivers related to child-centered and inclusive quality education; identification and referral of protection issues; and an emphasis on meeting children’s psychosocial and socio-emotional needs.</li> <li>Providing increased access to and improving quality of education (ECCD; primary, and post-primary; formal and non-formal).</li> <li>Support for children to learn at home before and after schools re-open including through capacity building of parents/caregivers and teachers, as well support to remedial/catch-up learning.</li> <li>Support for adhering to health, hygiene, and sanitary guidelines in education settings, including provision of additional education supplies, furniture and equipment; and training activities on COVID-19 control and prevention.</li> <li>Strengthening water, sanitation, and hygiene equipment and supplies in education settings, in coordination with WASH cluster.</li> </ul>	<p><b>4,200 people</b></p> <p><i>2,100 displaced children</i></p> <p><i>2,000 children from host communities</i></p> <p><i>100 teachers and community members</i></p>	Paletwa
<b>Health</b>	<ul style="list-style-type: none"> <li>Primary health care services aligned with the essential package of health services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care for landmine survivors wherever feasible.</li> <li>Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, gender-based violence (GBV) clinical care and referrals to other GBV specialized services.</li> <li>Immunization activity support.</li> </ul>	<p><b>19,125 people</b></p> <p><i>3,400 displaced people</i></p> <p><i>15,725 host community members</i></p>	
<b>Protection</b> <i>Child Protection</i>	<ul style="list-style-type: none"> <li>Strengthen community-based child protection mechanisms and networks to ensure prevention and response to incidences of violence, neglect and abuse, through localization approaches including emergency capacity building and organizational support.</li> <li>Adaptation of child protection material to child friendly and local language formats.</li> <li>Coordination support for sector and inter-sector child protection coordination at community level and liaison with sub-national and national levels.</li> </ul>	<p><b>7,000 people</b></p>	

<sup>5</sup> For Chin State, only a unique multisector proposal, covering priority sectors, will be prioritized by the MHF Review Committee.

<b>COVID-19<sup>6</sup></b>	<ul style="list-style-type: none"> <li>• Enhance RCCE, including educating and communications with people of concern on COVID-19 through awareness raising campaigns that reaches all including marginalized population.</li> <li>• Strengthen infection prevention and control measures in public places with high risk of transmission and quarantine and health facility settings to include adequate supply and promote rational use of personal protective equipment.</li> <li>• Support strengthening case management capacity at health facilities as appropriate.</li> </ul>	<p><b>19,125 people</b></p> <p><i>3,400 displaced people</i></p> <p><i>15,725 host community members</i></p>	
-----------------------------	--	--	--

---

<sup>6</sup> No specific envelope for stand-alone COVID-19 interventions has been identified. Related activities will be mainstreamed within a sector or a multisector response. In any case, 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. This applies to envelopes also for Rakhine, Kachin and Shan.

2020 MHF: FIRST STANDARD ALLOCATION		RAKHINE STATE		\$3,800,000
Sector	Priority activities	Target	Township	Envelope
EiE	<ul style="list-style-type: none"> <li>Provision of teaching/learning materials to children and youth, teachers, or schools, with an emphasis on cash/voucher assistance, considering COVID-19 preventive items (e.g. soap, face masks, etc.).</li> <li>Emergency capacity building of teachers (formal/non-formal) and of parents/caregivers to inclusively meet the learning needs of children, especially in regards to assisting children to learn at home and the socio-emotional needs of crisis-affected children.</li> <li>Providing increased access to and improving quality of ECCD; non-formal primary education equivalency programs; post-primary education; and non-formal education overall.</li> <li>Generation of evidence to inform the reduction of barriers to learning opportunities for girls and boys including through awareness raising initiatives on equal education for both girls and boys in school, e.g. benefits of girls' education versus girls being married off at an early age, boys being in child labor force, etc. as appropriate.</li> <li>Support for adhering to health, hygiene, and sanitary guidelines in education settings, including provision of additional education supplies, furniture and equipment; and training activities on COVID-19 control and prevention.</li> <li>Strengthening WASH equipment and supplies in education settings, in coordination with WASH cluster.</li> </ul>	<p><b>23,000 people</b></p> <p><i>12,000 displaced children, teachers, and community members</i></p> <p><i>11,000 other vulnerable children teachers, and community members - including host communities</i></p>	Buthidaung Kyauktaw Minbya Mrauk-U Sittwe Pauktaw Ponnagyun Rathedaung	<b>\$300,000</b>
Food Security	<ul style="list-style-type: none"> <li>Multi-purpose cash transfer to laborers (landless farmers) and other vulnerable groups affected by movement restriction.</li> <li>Provision of agriculture inputs (vegetable seeds) and cash for small-scale vulnerable, conflict and COVID-19 affected farming families; home gardening training; sensitization awareness sessions to actors along the food supply chain on best practices to mitigate the risk of COVID-19 transmission.</li> <li>Strengthen women's knowledge about (digital) financial management, marketing, entrepreneurship, livelihoods and promote their access to markets, identification documents and mobile phones to receive digital cash transfers if appropriate.</li> <li>Promote women's rights and equal opportunities to engage in more gender-transformative livelihoods programmes</li> </ul>	<p><b>16,260 people</b></p> <p><i>stateless and other vulnerable crisis-affected people</i></p>	Buthidaung Kyauktaw Maungdaw Mrauk-U	<b>\$600,000</b>

<b>Health</b>	<ul style="list-style-type: none"> <li>• Primary health care services aligned with the essential package of health services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care for landmine survivors wherever feasible.</li> <li>• Health services through mobile clinics or revitalization of health facilities.</li> <li>• Preparedness response capacity for emergencies and disasters within the health cluster, including disease surveillance and response.</li> </ul>	<p><b>473,294 people</b></p> <p><i>119,693 displaced people</i></p> <p><i>334,000 non-displaced stateless people</i></p> <p><i>19,601 other vulnerable crisis-affected people</i></p>	Ann Buthidaung Kyauktaw Mrauk-U Sittwe Rathedaung	<b>\$400,000</b>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• Protection Monitoring including to assess the needs of persons with specific needs for further tailored response.</li> </ul>	<p><b>150,000 people</b></p> <p><i>stateless people and newly displaced people</i></p>	Kyauktaw Minbya Mrauk-U Myebon Ponnagyun	<b>\$400,000</b>
	<ul style="list-style-type: none"> <li>• Expand the availability of GBV prevention and response services including MHPSS, case management through remote/ mobile responses, strengthened referral pathway and provide for the dignity needs of women and girls who have experienced or at risk of GBV.</li> </ul>	<p><b>38,260 people</b></p> <p><i>30,000 stateless people</i></p> <p><i>8,260 newly displaced people</i></p>	Kyauktaw Minbya Mrauk-U Sittwe	
	<ul style="list-style-type: none"> <li>• Child protection interventions including awareness raising, child-friendly spaces (CFS) life skills, positive parenting, case management, kits, monitoring, disability and inclusion awareness session; psychosocial support to children/parents/caretakers; screening/early identification for impairment/disability under 5 children and referral support (access to services).</li> </ul>	<p><b>46,218 people</b></p> <p><i>under 18 years old including all conflict, stateless and displaced people</i></p>	Kyauktaw Mrauk-U Sittwe	

<b>Shelter/NFIs/ CCCM</b>	<ul style="list-style-type: none"> <li>• Shelter reconstruction in displacement sites.</li> <li>• Minor site improvements in displacement sites (road rehabilitation, culverts, walkways, etc.).</li> <li>• Distribution of cooking fuel in displacement sites, which may include providing fuel-efficient stoves through vocational training.</li> <li>• Cash grants to communities for temporary shelter support or implemented through individual cash/voucher support for shelter/NFI items.</li> <li>• Integrate women, girls, men and boys equitably in the implementation process of shelter/NFI interventions and promote women’s leadership in camp management committees.</li> <li>• Engage women and men equally and meaningfully in decision-making, management and coordination related to CCCM interventions and camp closure processes.</li> <li>• Ensure that women receive equal training on camp management issues and increase efforts to ensure that women are equally represented in site governance structures (e.g. promote training and mentoring of women to strengthen their leadership capacities and confidence).</li> </ul>	<b>40,000 people</b> <i>displaced</i>	Ann Kyauktaw Minbya Mrauk-U Myebon Pauktaw Ponnagyun Sittwe	<b>\$1,400,000</b>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• Provision of lifesaving WASH services including safe water (household water treatment/water distribution/storage, water quality testing), sanitation (latrines/bathing) facilities, hygiene items/female dignity items, hygiene promotion/information, and operation and maintenance services.</li> <li>• Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate.</li> </ul>	<b>15,000 people</b> <i>13,000 displaced people</i>  <i>2,000 other vulnerable crisis-affected people</i>	Ann Buthidaung Kyauktaw Maungdaw Minbya Mrauk-U Myebon Pauktaw Ponnagyun Rathedaung Sittwe	<b>\$700,000</b>
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• Support strengthening case management capacity at health facilities as appropriate (for contingency).</li> <li>• Protect frontline healthcare workers from infection through adequate infection prevention and control measures, and from stigma and discrimination through enhanced community engagement and other relevant support.</li> <li>• Strengthen surveillance support by preventing, preparing for, detecting and rapidly responding through EWARS for any communicable disease outbreak; support community surveillance for COVID-19 through various health facilities and community clinics as well as engaging community-based networks; and support contact tracing activities as needed.</li> </ul>	<b>473,294 people</b> <i>119,693 displaced people</i>  <i>334,000 non-displaced stateless people</i>  <i>19,601 other vulnerable crisis-affected people</i>	Buthidaung Kyauktaw Mrauk-U Sittwe	-

2020 MHF: FIRST STANDARD ALLOCATION		KACHIN STATE		\$2,400,000
Sector	Priority activities	Target	Township	Envelope
EiE	<ul style="list-style-type: none"> <li>Provision of teaching/learning materials with an emphasis on cash/voucher assistance, considering COVID-19 preventive items (e.g. soap, face masks and other items for hygiene and health).</li> <li>Steps toward durable and sustainable solutions in education that reduce the risk of family separation; this may include data collection, evidence generation, and support to families to improve education opportunities in the communities where they reside / plan to return.</li> <li>Training of teachers, school staff, and families in identification of protection issues and reporting through referral pathways; this activity - along with proof of existing / ongoing development of child safeguarding measures - is required for any funding support to boarding houses.<sup>7</sup></li> <li>Providing increased access to and improving quality of ECCD.</li> <li>Emergency capacity building of teachers (formal/non-formal) and of parents/caregivers related to providing child-centered and inclusive quality education, with an emphasis on meeting the socio-emotional needs of crisis-affected children.</li> <li>Support for children to learn at home before and after schools re-open including through capacity building of parents/caregivers and teachers, as well as back-to-school campaigns and support to remedial/catch-up learning.</li> <li>Strengthen WASH facilities and adequate supplies in education settings, including COVID-19 prevention.</li> </ul>	<p><b>8,800 people</b></p> <p><i>7,500 displaced children, teachers, and community members</i></p> <p><i>1,300 returnees, resettled or locally integrated persons or other conflict affected people</i></p>	Bhamo Chipwi Hpakant Injangyang Mansi Mogaung Mohnyin Momauk Myitkyina Puta-O Shwegu Sumprabum Tanai Waingmaw	\$300,000
Food Security	<ul style="list-style-type: none"> <li>Emergency food in-kind and/or through cash assistance to crisis-affected people.</li> <li>Emergency agriculture inputs to support the crop, livestock and productivity.</li> <li>Cash-based interventions for the rehabilitation and enhancement of community productive assets.</li> <li>Agriculture and non-agriculture livelihoods programs promoting gender-transformative and non-household based activities.</li> <li>Food security sector coordination, analysis and dissemination to improved timeliness, appropriateness and effectiveness of food security sector response.</li> </ul>	<p><b>7,000 people</b></p> <p><i>including 3,797 displaced people for food assistance in NGCA sites</i></p>	Mansi Momauk Shwegu Sumprabum Waingmaw	\$600,000
Health	<ul style="list-style-type: none"> <li>Primary health care services aligned with the essential package of health services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care for landmine survivors wherever feasible.</li> <li>Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, GBV clinical care and referrals to other GBV specialized services.</li> <li>Preparedness response capacity for emergencies and disasters within the health cluster.</li> </ul>	<p><b>53,221 people</b></p> <p><i>47,882 displaced people</i></p> <p><i>5,339 other vulnerable crisis-affected people</i></p>	Chipwi Mansi Shwegu Sumprabum Waingmaw	\$200,000

<sup>7</sup> Given the increased protection risks, boarding houses for education will only be funded under MHF if evidence is provided that child safeguarding measures are in place or will be developed over the course of MHF funding. These may include safeguarding policies, codes of conduct, referral systems, and focal points; all measures should be based on child safeguarding assessment outcomes and then implemented and monitored.

<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Screening, support for treatment and case management of children under-five and pregnant and breastfeeding women for acute malnutrition, including referral and follow-up.</li> <li>• Blanket supplementary feeding programme (BSFP) to prevent nutritional deterioration among vulnerable children and pregnant and breastfeeding women.</li> <li>• Maternal, newborn, infant and young child feeding (IYCF) care and support, including building of supportive environments (e.g. coordination meetings, counseling support, small group meeting and capacity building of volunteers).</li> <li>• Multiple micronutrient supplementation for home fortification of complementary foods and for pregnant and breastfeeding women.</li> <li>• Vitamin A supplementation and deworming supported by the Government.</li> </ul>	<p><b>4,000 people</b></p> <p><i>1,000 women, 1,500 children (displaced)</i></p> <p><i>600 women 900 children (host communities)</i></p>	Bhamo, Chipwi Hpakant Injyangyang Mansi Mogaung Mohnyin Momauk Myitkyina Put-a, Shwegu Sumprabum Tanai Waingmaw	<p><b>\$200,000</b></p>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• Community based MHPSS support to vulnerable target groups (women, children, persons with disabilities, older persons, marginalized groups), expansion of coverage of mental health and psycho-social support services, including remote delivery, to respond vulnerable individuals in need, particularly those most affected by COVID-19 quarantine, movement restrictions, or other measures.</li> <li>• Expand and strengthen the provision of case management and PSS services to survivors of GBV and women and girls at risk.</li> <li>• Expansion of engaging community volunteers, and youth, especially men and boys, in GBV risk mitigation and prevention activities, promotion of women and girls empowerment, life skill based activities, enforcing community based protection through community watch groups, engagement of the community in safety audits and assessments.</li> <li>• Provision of dignity kits for vulnerable women and girls in displacement sites, host communities and quarantine facilities.</li> <li>• Expand capacity of organizations on safe and ethical data collection and analysis.</li> <li>• MHPSS and GBV Case Management training for newly hired GBV case workers in the expanded sites. Strengthening capacity of community volunteers to ensure safe and ethical referral to services and to provide PSS at community level.</li> </ul>	<p><b>83,000 people</b></p> <p><i>76,000 displaced people</i></p> <p><i>7,000 other vulnerable crisis- affected</i></p>	Bhamo, Chipwi Hpakant Injyangyang Mansi, Mogaung Mohnyin Momauk Myitkyina Put-a, Shwegu Sumprabum Tanai Waingmaw	<p><b>\$300,000</b></p>
		<p><b>10,000 people</b></p> <p><i>displaced and adjacent host community</i></p>	Bhamo Mansi Momauk Myitkyina Waingmaw	

<b>Shelter/NFIs/ CCCM</b>	<ul style="list-style-type: none"> <li>• Emergency assistance to newly displaced people through shelter interventions.</li> <li>• Replace sub-standard/no longer habitable shelters or rehabilitate old shelters, considering minimum standards and protection risks.</li> <li>• Capacity-building of community groups and site management committees on CCCM issues, including emergency preparedness response and supporting site running costs.</li> <li>• Ensure that women receive equal training on site management issues and increase efforts to ensure that women are equally represented in sites governance structures.</li> <li>• Site monitoring and ensuring beneficiaries' access to information through site focal persons including providing incentives to them.</li> <li>• Electricity installation and maintenance in displacement sites.</li> </ul>	<p><b>5,750 people</b> <i>Shelter</i></p> <p><b>10,497 people</b> <i>CCCM</i></p>	<p>Bhamo Chipwi Hpakant Mansi Mogaung Momauk Myitkyina Waingmaw</p>	<p><b>\$700,000</b></p>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• Provision of lifesaving WASH services including safe water (household water treatment/water distribution/storage, water quality testing), sanitation (latrines/bathing) facilities, hygiene items/female dignity items, hygiene promotion/information, and operation and maintenance services.</li> <li>• Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate.</li> </ul>	<p><b>2,500 people</b> <i>displaced people</i></p>	<p>Momauk Shwegu</p>	<p><b>\$100,000</b></p>
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• Strengthen surveillance support by preventing, preparing for, detecting and rapidly responding through EWARS for any communicable disease outbreak; support community surveillance for COVID-19 through various health facilities and community clinics as well as engaging community-based networks; and support contact tracing activities as needed.</li> <li>• Enhance RCCE, including educating and communications with people of concern on COVID-19 through awareness raising campaigns that reaches all including marginalized population.</li> <li>• Support continuity of essential and life-saving healthcare services for targeted vulnerable groups (elderly, children, pregnant women, persons with disabilities, persons with chronic diseases) in collaboration with relevant stakeholders to include but not limited to maternal, newborn, child health and sexual and reproductive health care services; emergency patient referrals; immunization activity; antiretroviral therapy needs of people living with HIV; essential treatment services such as methadone maintenance therapy for people who inject drugs, and HIV risk reduction commodities; anti-tuberculosis treatment; non-communicable diseases; mental health and psychosocial support needs.</li> </ul>	<p><b>53,221 people</b></p> <p><i>47,882 displaced people</i></p> <p><i>5,339 other vulnerable crisis-affected people</i></p>	<p>Chipwi Mansi Shwegu Sumprabum Waingmaw</p>	<p>-</p>

2020 MHF: FIRST STANDARD ALLOCATION		SHAN STATE		
		\$600,000		
Sector	Priority activities	Target	Township	Envelope
EiE	<ul style="list-style-type: none"> <li>Provision of teaching/learning materials, with an emphasis on cash/voucher assistance, considering COVID-19 preventive items (e.g. soap, face masks and other items for hygiene and health).</li> <li>Emergency capacity building of teachers (formal/non-formal) and of parents/caregivers related to providing child-centered and inclusive quality education, with an emphasis on meeting the socio-emotional needs of crisis-affected children.</li> <li>Training of teachers, school staff, and families in identification of protection issues and reporting through referral pathways; this activity - along with proof of existing / development of child safeguarding measures - is required for any funding support to boarding houses.<sup>8</sup></li> <li>Providing increased access to and improving quality education from ECCD through post-primary (formal and non-formal), including life skills, literacy and numeracy and vocational). As relevant, increased access and quality should reduce the risk of family separation.</li> <li>Support for children to learn at home before and after schools re-open including through capacity building of parents/caregivers and teachers, as well as back-to-school campaigns and support to remedial/catch-up learning.</li> <li>Strengthen WASH facilities and adequate supplies in education settings, including COVID-19 prevention.</li> </ul>	<p><b>3,800 people</b></p> <p><i>1,700 displaced children</i></p> <p><i>1,100 children in host communities</i></p> <p><i>400 youth and adolescents</i></p> <p><i>600 teachers and parents</i></p>	Hseni Hsipaw Kutkai Kyaukme Kyethi Lashio Manton Muse Namhkan Namtu Namhsan	<b>\$100,000</b>
Food Security	<ul style="list-style-type: none"> <li>Cash assistance to food producers for 2020 monsoon planting season.</li> <li>Emergency training on technical and business issues of cash beneficiary farmers, followed by winter cropping, mentoring and monitoring.</li> <li>Emergency training on technical and business issues of livelihoods and food production beneficiaries, followed by cash assistance for business &amp; farming start-ups.</li> <li>Promote women's rights and equal opportunities to engage in more gender-transformative livelihoods programmes.</li> </ul>	<p><b>1,000 people</b></p> <p><i>returnees</i></p>	Lashio Kyaukme Muse	<b>\$100,000</b>
Health	<ul style="list-style-type: none"> <li>Primary health care services aligned with the essential package of health services, including sexual and reproductive health with support for menstrual hygiene management, and the emergency health care for land mine survivors wherever feasible.</li> <li>Health services through mobile clinics or revitalization of health facilities.</li> <li>Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, GBV clinical care and referrals to other GBV specialized services.</li> <li>Preparedness response capacity for emergencies and disasters within the health cluster.</li> </ul>	<p><b>18,372 people</b></p> <p><i>2,950 displaced people</i></p> <p><i>15,422 other vulnerable crisis-affected people</i></p>	Hseni Konkyan Kunlong Namhkan Namtu	<b>\$100,000</b>

<sup>8</sup> Given the increased protection risks, boarding houses for education will only be funded under MHF if evidence is provided that child safeguarding measures are in place or will be developed over the course of MHF funding. These may include safeguarding policies, codes of conduct, referral systems, and focal points; all measures should be based on child safeguarding assessment outcomes and then implemented and monitored.

<b>Protection</b>	<ul style="list-style-type: none"> <li>• Provision of GBV response services including case management and psychosocial support.</li> <li>• Building capacity of service providers to respond to the needs of women and girls.</li> <li>• Expanding access to GBV services including through women and girls' centers, mobile teams and remotely.</li> <li>• Enhancing risk mitigation strategies through safety audit response and the distribution of dignity kits.</li> <li>• Increased awareness raising and information dissemination for GBV prevention including engagement of men and boys.</li> <li>• Promote reproductive health and menstrual hygiene management practices.</li> <li>• Specialized activities for vulnerable groups especially adolescent girls and persons with disabilities.</li> <li>• Establishment of integrated centers which offer access to both health and GBV response services for women and girls.</li> </ul>	<p><b>14,200 people</b>  <i>9,700 displaced people</i></p> <p><i>4,500 host community members</i></p>	Hseni Hsipaw Kutkai Lashio Mansi Manton Muse Namhkan Namtu Nawngkhio Tangyan	<p><b>\$100,000</b></p>
<b>Shelter/NFIs/CCCM</b>	<ul style="list-style-type: none"> <li>• Emergency assistance to newly displaced people through shelter and NFI interventions.</li> <li>• Replace sub-standard/no longer habitable shelters, rehabilitate old shelters, or provide new shelter at the site of relocation of displaced people due to various reasons considering minimum standards and protection risks.</li> </ul>	<p><b>3,500 people</b></p>	Kutkai Mansi (access through Shan) Manton Namhkan, Namtu	<p><b>\$200,000</b></p>
<b>COVID-19</b>	<ul style="list-style-type: none"> <li>• Strengthen surveillance support by preventing, preparing for, detecting and rapidly responding through EWARS for any communicable disease outbreak; support community surveillance for COVID-19 through various health facilities and community clinics as well as engaging community-based networks; and support contact tracing activities as needed.</li> <li>• Enhance RCCE, including educating and communications with people of concern on COVID-19 through awareness raising campaigns that reaches all including marginalized population.</li> <li>• Strengthen infection prevention and control measures in public places with high risk of transmission and quarantine and health facility settings to include adequate supply and promote rational use of personal protective equipment</li> </ul>	<p><b>18,372 people</b></p> <p><i>2,950 displaced people</i></p> <p><i>15,422 other vulnerable crisis-affected people</i></p>	Hseni Konkyan Kunlong Namhkan Namtu	<p>-</p>

## 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, using a **specific 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. The precise distribution of available funding will be determined following the established review process clusters, sectors, working groups and thematic advisors. It will be focused on identifying the best project proposal covering the most urgent needs and gaps, complemented by an analysis of ongoing response by sector and geographic area. Consultations with other funds<sup>9</sup> and donors in country will be made, also considering actions undertaken under the Government of Myanmar's COVID-19 Economic Relief Plan (CERP) and the UN Socio-Economic Response Framework to COVID-19 in Myanmar (UN-SERF), when relevant.

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<sup>10</sup> 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, the HC will direct the funding to the **partners best placed** to immediately deliver assistance in priority locations. Funding support to national NGOs through this allocation will be considered in an equitable manner and prioritized when possible, based on their access and experience in the targeted 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,<sup>11</sup> over single cluster/sector project proposals. The MHF also strongly encourages cash and voucher programming when feasible. Partnership agreements with other humanitarian partners are also welcome.

## 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 and also submitted to the OCHA Country-Based Pooled Fund (CBPF) Section for comments. Upon receiving feedback, the consolidated document was finalized by OCHA and reviewed and endorsed by the Humanitarian Coordinator (HC) on 3 July 2020.

<sup>9</sup> It may include the Access to Health Fund, the Livelihoods and Food Security Trust Fund (LIFT) and the Humanitarian Assistance and Resilience Programme Facility (HARP-F).

<sup>10</sup> It includes the Maungdaw Inter-Agency Group (MIAG) for proposals covering the northern part of Rakhine State.

<sup>11</sup> For multi-sector project proposals, the Review Committee will provide a justified recommendation to the MHF Advisory Board.

The dramatic underfunded scenario against existing humanitarian needs 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 Standard Allocation 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 Standard Allocation will be open **from 3 to 20 July 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 overheads<sup>12</sup> and / or direct cash transfers. Stand-alone proposals for multi-purpose cash or voucher programmes that will fit within the multiple sector priorities will be accepted. Partners can apply for one sector or multiple sectors<sup>13</sup>. 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.

The MHF does not establish limitation of number of projects per partners. Project proposals covering different areas in Kachin and Shan are allowed for interventions where operations are often done using same logistics/teams. For Rakhine and Chin, project proposals should be submitted separately. In the case of Chin, the MHF is looking for a unique multisector project and it may be not compatible with the intervention in Rakhine, where logistics are different including access in some cases.

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](mailto:MHF-Myanmar@un.org), +9512305682 ext. 204.4

### III.1. Guidance for project submissions

Allocation size	<b>US\$7 million</b> distributed as per indicative funding envelopes.
Scope	This 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. 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 <b>minimum of US\$ 100,000</b> and a ceiling as per indicative funding envelope per sector. Multi-sector projects are encouraged.
Duration of projects <sup>14</sup>	<b>12 months</b> . No-cost extensions could be considered on a case-by-case basis and for a maximum of 3 months when there is strong justification.

<sup>12</sup> If direct material support is available from other sources, partners may use the funds to cover transport and delivery overheads.

<sup>13</sup> In the case of stand-alone proposals for multi-purpose cash or voucher programmes, the partner will select "multi-sector" when uploading the proposal in GMS.

<sup>14</sup> The MHF Standard Allocation looks for projects of 12-month duration. The MHF may consider shorter projects for some time-bound interventions (e.g. food assistance to cover funding gaps from other donors, shelter construction, etc.) when there is strong justification.

Cross-cutting issues	Promoting <b>protection mainstreaming</b> , including accountability to affected population, <b>age and gender equality</b> , and disability inclusion are mandatory requirements. Considering <b>environmental risks</b> and <b>cash-based programming</b> 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"> <li>• Completion of the due diligence process on GMS.</li> <li>• Capacity assessment conducted by OCHA, including anti-fraud and PSEA policies.</li> <li>• MHF requests on previous and ongoing projects have been addressed.</li> <li>• Active participation in coordination at national and/or sub-national level.</li> </ul>

### III.2. Tentative Allocation Timeline

Phase	Step	What	Who	Key Date
<b>Preparation</b>	1. HC endorsement of the concept note on the integrated approach	Concept paper	HC	19 June 2020
	2. Development of the draft of the allocation strategy	MHF Standard Allocation Strategy	OCHA Clusters/Sectors	30 June 2020
	3. Comments from the Advisory Board and HC endorsement of the allocation strategy	MHF Standard Allocation Strategy	MHF Advisory Board HC	3 July 2020
	4. Launch of allocation strategy	MHF Standard Allocation Strategy	OCHA	3 July 2020
<b>Proposal Development</b>	5. Proposal submission deadline	Proposal preparation	Partners	<b>20 July 2020</b>
<b>Proposal Review</b>	6. Strategic, Technical and Financial Review	Project prioritization Proposal review	Review Committee OCHA	<b>27 July 2020</b>
	7. HC/Advisory Board proposals endorsement	AB comments and HC endorses project prioritization	HC AB	<b>30 July 2020</b>
	8. Proposal Revision and Adjustments	Partners address feedback	Partners OCHA	6 August 2020
<b>Approval</b>	9. Final Budget Clearance	OCHA final clearance	OCHA HQ	10 August 2020
	10. Project start date	Project implementation	Partners	<b>10 August 2020</b> <i>(if pre-financed, as soon as the budget is cleared by OCHA HQ)</i>
	11. Grant Agreement Preparation and signature	GA prepared/start date agreed with partner and signature	OCHA HC Partners	12 August 2020
<b>Disbursement</b>	12. Grant Agreement final clearance	GA cleared and signed	OCHA	15 August 2020
	13. First disbursement	Payment request processed	OCHA	15 August 2020

## IV. INFORMATION AND COMPLAINTS MECHANISM

---

### IV.1. OCHA Humanitarian Financing Unit

Mr. Narciso Rosa-Berlanga, Head / MHF Manager	<a href="mailto:rosa-berlanga@un.org">rosa-berlanga@un.org</a>
Ms. Wai Wai Moe, Senior Humanitarian Financing Officer	<a href="mailto:moe2@un.org">moe2@un.org</a>
Ms. Thet Mon Soe, Senior Humanitarian Programme Officer	<a href="mailto:soe4@un.org">soe4@un.org</a>
Ms. Poe Ei Phyu, Grant Management and Programme Officer	<a href="mailto:poe.phyu@un.org">poe.phyu@un.org</a>
Ms. Ei Kalayar Lwine, Programme Associate	<a href="mailto:lwine@un.org">lwine@un.org</a>



**OCHA  
HFU**

+95 12305682 ext. 204  
[MHF-Myanmar@un.org](mailto:MHF-Myanmar@un.org)  
[www.unocha.org/Myanmar/about-MHF](http://www.unocha.org/Myanmar/about-MHF)

### 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](mailto: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
- Annex 7: MHF Flexibility Guidance in the context of the COVID-19