I. ALLOCATION OVERVIEW

I.1. Introduction

This document lays the strategy to allocating funds from the Myanmar Humanitarian Fund (MHF) Second 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 underfunded situation of humanitarian requirements by mid-October 2020. As of 20 October, 52 per cent of the 2020 HRP requirements\(^1\), including the revised COVID-19 Addendum, have been met up to now (56 per cent in the case of the mentioned addendum). Looking at the most underfunded sectors as per HRP requirements, Education is funded at 17.1 per cent, followed by Health (20 per cent) and Shelter/NFI/CCCM (21.5 per cent).

This standard allocation makes available US$5 million to support coordinated humanitarian assistance and protection, covering displaced people and other vulnerable crisis-affected people in Chin, Rakhine, Kachin, Shan and Kayin\(^2\) states. The allocation includes a specific envelope to support inter-agency efforts on Protection from Sexual Exploitation and Abuse (PSEA) through a joint program for awareness-raising and strengthening of community-based complaints mechanisms for PSEA within affected communities in Myanmar. The allocation does not include funding envelopes for stand-alone interventions related to the Coronavirus Disease 2019 (COVID-19), requesting partners to mainstream related actions throughout the response to the humanitarian needs.

I.2. Allocation Breakdown

<table>
<thead>
<tr>
<th>Indicative Envelopes(^3)</th>
<th>Priority</th>
<th>TOTAL US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>1</td>
<td>850,000</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>850,000</td>
</tr>
<tr>
<td>Shelter/NFI/CCCM</td>
<td>1</td>
<td>850,000</td>
</tr>
<tr>
<td>Protection</td>
<td>2</td>
<td>700,000</td>
</tr>
<tr>
<td>WASH</td>
<td>2</td>
<td>600,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
<td>350,000</td>
</tr>
<tr>
<td>Food Security</td>
<td>3</td>
<td>300,000</td>
</tr>
<tr>
<td>Logistics</td>
<td>3</td>
<td>300,000</td>
</tr>
<tr>
<td>PSEA</td>
<td></td>
<td>200,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>5,000,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Chin(^4)</th>
<th>Rakhine</th>
<th>Kachin</th>
<th>Shan</th>
<th>Kayin(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>75,000</td>
<td>300,000</td>
<td>300,000</td>
<td>100,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Health</td>
<td>30,000</td>
<td>380,000</td>
<td>280,000</td>
<td>130,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Shelter/NFI/CCCM</td>
<td>50,000</td>
<td>450,000</td>
<td>350,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>50,000</td>
<td>350,000</td>
<td>250,000</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>100,000</td>
<td>200,000</td>
<td>150,000</td>
<td>100,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>200,000</td>
<td></td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td></td>
<td>250,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logistics</td>
<td></td>
<td>300,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>305,000</td>
<td>2,430,000</td>
<td>1,080,000</td>
<td>680,000</td>
<td>305,000</td>
</tr>
</tbody>
</table>

1. Please see updated snapshot published by OCHA at ReliefWeb.
2. It may also include the caseload of conflict-affected people in eastern Bago Region.
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, the comments provided by the MHF Advisory Board and the final decision of the HC.
4. For Chin and Kayin, only a unique multisector proposal, covering priority sectors, will be prioritized by the MHF Review Committee.
This allocation strategy paper, including in-depth prioritization and indicative funding envelopes by sector and geographical areas, is the result of broad consultations with a wide range of stakeholders in October 2020, with final recommendations made by the MHF Advisory Board (AB), and ultimately endorsed by the UN Resident and Humanitarian Coordinator (RC/HC) on 5 November 2020.

I.3. Humanitarian situation

The humanitarian situation in several areas of Myanmar remains complex and challenging. It is estimated that more than one million people in Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin states are currently in situations of urgent humanitarian need, and facing critical problems relating to living standards, physical and mental wellbeing, or coping mechanisms. 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. While the drivers, underlying factors and associated vulnerability characteristics triggering humanitarian needs and related consequences have impacted crisis-affected people to varying degrees across different geographical locations, specific population groups and locations have been more severely impacted than others. 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 also shape the differential impact of the crises on men and boys, who are disproportionately exposed to certain human rights violations such as forced recruitment, arbitrary arrests and landmines due to performing their gender roles as heads of households. The evolving impact of the COVID-19 pandemic and intensified conflict in Rakhine and southern Chin and northern Shan have further reduced affected people’s freedom of movement, access to protection, basic services and livelihoods, heightening existing vulnerabilities and protection risks further exacerbating access issues faced by women and girls, whose movement is restricted also due to gendered social norms.

As indicated in the 2020 Myanmar Humanitarian Needs Overview, Myanmar ranks 17th out of 191 countries in the Index for Risk Management (INFORM) 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 in conflict-affected areas. Particular vulnerabilities have been identified among women, girls and boys, the elderly, persons with disabilities and lesbian, gay, bisexual, transgender, intersex or queer/questioning (LGBTQI+) 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 an internet shutdown effectively remains in place 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. Entrenched gender inequality and social norms in all communities magnify 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), food and cash assistance, education, livelihoods, community engagement and overall decision making and leadership, and rendering them at greater risk of violence and hardship and with little impact over the design and implementation of services provided. Women and girls are at risk of gender-based violence, including trafficking, transactional sex, sexual exploitation and abuse, child 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 5 November 2020, Myanmar has seen an exponential increase in the incident of the virus since September 2020, with 57,935 confirmed cases of COVID-19 including 1,352 fatalities. On 25 October, the Government of Myanmar announced the extension of the precautionary measures for prevention, control and treatment of the COVID-19 pandemic, including the stay-at-home measures in specific townships, with the exception for the voters that will be allowed to go to the polling stations on the election day, scheduled on 8

5 An initial concept paper, prepared by the MHF, was endorsed by the Humanitarian Coordinator on 13 October 2020.
6 The INFORM methodology has three dimensions: hazard and exposure, vulnerability and lack of coping capacity.
November 2020. In addition, on 26 October, the Government of Myanmar extended the temporary ban on international commercial flights, including international entry restrictions, until 30 November. In addition to the health impact, there are concerns that COVID-19 mitigations measures of lockdowns and subsequent economic hardship are increasing incidence of gender-based violence while services have become less accessible and reduced.

In Rakhine State, the situation remains deplorable for the remaining Rohingya since the mass exodus of more than 740,000 people to Bangladesh that commenced in August 2017. An estimated 600,000 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 126,000 people, mainly Rohingya but also including 2,000 Kaman Muslims, remain confined in camps 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 social norms often serving as barriers to women’s access to humanitarian services as well as public life across communities. In addition, close to 100,000 civilians in ten 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 (MAF) and the Arakan Army (AA) in January 2019. The clashes have intensified especially in Rathedaung, Buthidaung, Minbya and Mrauk-U in recent weeks. The impact of these clashes has left more than 99,000 persons displaced across 185 sites and host communities in Rakhine and Chin states as per the Rakhine State Government’s figures of 19 October. In Rakhine, 84,501 people are currently displaced in 160 sites while another 6,698 displaced persons are sheltering in host communities. According to humanitarian partners in Paletwa, in Chin State 8,323 displaced persons are hosted in 26 sites which remains unchanged since 25 July. In Rakhine, 52 out of 160 displacement sites remain inaccessible due to security and access restrictions while access remain remain extremely limited to many displacement sites, particularly in rural areas.

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 95,638 people remaining displaced as of 30 September 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 38,872 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 in particular women, girls and boys, the elderly, persons with disabilities and LGBTQI+ persons. Women and girls remain at risk of various forms of gender-based violence (GBV) and human trafficking, while men and boys are particularly vulnerable to arbitrary arrest and detention as well as forced recruitment and forced labor. The State Government and local NGOs have initiated some actions to provide durable solutions to displaced people, but these have been at a relatively small scale. Since 2016, some 3,500-displaced people have been able to voluntarily return to their homes or resettle in other locations, half of these have been returns to original homes. Based on assessments, women and men had different concerns and needs in terms of durable solutions highlighting the importance of consulting different segments of population when designing interventions.

In Shan State, as of 30 September 2020, 9,760 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 well-being and livelihoods, and can be particularly traumatic for children. Women and girls are disproportionately impacted by a lack of decision-making power and representation, lack of livelihoods and income generating activities, and protection concerns growing also from high levels of drug use among men as well as some children involved in labor (particularly mining), associated with a high HIV prevalence from drug use, the presence of military, and growing risk factors for trafficking.
In the **South-East** part of Myanmar, while 120,000 persons are estimated to be displaced, most of them are no longer considered to require humanitarian assistance except for over 11,400 people in displaced communities in Hpapun and Hlaingbwe townships in Kayin State, and Kyaukkyi township in Bago Region, who remain of serious concern. The COVID-19 pandemic has worsened the situation, with affected populations being isolated by receiving assistance from both Government and ethnic armed organizations (EAOs). The EAOs have banned INGOs, NGOs, and CSOs not to implement any activities in their controlling areas till the end of 2020, with restrictive instructions to community members, such as not allowing villagers to travel to other locations including for accessing food, and people being outside not being able to return to their origin villages. This situation has been extended to the new displacements have been registered in mixed-controlled EAOs areas in Bilin and Thaton townships in Mon State. All the sectors remain a priority across the affected population.

### II. ALLOCATION STRATEGY

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

The overall objective of this Second 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, Shan and Kayin states; as well as reinforce the inter-agency efforts on a coordinated PSEA approach among humanitarian partners in Myanmar.

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 strengthen 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, the elderly, persons with disabilities; lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning (LGBTQI+) 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, Shan and Kayin states.**

- **Inter-agency efforts on Protection from Sexual Exploitation and Abuse (PSEA)** through a joint program for awareness-raising and strengthening of community-based complaints mechanism for PSEA within affected communities in Myanmar, building upon work already done in 2020 while engaging with communities to ensure that national-level awareness materials are effective and complaints channels are accessible.

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 and across the approved projects.
funded through the First Standard Allocation launched in July 2020. Nevertheless, COVID-19 related actions may be mainstreamed throughout the response to the humanitarian needs.

In planning the response, it is thus important to consider the broader range of pre-existing vulnerabilities together with the 2021 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 Second 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.
- Focus on vulnerable populations including women, girls, boys, the elderly, persons with disabilities, and LGBTQI+ people.
- Accountability to affected populations, particularly regarding PSEA questions.
- 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. Three levels of priority have been assigned as per indicative funding envelopes, with additional priorities across sectors (PSEA and COVID-19).

- **Priority 1**: EiE, Health and Shelter/NFI/CCCM
- **Priority 2**: Protection and WASH
- **Priority 3**: Nutrition, Food Security and Logistics
- **Cross-sector**: PSEA and COVID-19

Justifications 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 households, persons with disabilities, etc. will be mainstreamed 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 COVID-19.
In relation to the education in emergencies (EiE) sector, children and adolescents across all HRP areas are facing a crisis in learning due to a prolonged disruption of education. All schools and learning spaces have been closed since March 2020 (except a brief 3-week period in which some high schools opened) with support for children to continue learning only recently underway. The EiE Sector COVID-19 Response Strategy outlines the specific activities required so that girls and boys, particularly those with disability, LGBTQI+, children from religious/ethnic minorities, etc. continue to access safe, quality and inclusive learning spaces that promote protection and wellbeing, with the support of their parents, caregivers, and teachers, even during prolonged school closure; it should serve as a key reference for EiE partners. Girls are at higher risk to drop out from school after prolonged absence and to not engage in home-based schooling due to care responsibilities. Considerable attention and resources are required to ensure all children can re-engage in learning, with particular focus on children and adolescents most likely to be left behind (those with disabilities, girls, and LGBTQI+). As transmission decreases, particular attention will be needed to engage communities for all children’s return to safe and accessible learning spaces. At all times, there must be a focus on the mental and emotional wellbeing of children, parents, caregivers, and teachers.

Displaced children in Chin State have already faced difficulties in accessing education in already over-crowded government schools. With COVID-19, these children urgently need support to re-engage in learning during ongoing school closures and significant resources are needed to improve school infrastructure so children can return to learning spaces in a safe and accessible manner. Additional support for the most vulnerable children to catch up on education and return to learning must also be a priority with consideration to the different gendered needs and challenges girls and boys face; this is needed to mitigate significant child protection concerns.

In Rakhine State, children in the 2012 displacement camps will require support to access appropriate modalities to learn through alternative means, and this will also require engagement of parents, both mothers and fathers, and caregivers, and especially volunteer teachers. Already, EiE partners are providing remote support and payment to volunteer teachers and stand ready to distribute printed learning materials as they gain access – further activities prioritize supporting children’s continued and equitable engagement in education at home and preparing TLCs for safe re-opening. Children in displacement sites, children not displaced but stateless, and other vulnerable populations will also require support to come back to learning and eventually learning spaces. Specific evidence on the impact of COVID-19 on children and their access to quality learning opportunities is needed, with a particular focus on gender and other exclusion factors. Due to prevailing socio-cultural norms, it is common proactive among the Rohingya communities to prevent girls from interacting with boys once the girls reach puberty. As a consequence, parents often stop sending their adolescent daughters to school or other educational activities unless they are provided in a sex-segregated environment. This is exacerbated by security concerns where women and girls are kept home to protect them from harassment and other forms of gender-based violence.

In Kachin State, displaced children often face structural barriers to achieving equal learning outcomes with their peers and the COVID-19 crisis for education threatens to set them even further back. In Kachin, boys have previously had a high drop-out rate due to engagement in income generating work at a young age due to their gender roles within the family, including in the mining industry. Immediate attention is needed to provide material support and monitor the engagement of children, parents/caregivers, and teachers as they learn at home. Evidence of the impact on learning for displaced and vulnerable children, including on the gendered differences of the impact on girls and boys, caused by COVID-19, including on their mental and emotional wellbeing, will be important to inform efforts to return them to safe and accessible learning spaces and provide remedial education. To strengthen the quality of education interventions, specific attention is also required to build the capacity of EiE partners.

In Shan State, displaced and vulnerable, crisis-affected girls and boys are also likely to fall further behind than their peers before and, even more so, during the prolonged school closures. Specific efforts are needed to engage children, mothers, fathers and other caregivers and teachers in quality learning opportunities and ensure learning achievement that is accessible, sensitive to the language and culture of the community. The state has the lowest female literacy rate among young women at 59.4 per cent, accordingly to the 2016 Myanmar Gender Situation Analysis. Specific attention is needed to learning outcomes among girls and to ensure education serves a protective
function for all children. The safety and accessibility of learning spaces must also be assured with proper and safely accessible sex-segregated WASH facilities and health supplies.

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 protection 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 measures may include safeguarding policies, codes of conduct, referral systems, reporting mechanisms and focal points; all measures should be based on child safeguarding assessment outcomes and then implemented and monitored.

Displaced children in Kayin State have had their education disrupted for many months, and support is required for their return to learning and the ongoing engagement of volunteer teachers. Further, the government is unlikely to fully reach displaced children in Kayin State and so humanitarian action is required to meet their education needs. There is readiness and internet access in displacement sites to support children’s accessible home-based learning, and with additional resources, EiE partners are ready to step in to ensure the protective and sustaining functions of education. Capacity building to teachers, continuing education engagement of children, and awareness sessions to parents/caregivers to support continuous education for children in displacement sites are a priority.

For the health cluster, proposals that support any activity for targeted populations in location prioritized by the 2020 HRP are considered eligible for submission. At the same time, the limitation of available resources requires strategic prioritization used to guide this funding allocation. Prioritization was conducted using a bottom-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 projects, and challenges in access to conflict-affected and NGCA. Equitable access to accessible, inclusive and gender-responsive healthcare programming is strongly advocated across all types of service provision and modalities, as women, children, persons with disabilities and individuals with a diverse sexual orientation or gender identities face multiple socio-cultural and safety barriers to accessing healthcare clinics. Universal access to sexual and reproductive health services is essential in ensuring that the humanitarian response is both people-centered and gender-inclusive. Results of these discussions as to activity type, target population and location are reflected in the prioritization table section.

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, compounded by public health and social measures due to Covid19, and affects humanitarian access to pre-existing displaced and non-displaced communities in varying degrees. Women’s and girls’ access is affected also by gender norms that influence their freedom of movement and only 54 per cent of women confirmed their access to primary health care in Rakhine according to the Humanitarian Response Plan Monitoring Report 2019. In Kachin, women in displacement sites and host communities face challenges in access to healthcare, with maternal health being cited by women as a key gap within displacement sites, and unreliable governmental healthcare facilities and unaffordable transportation charges to hospitals or clinics outside of displacement sites being prohibitive barriers to access health. Yet, 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. Shan State is uniquely characterized by frequent, short-term displacements in addition to the long-term displacement, the most recent of which is the displacement in Kyaukme township.

---

7 Gender Profile for Humanitarian Action: Rakhine, Kachin, and Northern Shan. (March 2020).
8 Life on Hold, Oxfam and Trócaire (2017).
In Kayin State, conflict-affected people are being isolated by receiving assistance from the government and ethnic health organizations. Humanitarian actors are prohibited by EAOs to implement activities in their controlled areas likely until end of 2020 based on available information. The imposed movement restriction of both local people and humanitarian actors are attributed to control measures for COVID-19. Primary health care support is requested, including mental health and psychosocial support for vulnerable groups, including adolescents and children.

The shelter/NFI/CCCM cluster will focus interventions in Rakhine and Kachin, with specific interventions in Chin through a multisector approach. Due to the limited available funding, even if there are unmet needs in Shan state regarding shelter interventions, the cluster has not prioritized any intervention through this MHF allocation, which may be included in future rounds of MHF allocations.

In Chin, due to the continued armed conflict affecting areas of the southern part of the state, urgent interventions through site focal point approach are needed to support the displaced populations as necessary. It may include NFI and emergency shelter support (in-kind, voucher, cash), mobile CCCM, complaints response mechanisms (CRM) and minor site improvements with consideration to the needs and access constraints of specific vulnerable populations including women, girls and boys, elderly, persons with disabilities and LGBTQI+ people.

In Rakhine, the recent increase in number of displacement sites in Sittwe and Ponnagyun, requires additional engagement by partners to act as focal points. This role includes the regular visit of the sites, collection of data disaggregated by age, gender and disability on needs and response, coordination of other partners’ interventions at site level, distribution of NFI and shelter material (in-kind, cash or voucher), protection monitoring, infrastructure interventions such as WASH and site improvement. It may include cash grants to communities for temporary shelter support or implemented through individual cash/voucher support for shelter/NFI items may be considered. Additionally, partners should promote inclusive and participatory consultations with women and men in communities to promote inclusion and gender equality in all camp-based programming, communication and feedback mechanism. There is also a need to promote training and mentoring of women to strengthen their leadership capacities and confidence, in compliance with the National Strategic Plan for Advancement of Women (key objectives on women and emergencies as well as women and decision-making) and the Rakhine Advisory Commission’s recommendation no. 1.51).

In Kachin, shelter remains a major gap, with urgent needs for new constructions as maintenance and renovation will not be able to take care of the dilapidated conditions of shelters that were constructed in between 2012 and 2014. Since 2016, spontaneous and voluntary return has begun in GCA, wherein the shelter needs have reduced, however the need for shelter in NGCA remains the same.

- **Priority 2: Protection and WASH**

The protection sector will focus its intervention in Rakhine and Shan, with specific interventions in Chin and Kayin through a multisector approach. Due to the limited available funding, the sector is not targeting protection activities in Kachin for this MHF allocation, and will look into implementing activities there in the next round of MHF allocations.

In Chin, access restrictions and their implication requires a better localisation and remote activities support. Mental health of displaced people traumatized by sudden displacement and the overall insecurity is worsened by the fear from getting COVID-19 virus and from related restrictions that have been set (faced also by host communities). In addition to psychosocial distress, this is also likely to result in increased violence towards children also related to stress situations, disruption of livelihood, school closure, etc. Meanwhile, adequate access to information is a challenge (i.e. where to receive support in case of COVID-19 symptoms and what are the consequences) due to communication restrictions within the township, and can increase fears and anxiety which can undermine social cohesion

In Rakhine, protection monitoring (including remotely) remains key activity to understand 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. Displacement has placed many women and girls at a high risk of GBV in townships like Rathedaung, Ann, Mrauk-U and Kyauktaw. Unconfirmed reports point to an increase in intimate partner violence. This situation calls for a continuation and increase in availability of GBV services including GBV case management and running of safe and accessible spaces for women and girls in observance of all COVID-19 protection measures. In addition, multiple displacement locations in Sittwe, Mrauk-U and Kyauktaw are not fully covered by any child protection actors. Therefore, it is important that funding is made available to child protection service providers to explore innovative ways of continuation and increase in availability of services including case management and running of mobile, accessible child friendly spaces for children considering the COVID-19 protective measures as well. Furthermore, due to ongoing armed conflict, explosive hazards continue to pose a serious threat to civilians and anyone who is unaware of the risks. Explosive ordnance risk education (EORE) awareness activities are currently not being carried out due to COVID-19 restrictions and ongoing fighting for which partners requires to explore innovative ways of continuation.

In Shan, the risk of accidents will remain until clearance can commence and conflict continues. As recent as October 2020, thousands of people in Kyaukme remain displaced and emergency mine risk education (EMRE) remains a critical life-saving activity to ensure people are aware of the risks of landmines when they leave the site. The closure of displacement sites has started or expected to start this year and next year, meaning a minimum package of risk education and obtaining data on potential hazardous areas is critical to facilitate these returns. This mapping and data will also provide protection to conflict-affected villagers so they understand where risks are, and can support advocacy efforts to start clearance as soon as possible. The situation has been worsened by COVID-19 which has resulted in limited movement and access to services by people already living in protracted sites. The recurrent conflict in northern Shan state has depleted the recovery capacities of communities subjecting them to a higher degree of vulnerability to protection concerns. Most of the crisis-affected communities face risks such as GBV, child protection, trafficking, unsafe migration, etc. The sporadic conflict in the townships frequently results in displacement exacerbating existing protection concerns and vulnerabilities and introducing new ones as well.

In Kayin, the ongoing conflict is also a factor for protection concerns and violations of human rights, with few partners working in the area. Community-based protection approach is highly needed, including the promotion of effective complaint and feedback mechanism among the affected populations. An element highlighted by partners through the South-East Working Group in the need of supporting persons with disabilities, in some case survivors of armed clashes and landmines activity, who are at high-risk of social exclusion and with very few livelihoods opportunities.

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.

Looking at the water, sanitation and hygiene (WASH) cluster, priority needs have considered across the conflict-affected areas in Chin, Rakhine, Kachin, Shan and Kayin.

In Chin, the escalation and ongoing conflict has led to large numbers of displaced populations that require of WASH services. There is need of full coverage of WASH services taking into account age, gender and disability with a focus around certain sectors or frontline responders or selected beneficiaries (e.g. women, children, older persons, persons with disabilities) to respond to specific needs of displaced people in respect with WASH standards, in order to address the current existing humanitarian needs. There is a need to increase access to safe, accessible water supply and storage capacity. The lack of water treatment capacity has brought public health issues (incidence of acute water diarrhoea), especially for the most vulnerable groups of the population (children under 5, etc.). In response to the influx arriving of displaced people, agencies have provided emergency latrines. However, additional
accessible upgraded semi-permanent latrines are needed in order to cover the needs and prepare for potential new arrivals and to better ensure safe access to WASH facilities for different vulnerable groups including women, girls and boys, elderly, persons with disabilities, and LGBTQI+ people. There is also a lack of provision of hygiene kits to mitigate WASH related diseases and COVID-19, especially in the context where access to market can be restricted. In Rakhine, the increase of hardship associated with the conflict deepened the high degree of privation experienced by the community members especially the most vulnerable populations, particularly women, children, older persons and persons with disabilities. Displaced populations continue to face discrimination and a denial of basic human rights. The combination of protracted displacements, statelessness, segregation, limited access to livelihoods opportunities and quality services including health and education exposes people to many risks and has caused psychosocial distress, as well as, high levels of dependency on humanitarian assistance. There are particularly vulnerable people who continue to require special attention or support because of different factors including, inter alia, armed conflict, statelessness, movement restrictions, malnutrition, severe psychological distress and prevalent gender norms. Most rural displacement sites barely meet emergency standards. Given the protracted pattern of displacement introduction of SPHERE standard aid provision needs to be prioritized. Cash-for-work should be considered as an important modality to foster community ownership and introduce methods, skills and tools for community-based facility rehabilitation. The 2020 dry season has shown, in March-June water levels are set to reach critical lows. Any growth of displacement or hotter than average summer may result in no access to water for displaced people and host populations a systematic approach is necessary to prepare for 2021 dry season.

In Kachin, the response will focus on NGCA in which old WASH facilities were not rehabilitated in the past seven years, deteriorated WASH facilities were reported and recently the area becomes accessible to some of the local NGOs. WASH cluster members will prioritise on continues functionality of the WASH facilities to ensure access to basic water and sanitation services. This urgency of intervention will focus on gender appropriate and continue access to and use by WASH facilities for persons with disabilities, aged people, people with chronic diseases, pregnant mother and young aged children.

In Shan, there were an increase of new displacement sites in Kyaukme and Muse townships because of the escalation of armed clashes between Myanmar Armed Forces and ethnic armed groups in September and October with more than 3,500 people temporarily displaced. Emergency WASH response was needed in newly displacement sites, particularly targeting vulnerable people including pregnant mothers, children, elderly people, persons with disabilities and other persons with water-borne diarrhoea and others chronic diseases. Moreover, there is a need of provision of adequate basic water supply and immediate supports in sanitation and hygiene knowledge and facilities to the vulnerable communities who stay in hard to reach area and mostly Non-government control area where basic health services could not reach such as immunization, protection of communicable diseases.

In Kayin, the are great needs for the WASH facilities in Myaing Gyi Ngu II displacement site and affected community in Mae Tha Wal Area. The WASH cluster will focus on providing basic water and sanitation services in this site. In addition to the minor rehabilitation of the existing WASH facilities.

In all the targeted areas, the following activities will be prioritized: safe, accessible 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, disable and child friendly and gender appropriate facilities, 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. In addition, due to lack of accessible WASH facilities, persons with disabilities are seriously affected. The personalized WASH provisions or alternate means particularly taking into consideration needs of persons with disabilities is a priority, as feasible and appropriate.

- **Priority 3: Nutrition, Food Security and Logistics**

The nutrition sector will focus its intervention in Rakhine and Shan, with specific interventions in Kayin through a multisector approach. Due to the limited available funding, the sector is not targeting protection activities in Chin and Kachin for this MHF allocation, and will look into implementing activities in those areas in the next round of MHF allocations. As general comment, following the preliminary results of the 2016 Demographic Health Survey, approximately 29 per cent of children under-5 are stunted and 19 per cent are underweight. Additionally, 49 per cent of the children under 6 months are not exclusively breastfed. Also, 16 per cent of children receive the bare minimum acceptable diet, and approximately 47 per cent of women (aged 15-49) are anemic. Prevalence of undernutrition among women and children in Myanmar remains high despite recent developments, with 1 in 3 children are stunted and approximately 8 per cent are acutely malnourished. Micronutrient deficiencies are common among infants, young children, and pregnant women. More than 80 per cent of the children (6 to 23 months of age) and 70 per cent of pregnant women are anemic (World Bank 2019 and Leveraging Essential Nutrition Actions to Reduce Malnutrition -LEARN- 2016).

In Rakhine, while there are nutrition needs across most townships, Sittwe Township is the priority, with its high number of displaced and non-displaced stateless people. There is an urgent need of service provision to highly vulnerable population such as children suffering from severe acute malnutrition and presenting developmental delays and children with physical disability linked to malnutrition. As per the HRP, child with developmental milestone delay and disability linkages to malnutrition are prioritized because of their vulnerability, and nutrition actors have a strong role to play on the provision of essential services to these children to leave no one behind in the humanitarian response. The activities prioritize by the sector in this allocation strategy will ensure early detection and prevent long-term disability due to severe malnutrition and thus strengthen the resilience of targeted communities.

In Shan, there is huge gaps in nutritional support. Challenges include operational constraints related to safe and timely access to the people in need. Travel restrictions continue to have a serious impact on the ability of humanitarian organizations to assess needs, engage with affected people, provide assistance in a timely and efficient manner, and monitor impact. COVID-19 has brought additional constraints and difficulties for nutrition service delivery.

In Kayin, in relation to the COVID-19, vulnerable communities are unable to meet basic nutrition needs and in need of supplemental nutrition. There is insufficient data to conclude that only about 9,039 people are in need of humanitarian assistance, as lately reported by the South-East Working Group, but there are indications that the situation regarding Kayin is worse than the average at national level. NGCA information does not exist so a large segment of the population in need is unaccounted for and not considered. In this sense, it is urgent to include nutrition activities in any intervention for affected people across the state. The nutrition program will be integrated with primary health care.

The food security sector prioritized key activities to support immediate food assistance and emergency livelihood response to people in need. Considering protracted crisis and the COVID-19 situation have dramatically impacted the livelihood of communities, reduced job opportunities, for communities already very vulnerable, especially landless ones. The sector will focus its intervention in Rakhine, with specific interventions in Kayin through a multisector approach. Due to the limited available funding, the sector is not targeting protection activities in Chin, Kachin and Shan for this MHF allocation, and will look into implementing activities in those areas in the next round of MHF allocations.
The restrictions of movement between states/regions have reduced goods transportation to processing facilities and markets. This affected agricultural inputs supply chains at critical time of the season and shrunk the area of land cultivated, reduced informal labourer’s access to farmlands and therefore reduced their wages. Thus, the provision of multipurpose cash is an option that must be considered. However, in displacement sites, food distribution through cash/voucher/in-kind, is foreseen. Cash is also promoted in support to small farmer in order to help them to access agricultural inputs and/or ensure fields maintenance. Programming should consider mitigation measures to minimize risk of contributing to GBV intra-household. Small livestock production is also identified as a key activity to increase protein intake in household food. Provision of cash to affected people targeted by food security partners will prevent them from selling agricultural inputs and will help them accessing other essential services (education, health, etc.). For cash/voucher programming, partners must explain which mechanisms they would put in place to limit impact of inflation or exchange rates; and how they would ensure accessibility, safety and security for both staff and affected population, especially for women, girls and boys, elderly, persons with disabilities and LGBTQI+ people headed households.

The sector will support efforts to reduce the spread of the outbreak of the COVID-19 disease. These activities will be included in response activities, promoting the provision of PPE (Personal Protective Equipment) at household/community levels.

Gender inequalities in intra-household food sharing and gender barriers, including movement to access food assistance, put women-headed households and single women and women with disabilities at higher risk of food insecurity. Women’s participation in livelihoods programmes is limited due to mobility restrictions, gender norms, roles, barriers and security concern, especially for women living in displacement sites. Therefore, there is a large need to provide more self-resilience and livelihoods opportunities for women with consideration to real empowerment opportunities. Gender-transformative and non-households-based activities for women should include the promotion of equal access to resources and joint intra-household decision-making. Strategies should be adopted to recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls. For more long-term sustainable, livelihood programmes targeting women must include both technical skills and marketing skills trainings. In order to ensure a gender sensitive programming, partners must demonstrate how adequate, safe and equitable access to information/training, services and project resources in the deployment of the assistance would be guaranteed; mention the gender ambition they expect to reach in the frame of the submitted project; and provide detail on how the impact of the action would be measured regarding all gender transformative aspects.

Specifically, in Rakhine, the sector will support crisis-affected persons to achieve food and nutrition security through the implementation of a large span of livelihood interventions. Protracted situation, armed clashes and the COVID-19 pandemic have exacerbated the food status of the communities leaving them in dire need of humanitarian assistance. The proposed interventions must enable immediate access to food by the persons whilst building resilience in the short-medium term as they engage of restoring their livelihoods. It will include the provision of food assistance through cash transfer programming (cash and in kind) to vulnerable persons affected conflict, armed clashes and the COVID-19 pandemic; cash transfers for small livestock production by women to increase protein intake (consumption); and cash distributions for small livelihood activities to increase income generation and access other essential services (health, education) and restore vulnerable livelihoods. Cash assistance as a modality will enable access for hard-to-reach areas whilst addressing the COVID restrictions. These interventions are complementary of the already ongoing efforts on the field.

In Kayin, the food is a main challenge in displacement sites in NGCA under circumstance of unstable pandemic situation and security situation. Interventions may include the provision of food to displaced communities through cash/vouchers for food program, which will be exchanged against a package of food ration at selected shops located in local market. In the areas where local market is not easily accessible, direct food distribution will be done in collaboration with camp management committees. The integration of cash-for-work program will consider in the rehabilitation of community assets damaged with recent floods in EeTuHta displacement site, including WASH facilities, health clinics and school buildings.
The logistics working group, established in 2020 to coordinate logistics support during the COVID-19 pandemic, has been also invited to participate in this allocation. Upon the suspension of bus travel in August 2020 and commercial flights to/from Rakhine in September 2020, staff travel from/to Yangon is a priority for the humanitarian community in Myanmar. In addition, there are safety and security concerns for staff travelling to Sittwe and northern Rakhine State by road and it is not possible to travel by waterway from Yangon. The main activity prioritized has been the humanitarian flight service to/from Rakhine, including flights between Yangon and Sittwe. This intervention that will benefit about 500 staff of around 100 humanitarian organizations and relevant stakeholders.

- **Cross-sector:** PSEA and COVID-19

In relation to support to the Protection from Sexual Exploitation and Abuse (PSEA) network in Myanmar, the purpose of the proposed inter-agency program is to build upon work already done in 2020 on awareness-raising and strengthening of a community-based complaints mechanism for PSEA within affected communities in Myanmar, while engaging with communities to ensure that national-level awareness materials are effective and complaints channels accessible to all population groups including those facing particular access issues including women, girls and boys, elderly and persons with disabilities. While the materials produced by the initiative may be used nation-wide, communities in conflict-affected areas will be the specific focus of the program.

As background, the PSEA Network for Myanmar was established in 2018 by the Resident Coordinator’s Office (RCO). While some individual agencies had their internal reporting and response mechanisms in place, there were no inter-agency guidelines or mechanism for system wide reporting and response to SEA. A number of agencies and organizations had conducted internal PSEA and safeguarding trainings for staff and partners, however, there was still high demand for more training of staff and partners at field levels – for humanitarian, peace and development interventions and in particular for national implementing partners. Resource mobilizations efforts were undertaken late in 2018 and early in 2019 to identify a source of funding for the recruitment of a dedicated inter-agency coordinator and a set of key activities. Despite many presentations and discussions with donors, no commitments were made toward the post or proposed activities. However, as global champion for PSEA, UNICEF came through to provide funding and UNFPA stepped up to host the position in their office and assume responsibilities for the related administrative costs to recruit and host the position through a humanitarian standby partner. The inter-agency post, with a reporting line to the RC/HC, was filled through Australia’s RedR’s humanitarian roster and agreement with UNFPA with full salary costs covered by UNICEF. From August 2019, significant achievements were made by the inter-agency PSEA Network enhancing the level of coordination and cooperation between UN, NGO and local partners on PSEA. This swift process is attributable to the dedicated inter-agency coordinator, as well as UNICEF’s recruitment of a national Coordinator and organizational development consultant to complement. Nearly all activities and support provided through the inter-agency Network including development of awareness raising resources, training for a pool of SEA investigators, and a pilot project on complaints mechanisms with Action Aid have been funded by UNICEF. UNICEF funds will expire on 30 June 2021. Up to now, no donor or fund in Myanmar has provided other resources to dedicated inter-agency support to meet the IASC MOS.

This envelope is justified given the IASC call for collective action and the accountability of the UN Resident and Humanitarian Coordinator (RC/HC) for PSEA in the country.9 This was further reiterated in the centrality of protection policy of the IASC that requires all humanitarian actors to protect affected populations and develop programmes informed by and addressing these populations’ needs and vulnerabilities. The MHF envelope will complement ongoing funding and other eventual contribution from donors that may provide a longer term financial support to ensure sustainability.

The MHF is committed to any initiative to strengthen accountability to affected populations across the funded interventions and, in this occasion, to ensure support for key activities identified by the inter-agency PSEA network. Within this framework, with the support of Inter-Cluster/Sector Coordination Group (ICCG) and the endorsement of the RC/HC in Myanmar after positive feedback from the MHF Advisory Board, this specific financial support aims

---

9 Please see the Inter-Agency Standing Committee (IASC) Minimum Operating Standards for PSEA.
to secure dedicated funding to implement key activities that are common goods and will benefit the operations and more importantly, the affected people targeted by humanitarian actors in Myanmar. Dedicating MHF funds to PSEA demonstrate the level to which inter-agency actors are collectively committed to advancing PSEA. As a note, in order to ensure sustainability of this PSEA program, other sources of funding through a multi-year approach for PSEA initiatives should be made available from the donor community in country, given support to civil-society organizations (e.g. those that are often first responders and those providing legal aid) where and when possible.

In relation to the current COVID-19 pandemic, despite of specific actions funded through the previous MHF allocations in 2020 (First Reserve Allocation and First Standard Allocation), aiming at containing 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, recognizing the different population groups and their vulnerabilities to the virus.

Other actions may be enhancing RCCE, including communication with people of concern on COVID-19 through awareness raising campaigns; strengthening 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; protecting frontline healthcare workers from infection through adequate IPC measures, and from stigma and discrimination through enhanced community engagement and other relevant support; strengthening surveillance support by preventing, preparing for, detecting and rapidly responding through the Early Warning Alert and Response System (EWARS) for any communicable disease outbreak; supporting community surveillance for COVID-19 through various health facilities and community clinics as well as engaging community-based networks; and supporting 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; antituberculosis treatment; non-communicable diseases; mental health and psychosocial support needs.
II.3 Matrix of priorities by geographical area and sector

<table>
<thead>
<tr>
<th>Cluster / Sector</th>
<th>Priority activities</th>
<th>CHIN STATE</th>
</tr>
</thead>
</table>
| EiE              | • Support girls and boys to engage in learning at home during closure of learning spaces: develop, distribute, and monitor the use of home-based learning materials and programs; and increase the capacity of caregivers/parents (both mothers and fathers) to support their children to learn at home.  
• Address gendered challenges related to girls’ and boys’ participation (e.g. care burden, income generating activities).  
• Provide emergency capacity building for teachers (formal/non-formal), volunteer teachers and staff of learning spaces to maintain accessible and safe learning spaces that protect children’s wellbeing. It may include financial support for teachers, as they support children in and outside of learning spaces.  
• Provide support through education interventions for the mental and emotional wellbeing of children, teachers, and parents/caregivers.  
• Conduct outreach campaigns for children’s safe return to learning, targeting those most likely to drop out (children with disabilities, girls, LGBTQI+), including with material support (e.g. student kits).  
• Provide capacity building to and coordinate with humanitarian partners for children’s safe return to protective learning spaces with consideration to gender norms affecting girls and boys.  
• Generate evidence about the impact of COVID-19 on girls’ and boys’ education engagement and outcomes, and their wellbeing including considerations around gender, supporting children and teachers to engage in remedial education for a smooth return to schools following their disruption.  
• Following a needs assessment, prepare and improve learning spaces to adhere to safety measures related to COVID-19 prevention and gender considerations (additional furniture, renovations, WASH facility improvement, safety). | $305,000   |

10 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 measures to avoid and minimize the spread of the virus. This applies to all the envelopes including Chin, Rakhine, Kachin, Shan and Kayin states.

11 For Chin State, only a unique multisector proposal, covering priority sectors, will be prioritized by the MHF Review Committee.
<table>
<thead>
<tr>
<th>Health</th>
</tr>
</thead>
</table>
| • 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.  
• 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.  
• Mental health and psychosocial support services. |
| 4,279 people  
1,087 displaced people  
3,192 other vulnerable crisis-affected people |

<table>
<thead>
<tr>
<th>Protection</th>
</tr>
</thead>
</table>
| • Strengthen psychosocial support services, including remote delivery, and strengthening of local mechanisms (technology, translation of materials to enable local actors to use them).  
• Maintain remote protection monitoring activities to identify existing risks to children, as well as strengthening community-based mechanisms to promote positive parenting behavior and mitigate violence against children.  
• Ensure family-based alternative options are available for children without parental care, as part of case management.  
• Support in providing/arranging temporary safe house/shelter for GBV survivors who face safety/security risks. |
| 4,068 people  
3,244 displaced people  
824 host community members |

<table>
<thead>
<tr>
<th>Shelter/NFI/CCCM</th>
</tr>
</thead>
</table>
| • Site focal point approach: NFI and emergency shelter support (in kind/voucher/cash), mobile CCCM, CRM, minor site improvements (priority to multisector projects including wash infrastructure and protection monitoring).  
• Integrate women, girls, men and boys equitably in the implementation process of shelter/NFI interventions and promote women’s leadership in camp management committees.  
• Engage women and men equally and meaningfully in decision-making, management and coordination related to CCCM interventions and camp closure processes.  
• 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). |
| 8,323 people 
824 displaced members |

<table>
<thead>
<tr>
<th>WASH</th>
</tr>
</thead>
</table>
| • WASH responses for new displacements through an integrated and inclusive package including provision of hygiene kits, gender/disability segregated latrines, persons with disabilities and child friendly handwashing stations, private bathing stations, desludging, drainage, water tanks, water pipe installation, water treatment, water supply and water trucking as needed.  
• Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate. |
| 2,500 people 
including displaced people |
The Myanmar Humanitarian Fund (MHF) is a country-based pooled fund managed by OCHA:

https://www.unocha.org/myanmar/about-mhf

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>RAKHINE STATE</th>
<th>$2,430,000</th>
</tr>
</thead>
</table>
| EiE        | • Support girls and boys to engage in learning at home during closure of learning spaces: develop, distribute, and monitor the use of home-based learning materials and programs; and increase the capacity of caregivers/parents (both mothers and fathers) to support their children to learn at home.  
  • Address gendered challenges related to girls’ and boys’ participation (e.g. care burden, income generating activities).  
  • Provide emergency capacity building for teachers (formal/non-formal), volunteer teachers and staff of learning spaces to maintain accessible and safe learning spaces that protect children’s wellbeing. It may include financial support for teachers, as they support children in and outside of learning spaces.  
  • Provide support through education interventions for the mental and emotional wellbeing of children, teachers, and parents/caregivers.  
  • Conduct outreach campaigns for children’s safe return to learning, targeting those most likely to drop out (children with disabilities, girls, LGBTQI+), producing messages in the primary language used by the communities. It may include material support (e.g. student kits).  
  • Generate evidence about the impact of COVID-19 on girls’ and boys’ education engagement and outcomes, and their wellbeing including considerations around gender, supporting children and teachers to engage in remedial education for a smooth return to schools following their disruption.  
  • Following a needs assessment, prepare and improve learning spaces to adhere to safety measures related to COVID-19 prevention and gender considerations (additional furniture, renovations, WASH facility improvement, safety). | 27,000 people | Ann Buthidaung  
Kyaunkphyu  
Kyauktaw  
Maungdaw  
Minbya  
Mrauk-U  
Myebon  
Pauktaw  
Ponnagyun  
Rathedaung  
Sittwe  
4,000 non-displaced stateless children, caregivers and teachers  
11,000 other vulnerable and crisis-affected persons | $300,000 |   |
| Food Security | • Provide food assistance through cash transfer programming and/or in-kind commodities to vulnerable persons affected by conflict/armed clashes ensuring inclusion of women, girls and boys, elderly, persons with disabilities and LGBTQI+ persons.  
  • Cash transfers for small livestock production by women to increase protein intake (consumption).  
  • Cash distributions for small livelihood activities to increase income generation and access other essential services (health, education) and restore livelihoods for vulnerable populations. | 5,500 people | Buthidaung  
Maungdaw  
Minbya  
Sittwe  
Including crisis-affected vulnerable persons (women, children, persons with disabilities, elderly persons, persons with chronic diseases, etc.) | $250,000 |   |
### 2020 MHF: SECOND STANDARD ALLOCATION

#### RAKHINE STATE

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Health | • Health services including sexual and reproductive health, through mobile clinics or revitalization of health facilities.  
• Disease surveillance and response.  
• Ensure continuity of HIV and TB treatments as well as treatment for non-communicable diseases (e.g. diabetes, hypertension). | 244,814 people  
154,760 displaced people  
47,000 non-displaced stateless people  
43,054 other vulnerable crisis-affected people | Kyauktaw  
Mrauk-U  
Mye bon  
Rathedaung  
Sittwe | $380,000 |
| Logistics | • Provision of chartered domestic flights between Yangon and Sittwe for humanitarian organizations and relevant stakeholders. | 500 people  
Including staff of about 100 organizations | Sittwe | $300,000 |
| Nutrition | • Screening of child developmental milestone delay.  
• Physical rehabilitation for children with disabilities who have severe acute malnutrition.  
• Stimulative physiotherapy to children under 5 who have severe acute malnutrition and present developmental delays, including training to caregivers on stimulative playing therapy to improve from developmental delays linked with severe malnutrition.  
• Awareness session to pregnant and lactating women about the linkages between nutrition, development and disability. | 193,379 people  
102,059 displaced people  
90,000 non-displaced stateless people  
1,320 other vulnerable crisis-affected people | Sittwe | $200,000 |
### 2020 MHF: SECOND STANDARD ALLOCATION

**RAKHINE STATE**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| Protection | • Protection monitoring, including assessing needs of persons with specific needs for tailored response.  
• Provision of protection support and services targeting persons with specific needs, including GBV and MPHSS support.  
• Referral service mapping to inform and guide displaced people and affected population on accessing available community-level protection services.  
• Explosive ordnance risk education (EORE) awareness raising activities.  
• Expand the availability of GBV prevention and response services including through women and girls’ centers, by improving mobile responses and referral pathways. | 81,000 people displaced people, host community and other crisis affected people | Ann Buthidaung Kyauktaw Maungdaw Minbya Mrauk-U Myebon Sittwe Sittwe Rathedaung | $350,000 |
| Shelter/NFI/CCCM | • Child protection interventions including strengthening of MHPSS case management and other services, e.g. capacity building to service providers in child protection service delivery, and expanding the availability of child protection services, like CFS, life skills, positive parenting, disability and inclusion awareness session, psychosocial support to children and caregivers, kits distribution, printing and distribution of IEC materials related with COVID-19 and remote child protection monitoring (where required) through community volunteer groups by improving mobile responses and referral pathways. | 30,024 children under-18 including non-displaced stateless and the most recently displaced | | |
| | | | Buthidaung Kyauktaw Maungdaw Minbya Myebon Pauktaw Ponnagyun Mrauk-U Rathedaung Sittwe | $450,000 |
| WASH | • WASH responses for new displacements through an integrated and inclusive package including provision of hygiene kits, gender/disability segregated latrines, persons with disabilities and child friendly handwashing stations, private bathing stations, desludging, drainage, water tanks, water pipe installation, water treatment, water supply and water trucking as needed.  
• Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate. | 4,375 people including displaced people | Buthidaung Kyauktaw Minbya Mrauk-U Ponnagyun Rathedaung Sittwe | $200,000 |
### 2020 MHF: SECOND STANDARD ALLOCATION

#### KACHIN STATE

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| EiE | • Support girls and boys to engage in learning at home during closure of learning spaces: develop, distribute, and monitor the use of home-based learning materials and programs; and increase the capacity of caregivers/parents (both fathers and mothers) to support their children to learn at home.  
• Address gendered challenges related to girls’ and boys’ participation (e.g. care burden, income generating activities).  
• Provide emergency capacity building for teachers (formal/non-formal), volunteer teachers and staff of learning spaces to maintain accessible and safe learning spaces that protect children’s wellbeing. It may include financial support for teachers, as they support children in and outside of learning spaces.  
• Provide support through education interventions for the mental and emotional wellbeing of children, teachers, and parents/caregivers.  
• Conduct outreach campaigns for children’s safe return to learning, targeting those most likely to drop out (children with disabilities, girls, LGBTQI+), producing messages in the primary language used by the communities.  
• Training of teachers, school staff, and families in identification of protection issues and reporting through referral pathways; this is required for any funding support to boarding houses.  
• Provide capacity building related to emergency preparedness and response and good practices in education in emergencies to EiE partners, with a focus on strengthening localization.  
• Generate evidence and provide support for education as an element of durable solutions for displaced persons.  
• Generate evidence about the impact of COVID-19 on girls’ and boys’ education engagement and outcomes, and their wellbeing including considerations around gender, supporting children and teachers to engage in remedial education for a smooth return to schools following their disruption.  
• Following a needs assessment, prepare and improve learning spaces to adhere to safety measures related to COVID-19 prevention and gender considerations (additional furniture, renovations, WASH facility improvement, safety). | 17,500 people  
12,000 displaced children, caregivers and teachers  
500 returnees, resettled or locally integrated persons  
5,000 other vulnerable and crisis-affected people | Bhamo  
Chipwi  
Hpakant  
Injiangyang  
Mansi  
Mogaung  
Mohnyin  
Momauk  
Myitkyina  
Puta-O  
Shwegu  
Sumpрабum  
Tanai  
Waingmaw | $1,080,000 | $300,000 |
The Myanmar Humanitarian Fund (MHF) is a country-based pooled fund managed by OCHA

https://www.unocha.org/myanmar/about-mhf

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
<th>Envelope</th>
</tr>
</thead>
</table>
| **Health**        | • 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.  
                      • Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, GBV clinical care and referrals to other GBV specialized services.  
                      • Preparedness response capacity for emergencies and disasters within the health cluster.                                                                                                                      | **41,381 people**                        | Hpakant, Mansi, Mogauung, Myitkyina, Sumprabum, Waingmaw | **$280,000** |
| **Shelter/NFI/CCCM** | • Shelter, renovation, care and maintenance with consideration to the needs of different vulnerable populations including women, girls and boys, and persons with disabilities.                                                                                             | **700 people**                          | Tanai, Momaung, Waingmaw                             | **$350,000** |
| **WASH**          | • Emergency WASH activities in new displacement sites, schools, and health facilities, through:  
                      - Integrated and inclusive WASH package (gender/disability segregated latrines, persons with disability and child friendly handwashing stations, private bathing stations, desludging, drainage, water tanks, water pipe installation, water treatment, water supply, water trucking).  
                      - Increase water availability and storage capacity in camps with critical water shortages to ensure additional handwashing and hygienic behaviors are possible.  
                      - Provision of emergency sanitation and drainage improvements to maintain hygiene conditions during rainy season, including critical environmental cleaning supplies, equipment and training as required in displacement sites and critical institutions.  
                      - Provision of household latrines.  
                      - Hygiene kits distribution and hygiene awareness  
                      • Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate.                                                                                                             | **4,375 people**                         | Injangyang, Momaung, Waingmaw                        | **$150,000** |
# 2020 MHF: SECOND STANDARD ALLOCATION

## Shan State

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
<th>Envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EiE</strong></td>
<td>Support girls and boys to engage in learning at home during closure of learning spaces: develop, distribute, and monitor the use of home-based learning materials and programs; and increase the capacity of caregivers/parents (both fathers and mothers) to support their children to learn at home.</td>
<td>5,000 people</td>
<td>Hseni, Hsipaw, Kutkai, Kyaukme, Kyethi, Lashio, Laukkaing, Manton, Muse, Namhkan, Namtu</td>
<td>$100,000</td>
</tr>
<tr>
<td></td>
<td>Address gendered challenges related to girls’ and boys’ participation (e.g. care burden, income generating activities).</td>
<td>1,700 displaced children, caregivers and teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide emergency capacity building for teachers (formal/non-formal), volunteer teachers and staff of learning spaces to maintain accessible and safe learning spaces that protect children’s wellbeing. It may include financial support for teachers, as they support children in and outside of learning spaces.</td>
<td>3,300 other vulnerable and crisis-affected persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide support through education interventions for the mental and emotional wellbeing of children, teachers, and parents/caregivers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct outreach campaigns for children’s safe return to learning, targeting those most likely to drop out (children with disabilities, girls, LGBTQI+), producing messages in the primary language used by the communities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training of teachers, school staff, and families in identification of protection issues and reporting through referral pathways; this is required for any funding support to boarding houses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generate evidence about the impact of COVID-19 on girls’ and boys’ education engagement and outcomes, and their wellbeing including considerations around gender, supporting children and teachers to engage in remedial education for a smooth return to schools following their disruption.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Following a needs assessment, prepare and improve learning spaces to adhere to safety measures related to COVID-19 prevention and gender considerations (additional furniture, renovations, WASH facility improvement, safety), including early childhood care and development (ECCD) centers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>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.</td>
<td>33,828 people</td>
<td>Hsipaw, Konkyan, Kutkai, Kyaukme, Kyethi, Laukkaing, Manton, Namhkan, Namtu</td>
<td>$130,000</td>
</tr>
<tr>
<td></td>
<td>Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, GBV clinical care and referrals to other GBV specialized services.</td>
<td>6,423 displaced people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health and psychosocial support services including referral support for communities affected by recurrent conflict.</td>
<td>2,845 returnees, resettled or locally integrated persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preparedness response capacity for emergencies and disasters within the health cluster.</td>
<td>24,560 other vulnerable crisis-affected people</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Nutrition
- Maternal nutrition and breastfeeding counselling
- Multiple micronutrient supplementation and deworming for women
- Weight gain monitoring
- IYCF activities
- PLW and US screening
- Referral and treatment of acute and chronic malnutrition
- Community based healthcare and nutrition IEC

<table>
<thead>
<tr>
<th>People</th>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>24,475 people</td>
<td>Kutkai, Lashio, Manton, Namhkan, Tangyan</td>
<td>$100,000</td>
</tr>
<tr>
<td>15,000 people</td>
<td>Hseni, Hsipaw, Kutkai, Kyaukme, Kyethi, Lashio, Manton, Mongmit, Muse, Namhkan, Namhsan, Namtu, Nawngkio</td>
<td>$250,000</td>
</tr>
<tr>
<td>8,400 people</td>
<td>Including crisis-affected people</td>
<td></td>
</tr>
<tr>
<td>2,041 children under-five</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,726 pregnant and lactating women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12,726 pregnant and lactating women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Protection
- Mine risk education supported by local partners through training of trainers at community level.
- Emergency victim assistance, including first aid, psychosocial support to landmine survivors and emergency financial support to families of landmine victims.
- Pilot surveys of landmine contamination to assess contamination for advocacy purposes.
- Integrated protection awareness (such as child protection, GBV, trafficking of persons and smuggling, unsafe migration, MRE, drug use, HLP rights), including COVID-19 messaging and education (such as coping stress, parenting, and PFA)
- Case management and/or cash or in-kind assistance provided on an individual basis to persons facing serious protection risks or vulnerabilities.
- Strengthening community-based protection mechanisms (e.g., protection focal points).

### WASH
- Emergency WASH response in newly displacement sites, e.g. in Kyaukme and Muse with consideration to the needs of different vulnerable populations including women, girls and persons with disabilities.
- Provision of adequate basic water supply and immediate supports in sanitation and hygiene knowledge and facilities to the vulnerable communities who stay in hard-to-reach area and mostly NGCA where basic health services could not reach such as immunization and protection of communicable diseases.
- Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate.

<table>
<thead>
<tr>
<th>People</th>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 people</td>
<td>Kyaukme, Muse</td>
<td>$100,000</td>
</tr>
</tbody>
</table>
## 2020 MYANMAR: MHF SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>KAYIN STATE&lt;sup&gt;12&lt;/sup&gt;</th>
<th>$305,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EiE</strong></td>
<td>• Support girls and boys to engage in learning at home during closure of learning spaces: develop, distribute, and monitor the use of home-based learning materials and programs; and increase the capacity of caregivers/parents (both fathers and mothers) to support their children to learn at home. &lt;br&gt;• Address gendered challenges related to girls’ and boys’ participation (e.g. care burden, income generating activities). &lt;br&gt;• Provide emergency capacity building for teachers (formal/non-formal), volunteer teachers and staff of learning spaces to maintain accessible and safe learning spaces that protect children's wellbeing. It may include financial support for teachers, as they support children in and outside of learning spaces. &lt;br&gt;• Provide support through education interventions for the mental and emotional wellbeing of children, teachers, and parents/caregivers. &lt;br&gt;• Conduct outreach campaigns for children’s safe return to learning, targeting those most likely to drop out (children with disabilities, girls, LGBTQI+), producing messages in the primary language used by the communities. &lt;br&gt;• Generate evidence about the impact of COVID-19 on girls’ and boys’ education engagement and outcomes, and their wellbeing including considerations around gender, supporting children and teachers to engage in remedial education for a smooth return to schools following their disruption. &lt;br&gt;• Following a needs assessment, prepare and improve learning spaces to adhere to safety measures related to COVID-19 prevention and gender considerations (additional furniture, renovations, WASH facility improvement, safety).</td>
<td><strong>Target</strong></td>
<td><strong>Townships</strong></td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td>• Food assistance to displace people through cash/vouchers or direct food distribution including targeted interventions for vulnerable populations such as women, girls and boys, elderly, persons with disabilities and persons with chronic illnesses. &lt;br&gt;• Promote women equal opportunities to engage in gender transformative livelihoods programming. &lt;br&gt;• Reconstruction of community assets using cash-for-work to restore social cohesion and community management mechanisms (EeTuHta displacement site).</td>
<td><strong>3,500 people</strong>&lt;br&gt;3,500 displaced children, caregivers and teachers</td>
<td>Hlaingbwe&lt;br&gt;Hpapun&lt;br&gt;Kyaukkyi (Bago Region)</td>
</tr>
<tr>
<td><strong>Food Security</strong></td>
<td><strong>11,400 people</strong>&lt;br&gt;displaced</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>12</sup> For Kayin State, only a unique multisector proposal, covering priority sectors, will be prioritized by the MHF Review Committee.
### 2020 MYANMAR: MHF SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Townships</th>
</tr>
</thead>
</table>
| Health |  • 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.  
  • Emergency referrals including specific services such as emergency trauma care, emergency obstetric care, GBV clinical care and referrals to other GBV specialized services.  
  • Mental health and psychosocial support services.  
  • Prosthetic and orthotic mobile repair service for persons with disability those who live in hard-to-reach areas and NGCA, including training to the community volunteers. | 11,400 people displaced | Hlaingbwe Hpapun Kyaukkyi (Bago Region)                                  |
| Nutrition | • Maternal nutrition and breastfeeding counselling  
  • Multiple micronutrient supplementation and deworming for women  
  • Weight gain monitoring  
  • IYCF activities  
  • PLW and US screening  
  • Referral and treatment of acute and chronic malnutrition  
  • Community based healthcare and nutrition IEC | 11,400 people displaced including children under-five and pregnant and lactating women |                                                                         |
| Protection | • Need assessments, data collection, analysis and service mapping  
  • Establish community-based protection support groups (CBPSG)  
  • Developing monitoring, reporting, response and referral mechanisms, particularly for persons with specific needs.  
  • Emergency awareness sessions for community members on basic concepts about protection, human rights, civil documentation, HLP Rights, GBV, child protection, etc.  
  • Specific interventions in displacement sites to ensure protection of most vulnerable (adequate light source, etc.)  
  • Awareness-raising on mine risk in displacement sites and conflict-affected villages. | 11,400 people displaced |                                                                         |
| WASH | • Installation/refurbishment of water sources with consideration to access for particular vulnerable groups such as girls and boys and persons with disabilities.  
  • Construction of sanitary latrine in a gender/disability sensitive approach.  
  • Distribution of hygiene kits including soap and sanitary pad to displaced people and other vulnerable crisis-affected people.  
  • Community level awareness raising hygiene promotion and IEC material distribution posters (hand washing, vector-borne diseases control (AWD).  
  • Multi-purpose cash transfer or voucher assistance is encouraged where feasible and appropriate. | 2,000 people displaced |                                                                         |
## 2020 MYANMAR: MHF SECOND STANDARD ALLOCATION

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priority activities</th>
<th>Target</th>
<th>Township</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSEA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Awareness-raising:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evaluation and research on community reactions to awareness-raising materials.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Broader distribution of awareness-raising materials in other media (for example, television, radio and in other ethnic languages) and integration into outreach done by protection partners, including GBV partners.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Complaint mechanism:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Support to Department of Social Welfare GBV helpline staff: training, on-the-job coaching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Conducting location-specific focus group discussions on community preferences for reporting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Designing/strengthening informal reporting channels, such as girls and boys, youth, women, the elderly, persons with disabilities, LGBTQI+ networks and ensuring linkages to reporting channels.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Survivor Assistance Fund:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fund to support SEA survivors’ access to immediate services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fund to support investigations, including interpreters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff costs for PSEA Network Coordinator and National PSEA Coordinator:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Portion of costs of international PSEA Network Coordinator (full-time).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Portion of costs of national PSEA Coordinator (part-time).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Continued engagement with Government of Myanmar:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Scope activities and inception workshops with key Government Ministries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Higher level inter-Ministerial advocacy looking at the reform of the Civil Service Code of Conduct.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Humanitarian organizations $200,000
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 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 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, including those related to access, safety and security, social cohesion and environmental risks. Standard indicators applicable to the whole proposal measuring accountability to affected population, cash-based interventions and actions carried out to remove barriers and increase access to humanitarian assistance to persons with disabilities 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 immediate 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, 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.

---

13 It may include the Access to Health Fund, the Livelihoods and Food Security Trust Fund (LIFT), the Humanitarian Assistance and Resilience Programme Facility (HARP-F) and the Women and Girls First Programme (UNFPA).

14 It includes the Maungdaw Inter-Agency Group (MIAG) and the South-East Working Group (SEWG) for proposals covering the northern part of Rakhine State and the southeastern part of Myanmar respectively.

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

The Myanmar Humanitarian Fund (MHF) is a country-based pooled fund managed by OCHA
https://www.unocha.org/myanmar/about-mhf
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 5 November 2020.

The 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 Second Standard Allocation will be open from 6 to 23 November 2020 via the online MHF Grant Management System (GMS) at https://cbpf.unocha.org. Applications must be submitted in English due to auditing requirements. The allocation will be implemented as per the MHF Operational Manual and the revised Operational Handbook for CBPFs that can be found (together with additional information on CBPFs) at http://www.unocha.org/myanmar/about-mhf.

Depending on the context, humanitarian responses would comprise either direct provision of humanitarian supplies, contributing to overheads\(^\text{16}\) 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\(^\text{17}\). 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 partner. Project proposals covering different areas in Kachin and Shan are allowed for interventions where operations are often done using same logistics/teams. For Chin, Rakhine and Kayin, project proposals should be submitted separately. In the case of Chin and Kayin, the MHF is looking for a unique multisector project and it may be not compatible with the intervention in Rakhine and Shan respectively, 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 will 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.

---

\(^{16}\) If direct material support is available from other sources, partners may use the funds to cover transport and delivery overheads.

\(^{17}\) 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.
III.1. Guidance for project submissions

<table>
<thead>
<tr>
<th>Allocation size</th>
<th>US$5 million distributed as per indicative funding envelopes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>This allocation strategy is limited in time, scale and scope to the prioritized activities and sectors indicated in the document. Any project proposal beyond this scope will not be considered.</td>
</tr>
<tr>
<td>Eligible partners</td>
<td>Open to the partners best placed to immediate deliver assistance in at-risk locations. Funding support to national NGOs through this allocation will be equally prioritized when possible. Partnership agreements with other humanitarian partners are welcome.</td>
</tr>
<tr>
<td>Allocation per project</td>
<td>A minimum of US$ 100,000 and a ceiling as per indicative funding envelope per sector. Multi-sector projects are encouraged.</td>
</tr>
<tr>
<td>Duration of projects</td>
<td>12 months. No-cost extensions could be considered on a case-by-case basis and for a maximum of 3 months when there is strong justification.</td>
</tr>
<tr>
<td>Cross-cutting issues</td>
<td>Promoting protection mainstreaming, including accountability to affected population, age and gender equality, and disability inclusion are mandatory requirements. Considering cash-based programming is required, when feasible and appropriate. Projects should include clear conflict sensitivity analysis, including risk analysis and mitigation plan with focus on access, safety and security, social cohesion and environmental risks.</td>
</tr>
<tr>
<td>Pre-requisites for applicant organizations</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

### III.2. Tentative Allocation Timeline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Step</th>
<th>What</th>
<th>Who</th>
<th>Key Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td>1. HC endorsement of the concept note</td>
<td>Concept paper</td>
<td>HC</td>
<td>13 October 2020</td>
</tr>
<tr>
<td></td>
<td>2. Development of the draft of the allocation strategy</td>
<td>MHF Standard Allocation Strategy</td>
<td>OCHA Clusters/Sectors</td>
<td>13-29 October 2020</td>
</tr>
<tr>
<td></td>
<td>3. Comments from the Advisory Board and HC endorsement of the allocation strategy</td>
<td>MHF Standard Allocation Strategy</td>
<td>Advisory Board HC</td>
<td>30 October 2020 – 5 November 2020</td>
</tr>
<tr>
<td></td>
<td>4. Launch of allocation strategy</td>
<td>MHF Standard Allocation Strategy</td>
<td>OCHA</td>
<td>6 November 2020</td>
</tr>
<tr>
<td><strong>Proposal Development</strong></td>
<td>5. Proposal submission deadline</td>
<td>Proposal preparation</td>
<td>Partners</td>
<td>23 November 2020</td>
</tr>
<tr>
<td></td>
<td>7. HC/Advisory Board proposals endorsement</td>
<td>AB comments and HC endorses project prioritization</td>
<td>HC AB</td>
<td>7 December 2020</td>
</tr>
<tr>
<td></td>
<td>8. Proposal Revision and Adjustments</td>
<td>Partners address feedback</td>
<td>Partners OCHA</td>
<td>14 December 2020</td>
</tr>
</tbody>
</table>

---

18 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 specific gaps, mobile clinics, shelter construction, etc.) when there is strong justification. Partners are suggested to complement MHF funding with other sources to ensure sustainability of intervention and a holistic response.
<table>
<thead>
<tr>
<th>Approval</th>
<th>9. Final Budget Clearance</th>
<th>OCHA final clearance</th>
<th>OCHA HQ</th>
<th>21 December 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10. Project start date</td>
<td>Project implementation</td>
<td>Partners</td>
<td>21 December 2020 (if pre-financed, as soon as the budget is cleared by OCHA HQ)</td>
</tr>
<tr>
<td></td>
<td>11. Grant Agreement</td>
<td>GA prepared/start date agreed with partner and signature</td>
<td>OCHA HC Partners</td>
<td>21-23 December 2020</td>
</tr>
<tr>
<td>Disbursement</td>
<td>12. Grant Agreement final clearance</td>
<td>GA cleared and signed</td>
<td>OCHA</td>
<td>30 December 2020</td>
</tr>
<tr>
<td></td>
<td>13. First disbursement</td>
<td>Payment request processed</td>
<td>OCHA</td>
<td>31 December 2020</td>
</tr>
</tbody>
</table>
IV. INFORMATION AND COMPLAINTS MECHANISM

IV.1. OCHA Humanitarian Financing Unit

Mr. Narciso Rosa-Berlanga, Head / MHF Manager  
Ms. Wai Wai Moe, Senior Humanitarian Financing Officer  
Ms. Thet Mon Soe, Senior Humanitarian Programme Officer  
Ms. Poe Ei Phyu, Grants Management and Programme Officer  
Ms. Yin Min Htike, Grants Management and Programme Officer  
Ms. Zoe Zoe, Grants Management and Programme Officer  
Ms. Ei Kalayar Lwin, Programme Associate

IV.2. Complaints and Feedback Mechanism

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

V. ANNEXES

Annex 1: MHF Operating Principles and Strategic Review
Annex 2: Cross-cutting issues when developing a project proposal
Annex 3: Mandatory and Standard Indicators
Annex 4: MHF Budget Guidance
Annex 5: Cluster/sector contacts
Annex 6: List of acronyms
Annex 7: MHF Questions & Answers
Annex 8: MHF Flexibility Guidance in the context of the COVID-19
Annex 9: Rakhine Delivery Modalities Risk Mitigation