MYANMAR HUMANITARIAN FUND

2020

ANNUAL REPORT

MHF Myanmar Humanitarian Fund

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This document was produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Myanmar. OCHA Myanmar wishes to acknowledge the contributions of its committed staff at headquarters and in the field in preparing this document.

The latest version of this document is available on the MHF website at www.unocha.org/Myanmar/about-MHF.

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at cbpf.data.unocha.org.

For additional information, please contact:
Myanmar Humanitarian Fund
MHF-Myanmar@un.org
Tel: +95 123 056 82-84 ext. 204

Front Cover
Hygiene kit distribution in Kyauktaw Township, Rakhine State.
Credit: OCHA

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TABLE OF CONTENTS

4 FOREWORD

6 2020 IN REVIEW
7 MYANMAR HUMANITARIAN FUND AT A GLANCE
11 MYANMAR HUMANITARIAN FUND COVID-19 RESPONSE
14 DONOR CONTRIBUTIONS
17 ALLOCATION OVERVIEW

22 UNDERFUNDED PRIORITIES

25 FUND PERFORMANCE
26 INCLUSIVENESS
29 FLEXIBILITY
32 TIMELINESS
34 EFFICIENCY
37 ACCOUNTABILITY AND RISK MANAGEMENT

40 ACHIEVEMENTS BY CLUSTER AND SECTOR
41 COVID-19
42 COMMON SERVICES
43 EDUCATION
45 FOOD SECURITY
46 HEALTH
48 NUTRITION
49 PROTECTION
51 SHELTER/NFI/CCCM
52 WASH

54 ANNEXES
55 ABOUT THE MYANMAR HUMANITARIAN FUND
56 ALLOCATIONS BY RECIPIENT ORGANIZATION
57 MHF-FUNDED PROJECTS
59 MHF ADVISORY BOARD
60 ACRONYMS & ABBREVIATIONS

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FOREWORD

I am pleased to share with you the 2020 Myanmar Humanitarian Fund (MHF) Annual Report. This document provides an overview of the MHF-supported operations and demonstrates how the Fund was used strategically to address urgent humanitarian needs of the most vulnerable people in 2020. It presents the management and accountability mechanisms of the Fund, as well as the achievements by cluster and sector.

I would like to acknowledge the efforts of our partners, the recipients of MHF funding – national and international NGOs and UN agencies, funds and programmes – cluster and sector coordinators and support staff for their dedication and tireless work in Myanmar. The MHF funds enabled them to respond to priority needs of the most vulnerable people affected by conflict, including internally displaced people in southern Chin, Rakhine, Kachin, northern Shan, eastern Bago and Kayin states, as well as to kick-start preventive and response action related to the COVID-19 pandemic.

The added value and comparative advantages of the MHF continued to be demonstrated in 2020, as the Fund supported response to numerous emergencies differing in scale, nature and location. Combining flexibility and strategic focus with its robust accountability system, the MHF supported collective prioritization, helped ensure timely allocation of scarce resources, enabled humanitarian interventions and ultimately strengthened humanitarian coordination, leadership and efficiency of response.

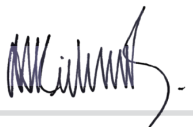
As always, allocations were consistent with the strategic objectives defined in the Myanmar Humanitarian Response Plan (HRP) and the MHF Annual Strategy. The selection of projects was based on updated needs assessments and prioritized through existing humanitarian coordination mechanisms.

The MHF supported collective prioritization, ensured a timely allocation of scarce resources and ultimately contributed to a stronger and better coordinated humanitarian response.

Today, the MHF remains one of the most effective means of supporting life-saving activities in Myanmar, particularly through its support and funding to frontline national responders. We are proud that 42 per cent of the funding provided in 2020 went directly or indirectly to national NGOs, exceeding the World Humanitarian Summit's target of 25 per cent.

As Humanitarian Coordinator, I am fully committed to the implementation of the 2021 MHF Annual Strategy endorsed by the MHF Advisory Board and to further boost the potential of the MHF to rapidly respond to critical humanitarian needs in 2021. One possible example is the potential expansion of MHF's support beyond the original geographic and thematic areas of the 2021 Myanmar HRP to respond to the February 2021 political and human rights crisis and its humanitarian consequences.

I am hopeful that contributions to the Fund will increase this year to reach US$30.9 million, which represents 15 per cent of the total funding received against the 2020 HRP, in line with global targets for country-based pooled funds. I look forward to working closely with donor governments in support of our shared goal of the most effective humanitarian response possible.



ANDREW KIRKWOOD
Humanitarian Coordinator a.i. for Myanmar

Soap and bucket distribution at Nyaung Pin Gyi, Rathedaung Township, Rakhine State
Credit: Centre for Social Integrity (CSI)

> **In the face of COVID-19, the MHF proved its strategic value by enabling an agile and principled humanitarian response.**
>
> ANDREW KIRKWOOD
> HUMANITARIAN COORDINATOR A.I. FOR MYANMAR

2020 IN REVIEW

This Annual Report presents information on the achievements of the Myanmar Humanitarian Fund during the 2020 calendar year. However, because grant allocation, project implementation and reporting processes often take place over multiple years – Country-Based Pooled Funds (CBPFs) are designed to support ongoing and evolving humanitarian responses) –, the achievement of CBPFs are reported in two distinct ways:

Information on allocations granted in 2020 (shown in blue). This method considers intended impact of the allocations rather than achieved results as project implementation and reporting often continues into the subsequent year and results information is not immediately available at the time of publication of annual reports.

Results reported in 2020 attributed to allocations granted in 2020 and prior years (shown in orange). This method provides a more complete picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. This data is extracted from final narrative reports approved between 1 February 2020 - 31 January 2021.

Figures for people targeted and reached may include double counting as individuals often receive aid from multiple cluster/sectors.

Contribution recorded based on the exchange rate when the cash was received which may differ from the Certified Statement of Accounts that records contributions based on the exchange rate at the time of the pledge.

2020 IN REVIEW

MYANMAR HUMANITARIAN FUND AT A GLANCE

HUMANITARIAN CONTEXT

Humanitarian situation in 2020

The humanitarian situation in Myanmar remained complex over the reporting period. By the end of 2020, the active conflict in Rakhine and parts of Chin states resulted in a cumulative displacement of over 97,000 people in 194 sites. Despite an absence of largescale clashes in Kachin State since mid-2018, close to 96,000 people remained in displacement sites set up after fighting broke out in 2011, of whom roughly 40,000 were in areas controlled by non-state armed actors. The volatile security situation in northern Shan also continued to drive small-scale short-term displacement, with over 8,700 people temporarily displaced over the course of the year. In parts of Kayin State and Bago Region in the southeast, military operations generated additional internal displacement from December, with latest reports indicating up to 5,300 people displaced due the clashes. According to the 2021 Humanitarian Needs Overview (HNO), by the end of 2020, more than one million people in Myanmar were in need of some form of humanitarian aid, due to armed conflict, vulnerability to natural hazards, inter-communal tensions or other factors.

COVID-19 pandemic

The outbreak of COVID-19 and subsequent control measures established by the Government created additional challenges in humanitarian settings across the country, and increased the humanitarian caseload, due to urgent humanitarian needs of returning migrants. The rapid increase in locally transmitted COVID-19 cases across the country from mid-August 2020 has further complicated an already challenging humanitarian situation, with Rakhine State emerging as a key epicenter, in addition to Yangon Region, which has seen the largest number of cases. The Government has also put in place strict measures on international and domestic travel and cumbersome processes to obtain visas and entry permits.

People in need

Some 336,000 displaced people (of whom 29 per cent are women, 20 per cent are girls and 21 per cent are boys) remain in camps or displacement sites in Kachin, northern Shan, Rakhine, southern Chin, eastern Bago and Kayin. In addition, an estimated 470,000 non-displaced stateless persons in Rakhine remain in need of various forms of humanitarian support due to significantly reduced access to livelihoods and critical services including education and healthcare caused by movement restrictions, inter-communal tensions and other factors. Other vulnerable persons are the members of host communities, other conflict-affected populations, and persons in the process of pursuing durable solutions to internal displacement.

Severity of needs

While the drivers and underlying factors triggering humanitarian needs have had an impact on all crisis-affected people to varying degrees in Kachin, northern Shan, Rakhine, southern Chin, Kayin and eastern Bago states, specific population groups and locations have been more severely affected than others and this has been factored into the needs analysis process and consequent humanitarian response. Among the four population groups, internally displaced and stateless persons (in Rakhine) are in general experiencing the highest levels of inter-sectoral needs, with women, girls and other at-risk population groups being disproportionately affected within these categories. There is also a strong correlation between severity of need and levels of armed conflict.

Security and access constraints

The humanitarian crisis was further compounded by the insecure operating environment. A combination of access-related constraints continued to impede the ability of humanitarian partners to reach people in need in a timely manner. Following global trends for the containment of the COVID-19 pandemic, the Government established strict measures resulting in an extended disruption of humanitarian assistance in Rakhine State in particular. This is in addition to the pre-existing humanitarian access challenges, which remained largely in place, including due to security risks, bureaucratic impediments, blanket bans on eight townships in Rakhine over the course of the year, in addition to continued challenges with access to mobile Internet data in eight townships in Rakhine and Paletwa of Chin states.

Humanitarian Response Plan

The initial HRP scope and requirements were updated in April 2020, following the outbreak of COVID-19 and consequent impacts in humanitarian settings. The HRP required an additional $58.8 million and extended its target to 60,000 returning migrants to Myanmar.

1M people in need

0.9M people targeted

$275.3M required

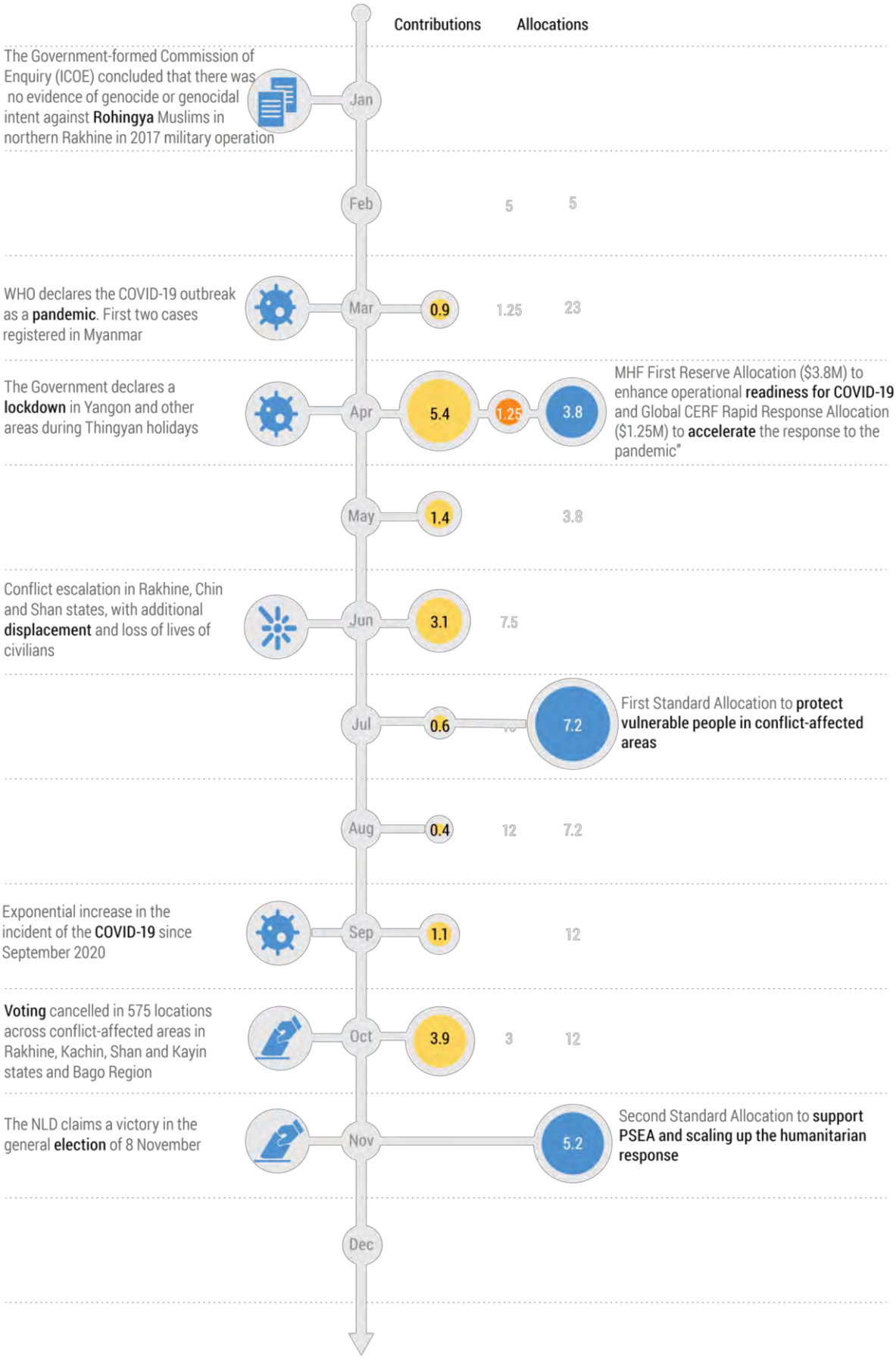
2020 IN REVIEW

REFERENCE MAP

Map Sources: UNCS, ESRI.

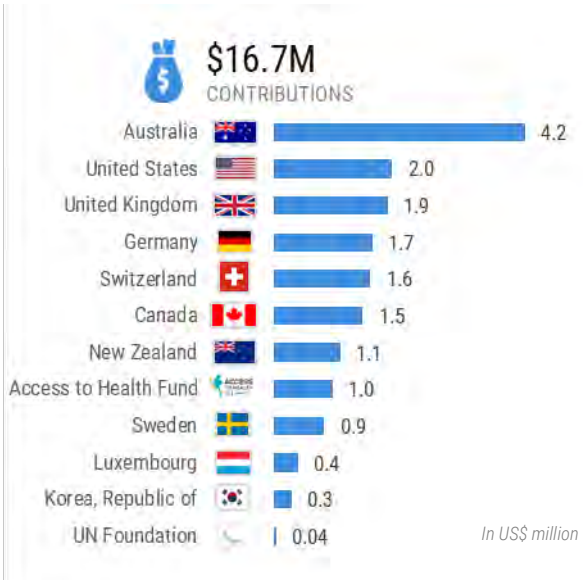
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

2020 TIMELINE



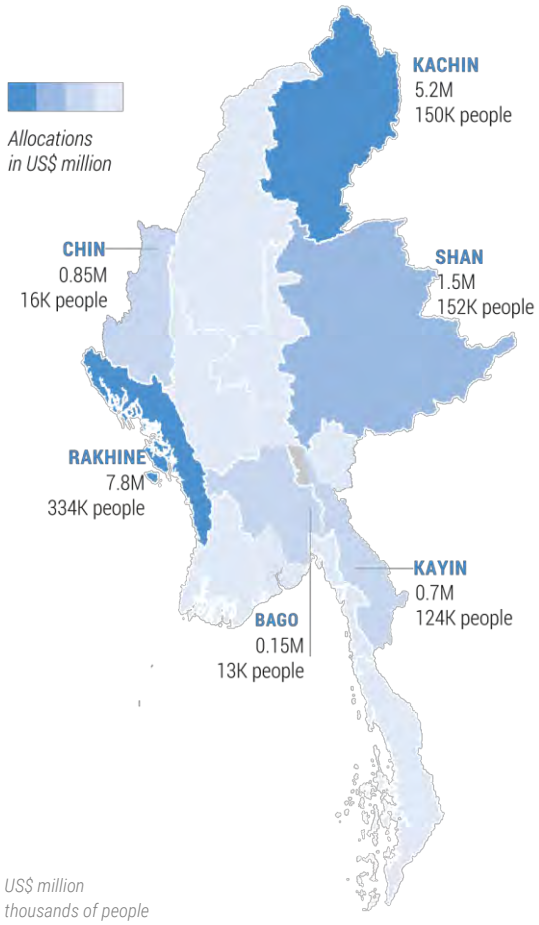
2020 ALLOCATIONS

$16.7M CONTRIBUTIONS



In US$ million

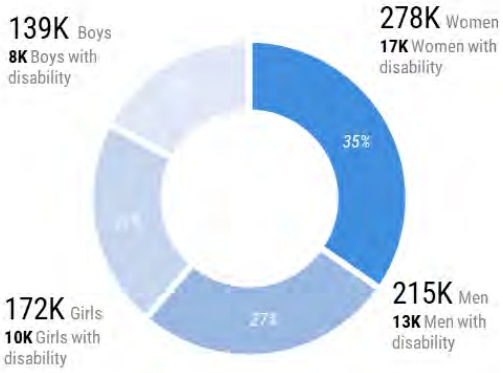
$16.3M ALLOCATIONS | 803K PEOPLE TARGETED



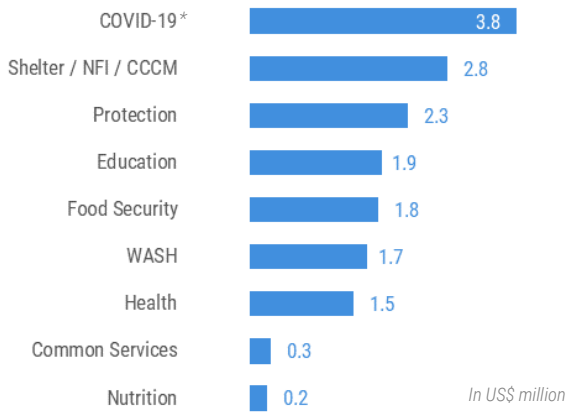
In US$ million
In thousands of people

803K PEOPLE TARGETED

48K PERSONS TARGETED WITH DISABILITIES



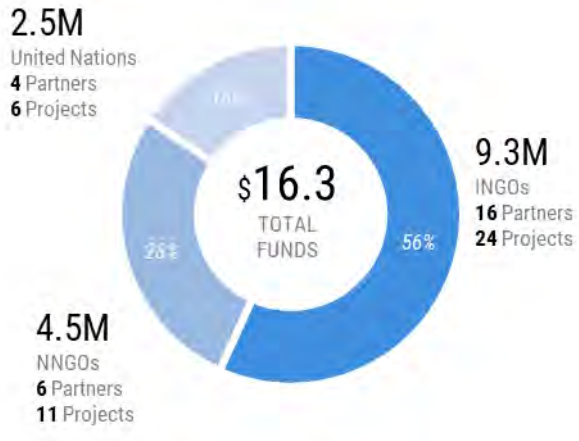
ALLOCATIONS BY CLUSTER/SECTOR



In US$ million

** A specific COVID-19 cross-sector was established to make visible the support provided to response to the pandemic*

26 PARTNERS | 41 PROJECTS



In US$ million

MYANMAR HUMANITARIAN FUND COVID-19 RESPONSE

Since the first cases were reported globally, the WHO Country Office in Myanmar and partners gradually expanded the support to the Ministry of Health and Sports (MoHS) to prepare for and respond to the COVID-19 related challenges. On 23 March 2020, the MoHS confirmed the first two cases. In line with the COVID-19 Global HRP and the 2020 Myanmar HRP Addendum on COVID-19, the MHF worked with humanitarian partners to accelerate the strengthening and scaling-up of the capacity to prevent, including early detection and response to any potential outbreak. In 2020, $4.8 million were allocated by the MHF for COVID-19 related activities in Myanmar.

125,164 CASES

2,722 COVID-RELATED DEATHS

$58.8M REQUIREMENTS

OF WHICH
HEALTH: $21.6M
NON-HEALTH: $37.2M

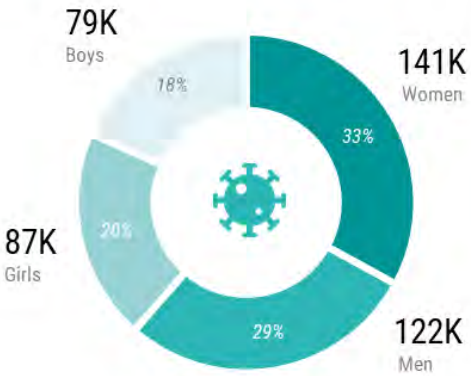
MHF COVID-19 RESPONSE

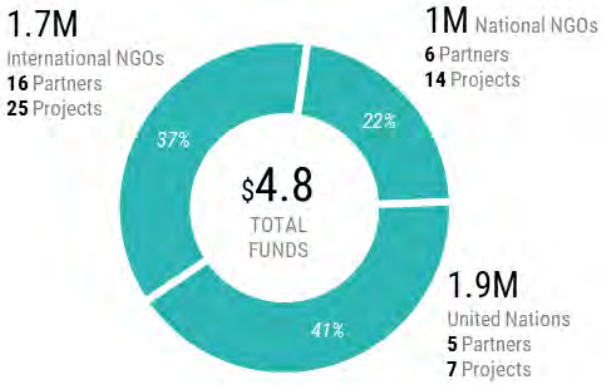
4.8M ALLOCATIIONS

430K PEOPLE TARGETED

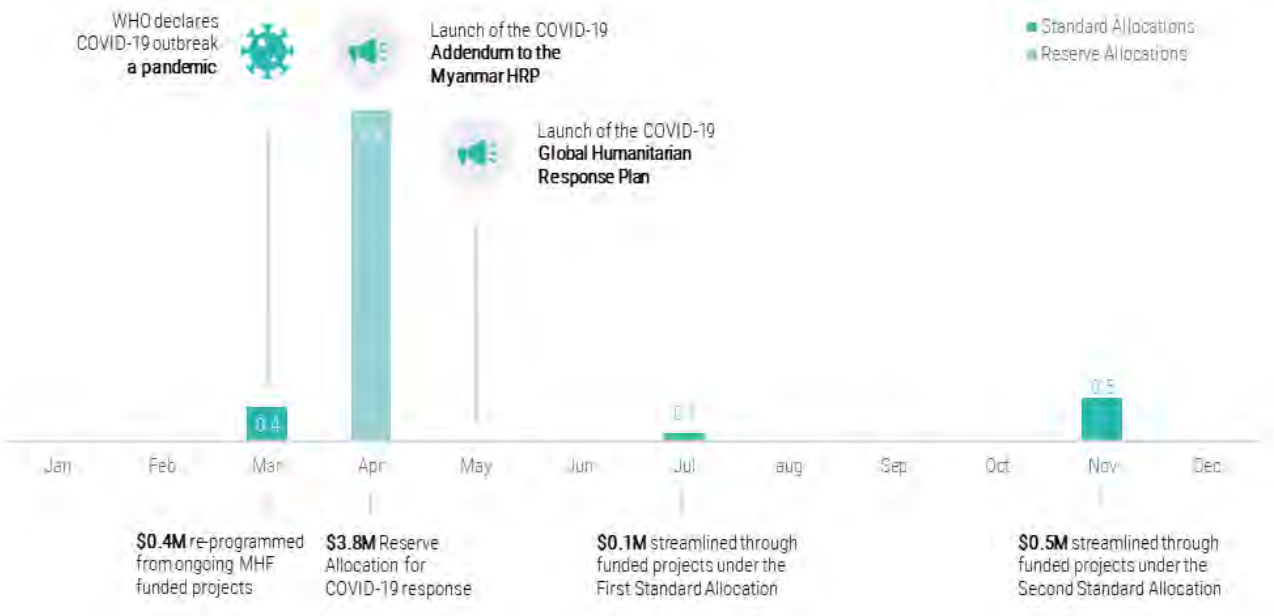
27 PARTNERS

46 PROJECTS





COVID-19 RESPONSE ALLOCATION TIMELINE



KEY ACHIEVEMENTS

About **495,000 people** had access to primary health care services.

Some **100,000 people in need** received timely personal hygiene items.

More than **20,000 re-usable face masks** produced by and distributed to local communities.

41,000 people received cash assistance for household essentials, including support to emergency referral health services.

42,000 children supported with distance or home-based learning.

97,000 people reached through hygiene promotion activities and community-based campaigns that enable health seeking behavior.

Almost **30,000 people** received agriculture and other livelihood support, contributing to household food security.

10,000 front-line and humanitarian workers are expected to benefit from increased COVID-19 testing capacity in Rakhine State.

Around **171,000 women and girls** had access to GBV prevention and response activities.

CHALLENGES

Restrictions on freedom of movement – most notably for Rohingya displaced communities in Rakhine State – already limited access to health care and other basic services.

Breakdown of community **protection** mechanisms during the pandemic made children, women and other groups more vulnerable to violence and psychosocial distress.

High risk of **stigmatization** and discrimination of people with suspected or confirmed cases of COVID-19, particularly amongst marginalized groups and stateless people.

COVID-19 support to affected communities
Buthidaung Township, Rakhine State
Credit: Centre for Social Integrity (CSI)

Awareness against the pandemic

Since the declaration of the COVID-19 pandemic and with the support of MHF, the local NGO CSI provided support to conflict-affected people in the northern part of Rakhine State, including access to basic health and hygiene information.

Kyaw Zaw Hla, 61-year-old resident of Gangaw Myaing village tract, Buthidaung Township, is the head of a family of eight. He is a poor farmer and relies on a small farm for his livelihood. The present pandemic has made his situation more precarious than ever before. He says, "I cannot go anywhere to work due to the pandemic and conflicts. This makes my livelihood worse than before. Through CSI's COVID-19 prevention activities, I got a lot of knowledge about health and prevention. I shared the knowledge with my family and others in my village. We are following every rule we learnt from awareness sessions, such as how and when we have to wash our hands, how to use masks, physical distancing and staying at home. Because of CSI's activities, people are more aware of COVID-19 risk and practicing the prevention tips."

On behalf of his community, Kyaw Zaw Hla, also requested support to help communities overcome the challenges and difficulties which they are facing at the present due to the pandemic, especially when it comes to livelihoods.

RESULTS REPORTED IN 2020

$16.3M
ALLOCATIONS

2018

$5.1M	14	12
ALLOCATIONS	PROJECTS	PARTNERS

2019

$7.3M	17	14
ALLOCATIONS	PROJECTS	PARTNERS

2020

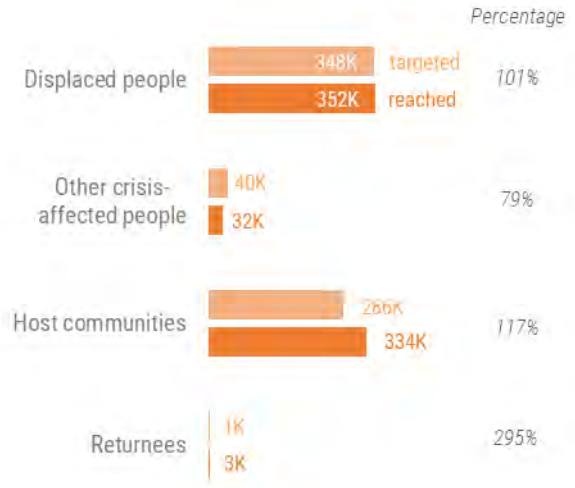
$0.2M	1	1
ALLOCATIONS	PROJECT	PARTNER

735K
PEOPLE TARGETED

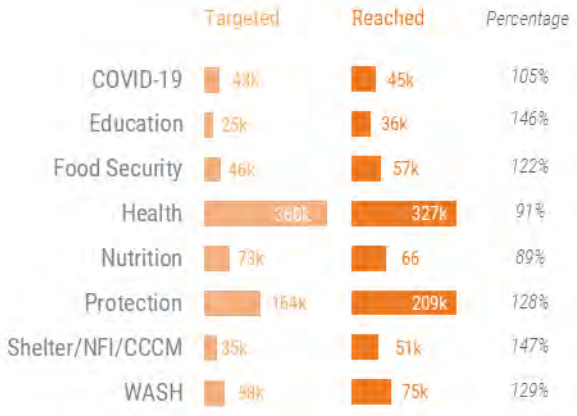
764K
PEOPLE REACHED

WOMEN	227K TARGETED	
	257K REACHED	
MEN	177K TARGETED	
	190K REACHED	
GIRLS	171K TARGETED	
	161K REACHED	
BOYS	160K TARGETED	
	155K REACHED	

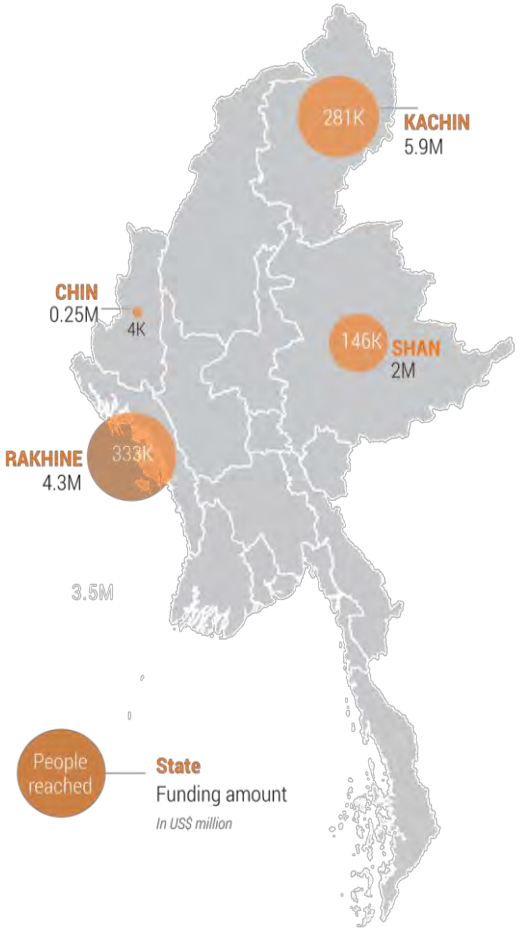
PEOPLE TARGETED AND REACHED BY TYPE



PEOPLE TARGETED AND REACHED BY CLUSTER



PEOPLE REACHED AND FUNDING BY REGION



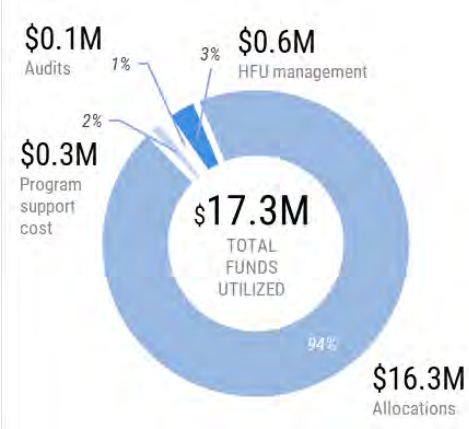
2020 IN REVIEW

DONOR CONTRIBUTIONS

CONTRIBUTIONS TIMELINE

DONOR CONTRIBUTIONS

UTILIZATION OF FUNDS



Donors continued to demonstrate trust and support to the MHF, by providing $16.7 million between January and December 2020. The generous funding from 10 country donors, the Access to Health Fund – managed by UNOPS in country – and private contributions through the UN Foundation allowed the MHF to support 26 humanitarian partners and 34 sub-partners implementing 41 urgent and life-saving projects that benefited 803,400 people in Myanmar.

Donors' commitments and contributions during the first semester of 2020 enabled the Fund to allocate resources in a timely and strategic way. There was an improvement on the timing of the deposits which facilitated an earlier use of the Fund. While only 5 per cent ($0.9 million) of the contributed funding was available by the end of March 2020; 59 per cent ($9.8 million) reached the Fund in the second quarter of year, mostly in April and June. These contributions made it possible to launch a Reserve Allocation in April ($3.8 million), focused on the COVID-19 response, and a First Standard Allocation in July ($7.2 million) against the 2020 Myanmar HRP.

However, big contributions expected in the second half of the year came later in 2020. Over $2 million (12 per cent of the total received), came to the MHF in the third quarter of the year and almost $4 million (24 per cent) were only received in the last quarter of the year, in October. These contributions were used to launch a Second Standard Allocation in November ($5.2 million) for projects against the 2020 Myanmar HRP.

Early contributions – in March and April 2020 – made it possible to respond to the COVID-19 pandemic and support the response against the priority needs identified by the Myanmar HRP. However, due to the limited available funding and the new emergency situation caused by the pandemic, there was a delay in the launch of Standard Allocations, which only happened in the second part of the year (July and November). This postponement also occurred in the middle of the monsoon season, when heavy rains exacerbated existing vulnerabilities and caused additional relief needs, with widespread temporary displacement.

Donor funding to the MHF and its subsequent allocations complemented other sources of funding. In 2020, the CERF allocation to Myanmar amounted to $1.25 million through global rapid response support to WHO and UNICEF in response to the COVID-19 pandemic.

Donor trends

Overall contributions to the Fund increased slightly, passing from $16.6 million in 2019 to $16.7 million in 2020. However, the Fund has been gradually expanding and consolidating its donor base, from three donors in 2014 and 2015 to five in 2016, six in 2017, ten in 2018, nine in 2019 and 12 donors in 2020. Five of the current donors, namely Australia, Germany, Sweden, Switzerland and the United Kingdom, have provided financial contributions through multi-year funding agreements. By the end of 2020, MHF contributions accounted for approximately 6 per cent of the total Myanmar HRP funding requirements for 2020 and 8.1 per cent of the HRP funding that was actually mobilized.

Since 2014, Australia, Sweden and the United Kingdom have consistently supported the MHF. **Australia** has considerably increased its contribution in the past four years, providing 25 per cent of the total funding to the MHF in 2020 and becoming the largest donor. **Sweden**, which had increased its contribution since 2016, has sensibly decreased its level of funding in the past three years, and now accounts for 5 per cent of the total funding. The **United Kingdom** increased its contribution to the MHF in 2016, but its support has decreased in the following years. In 2020, the UK provided 12 per cent of the total funding, becoming the third largest donor. An extension of the multi-year funding agreement has been already signed for 2021.

Switzerland started to contribute to the MHF in 2016. Since then, its contribution has been increasing with the signature in 2019 of a new multi-year funding agreement of $1.8 million for three years. Its current support to the Fund makes up 10 per cent of the total funding.

In 2017, two more donors joined the Fund: Canada and Luxembourg. **Canada** doubled its contribution in 2018, maintained it in 2019 and again increased it in 2020, providing 9 per cent of the total MHF funding. **Luxembourg** also maintained the same level of support in 2020, contributing 2.4 per cent of the total funding.

In 2018, three additional donors joined the MHF: Germany, New Zealand and the United States. **Germany** kept its position as the fourth largest donor, providing 10 per cent of the total funding. **New Zealand** has maintained its engagement with the MHF for a third consecutive year, further increasing its contribution which accounted for 7 per cent of the total funding. Even though the **United States** was drastically reduced its contribution in 2020, it was the second largest donor, providing 12 per cent of the total funding received by the MHF.

In 2020, one new donor demonstrated its commitment to support people in need in Myanmar through the MHF: **Republic of Korea**, which contributed $0.3 million (2 per cent of the total) to the Fund. Two additional sources of funding need to be mentioned: The **Access to Health Fund**, a UNOPS-managed pooled fund in country, which contributed $1 million to the MHF to support the COVID-19 response; and the private donations done through the **UN Foundation**, which amounted to $39,500.

Denmark and **Malta**, which provided stand-alone contributions in 2016 and 2018 respectively, have not contributed to the MHF since then.

In 2021, the MHF will aim to increase the size of the Fund, working towards a target of over $30.9 million in contributions, which represents 15 per cent of the total funding received against the 2020 HRP. The MHF will work closely with donor governments to achieve this and counts on the continued support of national and international partners to further optimize the use of the Fund.

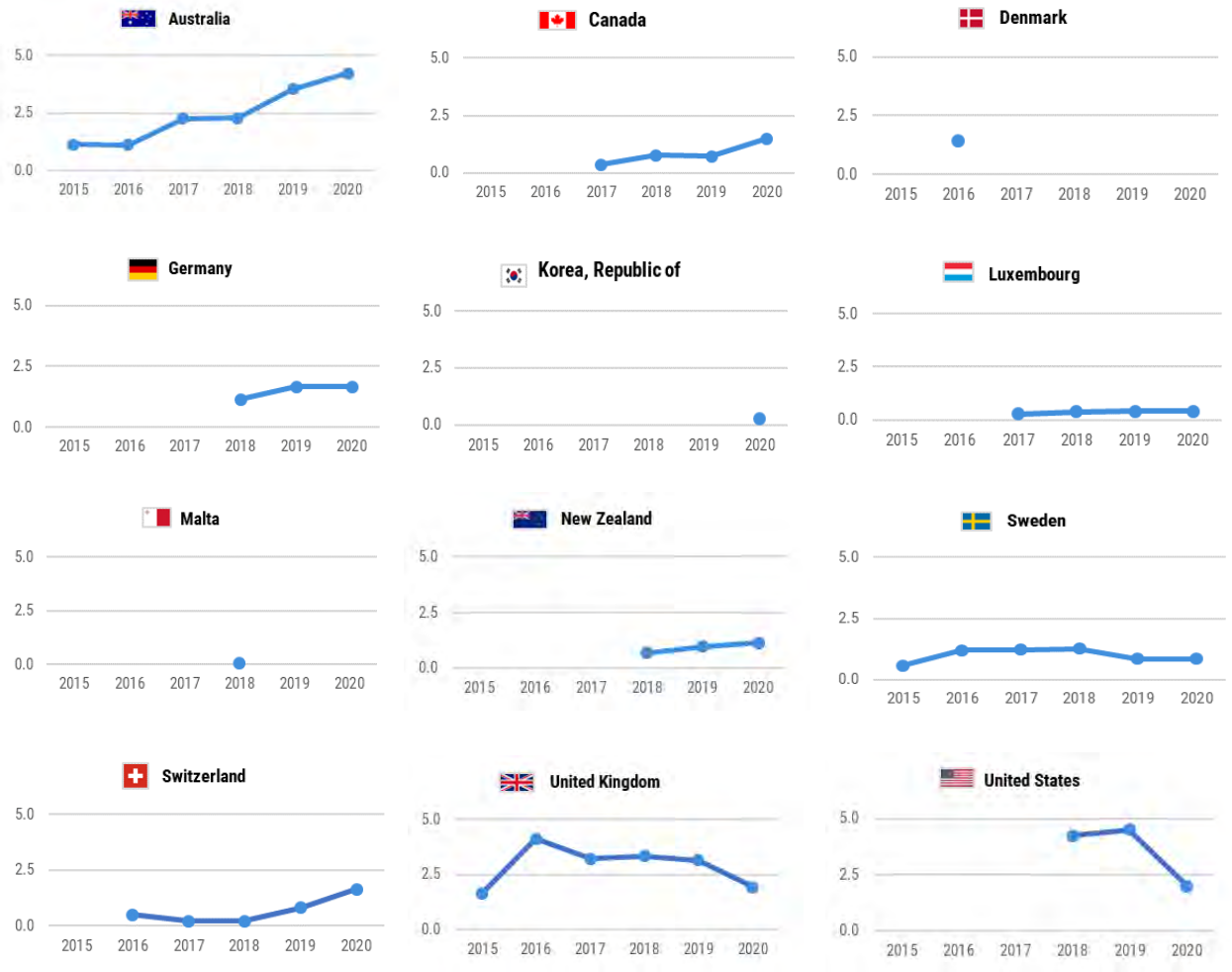
DONORS WITH MULTI-YEAR FUNDING

Australia	**$12.4M**	2020-2022
Germany	**$4.5M**	2018-2020
Sweden	**$5.4M**	2016-2020
Switzerland	**$2M**	2019-2021
United Kingdom	**$17.4 M**	2015-2020

In US$ million

DONOR TRENDS

In US$ million



2020 IN REVIEW

ALLOCATION OVERVIEW

In 2020, the MHF allocated $16.3 million distributed in 41 projects to respond to the humanitarian needs of 803,400 people affected by crises in Myanmar, including the COVID-19 pandemic. Funding was distributed through one Reserve Allocation and two Standard Allocation.

First Reserve Allocation: Enhancing operational readiness for COVID-19

In view of the **escalating risk of a widespread COVID-19 outbreak**, in April 2020, the MHF released $3.8 million, in line with **top priorities in the COVID-19 Addendum to the HRP, to scale up prevention and diagnostic capacity.** Rapid procurement and pre-positioning of personal protective equipment **increased operational readiness for delivery of frontline health services**.

First Standard Allocation: Protecting vulnerable people in conflict-affected areas

In July 2020, **at a time when the humanitarian response in Myanmar was significantly underfunded**, the MHF launched an allocation of $7.2 million to **address the protection needs of children, women, people with disabilities and other vulnerable groups in conflict-affected areas** in Chin, Kachin, Rakhine, and Shan. Activities **strengthened GBV prevention and response, mental health services and reproductive health.** The allocation increased visibility of the specific needs of the most vulnerable in these locations to **catalyse additional funding from other sources.**

Second Standard Allocation: Supporting PSEA and scaling up the humanitarian response

The **worsening impact of COVID-19 and protracted underfunding of key priorities** in the HRP during the second half of the year framed an allocation of $5.2 million in November 2020. Funding was used to rehabilitate camps and WASH facilities, expand COVID-19 testing capacity, and improve the cold chain in preparation for vaccinations. The allocation included a **dedicated envelope to improve PSEA, including awareness raising, advocacy, support to survivors, and strengthening the national PSEA Network**.

2020 ALLOCATIONS

Amount	Category	Timeline
$3.8M	Reserve Allocation	April 2020
$7.2M	Standard Allocation	July 2020
$5.2M	Standard Allocation	November 2020

Alignment with the HRP and strategic documents

The Myanmar HRP provided a baseline for allocating MHF resources throughout 2020 in the evolving humanitarian context. The Fund supported the strategic objectives of the HRP and of the COVID-19 Global HRP through its prioritized, people-centred allocations to best-placed responders.

Allocations also were aligned to the MHF Annual Strategy, and its operating principles, as agreed with the Advisory Board and endorsed by the Humanitarian Coordinator.

Enhancing coordination and the 'new way of working'

The MHF is one of the most inclusive and transparent funding mechanisms in the Myanmar humanitarian landscape, promoting collective response and partnership through the engagement of multiple stakeholders in its decision-making processes. Cluster/sector coordinators provided technical advice and leadership during the project review and selection process and served as the main focal points for the identification of critical needs and gaps in response.

Other field-based coordination mechanisms, like the Maungdaw Inter-Agency Group (MIAG) in the northern part of Rakhine State and the South-East Working Group (SEWG), both led by UNHCR, made critical contributions. The direct engagement with key national partners' networks, such as the Joint Strategy Team (JST) in Kachin and Shan States, also contributed to a more informed and broad-based allocation strategy.

The MHF re-affirmed its commitment to keep a clear focus on emergency life-saving activities looking at the severity of needs and the most vulnerable groups. Mention to the 'new way of working' in the Annual Strategy was meant to keep a minimum of coordination and sharing information with development and peacebuilding partners, donors and funding mechanisms in order to ensure complementarity and increase impact of multi-dimension interventions in the same geographical area and with the same affected communities. Increased communication, coordination and information-sharing with donors, partners and other funding mechanisms ensured complementarity and effective impact. For instance, the MHF included the Access to Health Fund and the Livelihoods and Food Security Trust Fund (LIFT) in the preparation of the allocation strategies, the project selection process and technical reviews in sectors related to their mandates (food security, health and nutrition). The MHF also received support from the Paung Sie Facility, which provides technical comments to the selected projects on social cohesion and conflict sensitivity.

Localization

In alignment with World Humanitarian Summit (WHS) and Grand Bargain commitments on localization, the MHF provided flexible funding in a strategic and principled way for local front-line responders. Of total allocations in 2020, 42 per cent went directly or indirectly to national partners. Some MHF processes were decentralized at sub-national level to ensure greater participation of national partners and sub-partners in developing strategies and prioritizing allocations The MHF worked with clusters and sectors to ensure inclusiveness of different type of partners, across the different MHF processes, but the rate of NNGO's participation is still low and represents only 14 per cent in the total.

The MHF also conducted tailored learning activities for local partners, as well as refresher workshops on project design and project implementation, including sessions on mainstreaming age, gender and diversity, particularly disability inclusion; environmental risks, social cohesion, PSEA, cash-based programming and safety and security.

The COVID-19 pandemic affected the normal implementation of MHF-funded projects and led partners to work more with community-based organizations (CSOs) to ensure access to affected people and continue humanitarian activities. In some cases, this engagement with communities was done through community volunteers. The MHF encouraged its partners to engage with local and national organizations through an equitable partnership, to ensure they bring added value to the design, management and monitoring of the activities.

The MHF participated in strategy and policy discussions at different levels, including an event organized by the Charter for Change (C4C) Initiative to share challenges and opportunities in moving localization forward at country level. Three main recommendations were made:

- The decentralization of decision-making mechanisms at local level, with greater engagement, representation and participation of local and national organizations;
- The need to rethink together the coordination, information-sharing and funding mechanisms, to make them more inclusive and fit for the purpose of enhancing equitable partnership with local and national organizations; and
- Support to in-country networks of local and national organizations to increase complementarity among organizations and increase principled humanitarian action from a local perspective.

Accountability to affected population

The MHF allocations promoted the integration of conflict-sensitivity analysis to ensure that any harm or aggravation of the current situation between communities is prevented. The MHF carefully assessed information on potential risks, assumptions and mitigation actions, including those related to access, safety and security, social cohesion and environmental risks. Standard indicators measuring accountability to affected people, cash-based interventions and actions to remove barriers and increase access to humanitarian assistance to persons with disabilities were mandatory for all the approved projects, in complementarity to the Gender with Age (GAM) marker assessment.

Enhancing humanitarian access

A significant deterioration in humanitarian access in parts of Chin, Rakhine, Kachin, Shan and Kayin states, made it increasingly difficult for partners to provide humanitarian assistance and protection to affected populations in a principled and timely way. The MHF and its partners have been coordinating with OCHA and other agencies to ensure that access challenges are understood and factored into project planning.

The MHF has been an effective mechanism to gather information on access and security issues, supporting existing coordination mechanisms. For instance, in Rakhine, where the security situation became very unstable due to the ongoing armed conflict, the MHF supported OCHA and clusters/sectors to compile real-time information on access, including challenges and alternate ways to continue delivering humanitarian assistance. This also helped the MHF to support programmatic adjustments and budget revisions to increase security capacity in the ongoing interventions, notably through specific training for security staff and emergency training for other staff. Mine risk education activities were also promoted in affected areas.

Improving quality of aid

The MHF enhanced several technical areas of work, to enhance the quality of aid.

The MHF continued to systematically identify and act on environmental issues. Projects that assessed environmental risks and adopted mitigation measures were positively considered. The MHF continued its partnership with the OCHA/UNEP Joint Environment Unit (JEU) to enhance environmental and climate change issues in allocation processes.

Sessions on cash and voucher assistance were integrated in the refresher workshops on project design. The MHF benefited from the collaboration of the Cash Working Group (CWG), which also supports it in reviewing the quality and relevance of the cash component within the projects. This support enhanced the quality of proposals including cash-based components. About 18,900 people benefited of cash and voucher assistance, which is 96 per cent of the people initially targeted for this modality.

As noted, all the MHF allocations 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 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.

Innovations of the Fund

Since mid-March 2020, the MHF has worked with partners to overcome the challenges caused by the COVID-19 pandemic, providing flexibility while maintaining an adequate level of assurance and compliance with established guidelines. A Flexibility Guidance on the COVID-19 was endorsed by the Advisory Board on 8 May. With the support of the MHF, this experience was shared by the Humanitarian Coordinator in Myanmar at the meeting of the OCHA Pooled Fund Working Group (PFWG) on 12 June 2020. The HC provided a field perspective on the flexibility and innovative approaches taken by the MHF in response to COVID-19, including appropriate leadership and the commitment to timely and accountable support to partners.

Severity of needs

Regarding the analysis of the nature and severity of needs, the MHF continued to have as main reference document the Humanitarian Needs Overview (HNO), which includes a comprehensive shared analysis of the crisis and of related humanitarian needs. It served as an evidence base for the HRP and for the allocation strategies developed by the MHF. This analysis was reinforced with real-time needs analysis through the strategic collaboration with clusters and sectors and the engagement with sub-national coordination mechanisms, like MIAG (northern Rakhine) and SEWG (South-East) - led by UNHCR - and ICCG and general coordination meetings in Rakhine, Kachin and Shan - facilitated by OCHA sub-offices. In addition, the MHF continued to extend its direct partnership with local and national partners, requesting regular updates on the context and asking for specific details on conducted assessments during project submission, monitoring and reporting processes.

Clusters and sectors were more frequently involved in project revisions and monitoring activities (field visits and remote call monitoring) providing them a direct access to primary sources of information regarding the actual severity of needs. Despite these joint efforts, and due to a very challenging and evolving context, more collaborative work will be promoted in 2021 to increase understanding of severity of needs in the coming year.

Diverse set of partners

MHF allocations strengthened partnerships in humanitarian response by allocating funds to local and international humanitarian organizations. The Fund leveraged the distinct comparative advantages of its partners, promoting diversity, reach and collective ownership of the response to provide timely and improved access to basic services for affected people. Funding was directed to the partners best placed to immediately deliver assistance in priority locations. Funding support to NNGOs through this allocation was considered in an equitable manner and prioritized when possible, based on their access and experience in the targeted areas. However, the decision to fund either a UN agency, a national or international NGO was determined by the demonstrated comparative advantage of each agency or organization to deliver the articulated response.

A total of $13.7 million, or 84 per cent of total allocations, were channelled directly to NGOs – $4.5 million to NNGOs and $9.2 million to INGOs. If one includes funds received by sub-grantees working under partnership agreements, direct and indirect allocations to NGOs reached $14.5 million (89 per cent). UN agencies received $2.5 million (16 per cent), some of which was then channelled to best-placed NGOs as sub-grantees. The allocation of the funding demonstrates the distinct strategic focus of the Fund as an enabler and supporter of partners focusing on direct delivery of services.

Twenty-nine national organizations were funded as sub-grantees in 2020, down from 34 in 2019, indicating there is scope to further build the capacity of some national organizations to apply, receive and manage funding directly. This also suggests that small local civil society organizations (CSOs) feel comfortable getting involved in MHF-funded interventions through equitable partnerships with stronger partners, which is positive in terms of localization, engagement and capacity-building by practice. Thirteen international NGOs received funding as sub-partners ($1.7 million), including two that received funding from two national partners, indicating a new trend in terms of partnership, mostly related to specific technical capacity support.

The Fund progressed in its strategy to expand its partnership base, with six new partners receiving direct MHF funding for the first time. This increased the capacity of the Fund to meet critical needs in priority geographical areas, with two new partners in Rakhine State, three in Kachin and Shan States and one in Kayin State. In addition, 16 new CSOs, community-based organizations and local NGOs joined the Fund as sub-partners: six in Kachin and Shan, six in Rakhine, three in Kayin and one in Chin.

Lessons observed and takeaways

Questions regarding the need of reinforcing the role of local and national partners in project implementation - including CBOs and CSOs - were raised by the Advisory Board. The MHF observed that promoting learning through practice among local partners, in direct reference to their role as sub-partners of funded projects, while being a good way to empower these

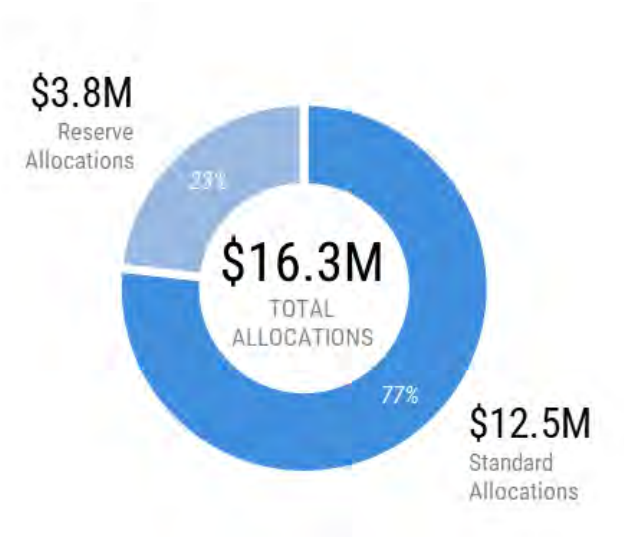
organizations, should be combined with medium- and long-term capacity building initiatives to enhance their internal ability to manage international funding and improve project implementation as per minimum international standards. The MHF will liaise with relevant stakeholders, including other pooled funds, funding facilities and donors to work together in this regard.

Another important takeaway is the importance of regular gathering with partners to revise operational questions and go through the main challenges faced during project design and project implementation. The MHF will continue to promote inclusive experience-sharing and learning opportunities among stakeholders, including from different regions to promote connection and exchange on lessons observed and best practices. It would be complemented with regular MHF clinics to improve partner capacity in specific areas such as funding management, fraud prevention, detection and reporting and PSEA.

Finally, the active flexibility of the MHF in times of emerging humanitarian situations due to unforeseen context changes, has made the Fund more efficient, dynamic and fit to the purpose, while keeping the minimum of assurance and accountability required and ensuring a participatory and inclusive process. This approach will be maintained in 2021, and will be explicitly included in the revision of the MHF Operational Manual.

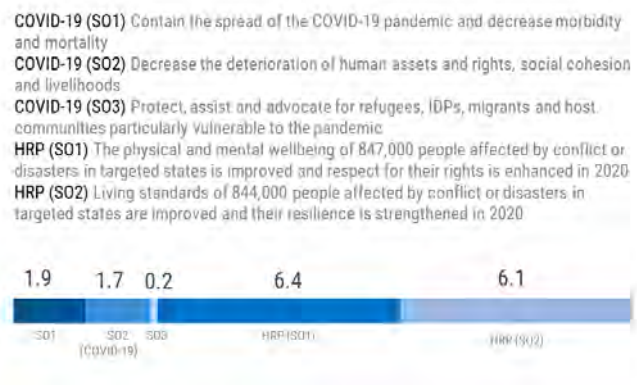
ALLOCATIONS BY TYPE

In US$ million



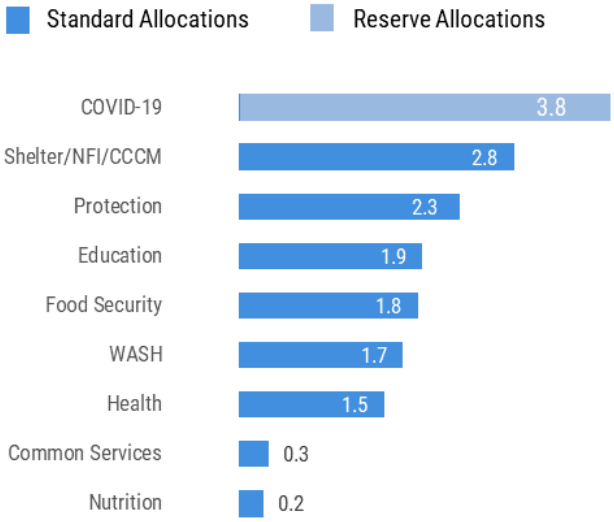
ALLOCATIONS BY STRATEGIC FOCUS

In US$ million



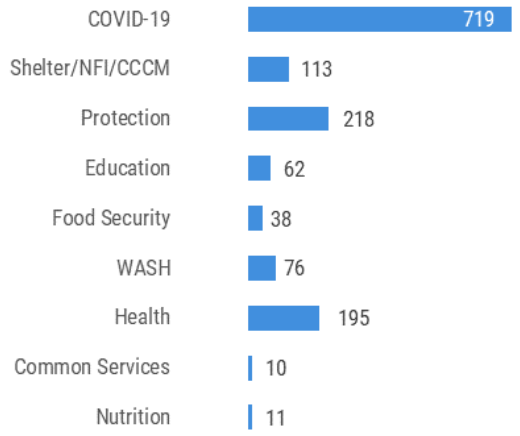
ALLOCATIONS BY CLUSTER

In US$ million



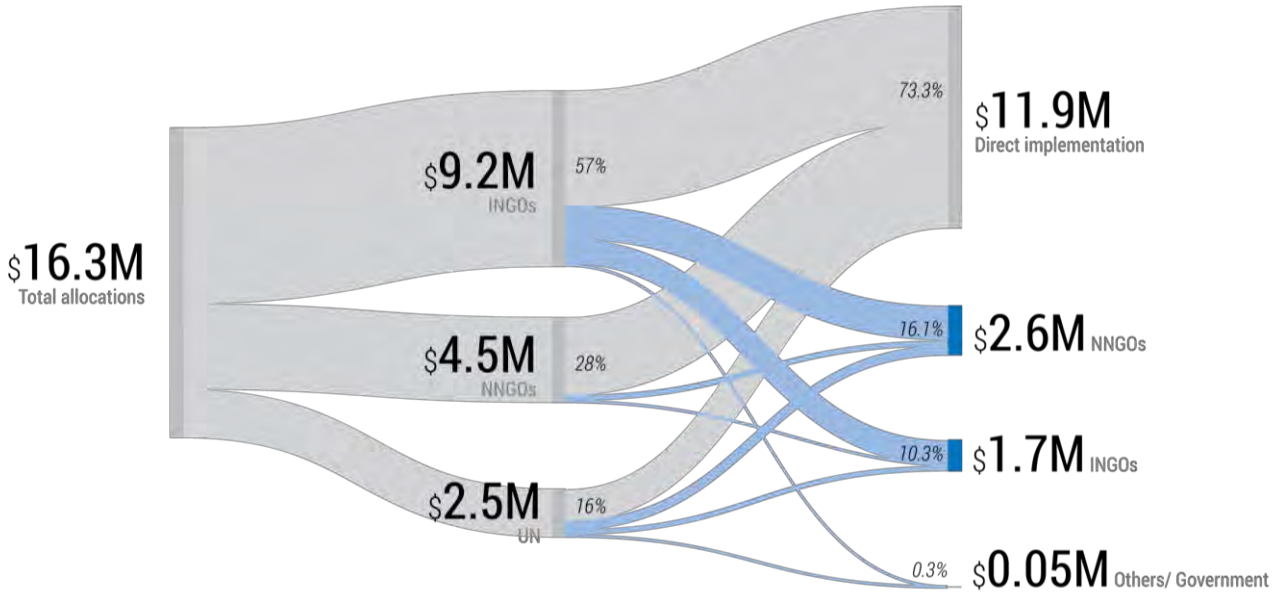
PEOPLE TARGETED BY CLUSTER

In thousands of people



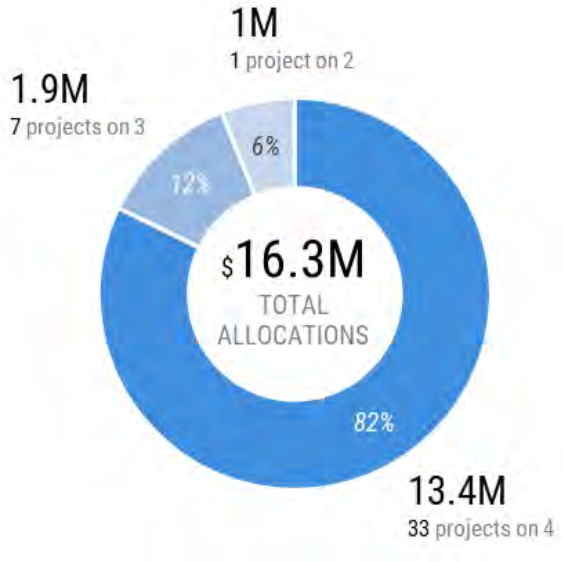
ALLOCATIONS FLOW BY PARTNER TYPE

In US$ million



GENDER WITH AGE MARKER

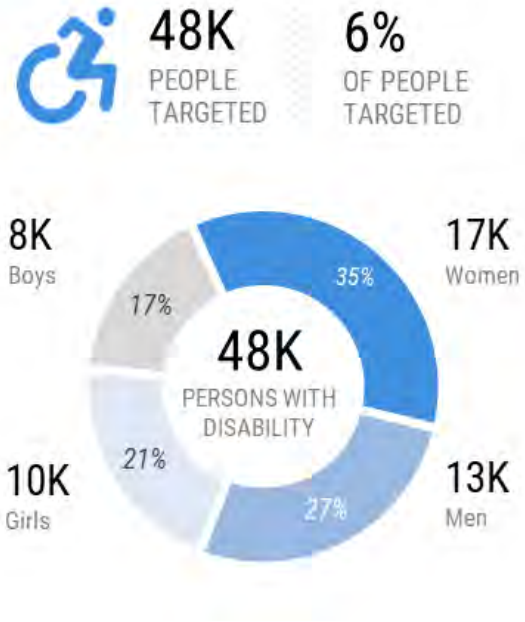
In US$ million



0 Does not systematically link programming actions
1 Unlikely to contribute to gender equality
(no gender equality measure and no age consideration)
2 Unlikely to contribute to gender equality
(no gender equality measure but includes age consideration)
3 Likely to contribute to gender equality, but without attention to age groups
4 Likely to contribute to gender equality, including across age groups

TARGETED PERSONS WITH DISABILITY

In thousands of people



UNDERFUNDED PRIORITIES

In 2020, the Emergency Relief Coordinator (ERC) identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding.

These four priority areas were duly considered when prioritizing life-saving needs in the allocation processes.

- Support for **women and girls,** including tackling **gender-based violence, reproductive health** and **empowerment**
- Programmes targeting **persons with disabilities**
- **Education** in protracted crises
- Other aspects of **protection**

Support to women and girls

5 projects in 2020 addressing **gender based violence** targeting over **61K** women and **43K** girls

$13.4M or **82%** of projects funded by MHF contributed to **gender equality**

In 2020, self-reported gender and age marker (GAM) scores by partners indicated that 82 per cent of the funding went to projects likely to contribute to gender equality, including across age groups. Funded projects focused on preventing and responding to risks displacement sites and host communities, by raising awareness on GBV, strengthening capacity to respond to related threats, providing support to victims and improving the existing referral system.

Gender and age disaggregated data were collected and analyzed during projects cycle. The MHF ensures that gender and age aspects, particularly GBV, are taken into account. It includes mandatory PSEA policy and training for all the project staff. PSEA questions are also included in monitoring activities.

Programmes targeting persons with disabilities

The **MHF** prioritized programmes targeting **persons with disabilities**

48K persons

6% of total 2020 targeted people

The MHF prioritized programmes targeting persons with disabilities, requesting partners to include them as a priority group, with an estimated 12.8 per cent of the total target population, following the Myanmar Inter-Census Survey 2019. This increased the previous established percentage of 4.6 per cent as per the Myanmar Census 2014. The MHF also established a mandatory indicator related to the number of actions taken by partners to facilitate access of persons with disabilities to the humanitarian interventions.

The MHF has been working closely with the Protection Sector and the international NGO Humanity & Inclusion to support partners and sub-partners in better mainstreaming and targeting persons with disabilities and specific activities during project design and project implementation processes.

Education in protracted crisis

$1.9M allocated in **education** sector, supporting **11** projects, targeting over **62K** people including **20K** girls and **21K** boys

Education activities constantly lack funding and consideration. The MHF has championed support to education needs of children affected by displacement and conflict situations. It has increasingly supported children to have access to education. Since 2016, it has provided $7.4 million to education activities.

In 2020, interventions covered education needs of conflict-affected children including early childhood care and development, primary and post-primary education in NGCA, including home-based learning and well-being materials during COVID-19, basic education kits, cash grants, upgrading learning space facilities and promoting child protection. It also included enhancing teachers' pedagogical skills, including on psychosocial support and social and emotional learning, and raising awareness among parents to promote well-being of children.

Reading club at Taung Min Ku Lar, Mrauk-U Township, Rakhine State
Credit: CSI

Other aspects of protection

$2.3M allocated in **protection** sector, supporting **17** projects, targeting over **61K** girls **27K** boys and **29K** women

MHF interventions prioritized highly vulnerable groups such as children, adolescents, women, persons with disabilities and elderly people. Approved proposals demonstrated protection mainstreaming, including actions related to accountability to affected population, age and gender equality, and disability inclusion.

All the MHF capacity-building and training of partners included topics related to protection mainstreaming, PSEA, GBV, complaint and feedback mechanisms and other protection concerns. The MHF also promoted duty of care of humanitarian staff, organizing awareness session on Safety and Security in conflict areas with the support of UNDSS and allocating budget for COVID-19 and safety and security materials for project staff. In 2020, $2.3 million (14 per cent of the total allocation) was granted to protection activities.

Daw Lat Pan San Ra at Jaw 1 camp, Namkham Township, Shan State
Credit: IRC/Htu San

Safe spaces to empower women

Daw Lat Pan San Ra, a 33-year-old mother of two, enjoys spending time attending the psychosocial support activities organized by IRC's Women's Protection and Empowerment team at safe spaces, where she can share feelings with fellow women, which relieves her stress and burdens. "When we meet for these activities, we learn how to make soap (solid, liquid), balm, flower buttons, play fun games, doing yoga for relaxation and talk together with other women", she explains.

"Before I joined the sessions, I did not know how to reduce my stress and tensions by myself. I have responsibilities and duties for supporting my family. Sometimes I feel really stressed and agitated. I did not understand the gender-based violence concept as well".

Daw Lat Pan San Ra explains, "When I am not feeling fresh, I go to the safe space and talk with other women. I can also use the sewing machine. Now I have finished two months basic sewing training. I can make blouses, shirts, longyis and gowns for children. I may not be a highly educated person, but I learned sewing, which can help me earn money to support school fees for my children and other things. I am really happy and want to say thank you for organizing this kind of activities in the safe space. It is very helpful for us, women and girls. I love this place".

This intervention was part of the project "Emergency protection, health and nutrition response for displaced people and crisis-affected communities in Kachin and northern Shan State", funded by MHF with $799,400 and implemented by IRC and its local partners: Northern Shan State Women Organization Network, KMSS and KBC. The project reached 27,421 people, including 7,156 girls and 6,282 boys, and 7,744 women.

FUND PERFORMANCE

The MHF measures its performance against a management tool that provides a set of indicators to assess how well a Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common methodology enables management and stakeholders involved in the governance of the Funds to identify, analyse and address challenges in reaching and maintaining a well-performing CBPF.

CBPFs embody the fundamental humanitarian principles of humanity, impartiality, neutrality and independence, and function according to a set of specific principles: Inclusiveness, Flexibility, Timeliness, Efficiency, Accountability and Risk Management.

PRINCIPLE 1

INCLUSIVENESS

A broad range of humanitarian partner organizations (UN agencies and NGOs) participates in CBPF processes and receive funding to implement projects addressing identified priority needs

1 Inclusive governance

The Advisory Board has a manageable size and a balanced representation of CBPF stakeholders.

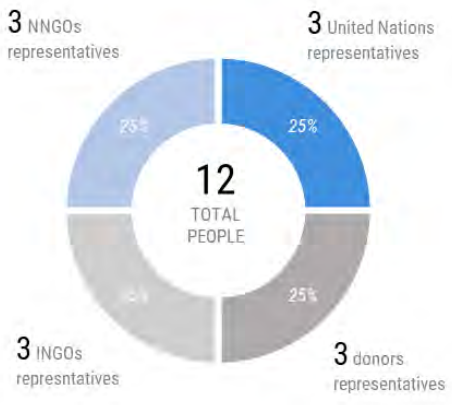
Target

The maximum number of Advisory Board's members is 12, as per CBPF Guidelines and Advisory Board's TORs. Each constituency represented at the MHF Advisory Board (NNGOs, INGOs, UN agencies and donors), excluding HC, OCHA and observers, has three seats (25 per cent of the total).

Results

Scoring scale: **very high**. Each category (NNGO, INGO, UN and donors) had equal representation and had 3 seats.

COMPOSITION OF ADVISORY BOARD



Analysis

The revision of the composition of the Advisory Board – to provide balanced representation to national and international NGOs as separate constituencies, keeping a maximum of 12 seats – was agreed and implemented on 27 January 2020. The equal representation has enhanced the perception of the Advisory Board as an inclusive and consultative body. An alternate/rotation system has also increased the required quorum for meetings and consultations within the Advisory Board, allowing for more exchanges and substantive inputs during the consultative process, including on allocation strategies and the strategy selection of projects to be funded. This rotation was also applied to the observer seat for a non-contributing donor, allowing pooled funds managed by UNOPS to be represented, on a rotational basis with ECHO.

Follow up actions

- Identification of local women-led organizations (WLO) and women's rights organizations (WRO) to participate in the Advisory Board.
- Ad hoc invite to specific stakeholders to the Advisory Board meetings, when required.
- Quarterly update and dashboard on activities progress and Fund status.

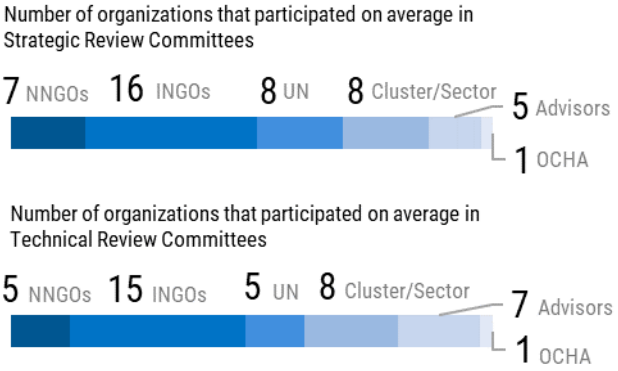
2 Inclusive programming

The review committees of the Fund have the appropriate size and a balanced representation of different partner constituencies and cluster representatives

Target

Equitable representation is ensured during the strategic and technical review within cluster/sector. For the technical review committees, sectoral level representation should be inclusive: at least one cluster/sector coordinator – one UN, one INGO and one NNGO.

REPRESENTATIVES IN THE REVIEW COMMITTEES



Results

Scoring scale: **medium**. Unequal representation by constituency. INGOs (36 per cent) were the most represented group de stakeholders during strategic reviews, followed by clusters/sectors and UN agencies (18 per cent) and NNGOs (16 per cent). Regarding technical reviews, the difference is higher, with INGOs being the most represented (37 per cent each), followed by cluster/sectors (20 per cent) and NNGO (12 per cent). Thematic advisors have been also represented during strategic reviews (11 per cent) and technical review (17 per cent), including gender (UN Women), disability inclusion

(Humanity & Inclusion), cash and voucher assistance (Cash Working Group) and environmental issues (OCHA/UNEP Joint Environmental Unit in Geneva). In terms of gender balance, 36 per cent of reviewers were women, while 64 per cent were men. OCHA played an active role facilitating the whole review process.

Analysis

OCHA promotes a broad-based approach during strategic and technical reviews, supporting clusters and sectors to keep the composition of the sectoral review committees as inclusive as possible of local and national partners and INGOs. However, results have been unequal, with some clusters and sectors facing challenges in finding NNGO participants. With the aim of avoiding conflict of interest, the MHF limited the participation of partners submitting project proposals in strategic reviews, allowing them to participate only in the review of proposals covering other geographical area, including related cluster/sector lead agencies and sub-partners. After each review process, OCHA requested a list of participants, with a breakdown of gender, sector, organization, type of organization, location and type of review.

Follow up actions

- Continue to support higher participation of national NGOs in Strategic and Technical Review Committees at sectoral level, including at sub-national level.
- Conduct refresher workshops with clusters and sectors on processes applied for strategic and technical review.

3 Inclusive implementation

CBPF funding is allocated to the best-positioned actors, leveraging the diversity and comparative advantage of eligible organizations.

Target

By type of partner, considering direct funding and funding received indirectly as sub-partner, targets for 2020 were:

- NNGOs: 50 per cent
- NGOs (national and international): 80 per cent

Priority sectors and geographical areas will be determined by the needs analysis.

Results

Scoring scale: **medium/high**. NNGOs received between 40 and 50 per cent of the allocated funding, while NGO partners received between more than 80 per cent of funding

By type of partner, considering direct funding and funding received indirectly as sub-partners:

- NGOs: 89 per cent ($14.6 million)
  - NNGOs: 42 per cent ($6.9 million)
  - INGOs: 47 per cent ($7.8 million).
- UN: 11 per cent ($1.7 million).

Considering only direct grants:

- NGOs: 84 per cent ($13.8 million)
  - NNGOs: 28 per cent ($4.5 million)
  - INGOs: 56 per cent ($9.3 million).
- UN: 16 per cent ($2.5 million).

By geographical area:

- Chin: 5 per cent ($0.85 million)
- Rakhine: 48 per cent ($7.8 million)
- Kachin: 32 per cent ($5.2 million)
- Shan: 9 per cent ($1.5 million)
- South-East: 5 per cent ($0.87 million).

Analysis

Funds were provided according to specific allocation strategies, which took into account real-time needs analysis, sectoral prioritization, operational access and capacity and the role of local and national actors. Operating principles included in the MHF Annual Strategy provided important guidance during the elaboration of the allocation strategy paper and project selection process. The distribution of funding by partner (direct funding and funding received indirectly as sub-partner) was based on analysis of which partner was the best placed to respond to a specific humanitarian need, independently of the type of organization. That said, the MHF always promoted direct implementation through local and national partners, when and where possible. The distribution by geographical area was based on the prioritization process conducted by sectors and clusters with partners, as well as the analysis on funding levels and funding gaps.

Follow up actions

- Continue to support capacity building activities among local and national partners for better project implementation and funding management.
- Continue to elaborate allocation strategy papers in close consultation with key stakeholders, including local partners, and existing coordination mechanisms.
- Secondary data analysis of funding information and unmet needs will be reinforced

4 Inclusive engagement

Resources are invested by OCHA's Humanitarian Financing Unit (HFU) in supporting the capacity of local and national NGO partners within the scope of CBPF strategic objectives.

Target

- Two training/workshop rounds (with sessions in English and Myanmar languages and in several locations: Sittwe, Myitkyina, Lashio, Yangon) for partners.
- 70 per cent of participants to awareness, training and workshop activities are national staff of international or national partners.

TRAININGS

9 trainings, including **7** trainings conducted online.

136 organizations trained, including **57** national NGOs and the Myanmar Red Cross Society.

822 people trained, including **663** national staff from national and international partners

Results

Scoring scale: **very high**. Planned activities surpassed 150 per cent, with positive partner feedback. In total, nine training activities were organized. Despite the COVID-19 pandemic, the MHF team could organize two presencial workshops in the first quarter of the year: on environmental issues, in January; and on project management, in March, this last one with sessions in English and Myanmar languages, including modules on PSEA and Social Cohesion. In June, a session on the MHF Flexibility Guidance in the context of COVID-19 was organized. During the Standard Allocation processes, the MHF organized project design workshops (English and Myanmar sessions) to support partners in the preparation of project proposals in GMS, including specific modules of cash and voucher assistance and safety and security, with the support of the Cash Working Group and UNDSS respectively. The MHF also had targeted workshops with cluster/sector coordinators aiming to improve strategic and technical review processes. In November, one MHF awareness session with CSO in Rakhine were organized in collaboration with UN Women.

Of the 822 people trained through MHF awareness and workshop sessions, 56 per cent were women (461) and 44 per cent, men (361). About 81 per cent of them (663) were national staff from national and international organizations.

Training type	*Org. type*	*Org. trained*	*People trained*	
			Female	*Male*
Addressing environment in humanitarian action (Yangon, January)	UN	5	5	4
	INGOs	25	14	16
	NNGOs	10	5	8
	Donors	3	2	1
Project management (Yangon, March)	UN	4	9	2
	INGOs	21	32	13
	NNGOs	15	15	10
	Donors	2	1	1
COVID-19 Flexibility Guidance (online, June)	UN	8	12	18
	INGOs	23	70	31
	NNGOs	27	49	39
	Donors	4	3	1
Project Design (Yangon, July)	UN	7	9	12
	INGOs	48	69	52
	NNGOs	23	32	35
	Red Cross	1	1	1
	Donors	1		1
MHF Orientation to Access to Health Fund (online, September)	UN	1	9	14
MHF awareness to CSOs in Rakhine (online, November)	UN	2	1	2
	INGOs	2	1	1
	NNGOs	6	4	4
Project Design (online, November)	UN	8	8	12
	INGOs	32	48	31
	NNGOs	16	19	14
	Donors	2	1	1
Strategic and technical review for clusters (online, November)	UN	4	6	8
	INGOs	1		1
Technical and Financial Reviews (online, December)	UN	2	3	2
	INGOs	11	16	11
	NNGOs	13	12	14

Analysis

Despite the COVID-19 and physical distancing measures, tailored support to partners was maintained and reinforced in 2020. Workshops on project design improved the quality of project proposals. The workshop on project management facilitated project implementation and had positive effects, particularly in improving reporting quality and meeting deadlines. Project revisions needed less feedback from OCHA, which followed guidance from clusters and sectors and found justification in operational challenges, especially due to the evolving context. In addition, the MHF made an effort to better engage with clusters and sectors, actively involving them in field monitoring visits and project revisions, making the MHF a more meaningful and transparent funding mechanism.

Follow up actions

- Continue to improve access of national partners to the MHF and strengthen their institutional capacity to manage funding in coming allocations.
- Enhance knowledge in specific areas, e.g. social cohesion, online project management and budget preparation.
- Increase consideration of civil society organizations in capacity building activities increase their engagement with MHF partners as sub-partners.
- Organize inclusive online gatherings and meetings among stakeholders from different regions to promote connection and exchange on best practices and lessons learned.

PRINCIPLE 2

FLEXIBILITY

The programmatic focus and funding priorities of CBPFs are set at the country level and may shift rapidly, especially in volatile humanitarian contexts. CBPFs are able to adapt rapidly to changing priorities and allow humanitarian partners to identify appropriate solutions to address humanitarian needs in the most effective way.

5 Flexible assistance

CBPF funding is allocated to cash and voucher assistance.

Target

Ten per cent of funding (or $1 million) goes to cash and voucher assistance, when possible and appropriate.

Results

Scoring scale: medium. Cash was prioritized and used, but relatively modestly (up to 4.4 per cent of the total allocations, $0.72 million). This means a decrease of 1.8 per cent in comparison to 2019. Cash and voucher assistance was used in 26 projects out of 41 (63 per cent of the total number of projects).

Analysis

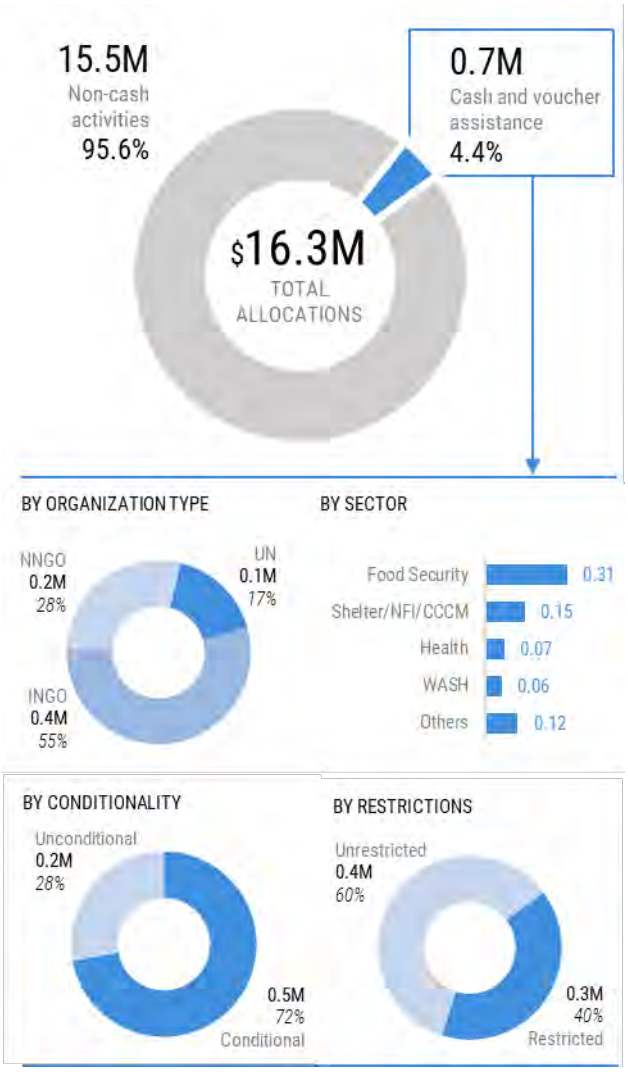
Cash and voucher assistance, as a response modality, has been strategically prioritized and operationally considered, where appropriate, as per the global CBPF cash guidance note. The amount and percentage decreased in 2020, directly related to the impact of COVID-19 and the conflict situation, including access restrictions.

Agencies were required to demonstrate the use of evidence-based feasibility assessments, consultations with affected communities including women and vulnerable groups, and demonstrated technical capacity and strong knowledge and experience. Food security and shelter/NFI/CCCM were the areas which used more cash and voucher assistance.

By geographical area, interventions in Rakhine accounted for 49 per cent of the total cash and voucher assistance in 2020 ($0.36 million), through eight different projects. This was followed by interventions in Kachin and Shan, with 42 per cent ($0.3 million) through 13 projects; and Kayin, where $0.05 million (6 per cent of the total) was provided through three projects. No cash and voucher activities were included in projects in Chin State.

Funded activities were related to cash-for-work, health and other referrals, particularly of survivors of landmine accidents and GBV; and cash/vouchers for food assistance and livelihood, shelter and NFIs, and WASH interventions.

CASH AND VOUCHER ASSISTANCE



Follow up actions

- Increased engagement of the Cash Working Group in the development of the allocation strategies, strategic review of project proposals and technical review of pre-selected projects.
- Cash as a response modality will continue to be strategically prioritized and operationally considered, where appropriate, as per the global CBPF cash guidance note.

6 Flexible operation

CBPF funding supports activities across the projects that enable the delivery of a more effective response through common services.

Target

Ten per cent of funding (or $1 million) is allocated to common services (security, coordination and needs assessments).

Results

Scoring scale: **medium**. Funding was made available for common services and enabling programmes, but sporadically within individual project proposals. A total of $0.74 million was allocated to common services across projects: 6 per cent for safety and security, 42 per cent for communication, 7 per cent for coordination activities, 8 per cent for assessments and 37 per cent for COVID-19 related support. In addition, $0.5 million was allocated to specific projects providing support to common services in two fundamental areas: inter-agency PSEA activities (UNFPA, $0.2 million) and expansion of COVID-19 testing capacity and provision of cold chain vaccination infrastructure in Rakhine State (WFP, $0.3 million). In total, the MHF allocated $1.24 million for common services activities, which represents 7.6 per cent of the funding provided to partners in 2020.

ALLOCATION THROUGH COMMON SERVICES

Analysis

Common services are generally provided as part of the support to partners and communities across the funded projects. In 2020, this approach was open to fund specific projects which had an impact among funded partners and, per extension, the humanitarian communities in Myanmar. Regrettably, the above-mentioned two common services projects are showing some delays and implementation issues due to the developments in Myanmar since 1 February 2021.

Follow up actions

- Ensuring that project proposals include appropriate support costs to enable the implementation of the proposed activities, including COVID-19 support and considering also the budget submitted by sub-partners.
- Promote discussion about specific funding actions to support inter-agency common services projects within the life-saving mandate of the Fund.

7 Flexible allocation process

CBPF funding supports strategic planning and response to needs identified in the HRP and sudden onset emergencies through the most appropriate modalities.

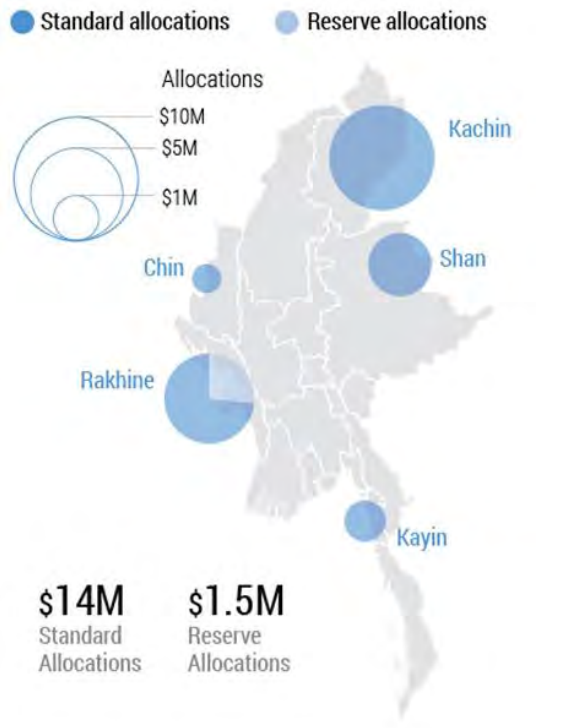
Target

At least 80 per cent of funds are allocated trough Standard Allocations and up to 20 per cent through Reserve Allocations. The Fund will follow adjusted priorities in the humanitarian context, based on funding situation.

Results

Scoring scale: **very high**. Allocation modalities distribution was within the 20 per cent margin of the established target. About 77 per cent of funds were allocated through Standard Allocations, while 23 per cent of funds were allocated through a Reserve Allocation to accelerate readiness and operation capacity in response to the COVID-19 pandemic.

ALLOCATION TYPE BY REGION



Analysis

The Fund has demonstrated its flexibility to fund different humanitarian needs, through a prioritization process in coordination with other sources of funding in country (bilateral donors, multi-donor funds). In 2020, the COVID-19 pandemic required the activation of the Reserve Allocation modality. The remaining funding, allocated through Standard Allocations, which were directly linked to the protracted crises in Chin, Rakhine, Kachin, Shan and the south-east part of Myanmar, particularly east Bago Region and Kayin State. As explained above, the Standard Allocations also included support to common services projects, especially to support inter-agency PSEA activities and enhancing COVID-19 test capacity and cold chain vaccination infrastructure in Rakhine State.

Follow up actions

- Continuing to strengthen evidence-based funding allocations through an inclusive consultation and prioritization process. The different modalities (reserve or standard) will be used according to the nature of the humanitarian needs outlined in allocation strategy papers.
- Implementation of cost-extension in exceptional cases upon strong justification as a modality of supporting extremely needed life-saving response.

8 Flexible implementation

CBPF funding is successfully reprogrammed at the right time to address operational and contextual changes.

Target

Project revision requests submitted by partners are processed within 10 working days (2 weeks). Number and type of revision will depend on context and associated factors.

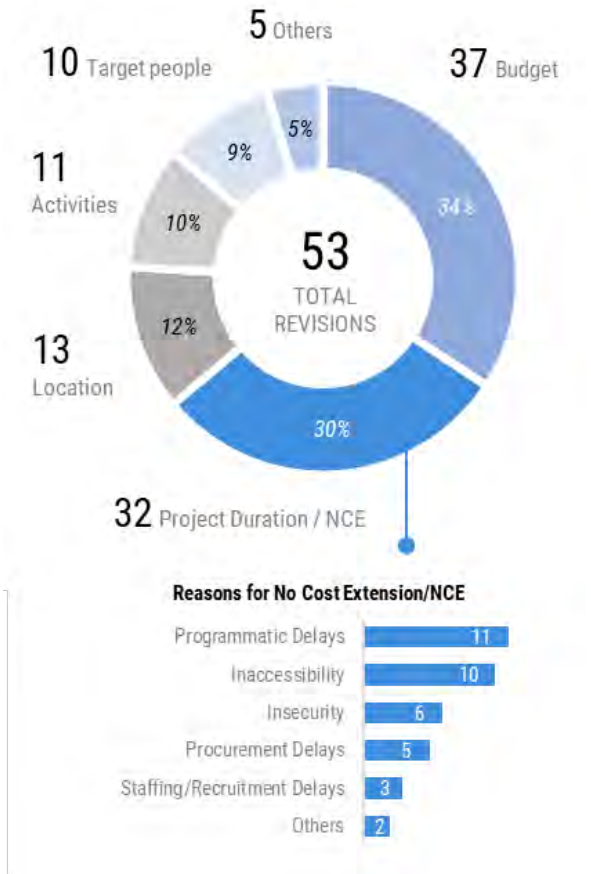
Results

Scoring scale: very high. The average number of working days to process projects revisions from the date of submission of the request by the partner until the project was overwritten after approval was 7 working days. During the reporting period, a total of 53 revisions were processed for 42 projects, with some projects being revised more than one time. Around 82 per cent of the revisions were processed within 10 working days; while the rest (18 per cent) were processed between 11 and 20 days; with the exception of one request, which took 24 working days, due to many changes. Six revisions only took one day to be processed and overwritten.

Analysis

Despite COVID-19, which caused 67 per cent of the revision requests, the MHF team improved its performance managing project revisions, showing a huge flexibility in times of pressure, which was possible thanks to specific flexibility guidance in the context of the pandemic. However, this improvement is skewed by specific challenges in some cases,

NUMBER OF REVISIONS IN 2020



particularly delays due to the evolving context and multiple exchanges with partners. The improvement was significant, with 80 per cent improvement from 2018, when the average was 35 working days, and 55 per cent improvement from 2019, when the average was 16 working days.

The number of project revisions requested also increased. In 2019, 38 project revisions were processed, while in 2020 the number went up to 53 requests. A large portion of the revisions involved changes in the budget (37 requests), followed by no-cost extensions (NCE), and change in activities and locations. NCEs were justified by programmatic delays, inaccessibility, insecurity, procurement delays and staffing and recruitment delays. The volatile context in many humanitarian settings affected by armed conflict, as well as the COVID-19 pandemic, required partners to adjust projects and find alternate ways to deliver planned humanitarian assistance in a number of cases.

Follow up actions

- Continue capacity-building with partners on project revision requests, involving cluster/sector coordinators and liaison with OCHA HQ for quick approval of revisions.
- Enhance internal distribution of tasks and resposibilities with the HFU team, with a system of project focal points, and increase customized service to partners.

PRINCIPLE 3

TIMELINESS

CBPFs allocate funds and save lives as humanitarian needs emerge or escalate.

9 Timely allocation

CBPFs allocation processes have an appropriate duration.

Target

The average duration (working days) of the allocation process from closing date of allocation (submission deadline) to HC signature of selected 2020 projects by allocation type (standard and reserve) is fixed at:

- 30 working days (Standard Allocation)
- 15 working days (Reserve Allocation)

Results

Scoring scale: **very high** for Standard Allocations and **high** for Reserve Allocation.

Milestones	Category	2018	2019	2020
From allocation closing date to HC signature of the grant agreement	Standard Allocations	36	37	30
	Reserve Allocations	12	20	22

Analysis

OCHA made efforts to support a timely, coordinated and effective allocation process. Specific deadlines and guidance were provided to the review committees, as well as to the partners during the technical reviews to facilitate the process and move forward. Nevertheless, in some cases, due to the high number of projects submitted and also some technical specificities including the evolving context – the COVID-19 pandemic in the case of the Reserve Allocation – clusters, sectors and the MHF team required more time for strategic and technical reviews. During 2020, more time was allocated to the Advisory Board to provide comments. The duration is also related to the technical and financial reviews of the projects, in which partners and the MHF team are involved and which account for a significant portion of the overall allocation process.

Follow up actions

- Continue project design workshop to improve partners' capacity to improve quality of proposals.
- Enhance clusters and sectors capacity to review projects, with specific workshops prior to any new allocation.

10 Timely disbursements

Payments are processed without delay

Target

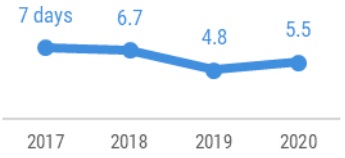
10 working days from OCHA Executive Officer (EO) signature of a proposal to first payment by type of allocation (Standard/Reserve).

Results

Scoring scale: **very high**. The average duration from EO clearance to first payment was well within the target, at 5.5 working days (5 days for Reserve Allocation, 6 days for Standard Allocations).

AVERAGE WORKING DAYS OF PAYMENT PROCESSING

Average working days from EO signature of a proposal to first payment



Analysis

The global target has been fully reached. Further analysis is needed regarding partners receiving payments through the UNDP Country Office in Myanmar, to measure the time between the reception of the financial authorization from OCHA and the effective payment in country. This situation has dramatically changed amid new developments since 1 February 2021 in Myanmar, including the disruption of banking system and cash availability.

Follow up actions

- Continue to strengthen liaison with OCHA HQ to follow-up initial payments and subsequent disbursements with partners
- Further enhance liaison with UNDP at country level for those partners receiving payments through UNDP Country Office in Myanmar.
- Monitor challenges related to the disruption of the banking system and assess alternative options to cash funds in country.

11 Timely contributions

Pledging and payment of contributions to CBPFs are timely and predictable.

Target

Two thirds of annual contributions (66 per cent) committed before the end of the first half of the year, and 75 per cent of contributions are paid within less than one month from pledges.

Results

Scoring scale: **high**. 64 per cent of contributions were paid before the end of the first half of the year. Only 5 per cent ($0.9 million, from one donor) of the received funding reached the Fund during the first quarter, in March. Regarding the payment of contributions, 88 per cent of the received funding was paid in less than one month from pledge.

CONTRIBUTIONS TIMELINESS

In US$ million

Analysis

Donors' commitments and contributions during the first semester of 2020 enabled the Fund to allocate resources in a timely and strategic way, in alignment with the Myanmar HRP 2020 and the Global HRP COVID-19. That said, the timing of the deposits did impose some limitations on their use by the Fund. The early contribution of $0.9 million in 2020 was not enough to plan and launch a Standard Allocation early in the year as intended, and available funds were instead kept on standby for any eventual new emergency.

However, donor mobilization since April, including the generous support of the Access to Health Fund, managed by UNOPS in Myanmar, allowed to launch a Reserve Allocation to accelerate readiness and operational capacity in response to the COVID-19 pandemic in a very timely manner. Because most of the funding was only received by the end of the first half of 2020, the launch of the Standard Allocations had to be postponed to the second part of the year. This occurred in the middle of the monsoon season, when it is always difficult to provide funding for emergency preparedness.

In addition, $2.1 million were contributed in the third quarter of the year, while $3.9 million were received at the beginning of the fourth quarter. These allocations made possible to launch a Standard Allocation in November to cover life-saving activities linked to the Myanmar HRP 2020 for a period of one year, with projects starting on 1 January 2021.

Follow up actions

- Advocacy with current contributing donors to the MHF is ongoing to encourage receipt of committed / pledged contribution earlier in the year, as well as signing multi-year funding agreements.
- Advocacy with new potential donors is ongoing to expand the donor base of the Fund and increase available funding for humanitarian response.

Maihkawng Camp 2
Mansi Township, Kachin State
Credit: Kachin Baptist Convention (KBC)

PRINCIPLE 4

EFFICIENCY

Management of all processes related to CBPFs enables timely and strategic responses to identified humanitarian needs. CBPFs seek to employ effective disbursement mechanisms, minimizing transaction costs while operating in a transparent and accountable manner.

12 Efficient scale

CBPFs have a significant funding level to support the delivery of the HRP.

Target

15 per cent of the HRP funding received in 2019 ($27.4 million).

Results

Scoring scale: **medium**. MHF allocations amount to between 7.5 per cent and 10 per cent of the received HRP funding in 2019. The MHF received $16.7 million from 12 donors, including the Access to Health Fund and private donations received through the UN Foundation. This represents 61 per cent of the target and 8.1 per cent of the HRP funding received in 2020 ($205.9 million received against $275.5 million requirements).

Analysis

The extended and generous support from donors to the MHF in 2020 enabled a more strategic Fund. The increase of funding (from 3.6 million in 2015 to 16.7 million in 2020) was positive, as was the extension of the donor base (from 3 donors in 2015 to 12 donors in 2020). MHF's efforts to enhance complementarity with bilateral donors and other pooled funds and facilities in Myanmar were reflected by the Access to Health Fund's contribution and active engagement in the allocation processes.

Follow up actions

- Advocacy with current and new potential donors will be reinforced to increase available funding channeled to cover 15 per cent of the HRP funding received in 2020.
- Continuing to strengthen coordination with other sources of funding in country (bilateral donors, pooled funds and funding facilities) and globally.

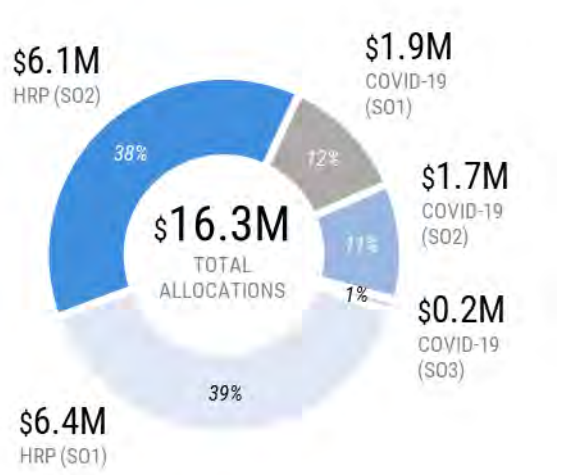
13 Efficient prioritization

CBPF funding is prioritized in alignment with the HRP.

Target

- 100 per cent of funded projects address HRP strategic priorities and the MHF Annual Strategy for 2020.
- 100 per cent of funded partners report on environmental risk management measures.

ALLOCATION BY HRP STRATEGIC OBJECTIVES



COVID-19 (SO1) Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality
COVID-19 (SO2) Decrease the deterioration of human assets and rights, social cohesion and livelihoods
COVID-19 (SO3) Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic
HRP (SO1) The physical and mental wellbeing of 847,000 people affected by conflict or disasters in targeted states is improved and respect for their rights is enhanced in 2020
HRP (SO2) Living standards of 844,000 people affected by conflict or disasters in targeted states are improved and their resilience is strengthened in 2020

Results

- Scoring scale: **very high**. All the funding was allocated following the strategic objectives (SO) identified in the HRP, the Global HRP COVID-19 and the MHF Annual Strategy for 2020.
- Scoring scale: **very high**. 95 per cent of funded partners reported on environmental risk management measures (39 out of 41 projects).

Analysis

Allocation of funds was based on existing secondary data analysis, real-time context analysis, inclusive consultation at sub-national and national levels, and sectoral strategies included in the HRP, considering the MHF Annual Strategy. Most of the funding allocated through the MHF was channelled as per the Myanmar HRP 2020 (77 per cent, $12.5 million), while the rest was used to respond to the COVID-19 pandemic (23 per cent, $3.8 million).

Regarding the inclusion of environmental risks and climate change issues in the allocation process, particularly in the design, monitoring and reporting, the MHF could ensure that partners become more sensitive to this question and reflect it in the project cycle, including risks and mitigation measures.

Follow up actions

- Efficient prioritization will continue in 2021, ensuring proper inclusiveness of key stakeholders at all the stages of the allocation process.
- Continue the partnership with the OCHA/UNEP Joint Environmental Unit (JEU), through technical guidance and strategic support.

14 Efficient coverage

CBPF funding effectively reaches people in need.

Target

- 95 per cent of targeted people within approved project proposals have been reached by MHF-funded projects, as per final narrative reports.
- 100 per cent of project proposals include disaggregated data monitoring, including age, gender and diversity, particularly related to persons with disabilities
- At least, 4.6 per cent of people targeted by the MHF funded projects are persons with disabilities.

Results

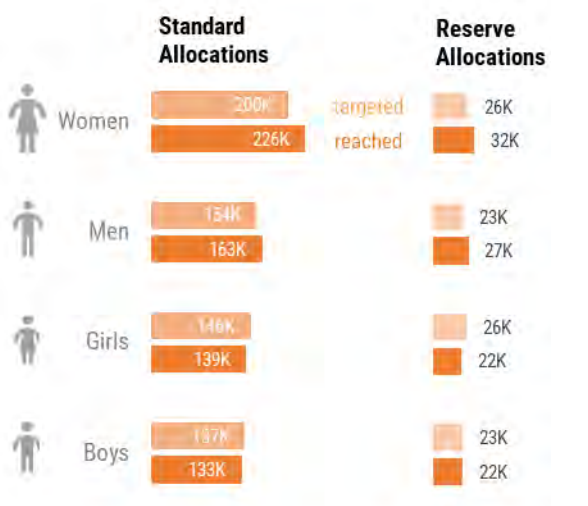
Scoring scale: very high. More than 100 per cent of targeted people were reached: 104 per cent for Standard Allocations and 106 per cent for Reserve Allocations. It includes 7,757 persons with disabilities (2,663 women, 2,670 men, 1,220 girls, and 1,204 boys) who were reached in the reporting period. This represents 45 per cent of the persons with disabilities targeted as per approved final narrative reports.

On the other hand, all the project proposals funded in 2020 included specific disaggregated data by age and gender, including for persons with disabilities. Of the 803,411 targeted people, 48,205 (6 per cent) were persons with disabilities: who represented over 48,205 people – 16,702 women, 12,873 men, 10,324 girls and 8,306 boys.

Analysis

Results of targeted and reached people reported in 2020 are related to projects which concluded final narrative reports in 2020. This method provides a better picture of achievements during a given calendar year but includes results from allocations that were granted in previous years. These data are extracted from final narrative reports approved between 1 January 2020 and 31 January 2021.

PEOPLE TARGETED AND REACHED BY GENDER AND AGE



During 2020, further progress was achieved in terms of disability inclusion. Starting with the Second Standard Allocation (2020), partners were requested to include a target of persons with disabilities equivalent to a minimum of 12.8 per cent of the total target population, following the Myanmar Inter-Census Survey 2019, increasing the percentage of 4.6 per cent as per previous Myanmar Census 2014. However, as per data provided in the approved final narrative report, only 45 per cent of the persons with disabilities targeted in the projects were reached. Partners recognized that they have still challenges to identify and record data on persons with disabilities during the project implementation. Some partners mentioned strategic partnership with organization of persons with disabilities to enhance their capacities, including disability mainstreaming, and building capacity to target, implement relevant programming, and measure outcomes of persons with disability-focused activities.

Reported data for the Standard Allocations indicated that 143 per cent of targeted people in Shan were reached, and 105 per cent in Kachin, amid a relative easing of conflicts in the two states. In Rakhine, 92 per cent of targeted people were reached, and in Chin, 82 per cent. Reaching the targeted population in Rakhine and Chin, proved difficult due to the access constraints linked to COVID-19 and security issues linked to armed conflict. Nevertheless, data indicates a 106 per cent achievement for the Reserve Allocation, which covered projects in Rakhine. More analysis needs to be conducted to understand the specific reasons behind the achievements.

Some double counting in terms of people reached may have happened, but this is very limited due to the high number of multi-sector projects, which reduce overlapping, and the fact that the MHF avoids funding different partners supporting the same communities.

Follow up actions

- Discussion with clusters and sectors to improve disaggregated data collection and analysis of people reached by introducing more variables linked to sectors and geographical area.
- In-depth workshop with MHF partners on disability inclusion, considering higher participation of persons with disabilities and related organizations in all the phases of the project cycle, promoting the inclusion of additional common disability-specific indicators.

15 Efficient management

CBPF management is cost-efficient and context-appropriate.

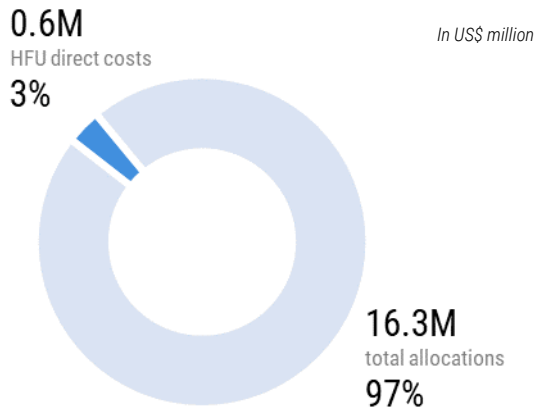
Target

OCHA HFU operations (direct cost) will not exceed of 3 per cent of the total contributions to the Fund during the year.

Results

Scoring scale: **high**. HFU operations costs (execution of cost-plan) amounted to 3 per cent of overall utilization of funds (allocations and operations costs).

CONTRIBUTIONS AGAINST TOTAL HFU EXPENDITURE



Analysis

Despite the COVID-19 pandemic and consequent change of priorities from some donors, the MHF maintained the level of contributions in 2020 ($16.7 million). Cost-effectiveness of the Fund, with only 3 per cent of the total contributions allocated to the MHF management unit, continued to be adequate. This percentage is slightly higher than in 2019, but included the upgrade of two positions (Senior Financing Officer and Senior Programme Management Officer) and two new positions of Grant Management and Programme Officer, all of them covered by national staff.

Follow up actions

- Strengthening work planning and further investing in staff development to improve MHF performance
- Upgrade of Programme Associate Officer.

16 Efficient management

CBPF management is compliant with management and operational standards required by the CBPF Global Guidelines.

Target

- 100 per cent of allocation strategies compliant with global guidance documents and template.
- Annual report is ready by 30 May 2020 (initial draft by 29 February 2020).
- MHF Operational Manual updated based on the latest version of global CBPF guidelines by the end of March 2020.
- 90 per cent of stakeholder satisfaction survey confirming that MHF helped strengthen coordination system and humanitarian response

Results

Scoring scale: **high**.

- 100 per cent of allocation strategies compliant with global guidance documents and template.
- Annual report was published on 30 May 2020.
- MHF Operational Manual was not updated in 2020. The Annual Strategy and the Common Performance Framework (targets and indicators) where updated and endorsed by the Advisory Board and HC in January 2020, and Flexibility Guidance on the context of COVID-19 was endorsed on 8 May by the Advisory Board.
- No stakeholder satisfaction survey was conducted in 2020.

Analysis

Even if all the allocations strategies processes were conducted in alignment with global guidance documents, the COVID-19 pandemic, imposed mobility restriction and increased the number of project revisions, while a First Reserve Allocation, made it challenging to reach some of the above-mentioned indicators. Publication of the Annual Report was delayed two months, and the revision of the MHF Operational Manual was replaced by the publication of Flexibility Guidance in the context of COVID-19 and the revision of the Risk Management Framework. Despite the lack of specific partner survey, the MHF team received positive feedback on the management performance through satisfaction surveys after learning and capacity building sessions and during specific sessions with NGO partners, donors, UN agencies and clusters and sectors. Some innovative aspects included in the Flexibility Guidance simplify some processes and provide a good opportunity to make the Fund more flexible.

Follow up actions

- Revision of the MHF Operational Manual to be ready by the end of July 2021.
- Launch a stakeholder satisfaction survey by the end of July 2020.

PRINCIPLE 5

ACCOUNTABILITY AND RISK MANAGEMENT

CBPFs manage risk and effectively monitor partner capacity and performance. CBPFs utilize a full range of accountability tools and measures

17 Accountability to affected people

CBPF funded projects have a clear strategy to promote the participation of affected people.

Target

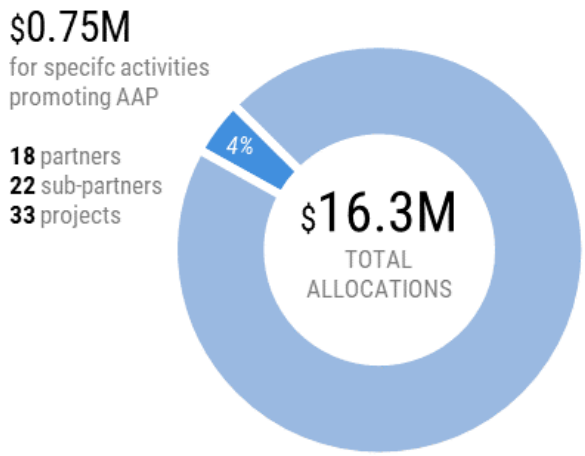
- 5 per cent of funding (or $0.5 million) goes to activities to promote the participation of affected people, as a component of funded projects.
- 100 per cent of project proposals integrate a strategy on the accountability to affected populations (AAP), including complaint and feedback mechanisms.
- 100 per cent of monitoring field visits and reports include a component of consultation with affected people

Results

Scoring scale: very high.

- 4 per cent of funding ($0.75 million) went to activities to promote the participation of affected people, as a component of funded projects. This involved 33 projects (80 per cent of the total), and 18 partners and 22 sub-partners. One of the funded projects supported inter-agency PSEA activities.
- 100 per cent of funded projects in 2020 included the provision of accessible and functioning feedback and/or complaint mechanisms for affected people.
- 95 per cent of monitoring field visits and reports included a component on consultation with affected populations.

ACCOUNTABILITY TO AFFECTED PEOPLE



Analysis

Aside from the activities directly aimed at promoting community participation, the MHF requested effective feedback and complaint mechanisms of all funded partners, which was controlled during field monitoring and reporting processes. Samples and summary reports of complaint and feedback mechanism activities were requested from partners during monitoring and reporting processes. In addition, two mandatory indicators on AAP were included in all the projects funded in 2020, and results will be reported by the end of the projects in 2021.

Even if most of the partners met this requirement, the MHF has concerns about the effectiveness of the established systems. The multiplicity of feedback mechanisms (one per organization) and the lack of demonstrated feedback to the affected people make it very difficult to ensure adequate utilization of the systems and limit an in-depth engagement with the affected community.

Follow up actions

- Continue to integrate community engagement issues into learning activities, encouraging partners to include community participation activities into new projects.
- Align efforts with the ICCG at national and sub-national level to streamline complaint and feedback mechanisms aiming at increasing participation, engagement of affected communities, including timely feedback.

18 Accountability and risk management for projects

CBPF funding is appropriately monitored, reported and audited.

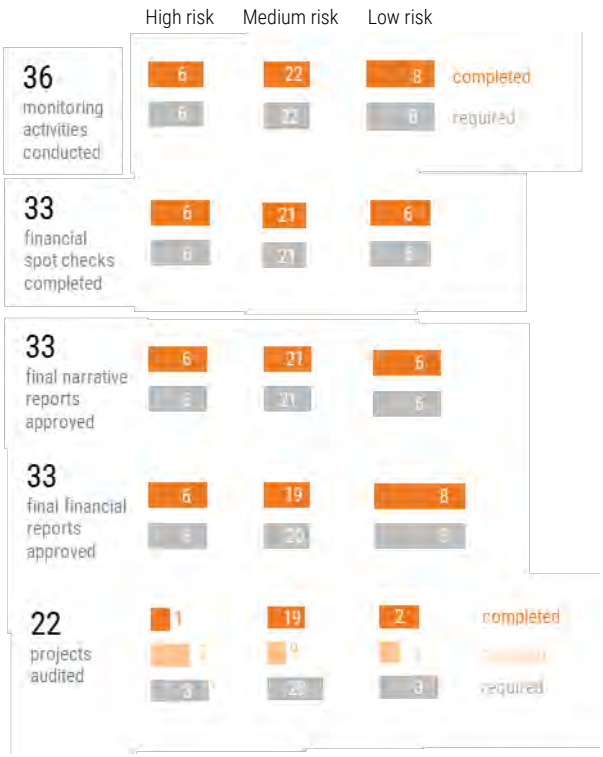
Target

100 per cent compliance with operational modalities, as per OCHA assurance dashboard (may not be applicable for audits falling outside the reporting time-frame).

Results

Scoring scale: high. Almost 100 per cent compliance with operational modalities, as per assurance dashboard, with the exception of a final financial report (pending of approval) and 12 audit reports that are still ongoing (audit processes were seriously delayed due to the COVID-19 preventive measures). Since mid-March 2020, 24 field visits were replaced by remote call monitoring. Financial spot checks were done through a mixed onsite/offsite modality, when possible.

PROGRESS ON RISK MANAGEMENT ACTIVITIES



Analysis

The good results regarding this indicator, with the exception of audit processes externalized to independent auditors, demonstrate the compliance of the Fund with agreed operational modalities, despite several challenges such as COVID-19, access and security concerns. Even if audit processes have been delayed, auditors and partners have showed a good collaboration with the MHF, combining online processes with onsite visits when possible.

Follow up actions

- Strengthen the capacity of partners to revise and follow up on auditing processes to ensure compliance with the global operational manual.
- Regularly update the management plan to follow-up on audit observations and recommendations.

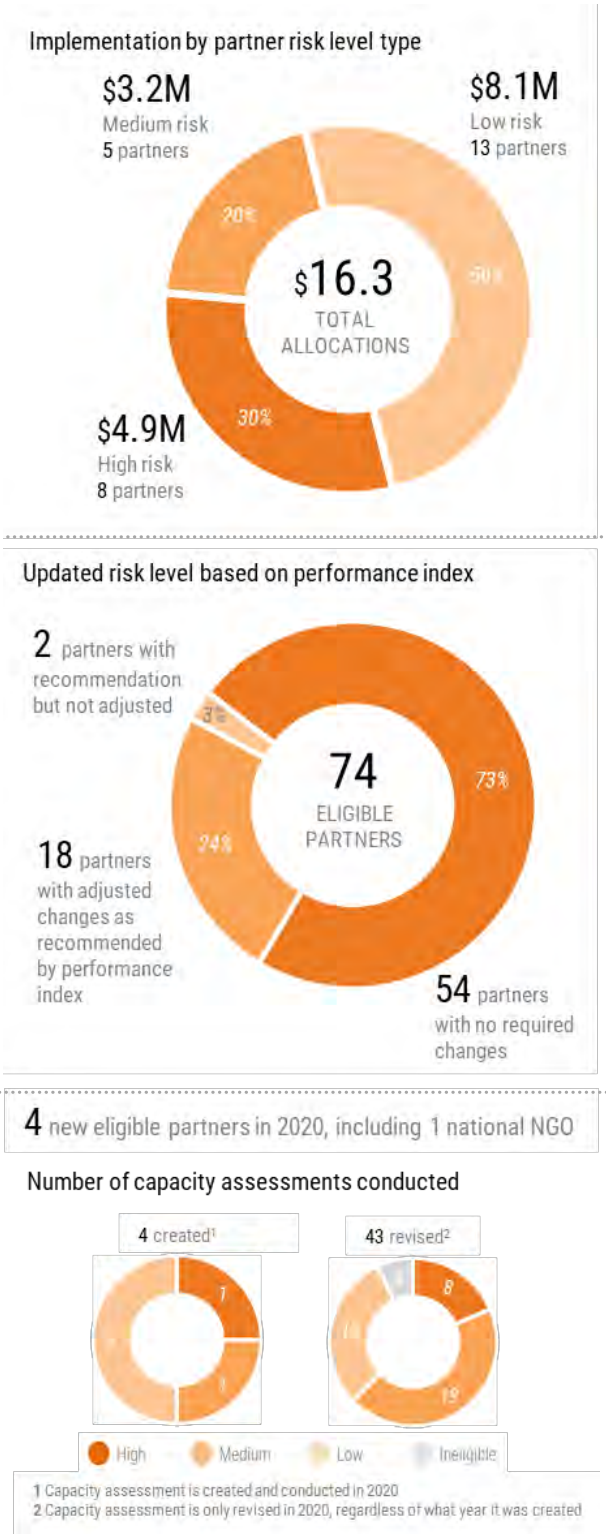
19 Accountability and risk management of partners

CBPF Funding is allocated to partners as per the identified capacity and risk level.

Target

- The number of eligible partners increased by 10 per cent in comparison to the number of eligible partners in the previous year.
- At least 50 per cent of new eligible partners are national NGOs.
- 100 per cent of eligible partners received funding according to the partner risk level.

IMPLEMENTATION BY PARTNER RISK LEVEL TYPE



Results

Scoring scale: **high**. The number of eligible partners increased by 6 per cent in comparison to 2019, with four new eligible partners (two low risk level; one medium risk level; and one high risk level). Only one NNGO (high risk level) joined the Fund as eligible partner during 2020, equivalent to 25 per cent of the new eligible partners in 2020.

All partners funded by the MHF are receiving funding according to their risk level. In addition, all the funded projects are being managed by the MHF according to their risk level, in terms of disbursements, field monitoring visits, financial spot checks, narrative and financial reporting processes.

Analysis

This target is a benchmark (for tracking purpose). The Fund's robust accountability system allows for funding decisions not to be taken based on risk levels, but rather determines the modality of funding based on risk, once projects have been selected.

The diversity of partners provides a bigger capacity in terms of timely and effective responding to the protracted crisis and any unforeseen emergency. Funds are provided to the best projects and the best-placed partners to respond to humanitarian needs as per allocation strategy papers.

More efforts in attracting local and national actors, including WLO/WRO, to become eligible partners should be done. This requires the support of clusters and sectors, as well as current international partners implementing projects in partnership with local actors.

OCHA continues with the implementation of the adjusted partner performance index (PI) which assesses performance and revise risk level. Issues found during these processes are also used to inform bilateral follow-ups with partners and learning activities, preventing issues related to internal financial control and performance. Since 2020, the MHF requires applicant partners to submit agreements with sub-partners, including questions related to financial control and management, PSEA, code of conduct and anti-fraud, corruption and conflict of interest.

Follow up actions

- Increase awareness session with local and national partners, including WLO/WRO to attract them to become eligible MHF partners or join as sub-partners.
- Inform specific learning activities with data coming from capacity assessments and partner management performance.
- Conduct pro-active bilateral follow-up with partners to discuss management performance related issues and the way forward to increase implementation quality and/or oversight of sub-partners.
- Conduct regular MHF clinics to improve partner capacity in specific areas such as funding management, fraud prevention, detection and reporting and PSEA.

20 Accountability and risk management of funding

Appropriate oversight and assurances of funding is administered through CBPFs.

Target

- Number and status of potential and confirmed cases of diversion.
- 100 per cent of compliance with CBPFs standard operating procedures (SOPs) on response to concerns of fraud of misuse of funds by partners.
- 100 per cent of partners have clear policies on prevention, reporting and response to alleged cases of sexual exploitation and abuse (SEA).

Results

Scoring scale: very high. The number of incidents was calculated based on all incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) reported to the MHF. Three incidents were reported in 2020.

3
Reported incidents

4
Ongoing cases
1 reported in 2019

Reported cases: # of incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) in 2020, either open or closed.

Ongoing cases: # of incidents for which measures (inquiry, assurance, measures, settlement etc.) were still on going as of 31 December 2020.

Analysis

In 2020, partners increased self-reporting, with one incident reported through this modality. Other two incidents were identified through MHF financial spot checks. Regarding the type of organization, one incident was related to a NNGO and two to an INGO, in relation to national sub-partners. By the end of 2020, the three incidents reported in 2020 and one incident reported in 2019 were still open and are under audit. Incidents have been managed in accordance with the CBPFs SOPs related to response to concerns of fraud or misuse of funds by partners and managed in collaboration with the concerned partner in close collaboration with the CBPF Oversight and Compliance Unit (OCU) at OCHA HQ level.

Other four minor incidents identified in 2020, including two self-reported by partners and two identified through MHF financial spot check, were reflecting some non-compliance issues. Three of them are still being verified by MHF with the concerned partners, while one incident was closed with measures not required. Due to the nature of these incidents, no cases were open at HQ level.

Follow up actions

- Continue to strengthen the MHF team's capacity in detecting red flags and preventing fraud, corruption and other incidents, with the support of OCHA HQ.
- Reinforce advocacy with partners on fraud and corruption reporting and prevention, including specific training sessions with the MHF team and partners.
- Regularly oversee partners' operational mechanisms on safeguarding, including protection of sexual exploitation and abuse (PSEA).

MHF 2020 ANNUAL REPORT

ACHIEVEMENTS BY CLUSTER / SECTOR

This section of the Annual Report provides a brief overview of the MHF allocations per cluster, targets and reported results, as well as lessons learned from 2020.

The cluster level reports highlight indicator achievements against planned targets based on narrative reports submitted by partners within the reporting period, 1 February 2020 to 31 January 2020. The achievements indicated include reported achievements against targets from projects funded in 2017 (when applicable), 2018, 2019 and/or 2020, but whose reports were submitted between 1 February 2020 and 31 January 2020.The bulk of the projects funded in 2020 are still under implementation and the respective achievements against targets will be reported in the subsequent MHF reports.

ACHIEVEMENTS BY CLUSTER / SECTOR

COVID-19*

** A specific COVID-19 cross-sector was established to make visible the support provided to response to the pandemic*

SECTOR OBJECTIVES

Objective 1: Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

Objective 2: Decrease the deterioration of human assets and rights, social cohesion and livelihoods.

Objective 3: Protect, assist and advocate for refugees, displaced people, migrants and host communities particularly vulnerable to the COVID-19 pandemic.

LEAD ORGANIZATIONS

ICCG

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$3.8M	11	11

TARGETED PEOPLE[1]	WOMEN	MEN
719,034	243,799	209,799
	GIRLS	BOYS
	139,765	126,114

In 2020, the MHF provided $3.8 million or 9 per cent of the funding received to enhance operation readiness for COVID-19, as per 2020 HRP Addendum.

MHF enabled COVID-19 related infection control measures, including the procurement and distribution of PPE and related items (masks, gloves, etc.) for humanitarian workers and front-line health workers; provision of essential health-care services (disease surveillance, referral of suspected cases); WASH facilities (latrines, water tanks, hand washing stations, etc.); RCCE, pre-positioning of ready-to-deploy solutions (NFIs) in community quarantine locations, health-care centres and displacement sites. MHPSS was mainstreamed in the provision of services to the extent possible.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2020[1]	$0.2M	1	1

PEOPLE TARGETED

43K

PEOPLE REACHED

45K

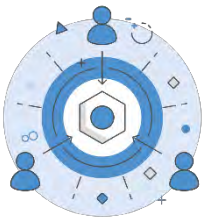
OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of refugees, displaced people, migrants and host communities particularly vulnerable to the pandemic that receive adequate risk information	*Women*	10,313	12,079	117%
	Girls	12,065	4,281	35%
	Men	9,447	13,821	146%
	Boys	10,937	4,994	46%
Number of re-usable masks produced by, and distributed for, local communities		20,000	20,214	101%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of refugees, displaced people, migrants and host communities particularly vulnerable to the pandemic that receive COVID-19 assistance	*Women*	10,513	13,866	132%
	Girls	12,065	8,365	69%
	Men	9,647	12,418	129%
	Boys	10,937	8,512	78%
Number of village leaders who receive specific guidance on how lead COVID-19 awareness and response measures in their communities.	*Women*	50	69	138%
	Men	200	168	84%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER / SECTOR

COMMON SERVICES



SECTOR OBJECTIVES

Objective 1: Ensure linkages to the global efforts to secure the continuity of supply chain services at local level.

Objective 2: Ensure linkages to the global efforts to secure safe and reliable passenger transport for humanitarian partners and relevant stakeholders, included related to medical evacuations in general and specific to COVID-19.

LEAD ORGANIZATIONS

WFP

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$0.3M	1	1

TARGETED PEOPLE[1]	WOMEN	MEN
10,000	5,000	5,000
	GIRLS	BOYS
	-	-

In 2020, the MHF provided 15 per cent of the funding received for Common Services against the HRP (it was included in the COVID-19 Addendum). This is the first time that the MHF provides funds ($0.3 million) for the sector.

MHF strengthened the Government's prevention, surveillance and protection measures against COVID-19, through the expansion of testing capability for humanitarian staff delivering services at the displacement sites and provision of ultra-cold chain equipment for safe and faster vaccine deployment, ensuring equal access to vulnerable population to vaccination to prevent COVID-19 related mortality among the vulnerable population groups in Rakhine State.

No results were reported in 2020, so the project is still ongoing.

Women staying at a COVID-19 quarantine center in Kachin State Credit: Health Poverty Action

ACHIEVEMENTS BY CLUSTER / SECTOR

EDUCATION

SECTOR OBJECTIVES

Objective 1: Some 200,000 crisis-affected girls and boys (3-17) have access to protected, quality and inclusive learning opportunities that promote their protection and wellbeing.

Objective 2: Some 5,000 formal and non-formal teachers' capacity is enhanced to provide quality education to and cater for psychosocial and socio-emotional needs of crisis-affected learners (girls and boys aged 3-17).

LEAD ORGANIZATIONS

UNICEF, Save the Children

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$1.9M	11	8

TARGETED PEOPLE[1]	WOMEN	MEN
62,376	11,420	10,012
	GIRLS	BOYS
	20,254	20,690

In 2020, the MHF provided 27 per cent of the funding received by the EiE Sector against the HRP. In terms of actual funding ($1.9 million), this means a decrease of 2 per cent from 2019.

MHF supported the needs of formal and non-formal teachers and crisis-affected children through provision of temporary learning centres; teaching and learning materials; strengthening the capacity of teachers and parents especially for child rights, child safeguarding; home-based learning materials; school renovation and improvement plans for Covid-19 prevention; teacher incentives, student stipends and transportation support for students. Trainings on emergency school counselling and awareness-raising among children with disability were provided to teachers.

Results reported in 2020

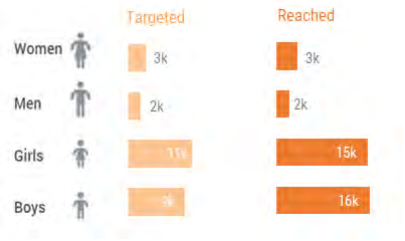
	ALLOCATIONS	PROJECTS	PARTNERS
2018	$0.05M	1	1
2019[1]	$0.9M	4	3

PEOPLE TARGETED

25K

PEOPLE REACHED

36K



OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of children (3-10) accessing pre-primary/primary learning opportunities	*Girls*	13,701	5,015	37%
	Boys	11,402	11,564	101%
Number of conflict affected girls and boys provided with learning supplies and education kits.	*Girls*	6,006	5,501	92%
	Boys	6,478	6,081	94%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of adolescents (11-17) accessing post-primary learning opportunities	*Girls*	3,691	2,456	67%
	Boys	4,060	5,226	129%
Number of formal/non-formal teachers and facilitators who have completed trainings to provide quality and inclusive education.	*Women*	176	223	127%
	Men	82	121	148%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6. Regarding the output indicators, there is a trend which shows that girls are having more challenges than boys in accessing education. It can be also linked to some issues during the estimation of targeted people. The MHF has shared these data with the EiE Sector for further analysis.

A schoolgirl receiving home-based learning support at Trinity camp, Myitkyina township, Kachin State
Credit: Metta Development Foundation

Home-based learning to continue education activities of displaced children

Students using home-based learning materials with the support of volunteer teacher
Jaw Masat camp, Myitkyina township, Kachin State
Credit: Metta Development Foundation

ACHIEVEMENTS BY CLUSTER / SECTOR

FOOD SECURITY

SECTOR OBJECTIVES

Objective 1: Over 421,000 crisis-affected people have equitable access to sufficient, safe and nutritious food in-kind and/or through cash assistance all year round.

Objective 2: Resilience of over 141,000 crisis-affected people is enhanced to restore, protect and improve their livelihood opportunities.

Objective 3: Improved timeliness, appropriateness and effectiveness of Food Security Sector response through Food Security Sector coordination, analysis and dissemination.

LEAD ORGANIZATIONS

FAO, WFP

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$1.8M	7	7

TARGETED PEOPLE[1]	WOMEN	MEN
37,882	10,434	8,614
	GIRLS	BOYS
	9,471	9,363

In 2020, the MHF provided 5 per cent of the funding received by the Food Security Sector against the HRP. In terms of actual funding ($1.8 million), this means a decrease of 5 per cent from 2019.

MHF supported in-cash and in-kind emergency food distribution to displaced persons. The MHF also provided complementary livelihood assistance to conflict-affected people and returnees by providing cash assistance for agricultural and non-agricultural livelihoods; provision of home-gardening kits; cash for work; livelihood trainings; and business literacy training to advocate for women's economic empowerment and resilience.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2018	$0.7M	4	4
2019[1]	$0.9M	3	3

PEOPLE TARGETED

46K

PEOPLE REACHED

57K

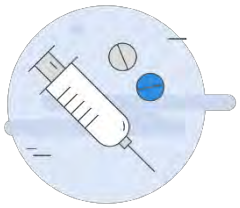
OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who received food assistance (in kind and/or cash)	*Women*	4,959	5,426	109%
	Girls	3,563	1,923	54%
	Men	3,980	2,299	58%
	Boys	3,585	3,601	100%
Number of people who have completed business skills development and financial education training		560	756	135%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who received agriculture and other livelihood support, contributing to household food security	*Women*	5,058	7,442	147%
	Girls	7,970	6,159	77%
	Men	4,795	4,760	99%
	Boys	7,809	7,665	98%
Percentage of households that reported improved livelihood conditions		70	100	143%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER / SECTOR

HEALTH



CLUSTER OBJECTIVES

Objective 1: Communicable diseases are prevented, detected and rapidly responded to, for some 524,000 crisis-affected people, through Early Warning and Response System (EWARS).

Objective 2: Some 524,000 crisis-affected people receive essential health services, including life-saving maternal, newborn, child, sexual and reproductive health-care services as well as treatments for non-communicable diseases and mental health.

LEAD ORGANIZATIONS

WHO

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$1.5M	13	10

TARGETED PEOPLE[1]	WOMEN	MEN
195,195	69,683	46,787
	GIRLS	BOYS
	40,826	37,899

In 2020, the MHF provided 23 per cent of the funding received by the Health Cluster against the HRP. In terms of actual funding ($1.5 million), this means a decrease of 49 per cent from 2019.

MHF improved the health status of displaced and conflict-affected communities through integrated primary health care, sexual reproductive health (SRH) services and integrated mental health psychosocial support (MHPSS). It also included cash assistance for life-saving emergency referrals; community health education, including COVID-19 risk communication; nutrition screening and services; and GBV clinical care. Physical rehabilitation services to children with impairments were also provided.

Results reported in 2020

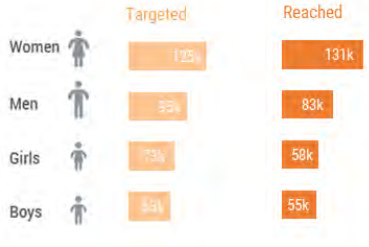
ALLOCATIONS		PROJECTS	PARTNERS
2018	$0.9M	6	5
2019[1]	$1.3M	6	5

PEOPLE TARGETED

360K

PEOPLE REACHED

327K



OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of affected population who had access to primary health care services	*Women*	194,899	193,055	99%
	Girls	108,296	89,457	83%
	Men	124,176	141,440	114%
	Boys	102,083	81,275	80%
Number of basic health staff and CHWs who received trainings on emergency health care	*Women*	253	419	166%
	Men	397	269	68%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of pregnant women and children under-5 who were seen, treated and/or referred to higher medical facility	*Women*	800	11,147	1393%
	Girls	350	2,578	737%
	Men			
	Boys	350	2,999	857%
Number of women and girls who received training on menstrual health and menstrual hygiene management (11 and up)	*Women*	1,500	549	37%
	Girls	500	351	70%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6. High variance between targeted and reached people is due to issues during the estimation of people in need targeted by the projects and evolving context, which may cause overachievement or underachievement, depending on the case.

Khin Mar Cho with her son ready to be discharged from Thet Kel Pyin Station Hospital, Sittwe Township, Rakhine State
Credit: Mercy Malaysia

Safe and accessible mother-child health

Khin Mar Cho lives in Thet Kel Pyin New Camp with her husband, her two daughters and one son, who was 4 days old when the photo was taken.

Before the Thet Kel Pyin Station Hospital was built, the nearest place to give birth was about 30 minutes by tricycle. Due to the distance, when she delivered her first child, Khin Mar Cho used a traditional birth attendant. She suffered some complications, though the baby was in good health.

After the intervention done by Mercy Malaysia in Thet Kel Pyin Station Hospital, Khin Mar Cho and her family can now easily access health services (primary health care, obstetrics and gynecology and child health) since it is only 7 minutes by bike from her house and free of charge. Since the station hospital has a well-equipped labour room, most of the pregnant mothers come here for delivery. Khin Mar Cho is one of them.

At first, she did not know she had hypertension. As per doctor's prescription, she had regular check-ups, and eventually gave birth at Thet Kel Pyin Station Hospital.

Now she is feeling comfortable, and happy about her family's health. She hopes to get such health services for a long time for her family and also for her community. In the station hospital expects to eventually offer tertiary health care, such as caesarian sections and abdominal surgery.

This intervention was part of the project "Increasing accessibility to Primary, Secondary, Maternal and Child Health Care and Menstrual Hygiene Management Services in the Sittwe Camps", funded by MHF with $468,200 and implemented by the international NGO Mercy Malaysia in Sittwe Township, Rakhine State. The project, which ended on 15 September 2020, reached 41,600 people, including 7,450 girls and 8,650 boys, and 21,500 women.

ACHIEVEMENTS BY CLUSTER / SECTOR

NUTRITION

SECTOR OBJECTIVES

Objective 1: More than 32,000 targeted vulnerable children (boys and girls) with acute malnutrition access equitable and inclusive life-saving treatment and management.

Objective 2: More than 4,000 targeted pregnant and lactating women with acute malnutrition access equitable and inclusive life-saving treatment and management services.

Objective 3: Nutritional status of more than 68,000 vulnerable boys and girls 0-69 months is improved through equitable and inclusive access to preventative nutrition services.

Objective 4: Nutritional status of more than 38,000 vulnerable pregnant and lactating women is improved through equitable and inclusive access to preventative nutrition services.

Objective 5: More than 99,000 crisis-affected people have access to opportunities to build knowledge, skills and confidence to adopt optimal nutrition behavior at multiple relevant touchpoints.

LEAD ORGANIZATIONS

UNICEF

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$0.25M	5	5

TARGETED PEOPLE[1]	WOMEN	MEN
	4,463	2,840
11,307	GIRLS	BOYS
	1,957	2,047

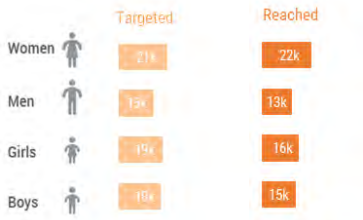
In 2020, the MHF provided 2 per cent of the funding received by the Nutrition Sector against the HRP. In terms of actual funding ($0.2 million), this means a decrease of 76 per cent from 2019.

The Sector integrated nutrition, IYCF counselling, screening for malnutrition and participatory awareness-raising sessions into primary health-care provision. It provided simulative physiotherapy to children under age 5, and awareness session to pregnant and lactation women about the linkages between nutrition, development and disability. Supporting life-saving emergency referrals and treatment of acute and chronic malnutrition services were included.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2018	$0.6M	5	5
2019[1]	$0.4M	3	3

PEOPLE TARGETED
73K
PEOPLE TARGETED
66K



OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of children aged 6-59 months with moderate and severe acute malnutrition treated	*Girls*	4,517	904	20%
	Boys	3,198	1,368	43%
Number of children under 5 regularly screened for malnutrition	Girls	400	1,058	265%
	Boys	400	1,074	269%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of men and pregnant and breastfeeding women who received infant and young child feeding counseling	*Women*	6,859	9,854	144%
	Girls	42	12	29%
	Men	600	612	102%
	Boys			
Percentage of caregivers able to correctly explain at least 3 optimal infant and young child feeding practices		80	95	119%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6. Regarding the low level of children aged 6-59 month reached for acute malnutrition, this is related to a change in the security context which made difficult the access of family to the treatments, mostly in Rakhine. The MHF has brought it to the Nutrition Sector.

ACHIEVEMENTS BY CLUSTER / SECTOR

PROTECTION

SECTOR OBJECTIVES

Objective 1: More than 833,000 crisis-affected people have improved access to inclusive protection services.

Objective 2: Protection environment for more than 833,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.

Objective 3: Durable solutions for more than 9,500 IDPs are realized in line with international protection standards.

LEAD ORGANIZATIONS

UNHCR
UNICEF, UNFPA (sub-sectors)

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$2.3M	17	14

TARGETED PEOPLE[1]	WOMEN	MEN
219,572	93,179	39,227
	GIRLS	BOYS
	60,611	26,555

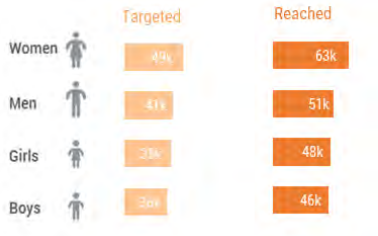
In 2020, the MHF provided 6 per cent of the funding received by the Protection Sector against the HRP. In terms of actual funding ($2.3 million), this means a decrease of 16 per cent from 2019.

Prioritized interventions of protection services were tailored to the needs of IDPs and crisis-affected people and mainly targeted children, women, persons with disabilities and elderly people. Interventions included strengthening community-based protection mechanisms and referral mechanisms; providing mental health and psycho-social support; awareness-raising on human rights, child rights, landmines and human trafficking; and the establishment of child-friendly spaces. Specialized activities and inclusive service provision, i.e. distribution of dignity kits to women and girls, and home-based PSS kits to children, were also conducted.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2018	$0.7M	6	5
2019[1]	$1.6M	8	7

PEOPLE TARGETED
164K
PEOPLE TARGETED
209K



OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people in need with access to minimum available protection services	*Women*	27,951	31,982	114%
	Girls	16,388	12,822	78%
	Men	22,576	16,098	71%
	Boys	14,855	8,145	55%
Number of people in need with access to minimum available protection services (Child Protection)	*Women*	13,172	12,173	92%
	Girls	16,558	18,095	109%
	Men	16,558	8,818	53%
	Boys	16,074	17,595	109%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people in need with access to minimum available protection services (Gender-Based Violence)	*Women*	57,198	56,414	99%
	Girls	41,676	35,364	85%
	Men	50,397	46,064	91%
	Boys	39,164	33,219	85%
Number of girls, boys and women who received psychosocial support services	*Women*	2,000	1,422	71%
	Girls	1,335	2,869	215%
	Men			
	Boys	795	2,662	335%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who participate in MRE, EMRE or Mine Action Day events.	*Women*	10,320	7,899	77%
	Girls	5,980	4,953	83%
	Men	10,270	6,131	60%
	Boys	5,830	4,318	74%
Number of actions carried out to remove barriers and increase access to humanitarian assistance to persons with disabilities		126	114	90%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of community members reached by sessions carried out to raise awareness raising-sessions on the rights of persons with disabilities	*Women*	4,534	4,144	91%
	Girls	2,188	2,505	114%
	Men	2,900	3,724	128%
	Boys	2,102	2,644	126%
Percentage of affected people reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner		80	91	114%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

Enhancing autonomy and protection of persons with disabilities

Maina displacement camp
Waingmaw Township, Kachin State
Credit: Humanity and Inclusion (HI)

Hpawdaw Seng Nan, a 45-year-old woman has lived in Maina displacement camp in Waingmaw Township, Kachin State, since 2012. She has been affected by polio since the age of 7 months.

She spent most of her time at home because she cannot walk. She wanted to go out to participate in social events and attend ceremonies at church but could not. Sometimes she felt like "being trapped in jail". Her mother spent most of her time assisting her to perform daily activities.

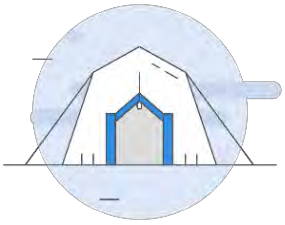
In 2020, the international NGO Humanity and Inclusion (HI) gave her a tricycle, which allows her to go without difficulties wherever she wants, meet her friends and participate in the community.

Since Hpawdaw Seng Nan does not require the same level of assistance for her daily activities, her mother can now devote more time to her work.

This intervention was part of the project "Improve the living conditions of persons with disabilities affected by displacements and conflicts in Kachin State, Myanmar", funded by the MHF with $291,600 and implemented by the HI and its local partners: Kachin Baptist Convention (KBC), Kachin Development Group (KDG), and Myanmar Physically Handicapped Association. The project reached 13,213 people, including 1,026 persons with disabilities: 420 men, 465 women, 75 boys and 66 girls.

ACHIEVEMENTS BY CLUSTER / SECTOR

SHELTER / NFI / CCCM



CLUSTER OBJECTIVES

Objective 1: Some 130,000 IDPs receive protection from the elements to support their dignity, security and privacy through provision of non-food-items (NFIs) and emergency, temporary or semi-permanent shelter where appropriate.

Objective 2: Quality of life for some 240,000 IDPs is improved through support management and service provision in IDP camps.

LEAD ORGANIZATIONS

UNHCR

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$2.8M	8	7

TARGETED PEOPLE[1]	WOMEN	MEN
91,695	27,160	22,178
	GIRLS	BOYS
	21,563	20,794

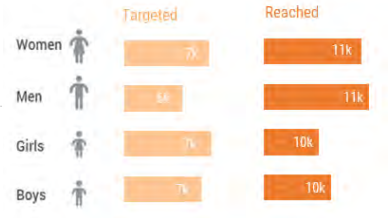
In 2020, the MHF provided 30 per cent of the funding received by the Shelter/NFI/CCCM Cluster against the HRP. In terms of actual funding ($2.8 million), this means a decrease of 5 per cent from 2019.

Shelter construction and renovation support followed by maintenance training were provided to newly displaced people in Rakhine and existing displaced people in Kachin, northern Shan and Chin states. They also received essential non-food items. Camp management committees were also supported to provide dignified living standards to people living in displacement sites. Capacity-strengthening improved the skills of camp managers and camp management committees.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2018	$1.5M	5	4
2019[1]	$1.4M	5	5

PEOPLE TARGETED	
27K	
PEOPLE TARGETED	
41K	



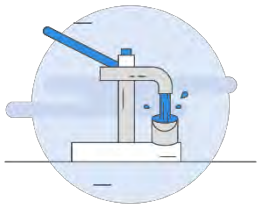
OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of displaced people with access to temporary shelter in accordance with minimum standards	*Women*	4,284	5,415	126%
	Girls	4,003	1,958	49%
	Men	3,856	2,442	63%
	Boys	3,742	4,435	119%
Number of displaced people in camp/camp-like settings who had equitable access to basic services	*Women*	3,034	2,733	90%
	Girls	2,168	2,102	97%
	Men	2,400	2,304	96%
	Boys	2,219	2,152	97%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of displaced people with access to non-food items in accordance with minimum standards	*Women*	3,985	6,535	164%
	Girls	3,813	2,647	69%
	Men	3,470	6,172	178%
	Boys	3,657	5,311	145%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year. For explanation of data see page 6.

ACHIEVEMENTS BY CLUSTER / SECTOR

WASH



CLUSTER OBJECTIVES

Objective 1: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to safe/improved drinking water meeting demand for domestic purposes, at minimum/agreed standards.

Objective 2: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to functional excreta disposal systems.

Objective 3: Close to 528,000 crisis-affected people have equitable, inclusive and safe access to hygiene items and community-tailored messages, enabling health seeking behavior.

Objective 4: Close to 69,000 crisis-affected people have access to integrated/mainstreamed WASH services, on the basis of risk-sensitive programming and consultation with communities.

Objective 5: Some 38,600 crisis-affected people in temporary health facilities and temporary learning spaces have access to integrated/mainstreamed WASH services.

LEAD ORGANIZATIONS

UNICEF

Allocations in 2020

ALLOCATIONS	PROJECTS	PARTNERS
$1.7M	10	9

TARGETED PEOPLE[1]	WOMEN	MEN
75,991	23,785	19,836
	GIRLS	BOYS
	16,592	15,778

In 2020, the MHF provided 9 per cent of the funding received by the WASH Cluster against the HRP. In terms of actual funding ($1.7 million), this means a decrease of 17 per cent from 2019.

Both displaced people and some affected host communities received clean and safe water thanks to the Fund's support of emergency water supply, water filter and treatment. The MHF also supported improvements of sanitation infrastructure, such as latrines, handwashing stations, bathing stations, together with basic hygiene awareness, hygiene kit distribution and waste management support.

Results reported in 2020

ALLOCATIONS		PROJECTS	PARTNERS
2018	$0.7M	4	4
2019[1]	$0.7M	4	3

PEOPLE TARGETED
58K
PEOPLE TARGETED
75K

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who benefited form safe/improved drinking water	*Women*	9,156	8,264	90%
	Girls	6,808	7,391	109%
	Men	7,319	6,923	95%
	Boys	6,695	7,316	109%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who benefied from a functional excreta disposal system, reducing safety, public health and environmental risks	*Women*	3,823	11,475	300%
	Girls	5,878	6,419	109%
	Men	3,443	8,948	260%
	Boys	5,852	6,326	108%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people who received regular supply of hygiene items	*Women*	1,712	3,673	215%
	Girls	1,367	2,904	212%
	Men	1,488	3,161	212%
	Boys	1,279	3,214	251%

OUTPUT INDICATORS		TARGETED	ACHIEVED	%
Number of people reached by regular dedicated hygiene promotion and behavior change activities	*Women*	8,124	2,058	25%
	Girls	5,580	3,543	63%
	Men	1,531	1,989	130%
	Boys	4,190	2,589	62%

1 Results are based on 2020 data and may be underreported as implementation of projects and project-level reporting often continues into the subsequent year.
For explanation of data see page 6.

Ndup Yang displacement site (NGCA) Sumprabum Township, Kachin State. Credit: KBC

Mali Ja Lawt's story: "The fear of water being insufficient has gone"

Mali Ja Lawt, 39, a small shop owner and mother of four, has struggled with water accessibility in Ndup Yang displacement camp, in Sumprabum Township in Kachin State, where she arrived in 2015, after fleeing from her village of origin due to armed conflict.

Around Ndup Yang camp, there are several of sources of water, but they could not be used for drinking or cooking because they were contaminated with animal excreta and other substances. To solve this situation, Mali Ja Lawt got involved in the camp activity to install pipes facilitating to carry water from the stream. There was simply not enough water, and long lines to collect it, forcing residents to reduce their water consumption. This had an impact on personal hygiene and health, causing abdominal pain, diarrhea and other water-borne diseases.

The construction of a gravity flow water system in the camp, was a life changer for Mali Ja Lawt, who no longer has to walk far to fetch water, or ration consumption. She and her children now rarely suffer from diarrhea and other related diseases. Her family's hygiene practices have improved and she can use the water from the gravity flow system to do laundry and prepare food. She even has water for her small garden.

This intervention was part of the multi-sector project "Comprehensive Emergency Response and Durable Solution for Prolong conflict affected between men, women, boys and girls who are living in Government Controlled Area and Non-Government Controlled Area in Kachin State" funded by MHF with $794,000 and implemented by the local NGO Kachin Baptist Convention (KBC). The project reached 19,300 people, including 4,240 girls and 3980 boys, and 6,170 women.

MHF 2020 ANNUAL REPORT

ANNEXES

Annex A	About the Myanmar Humanitarian Fund
Annex B	Allocation by recipient organization
Annex C	MHF funded projects
Annex D	MHF Advisory Board
Annex E	Acronyms & abbreviations

ANNEX A

ABOUT THE MYANMAR HUMANITARIAN FUND

MHF basics

The MHF is a multi-donor country-based pooled fund (CBPF) established in 2007 to support the timely allocation and disbursement of donor resources to address the most urgent humanitarian needs and assist vulnerable people in Myanmar.

The MHF is a crucial tool to enable timely, coordinated and effective humanitarian response in Myanmar. It is distinguished by its focus, flexibility, the ability to boost response through targeted allocations and its contribution to strengthening humanitarian coordination and enabling leadership in Myanmar.

The Humanitarian Coordinator (HC) for Myanmar oversees the Fund and decides on the MHF funding allocations. The HC is supported by the UN Office for the Coordination of Humanitarian Affairs (OCHA) that manages the Fund on a day-to-day basis, the MHF Advisory Board and the Myanmar sectoral coordination structure, through cluster and sector coordinators and the Inter-Cluster Coordination Group (ICCG).

What does the MHF fund?

The MHF funds activities that have been prioritized as the most urgent and strategic to address critical humanitarian needs in the country in close alignment with the Myanmar Humanitarian Response Plan (HRP), and funds interventions in support of immediate response to the sudden onset crises or at the time of rapidly deteriorating humanitarian conditions in the country. The Fund complements integrated allocations, pooling together other funds when relevant, i.e. at the global level through the CERF.

Who can receive MHF funding?

The Fund channels funding to eligible national and international non-governmental organizations (NGOs), United Nations agencies, funds and programmes operational in Myanmar, and Red Cross/Red Crescent Movement.

MHF funds are channelled through partners that are best placed to deliver prioritized activities in accordance with the agreed strategy and humanitarian principles in a timely and effective manner.

To be eligible to receive MHF funding, NGOs need to undergo a rigorous capacity assessment to ensure they have in place the necessary structures and capacity to meet the Fund's robust accountability standards and efficiently implement humanitarian activities in Myanmar.

Who sets the Fund's priorities?

Every year, the HC, in consultation with the Advisory Board (AB) defines the MHF Annual Strategy. This document outlines the main objectives of the Fund including the operating principles, areas of focus and donor contribution targets. Specific allocations are based on the Annual Strategy and the real-time assessment of the severity of needs, underpinned by vulnerability data and needs analysis. The HC, in consultation with the AB and upon recommendation by the ICCG, decides on the most critical needs to be funded. Cluster and sector coordinators work with their sub-national counterparts and partners to define the MHF cluster/sector-specific priorities in prioritized geographical areas, which are reflected in individual allocation strategies.

How are projects selected for funding?

The MHF has two allocation modalities:

Standard Allocation: Funds are usually allocated twice a year, in line with the Myanmar HRP, based on the strategy that identifies the highest priority needs underpinned by vulnerability data and needs analysis. The strategy is developed by the ICCG, approved by the HC and endorsed by the AB. It forms the basis for individual project submissions. Project proposals are prioritized within clusters and sectors, vetted through an inter-cluster/sector Review Committee (RC) and then recommended to the AB for endorsement and final approval by the HC.

MHF Reserve: Reserve funds are primarily intended for rapid and flexible allocations of funds in the event of unforeseen emergencies or to address identified gaps. These funds are allocated through individual Reserve Allocations and are usually slightly faster and more geographically or thematically focused. They must be cleared by the inter-cluster/sector Review Committee (RC) before undergoing technical review, endorsement by the AB and final approval by the HC.

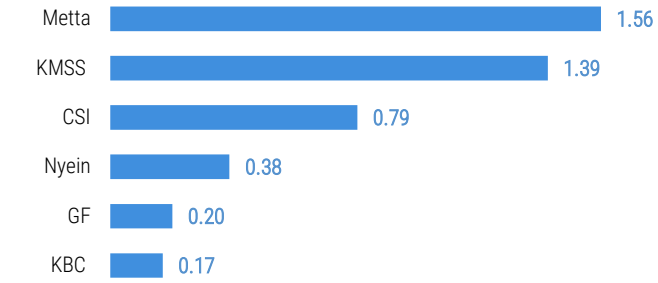
Who provides the funding?

The MHF is funded with contributions from UN Member States, but can also receive contributions from individuals and other private or public sources. From its inception in 2007 up to the end of 2020, the Fund received more than $80 million in contributions, providing life-saving assistance to over 3.5 million people through 205 projects.

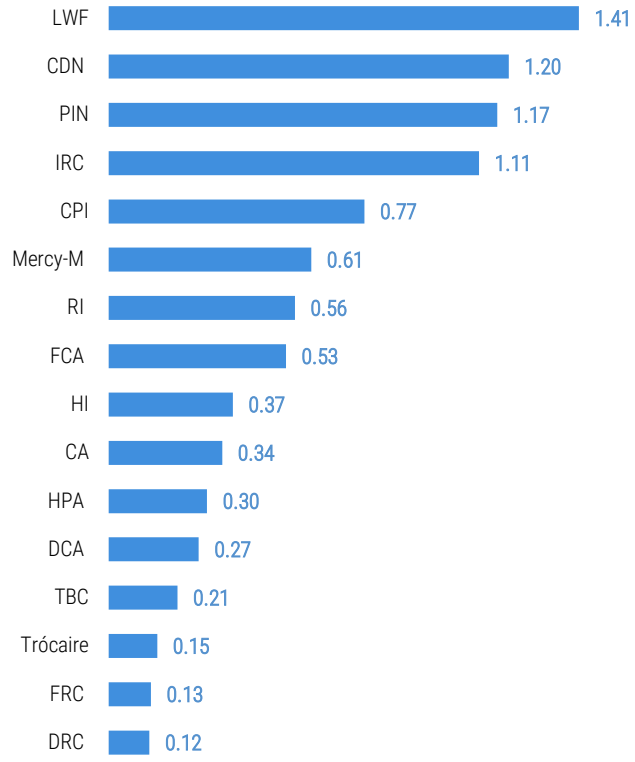
ANNEX B

ALLOCATIONS BY RECIPIENT ORGANIZATION

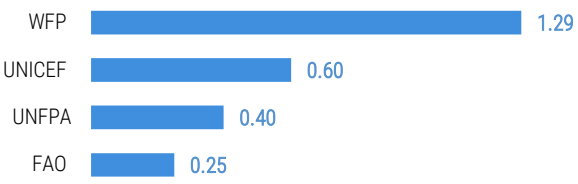
NATIONAL NGOs 4.5M *28%*



INTERNATIONAL NGOs 9.2M *57%*



UNITED NATIONS 2.5M *16%*



ANNEX C

MHF-FUNDED PROJECTS

#	PROJECT CODE	CLUSTER	PARTNER	BUDGET	SUB-PARTNER	LOCATION
1	MM-20/DDA-3415/SA1/ WASH-SNFI-P-FS/INGO/16842	Multisector	CDN	$1,200,000	PIN	Rakhine
2	MM-20/DDA-3415/SA1/SNFI/ INGO/16932	Shelter/NFI /CCCM	CA	$340,576	OBBS	Rakhine
3	MM-20/DDA-3415/SA2/E-FS-H-N-P-WASH/INGO/17854	Multisector	CPI	$196,858	KEHOC	Kayin
4	MM-20/DDA-3415/RA1/ COVID-19/INGO/15799	COVID-19	CPI	$294,750	THC, BPHWT	Kachin, Shan
5	MM-20/DDA-3415/SA1/H-P-E/ INGO/16940	Multisector	CPI	$275,419	THC, TSYU	Shan
6	MM-20/DDA-3415/SA1/FS/ NGO/16801	Food Security	CSI	$296,028		Rakhine
7	MM-20/DDA-3415/RA1/ COVID-19/NGO/15956	COVID-19	CSI	$183,769		Rakhine
8	MM-20/DDA-3415/SA2/E-P/ NGO/17770	Multisector	CSI	$306,115		Rakhine
9	MM-20/DDA-3415/RA1/ COVID-19/INGO/15764	COVID-19	DCA	$270,233	CIDKP, TLMM, HALO	Bago, Kayin
10	MM-20/DDA-3415/SA2/P/ INGO/17761	Protection	DRC	$122,500		Shan
11	MM-20/DDA-3415/SA2/FS/ UN/17826	Food Security	FAO	$249,672	AGE	Rakhine
12	MM-20/DDA-3415/SA1/E-FS/INGO/16807	Multisector	FCA	$531,546	DFSS, EEI	Kachin
13	MM-20/DDA-3415/SA1/P/ INGO/16828	Protection	FRC	$127,022	Htoi	Kachin
14	MM-20/DDA-3415/SA1/E-H-P/NGO/16972	Multisector	GF	$197,270		Chin
15	MM-20/DDA-3415/SA2/N-H/INGO/17750	Multisector	HI	$212,153		Rakhine
16	MM-20/DDA-3415/SA1/P-H-COVID-19/INGO/16806	Multisector	HI	$160,290		Rakhine
17	MM-20/DDA-3415/RA1/ COVID-19/INGO/15982	COVID-19	HPA	$295,285		Kachin
18	MM-20/DDA-3415/SA1/H-P/INGO/16767	Multisector	IRC	$410,508	KBC	Kachin, Shan
19	MM-20/DDA-3415/SA1/H-P-WASH/INGO/16799	Multisector	IRC	$700,000	RCHWA, REC	Rakhine
20	MM-20/DDA-3415/SA2/H/ NGO/17810	Health	KBC	$166,533		Kachin
21	MM-20/DDA-3415/RA1/ COVID-19/NGO/15827	COVID-19	KMSS	$306,603	GF	Chin

#	PROJECT CODE	CLUSTER	PARTNER	BUDGET	SUB-PARTNER	LOCATION
22	MM-20/DDA-3415/SA2/SNFI-E/NGO/17840	Multisector	KMSS	$775,393		Kachin
23	MM-20/DDA-3415/SA2/WASH-E-H-SNFI-P/NGO/17736	Multisector	KMSS	$310,426	TGH	Chin
24	MM-20/DDA-3415/SA2/E/INGO/17832	Education	LWF	$210,000	HI	Rakhine
25	MM-20/DDA-3415/SA1/SNFI-E-WASH-P/INGO/17058	Multisector	LWF	$1,200,000	Arche Nova, MA-UK	Rakhine
26	MM-20/DDA-3415/RA1/COVID-19/INGO/15754	COVID-19	Mercy-M	$225,141		Rakhine
27	MM-20/DDA-3415/SA2/H/INGO/17740	Health	Mercy-M	$382,355		Rakhine
28	MM-20/DDA-3415/SA1/SNFI-FS/NGO/16921	Multisector	Metta	$1,200,000	KRDC	Kachin, Shan
29	MM-20/DDA-3415/RA1/COVID-19/NGO/15772	COVID-19	Metta	$361,365		Kachin, Shan
30	MM-20/DDA-3415/SA1/CCCM-SNFI-WASH/NGO/16803	Multisector	Nyein	$379,428	Trócaire	Kachin
31	MM-20/DDA-3415/SA2/E-WASH/INGO/17828	Multisector	PIN	$336,892	KBC	Kachin
32	MM-20/DDA-3415/SA2/SNFI-CCCM-WASH-N-P/INGO/17788	Multisector	PIN	$828,465	CDN, CERA	Rakhine
33	MM-20/DDA-3415/RA1/COVID-19/INGO/15919	COVID-19	RI	$254,438	SSDF, PHWC, Shan BPHWT, SSYCBC, LTLHC	Shan
34	MM-20/DDA-3415/SA2/H-P-N/INGO/17821	Multisector	RI	$303,903		Shan
35	MM-20/DDA-3415/SA2/E-WASH-FS-H-N-P/INGO/17803	Multisector	TBC	$206,388	KORD, KTWG, KHRG, KDHW	Kayin
36	MM-20/DDA-3415/SA2/WASH/INGO/17751	WASH	Trócaire	$145,742	CHAD, STW, HI	Kachin
37	MM-20/DDA-3415/SA2/P/UN/17843	Protection	UNFPA	$199,190		Kachin, Kayin, Rakhine, Shan, Chin
38	MM-20/DDA-3415/SA1/H-P/UN/16987	Multisector	UNFPA	$198,396	MMA	Kachin
39	MM-20/DDA-3415/RA1/COVID-19/UN/15936	COVID-19	UNICEF	$599,735	OXFAM, CDN, WFP	Chin, Rakhine
40	MM-20/DDA-3415/SA2/CSCS/UN/17883	Common Services	WFP	$300,011		Rakhine
41	MM-20/DDA-3415/RA1/COVID-19/UN/15766	COVID-19	WFP	$990,001	FAO, BRAC, AAM, CPI, Metta, HPA	Countrywide

ANNEX D

MHF ADVISORY BOARD

STAKEHOLDER	MEMBER	ALTERNATE
Chairperson	Humanitarian Coordinator	
NNGO	Myanmar Civil Society Partnership for Aid Effectiveness Development (MCPAD) through the Myanmar NGO Network (MNN)	*MCPAD, through the Local Resource Center (LRC)*
NNGO	Joint Strategy Team (JST) through Metta Development Foundation	*JST, through Karuna Mission Social Solidarity (KMSS)*
NNGO	Myanmar Independent Living Initiative (MILI)	*Centre for Social Integrity (CSI)*
INGO	Action contre la Faim (ACF)	*Arche Nova*
INGO	BRAC	*People in Need (PIN)*
INGO	Première Urgence Internationale (PUI)	*Relief International (RI)*
UN*	FAO / WFP	*UNHCR*
UN*	UN Women / UNFPA	*UNICEF*
UN*	IOM / WHO	
Donor*	Germany / Australia	*New Zealand*
Donor*	United Kingdom / United States	*Switzerland*
Donor*	Sweden / Canada	*Republic of Korea*
Observer*	European Civil Protection and Humanitarian Aid Operations (ECHO) / UNOPS-managed funds	
Observer	Myanmar Red Cross Society (MRCS)	*International Federation of Red Cross (IFRC)*
MHF/OCHA	United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Head of Office	*OCHA, Deputy Head of Office*

* On a rotating basis. For other seats, the member organizations will use alternate representation only if they cannot attend to the Advisory Board meeting.

ANNEX E

ACRONYMS & ABBREVIATIONS

AA	Arakan Army
AAM	Action Aid Myanmar
AB	MHF Advisory Board
ABLDO	Alinn Banmaw Local Development Organization
ACCESS	Access to Health Fund
AGE	Action for Green Earth
BPHWT	Back Pack Health Workers Team
CA	Christian Aid
CBPF	Country-Based Pooled Fund
CCCM	Camp Management / Camp Coordination
CCERR	Community Care for Emergency Response and Rehabilitation
CDA	Community Development Association
CDN	Consortium of Dutch NGO's (CDN)
CERA	Community Empowerment and Resilience Association
CERF	Central Emergency Response Fund
CHAD	Community Health and Development
CIDKP	Committee for Internally Displaced Karen People
CPI	Community Partners International
CSI	Centre for Social Integrity
DCA	Danish Church Aid
DFSS	Dai Fin Social Services
DRC	Danish Refugee Council
ECCD	Early Childhood Care and Development
ECHO	European Civil Protection and Humanitarian Aid Operations
EEI	Ethnic Equality Initiative
EHO	Ethnic Health Organization
EO	OCHA Executive Officer
FAO	United Nations Food and Agriculture Organization
FCA	Finn Church Aid
FRC	Finnish Refugee Council
FRR	Financial Regulations and Rules
GBV	Gender-based violence
GF	Global Family
GMS	Grant Management System
HALO	The HALO Trust
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFU	OCHA Myanmar Humanitarian Financing Unit
HI	Humanity and Inclusion
HNO	Humanitarian Needs Overview
HLP	Housing, Land and Property (Rights)
HPA	Health Poverty Action
HRP	Humanitarian Response Plan
HTOI	Htoi Gender and Development Foundation
ICCG	Inter-Cluster Coordination Group
ICOE	Independent Commission of Enquiry
IDP	Internally displaced person
IFRC	International Federation of Red Cross
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IRC	International Refugee Committee
IYCF	Infant and Young Child Feeding
JST	Joint Strategy Team
KBC	Kachin Baptist Convention
KDG	Kachin Development Group
KDHW	Karen Department of Health and Welfare
KEHOC	Karen Ethnic Health Organization Consortium
KHRG	Karen Human Rights Group
KMSS	Karuna Mission Social Solidarity
KORD	Karen Office for Relief and Development
KRDC	Kachin Relief and Development Committee
KTWG	Karen Teachers Working Group
LIFT	Livelihoods and Food Security Fund Trust
LRC	Local Resource Centre
LTLHC	Loi Tai Li Health Committee
LWF	Lutheran World Federation
MAF	Myanmar Armed Forces
MCPAD	Myanmar Civil Society Partnership for Aid Effectiveness Development
MERCY-M	Mercy Malaysia
METTA	Metta Development Foundation
MHF	Myanmar Humanitarian Fund
MILI	Myanmar Independent Living Initiative
MMA	Myanmar Medical Association

MNN	Myanmar NGO Network
MRCS	Myanmar Red Cross Society
NFI	Non-Food items
NGO	Non-Governmental Organization
NLD	National League for Democracy
NNGO	National Non-Governmental Organization
NRC	Norwegian Refugee Council
NYEIN	Nyein (Shalom) Foundation
OBBS	Organization for Building Better Society
OCHA	Office for the Coordination of Humanitarian Affairs
PDO	Pyoe Development Organisation
PHWC	Pa'o Health Working Committee
PFP	People for People
PIN	People in Need
PLW	Pregnant and Lactating Women
RCHWA	Rakhine Community Health Workers Association
REC	Rakhine Ethnic Congress
RI	Relief International
RMU	Risk Management Unit
SRH	Sexual and Reproductive Health
SSDF	Shan State Development Foundation
SSYCBC	Shan State Youth Capacity Building Centre
STW	Serve the World
TBC	The Border Consortium
TBS	The Best Shelter
TGH	Triangle Génération Humanitaire
THC	Ta'ang Health Committee
TLMM	The Leprosy Mission Myanmar
TSYU	Ta'ang Students and Youth Union
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USA	United States of America
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WLO	Women-led organizations
WRO	Women's rights organizations

MHF Myanmar Humanitarian Fund

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