

DEADLINE: Tuesday, 1 June 2021 (09:00am Yangon time)

Allocation Summary

This document lays the strategy to allocating funds from the Myanmar Humanitarian Fund (MHF) First Standard Allocation in response to the protracted humanitarian crises in Myanmar, in line with the Humanitarian Response Plan (HRP) 2021. The allocation will address the underfunded situation of humanitarian requirements. By 20 April 2021, only 12.5 per cent of the HRP 2021 requirements had been met¹. Looking at the most underfunded sectors as per HRP requirements, Education in emergencies (EiE) has not been funded yet, followed by water, sanitation and hygiene (WASH) with 1.3 per cent of requirements met; and shelter, non-food items and camp coordination and camp management (Shelter/NFI/CCCM) with 1.7 per cent reached.

This standard allocation will make **US\$10 million** available to support coordinated humanitarian assistance and protection, covering displaced people and other vulnerable crisis-affected people in **Chin, Rakhine, Kachin and Shan states and the south-eastern part of Myanmar**.² COVID-19 related actions will be mainstreamed throughout the response to the humanitarian needs. In areas identified by the HRP, additional emergency response for people with humanitarian needs as a consequence of the new context since 1 February 2021 will be considered, as per needs assessment and analysis provided during the prioritization process.

Additional emergency response beyond the areas indicated in the HRP 2021, particularly urban and peri-urban areas, as a consequence of the developments since 1 February 2021, will not be included under this allocation. The Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG) continue to work on a specific HRP Addendum, which will include specific strategic and operational guidance on this response. A MHF reserve allocation could be considered as a result of this process, in complementarity with other sources of funding.

Allocation Breakdown

Indicative Envelopes ³	Priority	TOTAL US\$ million	Chin	Rakhine	Kachin	Shan	South-East
EiE	1	1.50		0.55	0.70	0.10	0.15
WASH	1	1.75	0.05	0.65	0.50	0.20	0.35
Shelter/NFI/CCCM	1	1.75	0.10	0.70	0.70		0.25
Protection	2	1.50	0.15	0.45	0.55	0.25	0.10
Nutrition	2	1.00		0.45	0.25	0.20	0.10
Health	3	1.00	0.05	0.50	0.30	0.10	0.05
Food Security	3	1.50		0.50	0.50		0.50
TOTAL		10.00	0.35	3.80	3.50	0.85	1.50

¹ As per data reported in the OCHA-managed [Financial Tracking Service \(FTS\)](#) and validation in country.

² It may include the caseload of conflict-affected people in eastern Bago Region and Kayin and Mon States.

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.

Section 1: Humanitarian Context

1.1. Overview of the Humanitarian Situation⁴

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 and Mon states are currently in situations of urgent humanitarian need, and facing critical problems relating to living standards, physical and mental wellbeing, or coping mechanisms. The intensified conflict, aggravated with the developments since 1 February 2021, have increasing the forced displacement and 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 repressive gendered social norms.

Despite access restrictions in some areas, partners continue to implement key humanitarian activities. However, the scope to rapidly scale up and expand humanitarian action in the current environment remain limited. Challenges around engagement with the *de facto* authorities and the blocking of mobile data have further complicated ongoing operations in HRP locations and reduced the capacity to augment human and material resources from outside the country. The disruption of banking system and supply chain has impacted operations, with an increase in market price and lack of cash availability. Local partners face serious and increasing security risks. In the current context, the humanitarian action requires different adaptations to reduce risks, continuing COVID-19 protection protocols and ensuring a principled implementation with no (or minimum) engagement with the *de facto* authorities.

In **Rakhine and Chin states**, over 218,000 people remain displaced across Rakhine State and in southern areas of Chin State, some 126,000 of whom have been in protracted displacement in Rakhine in camps established since 2011. Over 93,000 people are currently displaced in 173 sites in Rakhine and southern areas of Chin states due to the conflict between the Myanmar Armed Forces (MAF) and the Arakan Army (AA). In Chin State, the conflict is now escalating in other townships such as Hakha, Mindat and Matupi, where Chinland Defense Forces (CDF) is increasing its capacity thus leading to further displacement and increasing humanitarian needs. Landmines and explosive remnants of war (ERW) is a major concern in conflict-affected areas. Rakhine State accounted for 53 per cent of the total casualties due to landmines and ERW in 2020: 134 casualties (22 women, 48 men, 12 girls, 52 boys) and were recorded in 2020 compared to 58 in 2019. Rakhine State also accounted for the highest rate of child casualties in 2020. Mine risk education and provision of assistance to survivors are priority. Emergency health, including sexual and reproductive health (SRH), and protection services, as well as preparedness for monsoon, are critical given the vulnerability to natural disasters and armed conflicts. Emergency nutrition services are needed in support of highly vulnerable population such as pregnant and breastfeeding women and girls, children suffering from severe acute malnutrition and presenting developmental delays and children with physical disability linked to malnutrition. Immediate shelter interventions in displacement sites are needed due to the actual deterioration and the upcoming rainy season. COVID-19 has increased humanitarian needs, and mitigation measures need to be integrated into emergency WASH programming in addition to GBV mitigation measures ensuring that women and girls have safe access to WASH facilities and menstrual hygiene supplies. Targeted support to return to learning spaces and successfully re-engage in learning, including emergency training to teachers with focus on training of female teachers is needed. Access continue to be restricted in some locations, such as displacement sites Buthidaung, Kyauktaw Minbya, Mrauk-U, Myebon, Ponnagyun and Rathedaung townships due to the presence of landmines, as well as MAF and AA troops in the area.

In **Kachin State**, armed clashes escalated between the MAF and the Kachin Independence Army (KIA) since mid-March. Kachin had not witnessed this level of conflict since 2014. Due to the current crisis, nearly 6,000 people have been displaced in Hpakant, Injangyang, Momauk, Myitkyina, Shwegu and Waingmaw townships due to the MAF-KIA clashes, which included airstrikes by the MAF and mortar shelling by both sides. There had not been population displacement in Kachin since September 2018. Almost 800 people returned to their places of origin within a few days, once the security situation stabilized. An estimated 5,060 remain displaced. According to UNHCR recent perception surveys, safety and security is a growing concern in displacement sites and villages and

⁴ As per the latest [Myanmar Humanitarian Snapshot](#), published by OCHA on 26 April 2021, and information shared by partners.

women particularly avoid movements outside camps in fear of violence, including limiting acquiring food or collection of firewood. Pre-existing risks, such as gender-based violence, have been exacerbated by the conflict and COVID-19 stay-at-home measures, severely undermining women, girls and boys' resilience. Mine risk education to be priority as is case management and service provision for children in need of care which heavily rely of efficient referral pathways. Along with the support to home-based learning, providing complementary learning opportunities to children, along with psychosocial support and life skills, will need to be scaled, including volunteer teachers. The shelter conditions in the protracted displacement sites continues to increasingly deteriorate over time, adding the need of shelter and non-food items assistance including dignity kits to the new displaced people. Support to food security, including cash and voucher assistance and emergency livelihood are also required, ensuring that services reach also women and girls and the most vulnerable populations. Access is challenging in some locations, particularly due to the closure of roads and intensified armed conflict along the Myitkyina-Bhamo road, which may affect relief assistance delivery, particularly food assistance in areas under KIA control.

In **northern Shan State**, since January 2021, clashes escalated between ethnic armed organizations, involving the Restoration Council of Shan State/Shan State Army (RCSS/SSA), the Ta'ang National Liberation Army (TNLA) and the Shan State Progress Party (SSPP), in addition to clashes between the MAF and the KIA. Over 12,500 people have been internally displaced in Hsipaw, Lashio, Kyaukme, Monghsu, Momauk Muse, Namtu and Namkham townships since January 2021. More than 6,500 people returned to their places of origin within days and an estimated 6,000 people remain displaced in 34 sites in Hsipaw, Kyaukme, Lashio and Namtu townships. Community level protection systems need urgent support to identify immediate risks and implement preventive and response measures. Mine risk education priority coupled with case management and efficient referral pathways are a priority for children. Primary health care services, SRHR and provision of medical supplies are essential. Food aid and hygiene facilities that are safe and accessible also to women and girls and vulnerable groups are also key needs in the displacement sites. Support to home-based learning should continue with consideration of the different challenges girls and boys face and the increased burden particularly mothers face supporting their children in home-based learning as the current situation is uncertain. Moreover, most of the learning centers for students need renovation and need to be equipped to become safe learning spaces. Most agencies have access to operational sites except for areas in Laukkaing Township due to regional COVID-19 restriction measures. Humanitarian partners are concerned about insecurity due to the clashes on the border of Hsipaw and Namtu townships.

Considering the **south-eastern part of Myanmar**, in Kayin State and eastern Bago Region, armed clashes between the MAF and the Karen National Liberation Army (KNLA) escalated in February in south-eastern Myanmar, with the MAF using airstrikes and mortar shelling in Hpa-pun District in Kayin State and Shwe Kyin, Kyaukkyi and Nyaunglebin townships in Bago Region. Armed clashes continue to spread beyond traditional conflict zones, particularly in Mon State where the MAF has increased its presence in the area. Clashes between the MAF and KNLA were reported at Shwe Yaung Pya area in Bilin Township, and other incidents have been registered in Thaton and Kyaikhto Townships. Humanitarian needs continue to be dire and new displacements were reported during the past weeks. Displaced people have limited access to basic needs, including shelter material which is of particular concern in view of the upcoming rainy season. Life-saving health care, including SRHS, emergency referral support and provision of medical supplies are essential needs for affected people. Emergency interventions on WASH, food security and protection that ensure access to women and girls and vulnerable groups including people with disabilities are also needed. Prevention and response actions for children at risk are a priority. Provision of teaching and learning materials and non-specialized psychosocial support for newly displaced children is highly required. Furthermore, assistance to other displaced populations remain limited due to existing road blockages. However, many partners could so far deliver assistance to Hpapun Township. An estimated 40,000 people have been internally displaced, mostly in Kayin State. More than 3,000 people reportedly crossed the border to Thailand in late April.

Regarding the COVID-19 pandemic, countrywide, 142,963 COVID-19 cases including 3,210 fatalities and 132,045 recoveries have been confirmed as of 11 May 2021. There have been no updates to township-level COVID-19 data since 4 February 2021. With the decrease in health service availability from the public sector following the current crisis, provision of life saving health care to displaced people and other vulnerable population in the overall context

where risk for COVID-19 transmission remains has become more critical than before including alternative referral mechanisms where necessary. It is important to reinforce community-based primary health care in partnership with civil society organizations (CSO), NGOs and ethnic health organization (EHO).

1.2. Humanitarian Response Plan

The Myanmar HRP 2021 seeks to mobilize assistance for about one million people in 2021, in support of the efforts to aid those affected by humanitarian crises and challenges in different parts of the country. As has been the case for previous years, the HRP places protection at the center of an inclusive response tailored to the particular needs of the most vulnerable women and men, girls and boys. This MHF allocation follows the strategic objectives of the Myanmar HRP 2021, aiming to improve the overall health and wellbeing of 942,000 people (312,000 women; 283,000 men; 179,000 girls; and 170,000 men) affected by conflict or disasters in the targeted areas, including the enhancement of the enjoyment of their rights; as well as to improve the living standards and strengthen the resilience of 886,000 people.

The allocation is also in line with the [MHF Annual Strategy 2021](#), ensuring the application of minimum humanitarian standards, depending on the local context, the magnitude and relative severity of needs, underlying causes, anticipated trends and response capacities and access constraints in targeted locations. It has also considered the specific vulnerabilities of the population groups including those linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity.

Section 2: Strategic Statement

In view of the underfunded situation of humanitarian requirements identify by the Myanmar HRP 2021 and the additional humanitarian needs caused by the developments since 1 February 2021, this allocation is launched to catalyze additional resources for the humanitarian response in key geographical areas and sectors with low funding level and increased needs.

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.

Section 3: Operational Strategy

3.1 Operational priorities

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. 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 **people with specific vulnerabilities** including those linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity. All planned activities should include considerations for participation and needs of women and girls and people with specific vulnerabilities and address access issues they might face.
- Priority given to displacement sites, surrounding communities, hard-to-reach areas and non-Government controlled areas (NGCA) in **Chin, Rakhine, Kachin and Shan states and the south-eastern part of Myanmar**.

- In areas identified by the HRP, **additional emergency response** for people with humanitarian needs as a consequence of the new context since 1 February 2021 will be considered, as per needs assessment and analysis provided during the prioritization process.

As mentioned above, the allocation will not include stand-alone interventions related to the COVID-19. Nevertheless, COVID-19 related actions will be mainstreamed throughout the response to the humanitarian needs.

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

The core elements of the First Standard Allocation are:

- Crisis-affected people in humanitarian settings.
- Needs-based approach and response.
- Centrality of protection, considering it across all the humanitarian action.
- Focus of all planned activities on people displaced and people with specific vulnerabilities including those linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity, including demonstration of planning for participation and access of people with specific vulnerabilities within activities and services.
- Accountability to affected populations, particularly adequate considerations for PSEA.
- Demonstrated humanitarian access to the affected population, including displaced and host communities.
- Duration of projects established at 12 months. For those immediate life-saving response targeting people affected by the developments since 1 February 2012, the duration of activities will be limited to 6 months.

3.2 Underfunded Priorities

The strategy is also aligned to the underfunded priorities, as identified and communicated by the Emergency Relief Coordinator to the 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.

Women and girls	The MHF will work with different actors, including the Protection Sector and the GiHA work stream to ensure that gender aspects including gender-based violence are taken into account in the design and implementation of the projects. All proposals should demonstrate how they are integrating participation and leadership of women and girls in project design and implementation, addressing the different needs of women and girls within planned activities and ensuring access of women and girls to different services.
Persons with disabilities	The MHF will oversee that all selected project proposals include persons with disabilities among their target population (minimum of 12.8 per cent of total targeted people). A specific indicator related to the number of actions taken by partners to facilitate access of persons with disabilities to the humanitarian interventions will be mandatory for all the approved projects.
Education	As the most underfunded sector, the MHF will support education partners and education in activities in protracted crisis. Projects will be based on a real-time analysis of needs, considering the magnitude and severity of needs and including consideration for specific needs and access of girls and boys and children with specific vulnerabilities
Protection	Promoting protection mainstreaming, including actions related to accountability to affected population, meaningful participation, age and gender equality, and disability inclusion as a mandatory requirement for every proposal submitted to the MHF. The MHF will ensure that actions related to protection to specific vulnerable groups including children, PSEA, GBV, complaint and feedback mechanisms and other protection concerns are included in the approved projects.

3.3 Cross-cutting Issues

Accountability to Affected Population	Two mandatory indicators on AAP are included to assess if communities felt sufficiently informed about the services provided and whether reliable feedback mechanisms are available, including in relation to sexual exploitation and abuse. Feedback mechanisms should always consider access constraints including those linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity and how to ensure different media based on context.
Age, Gender and Diversity	Promoting approaches sensitive to age, gender and diversity through funding actions is a requirement for partners applying for MHF funding. The MHF is compliant with the Gender with Age Marker, the use of which is required for partners applying for funds since January 2019. Project design should include analysis of different needs linked to age, gender, disabilities or other diversities such as ethnic background and sexual orientation and gender identity, and activities should address those distinctive needs. Prevention and response to child protection risks will be a priority, including awareness raising on key child protection risks including mine risks and services as well as case management for children in urgent need of care and protection will be key priorities.
Cash and Voucher Assistance	The MHF encourages the use of alternatives to in-kind programming as a response modality for partners with demonstrated technical capacity and strong knowledge and experience of cash transfer programmes. For the use of cash and voucher assistance, partners must conduct a protection risk analysis to ensure that cash can be used for its intended purpose and to mitigate any negative consequences including possible intra-household tensions contributing to GBV. The current disruption of the banking system and the lack of cash availability may impact this modality.
Conflict Sensitive (Do Not Harm) and Social Cohesion	The MHF requires partners to mainstream conflict sensitivity (do no harm) and social cohesion in the funded projects to minimise negative impact and maximise positive impact, and actively support social cohesion for sustainable peace. This involves assessing the situation using social cohesion lens and promoting/strengthening social cohesion through specific actions. All initiatives must have a conflict-sensitive approach from start to finish.
COVID-19	COVID-19 related actions will be mainstreamed throughout the response to the humanitarian needs. In addition, the MHF will support the partners to adapt themselves to a new way of working, where duty of care, including safety and security questions related to the prevention against the virus, needs to be complemented with flexible working arrangements, in the most cases through online platforms, remote management and monitoring and limited field visits.
Environmental Risks and Climate Change	The MHF is committed to systematically identify and act on environmental risks and climate change issues, as required by the Sphere Standards and the Core Humanitarian Standard on Quality and Accountability. Partners should demonstrate that environmental risk and climate change have been assessed and that mitigation measures have been included in the response.
Gender-based Violence	The MHF will pay particular attention to prevent and mitigate identified needs associated with GBV, ensuring inclusiveness and considering special needs and vulnerabilities of persons with disabilities, older persons, adolescents, female-headed households, ethnic minorities and persons with diverse sexual orientation and gender identities. All activities should aim to identify and mitigate GBV risks avoiding that humanitarian programming does not cause or increase harm to women and girls.
Localization	The MHF encourages its partners to engage with local and national organizations on an equitable partnership basis, to ensure that all the partners and sub-partners involved in the implementation have bring added value to the design, implementation, management and monitoring of the activities. The MHF advocates to decentralise some processes at sub-national level to ensure greater participation of national partners and sub-partners in developing strategies and prioritizing allocations. Partnerships with local women-led organisations and women rights organisations (WLO/WRO) and those working with different diversities such as disabilities and LGBTQI+ support organisations is encouraged.
Prevention of Sexual Exploitation and Abuse	The MHF requires partners to have clear provisions and operational mechanisms on safeguarding including PSEA. The MHF reassures that all partners passed due diligence and have PSEA policies in place. The MHF will be willing to extend appropriate support as needed, including through the PSEA Network.

Section 4: Cluster/Sector Breakdown and Priorities

4.1 Cluster/Sector Breakdown

Cluster / Sector	Priority	TOTAL (US\$ million)	Targeted People		
			HRP 2021	Additional needs	Total
EiE	1	1.50	24,160	6,180	30,340
WASH	1	1.75	82,344	29,000	111,344
Shelter/NFI/CCCM	1	1.75	80,300	12,000	92,300
Protection	2	1.50	79,000	12,600	91,600
Nutrition	2	1.00	51,569	4,079	55,648
Health	3	1.00	267,969	9,517	277,486
Food Security	3	1.50	45,000	30,000	75,000
TOTAL		10.00	278,228	34,116	312,344

4.2 Cluster/Sector Priorities⁵

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 considering the underfunded situation.

- **Priority 1:** EiE, WASH and Shelter/NFI/CCCM
- **Priority 2:** Protection and Nutrition
- **Priority 3:** Health and Food Security

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 in [Annex 1](#). 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 measures to avoid and minimize the spread of the COVID-19, recognizing the different population groups and their vulnerabilities to the virus. Activities aiming to contain the virus among vulnerable groups and conflict-affected populations, including provision of preventive material to health and humanitarian workers, strengthening of risk communication and community engagement (RCCE) and infection prevention and control (IPC) measures among communities will be mainstreamed across project proposals.

Priority 1: EiE, WASH and Shelter/NFI/CCCM

The [education in emergencies](#) (EiE) sector is the most underfunded against the HRP 2021, with no reported contribution as of 20 April in FTS. The EiE sector will prioritize support to children to continue or re-engage in learning. This is after nearly all children in Myanmar have missed an academic year, due to school closures related to the COVID-19 pandemic. EiE sector partners were able to reach some of the most at-risk children with home-based learning materials, however any response beyond this has been very limited. Children and youth must be supported to continue or re-engage in education opportunities which are safe and conflict sensitive. To not do so violates the right to education, poses serious protection risks to children and youth who are at risk of child labor, recruitment, child marriage, etc., and creates a long-lasting, irreversible damage to the country's economy and society. The impacts of a prolonged disruption in education also has differing impacts for different children. Children and youth who are displaced and/or already affected by armed conflict are at great risk of never returning to education, as are those with disabilities. Girls and boys will also have specific needs to effectively return to

⁵ Please see [Annex 1](#), for further details of cluster/sector priorities (activities, target population, locations) and funding envelopes.

learning. The EiE sector will use a comprehensive do no harm approach, providing support directly to communities following consultations about the support most needed for their children to engage more fully in learning.

In Rakhine State, there has been some initial home-based learning support to displaced children and youth; however, efforts for engagement in learning must be strengthened. In the 2012 displacement camps, over 20,000 children rely on EiE partner provision of primary education. These children must be supported to learn in safe temporary learning spaces (TLS) which follow COVID-19 prevention measures. These measures, and the threat of future outbreaks, also require ongoing home-based learning. In both TLS and learning at home, children will only learn effectively with support from volunteer teachers – these volunteer teachers must receive incentive payments and essential training, despite the difficult circumstances regarding cash and connectivity. In new displacement sites and host communities, children are also disadvantaged regarding education access and require similar support. Among Rohingya camps, girls' access to education is limited by multiple factors including girls' inability to leave their homes post-menstruation, lack of camp-based education facilities after grade 4, the lack of female teachers and limited work opportunities for women. Continuous efforts should be made to improve girls' access to education.

In Kachin State, again there is some existing support to home-based learning but these efforts must be strengthened. Caregivers and volunteer teachers/facilitators are requesting capacity building to support children to better engage in learning, with consideration of the specific challenges faced by girls and boys, and this must be accompanied by activities for non-specialized psychosocial support and COVID-19 prevention. Further, renewed armed conflict in Kachin State include new displacement, which likely includes at least 1,000 school-aged children; this number is likely to increase. Particularly as the traditional academic year begins in areas in and beyond education provision by government, children must be supported to continue learning even during displacements. Preparedness and response activities by EiE partners are critical.

In northern Shan State there is a lack of education service providers, therefore it is difficult to address all the existing needs. The efforts for home-based learning are needed as the current situation is uncertain. Moreover, most of the learning centers for students are in poor shape and need some priority renovations to become safe learning spaces. Teachers and caregivers have a strong need for psychosocial support as they face daily challenges due to the displacement as well as the social, economic and political difficulties they are facing in their communities. Most of the youth lack appropriate skills to find good jobs, and migrate for work – rather support is needed to develop skills for work nearer to home.

In the south-eastern part of Myanmar, the renewed armed conflict has also caused new displacements, including at least 10,000 school-aged children in most affected areas, including in eastern Bago Region and Kayin and Mon states. This is in addition to over 4,000 school-aged children already requiring EiE partner support in Hlaingbwe and Hpapun townships, Kayin State. While some EiE support is already being delivered, significant additional resources are required for a sustained response, especially to those newly displaced. As in other locations, working with existing local groups already supporting education and emergency response will be the most effective and appropriate approach. Emergency teacher training, temporary education measures, provision of learning materials and community engagement should be also prioritized. Non-specialized psycho-social support will also be provided to strengthen protection of children and families through education with consideration of needs of mothers and fathers specifically in their caregiving roles.

The **water, sanitation and hygiene** (WASH) cluster has only received US\$0.4 million, which represents 1.3 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April.

The continued protracted displacements in Chin state has led to large numbers of displaced populations that require WASH services. There is need of full coverage of WASH services taking into account age, gender and disability with a focus around certain sectors, frontline responders or selected people (e.g. women, children, older persons, persons with disabilities) to respond to specific needs in respect with WASH standards, in order to address the current existing humanitarian needs. There is a need to increase access to safe water supply and storage capacity. The lack of water treatment capacity has brought public health issues (incidence of acute water diarrhea), especially for the most vulnerable groups of the population (children under 5, etc.). In response to the influx of displaced people, agencies have provided emergency latrines. However, additional upgraded semi-permanent latrines are needed in order to cover the needs and prepare for potential new arrivals. There is also a

lack of provision of hygiene kits to mitigate WASH related illnesses and COVID, especially in the context where access to markets can be restricted.

In Rakhine, the combination of continued protracted displacements (especially women, children, older persons, persons with disabilities), statelessness, segregation, limited access to livelihoods opportunities and quality of services exposes people to many risks, and has caused high levels of dependency on humanitarian assistance. Most rural temporary displacement sites barely meet emergency standards, and need continued support, rehabilitation or improved sustainable service provisions and support in fostering community ownership and introduce methods, skills and tools for community-based facility rehabilitation. COVID-19 has increased humanitarian needs, and continues to be a needed mitigation measure that will be integrated into routine WASH programming. Rakhine states is challenged with seasonal water scarcity during the dry season from March to June, followed by the monsoons (July-September) and cyclone (October) seasons, that WASH actors need to mitigated and respond to as needs arise.

In Kachin, people living in the camps in Kachin have been displaced for many years and continue to be unable to return home. COVID-19 has increased humanitarian needs. Many have limited access to livelihood opportunities, relying heavily on humanitarian assistance. Prices have increased, especially since February. Most of the camps barely meet emergency WASH standards and continued WASH services are essential to limit public health risks. Most WASH services in the camps are carried out by the own displaced people (in WASH Working Groups that include women, men, girls and boys and other diversities where possible), with cash grants to cover material costs. This approach ensures ownership, participation, and capacity building. The increase in fighting between MAF and KIA has resulted in new displacements. Currently, the existing camps have capacity to accommodate an influx of approximately 1,200 people (from a WASH perspective only) with only minor cost increases due to construction of new latrines and septic tanks, distribution of WASH NFIs, and routine running costs for WASH infrastructure.

Similar situation is found in Shan, where there is no proper water and sanitation facilities in newly displacement sites and the vulnerable people including pregnant mothers, young children and old aged people are occurring diarrheal and others chronic illness occasionally.

In the south-eastern part of Myanmar, the armed conflict has caused new displacement, with people fleeing their home without any basic supplies and limited access to hygiene and sanitary materials. Thus it is proposed to reach these vulnerable displaced people with critical WASH supplies including menstrual hygiene materials to provide them with protection against preventable diseases. In addition, in the view of COVID 19 pandemic, there is a dire need for hygiene promotion, especially among the newly displaced groups to prevent spread of the pandemic. WASH interventions will be prioritized through distribution of hygiene kits and hygiene awareness raising to affected populations mainly in Kayin State and eastern Bago Region.

The **shelter, non-food items and camp coordination and camp management** (Shelter/NFI/CCCM) cluster has only received US\$0.6 million, which represents 1.7 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April.

The COVID-19 pandemic coupled with the current situation, has led to severe access and logistical constraints to Chin, limiting the provision of services, which are now in need of urgent prioritization and response. Further displacement has led to additional needs for shelter and NFI assistance that need to be addressed immediately, including provision of shelter and NFI kits including dignity kits. To reduce the spread of COVID-19, distribution of COVID prevention material and messaging also need to be scaled up.

In Rakhine, in Rohingya displacement camps, there is an urgent need to reconstruct dilapidated shelters, and this remains partially uncovered as these prolonged needs remain largely underfunded. About 350 emergency shelters need to be reconstructed in 2021 which are not yet funded. In most cases immediate interventions are needed due to the upcoming rainy season. Since the return of displaced people to places of origin is not foreseeable in the near future due to the contamination of landmines as well as lack of livelihoods opportunities, existing shelters urgently need to be strengthened and reinforced following the rainy season. To ensure the self-reliance and safety of residents, both in displacement camps and sites, solutions for fuel for cooking are necessary and urgently needed (wood bricks, rice husk bricks, gas stoves). Since the winter in Rakhine affects mostly highlands townships,

displaced communities will need warmer clothes that are gender and age appropriate and blankets to withstand the winter, and funding is necessary to prepare for these emerging needs.

In Kachin only, conditions at protracted displacement camps continue to deteriorate steadily. Over 7,000 units of shelter needed to be constructed or maintained in the existing protracted displacement sites, out of which only 27 per cent (around 1,900 shelters) have secured funding for 2021. In addition to the protracted displacement, due to ongoing conflict there are over 1,500 new displaced households who are now residing within existing camps/church/monastery compounds confined in congested areas, out of all majority would be needing urgent intervention of shelter and NFIs. While the situation still remains volatile, there could be less opportunity to return because of active conflict that may eventually lead to prolonged displacement which is when the shelter intervention is needed. Besides, there are around 25 old camps who would soon need support for camp running purposes and potential creation of new camps will also require additional budget for camp management.

In the south-eastern part of Myanmar, shelter is a main concern for displaced people, as many are hiding and living in very poor conditions. In addition, many are unable to access to shelter materials and there has been limited support so far. Considering the upcoming rainy season, provision of shelter materials (especially shelter kits including tarpaulin sheets, kitchen utensils), distribution of multi-purpose cash transfers and conducting needs assessments in the region to identify additional needs are among the priorities. Shelter interventions will focus on eastern Bago region and Kayin and Mon states, where dire needs exist.

Priority 2: Protection and Nutrition

The **protection** sector has received US\$2.5 million, which represents 6.7 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April.

In Chin and Rakhine, protection monitoring coverage for MAF-AA conflict related displacement sites remains low due to the number of sites (over 190 active sites) and wide geographic distribution of these displacement sites. In addition, there is a great need for people living at these sites to have access to reliable and complete information, especially given the uncertainties surrounding the security situation and encouragement to return to villages of origin from state and local administration. The need to support and assist populations with specific vulnerabilities, including persons with disabilities, remains high. There is also a need to work with local civil society and community-based organizations, especially WLO/WRO, to build community-based protection capacities that would be sustainable. In addition, in Rakhine State, approximately 470,000 non-displaced stateless Rohingya (of whom 33 % are women and 19 % are girls and 18 % are boys) continue to be affected by discriminatory policies and practices, including movement restrictions, lack of civil documentation, denial of rights, intimidation, harassment, extortion and abuse, and hostility from the surrounding communities in some areas. Persons with disabilities and female headed households are particularly and disproportionately affected. Ongoing conflict continuously undermines their capacity to produce and access sufficient, diversified and nutritious food, leading to negative coping mechanisms and limited ability to meet basic needs. In IDP sites and villages in northern Rakhine, targeted support for persons with specific needs remains an urgent priority. This includes support for persons with disabilities, female headed and child headed households and other community members.

A serious concern is the presence of landmines and ERW which have increased related incidents in southern Chin and Rakhine states. With the lull in fighting since November 2020, state and local administrations have been encouraging, and in some cases instructing displaced people, to return to villages of origin, with over 1,000 households estimated to have returned and at least 1,200 with plans or under encouragement to return. However, protection monitoring has indicated that there remain significant concerns about landmine and ERW contamination in villages of origin. While MAF have undertaken clearance in some villages of origin, there remain considerable safety concerns about the quality and extent of the clearance, including in forest and hill livelihoods areas relied upon by people before displacement. Affected communities urgently need proper information, awareness and mine risk education (MRE) sessions, including for children. This action should be completed with the provision of assistance to mine survivors; and to substantially strengthen the capacities of local partners and CSOs in MRE and survivor assistance.

Analysis conducted in March 2021 by the GBV sub-sector in Chin and Rakhine, indicates several displacement sites in Kyauktaw, Minbya, Mrauk-U, Myebon and Ponnagyun are not fully covered by any GBV actors, in addition of funding gaps for those providing GBV services. These challenges come at a time when COVID 19 restrictions call for more expensive innovative ways of continuation and increase GBV services. Furthermore, in some townships like Myebon and Kyauktaw, GBV services in protracted Rohingya camps (resettlement sites) could not be transitioned to government duty bearers. This situation particularly affects child protection services. The current political situation further deteriorated the capacity of already limited services to the host communities. For instance, in Mrauk-U, people displaced in rural sites have limited or no access to mental health and psychosocial support (MHPSS) and psychological first aid (PFA).

In Kachin, persons with disabilities face additional risks and may have greater challenges to access protection or other essential services due to distance and inaccessible infrastructure. Data shows that persons with disabilities often have severely limited opportunities to thrive and many are in a poor mental health situation, with little to no services available. Since 1 February 2021, available services have been disrupted in many cases, with a general increase of market prices and loss of livelihood opportunities for family members, who have lost their job resulting in challenges in fulfilling basic needs for persons with disabilities. These needs are more pronounced in NGCA. In addition, lack of disability data is one of the biggest challenges being faced in terms of planning and response.

Currently, GBV prevention and response services coverage in Hpakant, Mansi and Mogaung is only between 55% to 75% and only 26% in Shwegu. Although other townships are mostly well covered by GBV actors, effective prevention and response mechanisms are significantly disrupted due to COVID-19 and the recent political situation, with increased armed conflicts. Most of the prevention activities have reduced significantly, but community/camp-based volunteers still continue to disseminate information on GBV response and referral services, including support to GBV survivors through remote case management. MHPSS services and clinical management of rape (CMR) services are available in selected health facilities. However, partners' capacity to provide adequate GBV prevention, risk mitigation and response services need to be enhanced. The proposed activities will cover displacement camps, durable solution sites as well as recently displaced populations.

Regarding child protection, the current situation has further exacerbated the already severely weakened protective environment, making children further vulnerable to violence, abuse, exploitation, and neglect. Pre-existing risks, such as GBV, had been aggravated by the conflict and COVID-19 stay-at-home measures, severely undermining children's resilience. Ongoing conflict and violations put children's physical safety and psychological wellbeing at risk with an urgent need to scale-up child protection service, now at 87 per cent of coverage. Due to increase incidents of arbitrary arrest and detention, legal aid awareness and services are urgently needed for children, adolescents and vulnerable population. In addition, there is an increased risk of potential forced recruitment by MAF and ethnic armed organizations (EAO) that requires additional awareness-raising to ensure the safety and security.

Despite limited travel due to both COVID-19 and the ongoing coup situation, landmine accidents continue, and increased clashes in Kachin and northern Shan between and among MAF and EAOs continue to increase contamination, and thus the likelihood of accidents occurring. In the current environment, cash assistance to landmine survivors is more critical than ever. The travel restrictions from COVID-19, and the impacts of new development since 1 February 2021 have impacted people's ability to generate income, thus making them more (financially) vulnerable if accidents occur. A minimum package of mine risk education and obtaining data on potential hazardous areas are critical to facilitate returns, since camp closures have started. The envisaged mapping and data through the pilot survey will provide protection to conflict-affected villagers so they understand where risks are, and can support advocacy efforts to start clearance as soon as possible. With the current conflict in Kachin and increase in displacement, it is worthy assessing relationships between displaced and host communities particularly for access to food and other protection issues. The protection sector will also prioritize direct assistance to a specific segment of the population (landmine survivors) with cash, PSS and other specialized services (rehabilitation).

In Shan, due to the impacts of COVID-19 and current context since 1 February 2021, child protection community-based systems need to be reinforced. It would help to identify immediate risks to children and provide protection and response supports in a timely manner. Basic rights of being children are disrupted and school closures lead

to further vulnerabilities of children, having negative impacts on their mental wellbeing. In line with the HRP 2021, MHPSS supports, community-based child protection mechanisms and provision of knowledge to conflict affected populations significantly contribute to the strengthening of children’s protection, by encouraging implementation through local CSOs and NNGOs.

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

In the south-eastern part of Myanmar, increased armed conflict has caused new displacements, which has increased protection concerns and violations of human rights. Specific groups, such as survivors of violence, women, girls and boys, are particularly vulnerable to protection risks, such as GBV, child abuse, family separation and trauma. In addition, access to services, including life-saving protection services, have become challenging for the newly displaced population in conflict affected areas. In this regard, protection interventions will be delivered by partners to prevent and respond to GBV and strengthen child protection through PFA, awareness raising and referrals.

Regarding the **nutrition** sector has received US\$1.5 million, which represents 7.1 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April. The new developments since 1 February 2021 has seriously affected the nutrition situation in Myanmar. The nutrition sector has already undertaken a multi-hazard emergency response preparedness planning for the additional needs not covered in the current HRP. Based on the available assessments in Myanmar⁶, approximately 29 per cent of children under-5 are stunted and 19 per cent are underweight, whereby 1 in 3 children are stunted and approximately 8 per cent are acutely malnourished. 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. 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, although some displaced people due to the conflict between MAF and AA are returning, particularly in Kyauktaw, Minbya, Mrauk-U and Sittwe townships, there is an urgent need of provision of basic nutrition services, in addition of displaced and non-displaced stateless people in Buthidaung and Maungdaw townships. Provision of emergency nutrition services are urgently needed for children suffering from severe acute malnutrition and presenting developmental delays and children with physical disability linked to malnutrition. Nutrition partners therefore need further support to maintain nutrition services including promotion and protection of optimal feeding practices with protective measures and COVID-19 prevention messages, expanding services to ensure they reach pregnant and breastfeeding women from diverse ethnic groups that have restrictions on movement and require male permission to access health services.

In Kachin, nutrition partners will focus on prioritizing the recent displaced population in Kachin through maintaining optimal nutrition services among new displacements, particularly for pregnant and breastfeeding women, and in existing displacement sites and host communities.

In Shan, there are huge gaps in nutrition services whereby the selected townships are mix of GCA and NGCA areas where the most vulnerable communities are not able to access the health care services, including nutrition support and referral, with limited information to nutrition knowledge and services, now even more challenging following the events of 1 February. Additionally, operational constraints related to safe and timely access to the affected people due to 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.

⁶ Preliminary results of the 2016 Demographic Health Survey.

In the south-eastern part of Myanmar, operational constraints due to the tension between MAF and EAOs has increased with some ethnic health organizations (EHO) suspending their activities and support from inside the country, similarly affecting UNICEF, key implementing partner for the essential nutrition intervention in NGCA. Due to the ongoing conflict with road blockages, limited functioning of markets, increased prices, distance of displaced people from urban and peri-urban areas and livelihood activities being interrupted, coupled with the COVID-19 situation, vulnerable communities are unable to meet basic nutrition needs. Thus, there is a critical need for food and nutrition support to displaced populations in eastern Bago Region and Kayin and Mon states. In consideration of the aforementioned unmet needs, screening for malnutrition among children and referrals are priority.

Priority 3: Health and Food Security

The **health** cluster has received US\$4.9 million, which represents 16.7 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April. The health cluster conducted prioritization based on HRP 2021 and current operational scenario (including new needs and accounting for existing capacities on the ground). With the decrease in health service availability from the public sector following the current crisis, provision of life saving health care to displaced and other vulnerable people has become more critical than before including alternative referral mechanisms where necessary. It is important to reinforce community-based primary health care in partnership with CSOs, NGOs and EHOs, all this in the overall context where risk for COVID-19 transmission remains.

Chin State hosts displaced people from armed conflicts. Limited humanitarian health actors and funding are key challenges. It is crucial to support the multi-sectoral project which includes essential health services provision through non-government organizations to address the health gaps in affected people.

It is crucial to continue humanitarian health assistance in Rakhine State to prevent worsening health situation among the protracted displaced population as well as those non-displaced including stateless people. Emergency health services and preparedness for monsoon are the priorities given the vulnerability to natural disasters and armed conflicts. Disease surveillance and response through early warning, alert and response system is important to detect and respond to communicable diseases outbreaks particularly in displacement sites. Medical transportation from rural or remote settings to healthcare services is essential, particularly for pregnant and breastfeeding women and girls that have limited freedom of movement or household financial access.

Resumption of armed conflicts in Kachin after the military takeover resulted in new displacements. This put additional strain on already stretched humanitarian response capacity in protracted displacement sites. In the current context, provision of essential health care and preparedness capacity for monsoon emergencies are likewise considered to be critical.

Shan State is uniquely characterized by short-term displacements in addition to the long-term displacement. Recent armed conflicts are ongoing across different locations resulting in new displaced population. It is important to support the local and international organizations to provide essential health care services and medical supplies for the people in need of health assistance, including comprehensive antenatal care packages and health services supporting people living with HIV.

In the south-eastern part of Myanmar, health services are severely interrupted with only few private clinics accessible, mainly for outpatient treatment in urban areas. While access to health services have already become challenging for the host communities, many newly displaced people and eastern Bago and Kayin do not have access to health services, particularly those in hard-to-reach areas, relying on humanitarian assistance from the EHO and NGO. Health response will mainly prioritize life-saving health care, including mobile clinic support, emergency referral support, provision of medical supplies and awareness raising activities, including on COVID 19, and community outreach and mobilization. People displaced by the ongoing clashes between MAF and KNLA are. Life-saving health care, emergency referral support and provision of medical supplies are essential needs for affected people.

The **food security** sector has received US\$18 million, which represents 22.7 per cent of the requirements indicated in the HRP 2021, as reported in FTS as of 20 April. In addition to the impact of the armed conflict, the displacement situation and the negative impact of the COVID-19 on household's economy, the recent deterioration of the

situation in Myanmar due to the events since 1 February 2021 has a significant negative impact on people's access to work opportunities, cash, agricultural and livelihood inputs. Support farmers and breeders to access inputs (quality seeds, fertilizers, etc.) is critical to maintain good quality food availability at field level. Women particularly lack access to key agricultural assets. For that, building resilience is urgently needed along the food security emergency response, particularly now when entering the main agricultural season. Livelihood support is essential to provide equal opportunities to women and men, in urban/peri-urban and rural areas. Consideration must be made for social norms that restrict women's ability to go to work as well as for the care burden women face. Livelihoods programming should plan for child care accordingly. As access may be limited for international actors, it is important that national partners and CSOs receive appropriate training to deliver the assistance in a safe way (for them and for the people in need), mitigating for GBV risks, in full respect of humanitarian principles and standards and with consideration of specific needs and access issues of women and men, girls and boys, persons with disabilities and other diversities.

The situation in Rakhine requires an emergency food security response that targets the most vulnerable. Cash-for-work will focus on community infrastructures. A comprehensive support will mitigate people's negative coping mechanisms. Women headed households require a particular attention especially because social norms are a major constraint to access to cash or to run some types of activities. As mention in the HRP 2021, in Rakhine, women represent 53 per cent of the whole targeted people.

In Kachin, access to food continues to be a main challenge in displacement camps in NGCA, particularly considering the COVID-19 pandemic and the security situation, with increased armed clashes and new displacement. In Chipwi and Waingmaw townships, the risk for displaced people to face a 10 months' food gap has been identified by partners. Movement restrictions due to increased armed clashes have impacted the sustainability of small businesses, including LGBTIQ+ businesses and rural agricultural livelihoods for women and girls, resulting in higher food insecurities.

In the south-eastern part of Myanmar, there are crucial needs in terms of food security support, as access to food has become uneasy for the displaced population with road blockages, limited functioning of markets, increased prices, distance of displaced from urban and peri-urban areas and livelihood activities being interrupted. There are vulnerable groups among displaced people, such as children, persons with disabilities and breastfeeding and pregnant women, who are severely impacted from food shortage. Furthermore, emergency nutrition support needs to be provided in order to ensure that the high-risk groups do not suffer from nutritional deficiency. Food distribution and cash-for-food programs are priority for displaced and other vulnerable people in eastern Bago Region and Kayin and Mon states.

Section 5: Eligibility Parameters/Guidance to Applicants

Allocation size	US\$10 million distributed as per indicative funding envelopes.
Scope	This allocation strategy is limited in time, scale and scope to the prioritized activities and sectors indicated in the document. Any project proposal beyond this scope will not be considered.
Eligible partners	Open to the partners best placed to immediately 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.
Allocation per project	A minimum of US\$ 100,000 and a ceiling as per indicative funding envelope per sector. Multi-sector projects are encouraged.
Duration of projects ⁷	12 months. For those emergency activities targeting people affected by the developments since 1 February 2012, the duration will be limited to 6 months.
Pre-requisites for applicant organizations	<ul style="list-style-type: none"> • Completion of the due diligence process on GMS. • Capacity assessment conducted by OCHA, including anti-fraud and PSEA policies. • MHF requests on previous and ongoing projects have been addressed. • Active participation in coordination at national and/or sub-national level.

⁷ 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.

Section 6: Process and Timeline

6.1 Allocation Strategy Development Process:

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 10 May 2021.

The underfunded scenario against existing humanitarian needs in crisis-affected populations demands rapid decision-making and immediate scale-up of life-saving response. This will entail strong commitment and enhanced efforts from all stakeholders to do everything in their power to expedite the process leading to emergency response that will be supported through this integrated approach. Stakeholders involved in this Standard Allocation will strive to expedite the allocation process to the extent possible and ensure maximum possible responsiveness.

The submission of project proposals for this MHF First Standard Allocation will be open **from 12 May to 1 June 2021 (09:00am Yangon time)** 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 overheads⁸ 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 sectors⁹. 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 a limitation of the number of projects per partner. Project proposals covering different areas in Kachin and Shan are allowed for interventions where operations are often done using the same logistics/teams. For Chin, Rakhine and the south-eastern part of Myanmar, project proposals should be submitted separately, where logistics are different including access in some cases. Regarding proposals in the south-eastern part of Myanmar, they can include activities in the most affected areas (eastern Bago, Kayin and Mon), as per sector prioritization.

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.

The precise distribution of available funding will be determined following a consultation process with relevant partners, clusters and sectors, focused on identifying the most urgent needs and gaps, complemented by an analysis of ongoing response by sector and geographic area. Consultations with humanitarian donors, funding facilities and pooled funds, such as Access to Health Fund (ACCESS), Livelihoods and Food Security Trust Fund (LIFT), Peace Joint Fund (PJF), Paung Sie Facility (PSF), Nexus Response Mechanism (NRM), and the recently established Myanmar Chapter of the Women, Peace and Humanitarian Fund (WPHF), will be also conducted.

⁸ If direct material support is available from other sources, partners may use the funds to cover transport and delivery overheads.

⁹ 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.

6.2 Allocation Timeline

Phase	Step	What	Who	Key Date
Preparation	1. HC endorsement of the concept note	Concept paper	HC	21 April 2021
	2. Development of the draft of the allocation strategy	Allocation Strategy	OCHA Clusters/Sectors	21 April - 5 May 2021
	3. Comments from the Advisory Board and HC endorsement of the allocation strategy	Allocation Strategy	Advisory Board HC	6 May - 10 May 2021
	4. Launch of allocation strategy	Allocation Strategy	OCHA	12 May 2021
Proposal Development	5. Proposal submission deadline	Proposal preparation	Partners	1 June 2021
Proposal Review	6. Strategic, technical and financial review	Project prioritization Proposal review	Review Committee OCHA	8 June 2021
	7. HC/Advisory Board proposals endorsement	AB comments and HC endorses project prioritization	HC AB	15 June 2021
	8. Proposal revision and adjustments	Partners address feedback	Partners OCHA	22 June 2021
Approval	9. Final budget clearance	OCHA final clearance	OCHA HQ	28 June 2021
	10. Project start date	Project implementation	Partners	28 June 2021 <i>(if pre-financed, as soon as the budget is cleared by OCHA HQ)</i>
	11. Grant Agreement preparation and signature	GA prepared/start date agreed with partner and signature	OCHA HC Partners	29-30 June 2021
Disbursement	12. Grant Agreement final clearance	GA cleared and signed	OCHA	5 July 2021
	13. First disbursement	Payment request processed	OCHA	12 July 2021

Section 7: Contacts and Complaints

7.1 Key Contacts

Name	Position	E-mail
Narciso Rosa-Berlanga	MHF Manager	rosa-berlanga@un.org
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Yin Min Htike	Grants Management and Programme Officer	yin.htike@un.org
Zoe Zoe	Grants Management and Programme Officer	zoe.zoe@un.org
Ei Kalayar Lwin	Programme Associate	lwine@un.org



MHF

MHF-Myanmar@un.org
www.unocha.org/Myanmar/about-MHF

7.2 Complaints 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 also include 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.

Section 8: Annexes

- Annex 1.** Prioritization Matrix
- Annex 2.** MHF Operating Principles and Strategic Review
- Annex 3.** Cross-cutting issues when developing a project proposal
- Annex 4.** Mandatory and Standard Indicators
- Annex 5.** MHF Budget Guidance
- Annex 6.** Cluster/sector contacts
- Annex 7.** List of acronyms