



MHF Myanmar Humanitarian Fund

MYANMAR HUMANITARIAN FUND

2021

ANNUAL REPORT



## THE MHF THANKS ITS DONORS FOR THEIR GENEROUS SUPPORT IN 2021

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CANADA



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### OTHER DONORS



ACCESS TO  
HEALTH FUND



PRIVATE  
CONTRIBUTIONS  
(THROUGH UNF)

### Credits

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](http://www.unocha.org/Myanmar/about-MHF).

Full project details, financial updates, real-time allocation data and indicator achievements against targets are available at [CBPF DataHub](http://CBPF DataHub).

### About MHF

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### Font Cover

Children participate in home-based psychosocial support activities in a displacement site in Mrauk-U Township, Rakhine State. Credit: People in Need/Thein Zaw, 2021

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## FOREWORD

I am pleased to share with you the 2021 Myanmar Humanitarian Fund (MHF) Annual Report. This report showcases how the Fund helped to address the urgent humanitarian needs of the most vulnerable people in Myanmar, particularly in conflict areas throughout the year. It also summarizes the management and accountability of the Fund against key performance principles. In 2021, the MHF helped more than 880,000 of the most affected people across the country by supporting 45 projects, across the health, water and sanitation, shelter, food, education, and protection sectors. This would not have happened without the generosity of donor partners, who contributed US\$21 million to the Fund throughout the year.

More than half of the funding went to local and national NGOs, including civil society and community-based organizations, who are the closest to the affected communities and have proven their ability to respond to emerging and growing needs since the 2021 military takeover. This is a significant achievement that we are so proud of, and we aim to maintain and strengthen this localized approach over the coming years.

Furthermore, in 2021, the Fund demonstrated its added value and comparative advantage as a funding mechanism that enabled humanitarian partners to respond in hard-to-reach areas and helped mitigate against the effects of COVID-19 on food security, livelihoods, and access to basic services.

Combining flexibility and strategic focus with its robust accountability system, the Fund supported collective prioritization, helped ensure a timely allocation of scarce resources, enabled quality humanitarian interventions, and ultimately strengthened the efficiency of the humanitarian response in Myanmar.

As the conflict continues to rage and more people flee their homes, we will continue to demonstrate the Fund's added value in 2022 by expanding assistance to people with severe needs, especially in areas facing access constraints.

Looking forward, the MHF remains key to supporting the humanitarian response in Myanmar, not least because of its support to local partners and its unique placement within the humanitarian coordination architecture to facilitate activities under the 2022 Humanitarian Response Plan (HRP).



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**RAMANATHAN BALAKRISHNAN**  
Humanitarian Coordinator a.i. for Myanmar





School kit distribution in Paletwa Township, Chin State

© Global Family

“

**MHF is a critical tool that supports  
localization and partnership with both  
local and international NGOs.**

”

RAMANATHAN BALAKRISHNAN  
HUMANITARIAN COORDINATOR A.I. FOR MYANMAR

# 2021 in Review

## HUMANITARIAN CONTEXT

### HUMANITARIAN RESPONSE PLAN

*To cover emerging needs outside the original scope of the response, the humanitarian community released an addendum to the 2021 HRP in July 2021. This Interim emergency response plan (IERP) highlighted the significant increase in people requiring assistance in new areas of the country.*



**3M**

**PEOPLE IN NEED**  
(HRP & IERP)



**3M**

**PEOPLE TARGETED**  
(HRP & IERP)



**\$385.6M**

**FUNDING REQUIREMENT**  
(HRP & IERP)

### Humanitarian situation in 2021

In 2021, Myanmar faced an unprecedented political, socioeconomic, health, human rights and humanitarian crisis with needs escalating dramatically following the military takeover on 1 February and a severe third wave of COVID-19. The expansion of the conflict into areas that were previously peaceful and clashes between Myanmar Armed Forces (MAF) and People's Defence Forces (PDF) increased displacement and drove worsening needs. Civilians endured hostilities and insecurity, with hundreds of thousands displaced and vast swathes of the country affected by the destruction and burning of homes and property.

### COVID-19 pandemic

COVID-19 cases and related deaths reached their peak in July of 2021 and declined for the remainder of the year. By the end of 2021, slightly over 531,000 confirmed cases were reported, with more than 19,200 fatalities. Testing was extremely limited, suggesting that cases were likely to have been significantly undercounted. The health, social and economic impacts of this third wave were devastating with the country struggling to cope with the combined shocks of the pandemic and the military takeover within six months. Low vaccination rates at the time of the third wave were a contributing factor. Vaccinations for those on the priority list, including senior citizens aged above 65, healthcare workers and volunteers, resumed in December across many parts of the country. By the end of November 2021, slightly over 28.7 million vaccine doses had been administered. Overall, access to health facilities remained challenging with the Civil Disobedience Movement seeing medical staff and patients boycott public facilities and significant gaps in alternative services. Aid partners supported access to care for COVID-19 and other essential services while sustaining life-saving humanitarian operations.

### Internal displacements

The number of Internally Displaced Persons (IDPs) within Myanmar rose substantially in 2021. According to the UN, of the 690,000 IDPs in Myanmar as of 27 December 2021, about 52 per cent were women, and 34 per cent were children. Of the total, 320,000 were displaced because of armed conflict and insecurity since 1 February 2021. Most of the new displacement occurred in Myanmar's northwest (Chin, Magway, and Sagaing) and southeast (Kayah, Kayin, Mon, and Tanintharyi) as well as in Kachin and Shan states. The new IDPs faced terrible conditions—some in camps, some in host communities and others in the jungle, without adequate food, shelter, sanitation, and medical care. The new IDPs are in addition to the 346,000 people already displaced in Kachin, Kayin, Rakhine and Shan states before February 2021. By the end of 2021, more than 19,000 people had crossed the borders into neighbouring countries since February 2021.

### Security and access constraints

COVID-19 restrictions, limited availability of cash and supplies as well as road blockages due to armed conflict challenged the delivery of humanitarian aid. At the same time, increasingly slow and complex bureaucratic processes, including delays and denials of Travel Authorizations (TAs), the volatile security situation and increased scrutiny of humanitarian supplies and personnel, delayed the delivery of assistance. Humanitarian workers partnered with local civil society organizations (CSOs) and community-based organizations (COBs) to sustain life-saving responses in isolated areas that larger international actors could not reach.

### People in need

Across the country, three million people needed assistance and protection 2021. This included one million people identified in the original [2021 Humanitarian Response Plan](#) (HRP) and another two million people subsequently identified in the [Myanmar Interim Emergency Response Plan](#) (IERP) in the wake of the February military takeover.

The total requirement for the two plans amounted to US\$385.6 million (HRP 2021 at \$276.4 million and IERP 2021 at \$109.2 million). By December, the response plans were collectively 64 per cent funded at \$246 million. Donors' contributions to the MHF represented 8.5 per cent of the funding secured against both response plans combined.

## VISION STATEMENT

In 2022, the people of Myanmar are facing an unprecedented political, human rights and humanitarian crisis that is now posing grave protection risks for civilians, limiting access to services and driving deeper food insecurity. Following the military takeover in February 2021, conflict is now raging in many parts of the country previously considered safe, prompting a surge in displacement. The aftermath of the COVID-19 pandemic continues to drive a health, social and economic crisis.

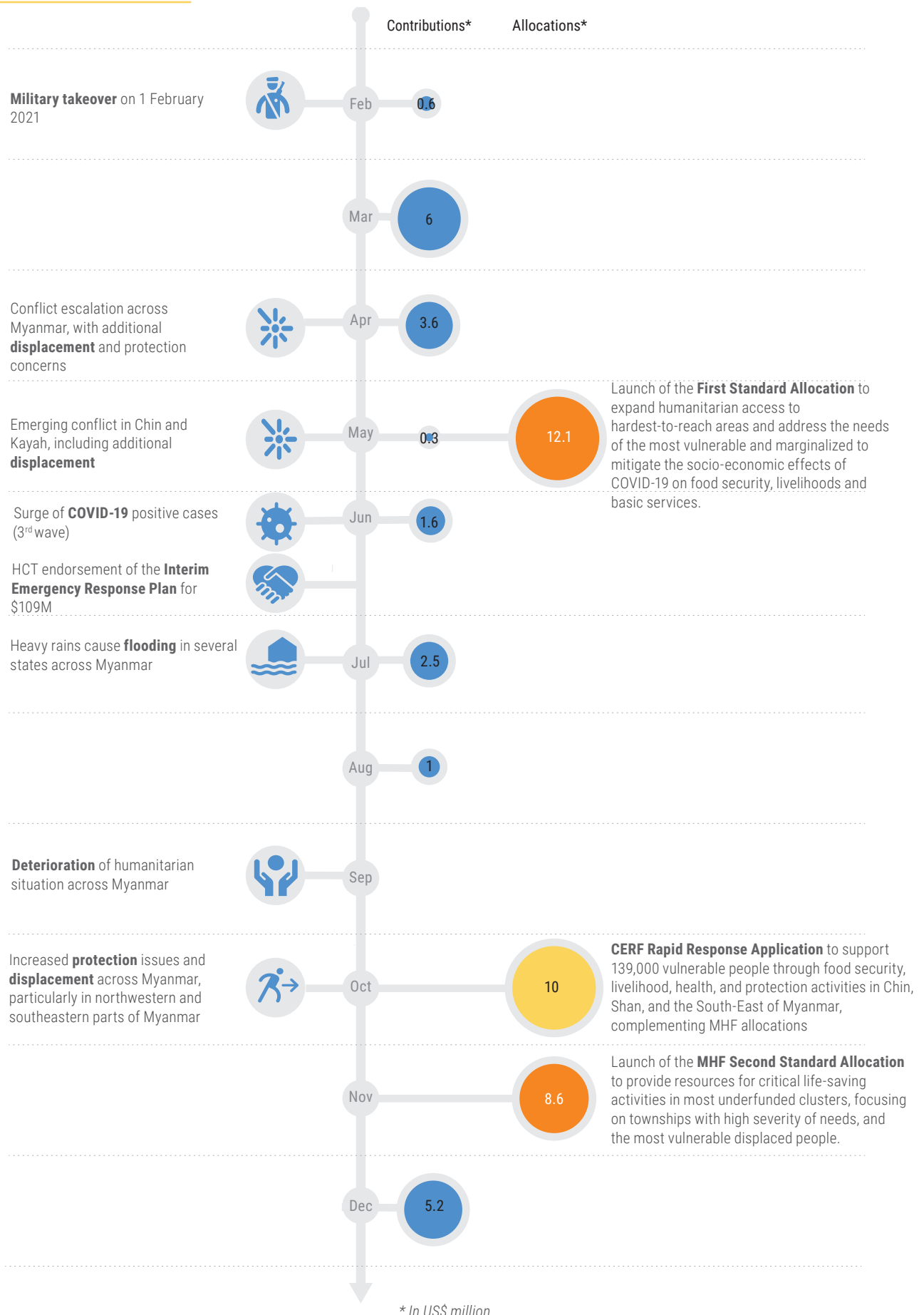
In addition to new displacement, the current situation has worsened pre-existing vulnerabilities, particularly for people living in protracted displacement. Humanitarians estimate that in 2022 14.4 million people need humanitarian assistance. Humanitarian organizations aim to reach a record 6.2 million people.

In 2022, the MHF will focus on expanding assistance to people with severe needs, especially in areas facing access challenges. Since the military takeover, humanitarian organizations have faced increasingly severe access constraints. This is resulting in national and local partners taking on an increasing share of the response.

This deepening network of local organizations is assisting communities by leveraging their relationships, access, and local knowledge to improve the response to people in need. In 2022, the MHF is exploring ways to increase support to national and local partners so that they can continue this life-saving work.



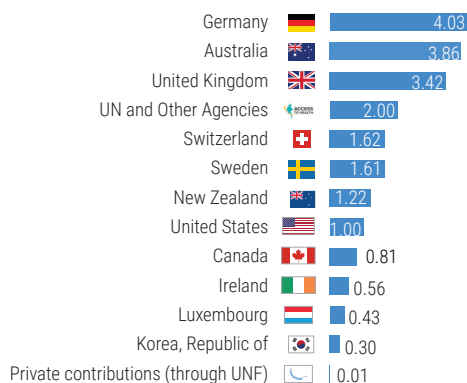
## 2021 TIMELINE



## 2021 IN NUMBERS



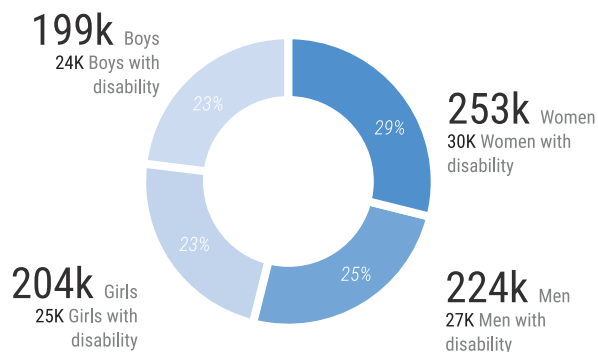
**\$21M**  
CONTRIBUTIONS



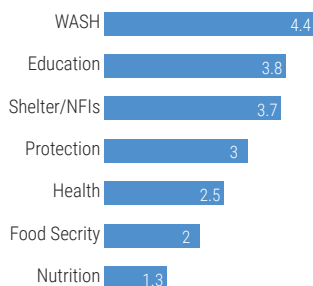
**880k**  
PEOPLE ASSISTED



**106k**  
PEOPLE WITH DISABILITY ASSISTED



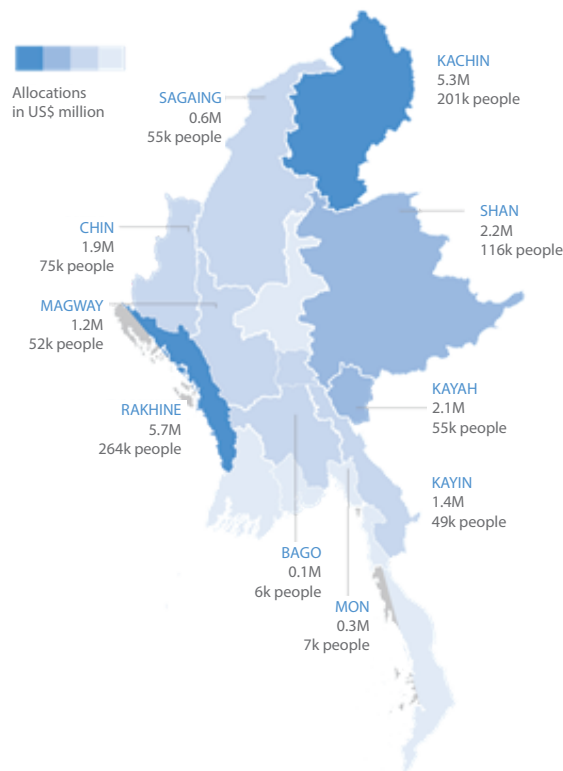
### ALLOCATIONS BY CLUSTER



**\$20.7M**  
ALLOCATIONS

**880k**

PEOPLE ASSISTED \* \*\*



\* The Annual Report will use the number of people targeted as a proxy for the number of people reached and henceforth the term people assisted will be used. This approach allows for more timely global reporting as the final data on people reached only becomes available over a year after the allocation of CBPF funds. The reported outcomes will be available on the <https://cbpf.data.unocha.org/> and the CBPFs will continuously monitor if targets are reached."

\*\* Figures for people assisted may include double counting as people often receive aid from multiple cluster/sectors. The maximum methodology was applied by the Myanmar Humanitarian Fund to estimate the number of people assisted in 2021. This means that for each admin level 3 (township), the cluster/sector that targeted the maximum number of people is used as the total number of people assisted.

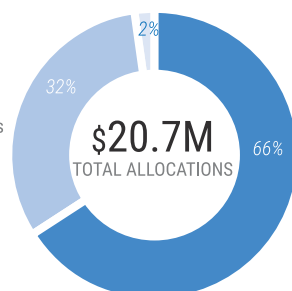


**31**  
PARTNERS

**45**  
PROJECTS

**\$6.6M**  
National NGOs  
8 Partners  
14 Projects

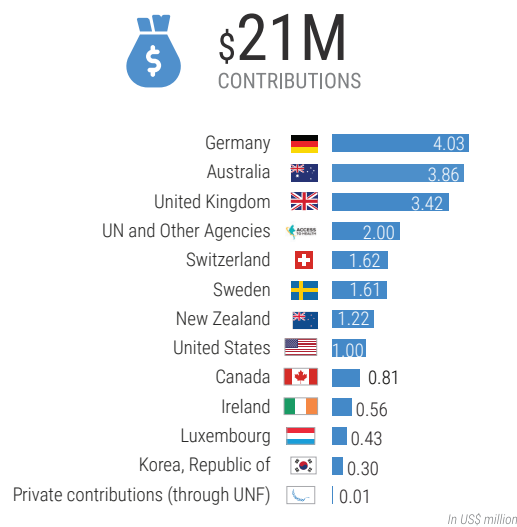
**\$0.4M**  
United Nations  
1 Partner  
1 Project



**\$13.7M**  
International NGOs  
22 Partners  
30 Projects

# Donor contributions

## DONOR CONTRIBUTIONS

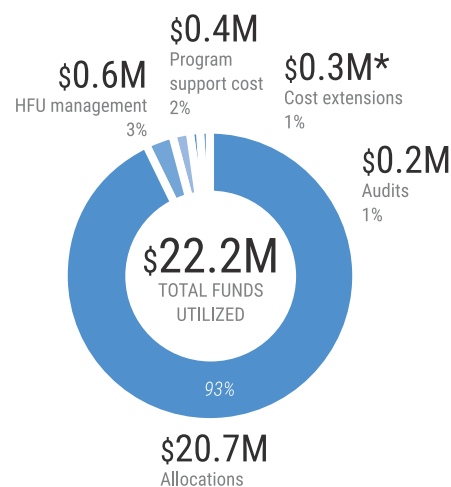


In a continued demonstration of trust and support for the MHF, donors increased their contributions to \$21 million in 2021, the largest total pool of funding since 2007 when the Fund was established. Contributions reached 68 per cent of the \$30.9 million target set for 2021 which is equal to 15 per cent of the total HRP funding received in 2020.

The generous funding came from 11 Member States, the UN and other agencies, and private contributions through the UN Foundation. Donors provided more than half (58 per cent) of the total contributions during the first half of the year, enabling a larger first allocation in May. Most (about 70 per cent) of the contributions were from five donors that have multi-year agreements with the MHF. Ireland became the newest donor to the Fund.

The contributions allowed the MHF to support 31 humanitarian partners and 52 sub-partners who implemented 45 urgent and life-saving projects that assisted 880,000 people in Myanmar.

## UTILIZATION OF FUNDS



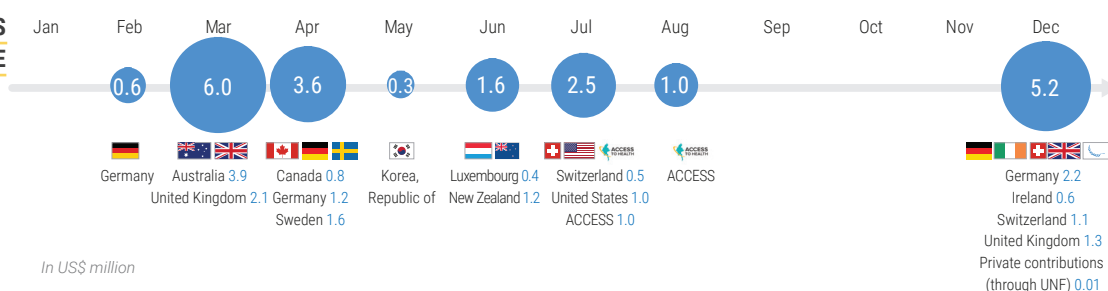
Top-up contributions in December from Germany (\$2.3 million), the United Kingdom (\$1.3 million), Switzerland (\$1.1 million), and an allocation from Ireland (\$0.56 million) made it possible to increase the total Second Standard Allocation to \$8.6 million from an initial \$4 million.

On 30 October, a CERF Rapid Response application of \$10 million was approved by the USG/ERC. This grant aimed to support 139,000 vulnerable people through food security, livelihood, health, and protection activities in Chin, Shan, and the southeast of Myanmar, complementing MHF allocations.

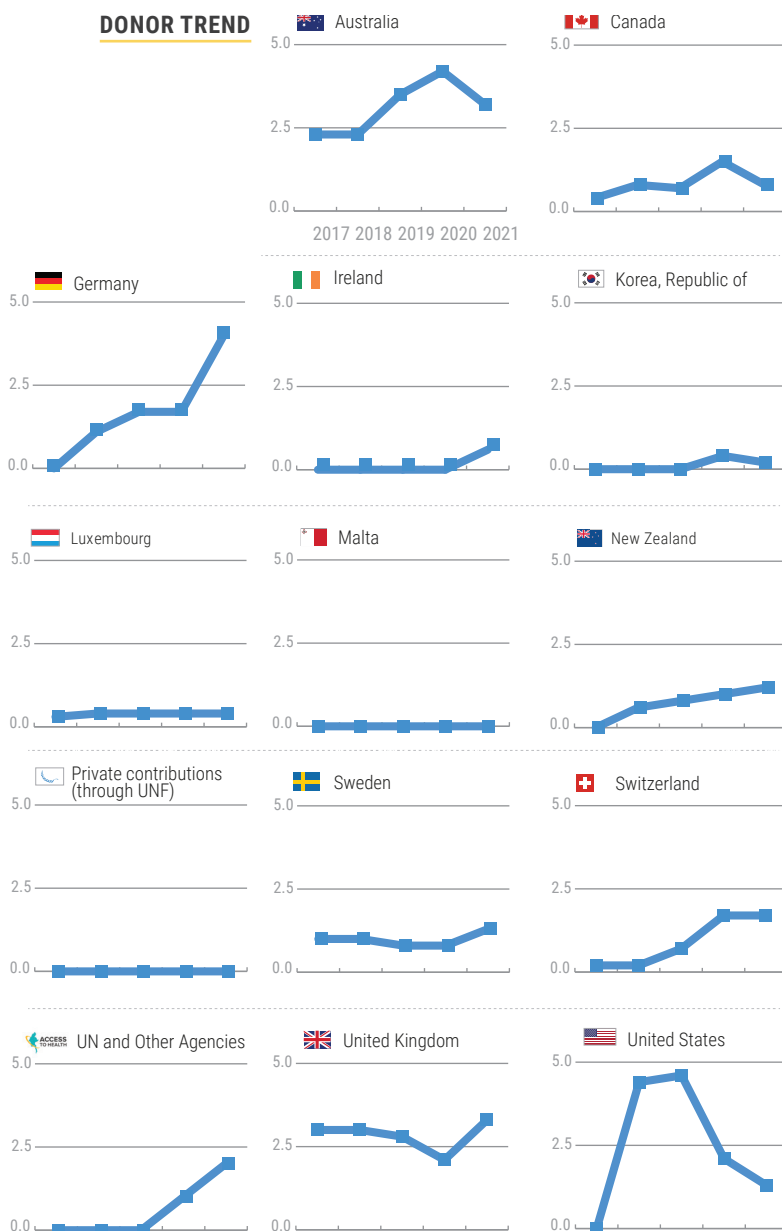
\* These were cost extensions of projects from 2020 and 2019 allocations.



## CONTRIBUTIONS TIMELINE



## DONOR TREND



### Donor trend

Overall contributions to the Fund increased significantly from \$16.7 million in 2020 to \$21 million in 2021. The Fund has been gradually expanding its donor base, from 7 donors in 2017 to 10 in 2018, 9 in 2019, 12 in 2020 and 13 in 2021. Five of the current donors - Australia, Germany, Sweden, Switzerland, and the United Kingdom - have provided financial contributions through multi-year funding agreements.

From 2017 to 2018, donor contributions almost doubled. Thereafter, the contributions increased annually, and the contributions nearly tripled between 2017 and 2021. The Access to Health Fund - a UNOPS-managed pooled fund in Myanmar which contributed \$1 million to the MHF starting from 2020 to support the COVID-19 response - doubled its contribution in 2021 to \$2 million.

Between 2017 and 2021, the Fund received \$76 million in contributions. About 75 per cent (\$57 million) was provided by the top five donors: Australia, the United Kingdom, the United States, Germany, and Sweden. The two top donors were Australia and the United Kingdom, which provided 41 per cent (\$31 million) of the overall funding over these five years.

The 2021 contributions to the MHF accounted for 8.5 per cent of the total funding secured for the Myanmar HRP and IERP.

For contributions in 2022, the MHF Advisory Board set a goal of \$37 million, representing 15 per cent of the funding (\$246 million) received against the HRP and IERP in 2021.

## DONORS WITH MULTI-YEAR CONTRIBUTION AGREEMENTS

Australia	\$3.9M	2019 - 2022
United Kingdom	\$2.1M	2015 - 2021
Switzerland	\$1.6M	2019 - 2021
Sweden	\$1.6M	2021 - 2022
Germany	\$0.6M	2020 - 2021

# Allocations overview

## STRATEGIC STATEMENTS

### First Standard Allocation: Addressing the needs of the most vulnerable, including in hard-to-reach areas

The February 2021 military takeover saw a worsening of the humanitarian situation in Myanmar, increasing the severity of needs and the number of people affected. This came at a time when the existing requirements identified earlier in the 2021 HRP remained underfunded.

The MHF launched a \$12.1 million allocation in May 2021 to expand humanitarian access to the hardest-to-reach areas and locations outside the control of the de facto authorities, while addressing the needs of the most vulnerable and marginalized, including people with disabilities and ethnic and sexual minorities. Chin, Rakhine, Kachin and Shan states and the southeast were prioritized. Supported projects mitigated against the effects of COVID-19 on food security, livelihoods, and basic services.

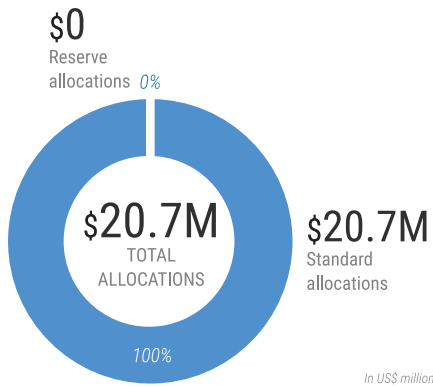
### Second Standard Allocation: Bolstering the response and strengthening civil society organizations

By November 2021, the humanitarian situation deteriorated sharply across Myanmar because of growing conflict and insecurity, COVID-19, and a failing economy. Increasing numbers of people fled their homes due to violence, bringing the number of newly displaced people since the military takeover to 223,000. The number of people in need of life-saving assistance increased from one million at the beginning of the year to more than three million. The MHF launched a \$4 million allocation in November to provide resources for critical life-saving activities. The Fund prioritized the most underfunded clusters, locations with the most severe needs, and the most vulnerable displaced people. The allocation aimed to strengthen the role of civil society organizations in the response in a bid to expand access. With the receipt of additional donor contributions after the launch and given high levels of need, the Fund expanded the allocation envelope to \$8.6 million.

## 2021 ALLOCATIONS

Amount	Category	Launch month
\$12.1M	First Standard allocation	May 2021
\$8.6M	Second Standard allocation	November 2021

## ALLOCATIONS BY TYPE

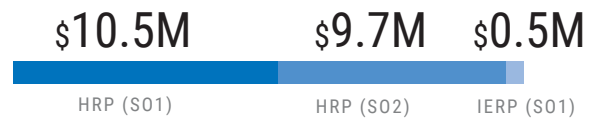


## ALLOCATION BY STRATEGIC FOCUS

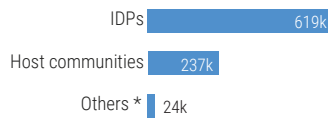
**HRP (S01)** The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021

**HRP (S02)** Living standards of 886,000 people affected by conflict or disasters in targeted locations are improved and their resilience is strengthened in 2021

**IERP (S01)** Address immediate food and nutritional needs and prevent excess morbidity and mortality through the continuity of essential services in areas with emerging needs

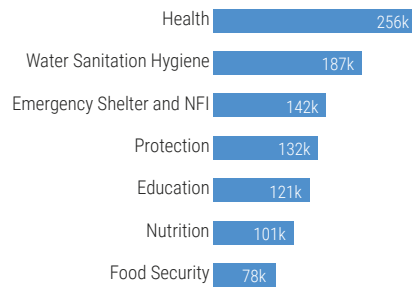


## PEOPLE ASSISTED BY TYPE

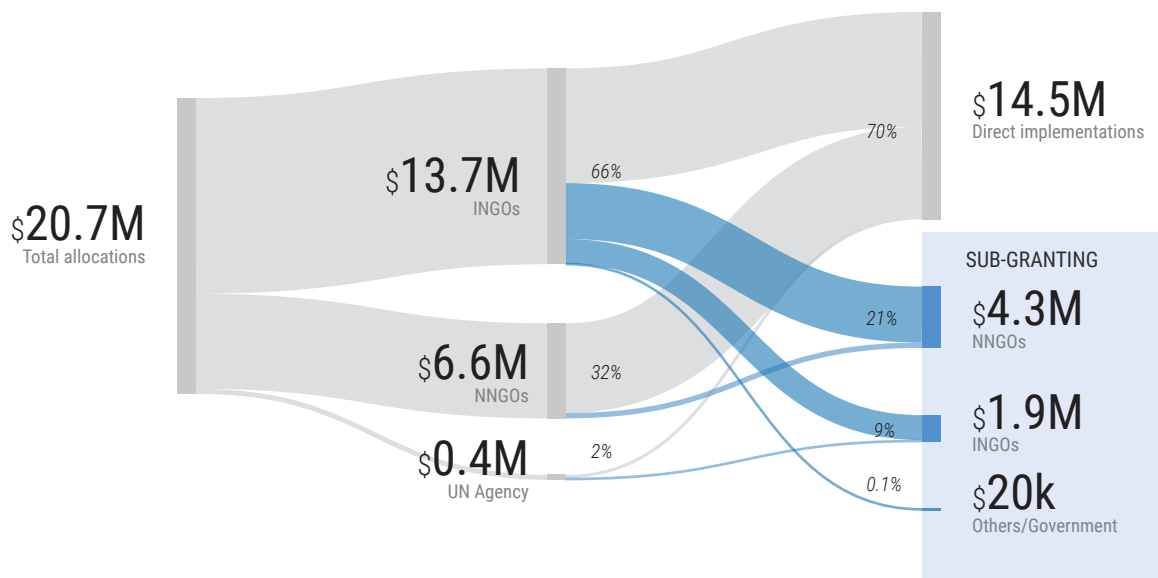


\* Others are humanitarian workers provided with Covid-19 related support and conflict-affected communities that were under either short-term displacement or threat of displacement.

## PEOPLE ASSISTED BY CLUSTER



## ALLOCATION FLOW BY PARTNER TYPE





## HIGHLIGHTED ACHIEVEMENTS

### PROMOTING LOCALIZATION

In line with the World Humanitarian Summit and Grand Bargain commitments on localization, the MHF provided flexible funding to local front-line responders in 2021. The COVID-19 pandemic and the political crisis affected the direct implementation of MHF-funded projects and led partners to work more with community-based organizations (CBOs) to ensure access to affected people and continue humanitarian activities. In some cases, this engagement with communities was done through community volunteers.

The Fund supported CBOs, including through sub-partners, to respond to critical humanitarian needs. The Fund supported CBOs who had an active presence and demonstrated access to affected people in priority areas with emerging needs. The MHF encouraged organizations to partner equitably with local and national organizations to ensure that all partners and sub-partners involved in the implementation brought added value to the design, implementation, management and monitoring of the activities.

To facilitate localization, the MHF promoted the decentralization of decision-making to the local level, with greater engagement, representation, and participation of local and national organizations. For example, the inclusion of local organizations in the MHF Advisory Board as a separate constituency (3 seats since 2020).

The MHF conducted tailored learning activities, including awareness sessions, for local partners in April and November 2021 and ensured the translation of key documents to local languages. In October 2021, the MHF joined the HC in participating in a Deep Event Session on localization and flexibility, organized by the OCHA Country-Based Pooled Fund Section (CBPFS) in New York at the request of the Pooled Fund Working Group (PFWG).

By the end of 2021, the MHF had provided \$10.6 million directly or indirectly to national NGOs, 51 per cent of the total \$20.7 million funding allocations, exceeding the World Humanitarian Summit's target of 25 per cent and the Grand Bargain commitments on localization. The amount to national NGOs increased by 54 per cent from \$6.9 million in 2020. The amount of funding that went directly to national

NGOs was 32 per cent (\$6.6 million). Six of the 11 eligible partners in 2021 were local NGOs, including 3 women's organizations.

Lastly, the MHF specifically focused on strengthening women-led organizations, enhancing the collaboration with the recently established Women's Peace & Humanitarian Fund (WPHF), which is managed by UN Women as part of its National Steering Committee. This action ensured proper coordination between the MHF and WPHF in reinforcing the institutional and response capacity of women-led organizations and women's rights organizations across the humanitarian action.

### EFFECTIVE PROGRAMMING

#### KEY PRINCIPLES FOR INCLUSIVE PROGRAMMING

##### **Strengthening Accountability to Affected People**

The MHF encouraged partners to ensure accountability to affected people and their meaningful participation in planning and decision-making. Partners were encouraged to pay particular attention to people's specific vulnerabilities linked to age, gender, disabilities, or other diversities such as ethnic background, sexual orientation and gender identity.

The MHF allocated \$1.4 million, or 7 per cent of the total funding in 2021, to promote the participation of affected people through 40 of the 45 funded projects. Examples of funded activities include the establishment of complaint and feedback mechanisms and awareness sessions in IDP camps; capacity-building training related to GBV, PSEA, disability inclusion, AAP for project staff and volunteers; and payment of incentives to community volunteers, camp leaders, and CCCM running costs to facilitate community participation in camp activities. The MHF monitoring activities included interviews with affected communities to collect feedback and inform management decisions. Questions on the functioning of the complaint and feedback mechanisms and PSEA cases are parts of the monitoring questionnaires.

Implementing partners were required to include the following two indicators in all project proposals:

**1. Percentage of affected people who feel informed about the different services available.**

**2. Percentage of affected people who know how and feel comfortable to make suggestions or complaints (including allegations of sexual exploitation, abuse, mistreatment, or harassment) to aid providers.**

Nevertheless, partners, especially local and national NGOs, have faced ongoing challenges in data collection and reporting against the two mandatory indicators and reinforcing capacity on disability inclusion for management and operational staff at field level. To address the issue, the MHF, with the support of the AAP Working Group, organized a "Project Integration of AAP/CE" session during the project design workshop conducted in November 2021 (during the 2021 SA2 allocation). However, the local and national partners need ongoing guidance to design tools/questionnaires to collect data on the AAP indicators.



**\$1.1M**

allocated for disability inclusion including two disability-specific projects amounting to \$0.77M. In total, 106k people with disability were assisted, twice as many as in 2020.

#### **Including Persons with Disabilities**

The MHF worked to promote the inclusion and participation of persons with disability and their representative organizations. For instance, the local NGO, Myanmar Independent Living Initiative (MILI), as a member of the MHF Advisory Board, continued to bring the voice of persons with disability to strategic discussions.

In addition, the MHF worked closely with the Protection Cluster and the international NGO, Humanity & Inclusion, to support partners and sub-partners to support persons with disabilities more effectively and include specific activities during project design and project implementation processes.

All the MHF projects target persons with disability (at least 12 per cent of the total project targeted population) and track their access to humanitarian assistance. The people with disability assisted were 50 per cent higher than 2020. Partners report on a mandatory indicator on their activities for persons with disability to reduce barriers and/or promote increased access to humanitarian assistance. Such activities included providing people with assistive devices, enhancing shelters to make them more disability-friendly, and renovating walking paths make latrines more accessible. OCHA encouraged MHF partners to use disability-inclusion language in line with the UN Disability Inclusion Strategy (UNDIS)

of 2019. The Fund also reinforced the importance of disability-disaggregated data collection and analysis, as well as the use of the Washington Group Questionnaire to identify people with a disability.

## **AREAS OF CONTEXTUAL PROGRAMMING**

### **Enhancing complementarity with the CERF and other funding streams**

The OCHA-managed Central Emergency Response Fund (CERF) and the MHF have a joint planning process to address chronic humanitarian needs and new emergencies. In 2021, OCHA Myanmar facilitated the prioritization and allocation process for \$10 million under the CERF Rapid Response window to support the urgent needs of the most vulnerable people affected by the evolving humanitarian situation since the military takeover.

The MHF increased communication, coordination and information-sharing with donors, partners and other funding mechanisms which, in turn, have ensured complementarity and effective results. For instance, Access to Health and LIFT (UNOPS managed pooled funds) participated in the preparation of the allocation strategies, the project selection process and technical reviews by clusters related to their mandate (food security, health, and nutrition). This strong collaboration with other pooled funds and funding facilities in the country was done while keeping the MHF focus on life-saving activities, safeguarding humanitarian funding for severe humanitarian needs, and promoting joint analysis to avoid duplication, enhance complementarity, and increase efficiency.

As part of its Plan of Action in 2021, the MHF strengthened its collaboration with UN Women, to reach out to more women-led organizations and women's rights organizations. In collaboration with UN Women, the MHF conducted a dedicated session for women-led organizations to raise awareness on how to apply for the MHF.

### **Integrate environmental risk and climate**

Given the causal links between climate change, environmental risk and humanitarian need in Myanmar, the MHF required the integration of environmental risk analysis and mitigation measures in project proposals as one of the selection criteria.

**Strengthen coordination, including with development organizations**

As part of the nexus agenda, OCHA continued strengthening coordination with existing clusters, working groups and sub-national/regional coordination mechanisms, as well as other more development-focused funds and funding mechanisms

(Access to Health Fund, Livelihoods and Food Security Fund, and Women's Peace & Humanitarian Fund, among others) to increase effectiveness of resource allocations in a better, more timely and complementary manner.



Food distribution in Mae Waing Camp, Bilin Township, Mon State  
© Kayin Youth Network



## SECTOR/CLUSTER ACHIEVEMENTS

MHF allocated

**\$3.8M**

to provide **educational** and **learning supplies**, to more than

**58,400** children



More than

**49,000**

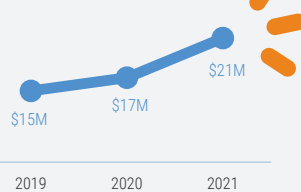
people in need were provided with **in-kind** or **in-cash** food assistance



Increasing assistance to **IDPs living in camps** and in other locations with emerging needs



▲ 25% increase compared to previous year



The MHF contributed

**15%** of total funding to the **Protection Cluster**, benefitting

**132,000** people

Increasing assistance to **IDPs living in camps**

**45** projects were funded in **2021**, the highest since inception of the Fund



**\$252,000**

allocated for **GBV awareness**, benefitting

**45,000** people



**27,000**

children aged 6-59 months received **nutrition** services



Over **70,800** people received **shelter assistance** through **19** projects



The **WASH Cluster** received the highest proportion of MHF, amounting to

**\$4.4M** (21%) through **27** projects



Over **17,800** people were provided with **agricultural** and **livelihood** support

# Lessons learned and best practices

## Supporting partners for a flexible response

The MHF undertook several measures to ensure partners could adjust projects to sudden developments on the ground. This included allocating 4 per cent of each project budget for contingencies and ensuring the availability of cost extensions to support immediate life-saving activities in case of emerging needs.

The Fund approved 37 projects for no-cost extensions for various reasons, including difficulty in accessing funds transferred by the MHF, which were temporarily kept on hold as per Central Bank instructions; limited cash withdrawals from banks; delays in procurement; surges in COVID-19 cases; insecurity in the implementation sites; and inaccessibility due to travel restrictions. This multiplicity of challenges caused the temporary suspension of some activities and many adjustments to the projects. About two-thirds of the approved projects applied for budget revision and/or no-cost extension.

Because of the COVID-19 pandemic and the current insecurity and armed clashes, the Fund conducted audits using a mixed approach of offsite desk reviews of samples and financial processes, and on-site verification of original documents with local auditors, when possible, to mitigate delays that were experienced.

## Challenges in procurement and purchasing project inputs

There were some disruptions in procurement as suppliers demanded cash in-hand and did not accept mobile transfer payments because of the difficulties in accessing cash after the military takeover. Due to withdrawal limitations imposed on bank accounts, staff of some implementing partners were forced to sometimes use their personal bank accounts for transactions and carry huge amounts of cash in remote/difficult areas due to lack of bank

services. Partners also had to keep large volumes of cash in their offices to ensure timely availability for operational purposes, putting them at risk of being targeted by criminal actors. These operational challenges hindered the provision of services and assistance to hard-to-reach areas. Because of the limited access to cash, some cash and voucher assistance (CVA) activities could not be implemented, and partners had to change to in-kind support. In these cases, the MHF made monthly calls with the partners to obtain new updates as part of their monitoring activities and allowed flexibility based on the ground context.

However, more actions should be considered to ensure partners' safety and mitigate against risks. For instance, allowing local cash transfer agent fees to be included under the budget and allowing insurance coverage against the risk of handling large amounts of cash.

## Challenges reporting on inclusion

Partners faced difficulties in reporting on implementing the disability inclusion indicators because of a lack of knowledge on how to identify persons with disabilities. Upon discussion with the Accountability to Affected People and Community Engagement Working Group (AAP/CE WG) on this issue, disability inclusion/identification awareness sessions were conducted for staff of implementing partners and community members. These were also arranged for specific distribution points for persons with disabilities or when doing a home visit. Advice was also provided on how to improve engagement with affected people during this challenging period. While some partners implemented these measures to the extent possible, others could not implement them during the period in review. As a lesson learned, the MHF aims to conduct additional awareness sessions

with the partners and sub-partners before the start of the projects to mitigate any difficulty.

#### Challenges in implementing activities in insecure areas

Organizations faced security risks, particularly in conflict areas, which had a negative impact on the safe delivery of humanitarian assistance. In some instances, locally employed staff were detained by security forces. In areas where conflict was high, partners faced tight inspection by security forces. High staff turnover in the field resulted in inadequate planning and implementation of the activities. The MHF supported partners to respond to emerging challenges due to the evolving operating context by allowing partners to extend NCE periods, reprogram

activities, and encouraging partners to report on access-related incidents to the MHF.

#### Timing of the allocations

The MHF launched its Second Standard Allocation on 16 November 2021, and by mid-December, the Humanitarian Coordinator a.i. gave preliminary approval of the recommended projects. However, because of the holiday season and shortage of staff in December, the selected projects did not start as initially planned and this 2021 funding was not implemented until 2022. As a lesson learned, MHF allocations should avoid coinciding with the holiday season.



Food distribution in Hpare Camp, Chipwi Township, Kachin State  
© Metta Development Foundation



This will improve the quality of their life and their families' lives on the long run



Thet Nwe Soe, a therapist, said.

## PRACTICAL SUPPORT FOR CHILDREN WITH SPECIAL NEEDS



Baby Su Fai Dar Be Be and her mother, at Say Tha Mar Gyi IDP camp in Sittwe township in Rakhine State.  
© Humanity & Inclusion (HI)

Two-year-old Su Fai Dar Be Be and her family live in Say Tha Mar Gyi displacement camp in Sittwe township, Rakhine State.

The child has been a regular visitor to the Integrated Nutrition Center in the camp since she was diagnosed with developmental delays in April 2021. The centre

gave her therapy to improve her motor skills and taught her mother how to do daily exercises with her at home.

“Now, she is communicating well with the family; she can move without struggle, comb her hair, eat alone, and play with her brothers and sisters. The exercises they taught me in the centre were very useful as I felt I could help my daughter when she was struggling,” her mother said.

The Integrated Nutrition Center is run by Humanity & Inclusion and is supported by the MHF. The project supports children with physical impairments in three Integrated Nutrition Centers that Action Against Hunger operates in Sittwe in Rakhine State. These centres provide nutrition support to children suffering from severe acute malnutrition (SAM) and their families across four IDP camps, four Muslim villages, and six Rakhine villages. The needs of children with developmental delays are addressed by trained physiotherapists like Thet Nwe Soe, who says early intervention is the key.

“Early identification and subsequent stimulative physical therapy intervention play a central role in ensuring children with developmental delays achieve their potential for physical independence by minimizing the effect of their existing impairments or further development of disabilities. This will improve the quality of their life and their families' lives in the long run.”

Like most families in the camp, Su Fai Dar Be Be's parents could not have afforded the specialized health services she received free of charge through the Integrated Nutrition Center with help from the MHF.

Say Tha Mar Gyi IDP camp is home to more than 14,700 Rohingya people, still displaced after the intercommunal violence in 2012. More than 134,400 Rohingya people remain displaced in camps or camp-like settings across Rakhine State.



# Fund performance

The MHF uses a set of indicators to assess how well the Fund performs in relation to the policy objectives and operational standards set out in the CBPF Global Guidelines. This common tool and methodology enable management and stakeholders involved in the governance of the Funds to identify, analyze, and address challenges in developing 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.*

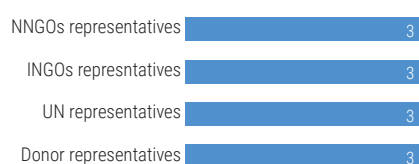
#### Target

Under the current membership of the MHF Advisory Board (12 members and 2 observers, excluding the HC and OCHA), each key constituency (UN, donors, INGOs, NNGOs) has three 3 seats in each meeting.

#### Results

**Score scale: Very High.** There was full and equal participation of constituencies: NNGOs, INGOs, UN Agencies, donors, observers (3 seats each, 2 seats for observers) and the HC chaired the meetings. The Local Resource Centre (LRC) — a local women-led organization, one thematic expert on gender (UNWomen) and one disability-focused organization (MILI) were part of the Advisory Board.

#### COMPOSITION OF ADVISORY BOARD



#### Analysis and follow-up

In 2021, the Advisory Board was comprised of 12 seats equally distributed among four constituencies: local and national partners, international NGOs, UN agencies and contributing donors. Two other seats were reserved for observer organizations, including non-contributing donors and funding mechanisms, and the Red Cross/Red Crescent Movement. Two local NGOs, LRC and MILI, represented women-led

organizations and provided disability expertise respectively in the AB while UNWomen brought a women's rights and empowerment perspective.

The board membership was renewed following a participatory and transparent process led by the NGO forum, INGO forum, and heads of UN agencies. The HC chaired the Advisory Board meetings. The representation for each Board seat had two modalities: Either a permanent member with an alternate who represents the seat in case of unavailability of the member; or two permanent members who represent the seat on a rotating basis, including the possibility to have an alternate in case both permanent members are not available for participation in a meeting. The members were engaged in strategic discussions about the direction of the Fund.

There were three meetings in 2021, including two regular meetings and one ad hoc meeting. There was an ad-hoc meeting on 17 March to discuss the consequences of the political crisis for MHF activities and to discuss and endorse the Flexibility Guidance, the revised Risk Management Framework, with mitigation measures, and the MHF Engagement Principles with the de facto authorities.

Despite COVID-19 related movement restrictions, all constituencies were able to engage in the Advisory Board via technology-aided remote meetings and bilateral communications throughout the year.

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

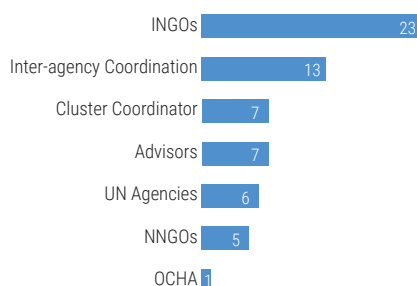
Equitable representation is maintained during the strategic and technical review processes to ensure balanced representation in sectoral committees from NNGOs, INGOs and UN agencies (minimum of 20 per cent each), aside from the cluster/sector coordinators, advisors and the MHF team.

#### Result

**Score scale: Medium:** The review committees had unequal representation per constituency. INGOs (37 per cent) were the most represented group of stakeholders during the strategic/technical reviews, followed by regional/sub-national level inter-agency coordination groups (21 per cent- Maungdaw Interagency Group and Southeast Working Group), clusters/sectors (11 per cent), UN agencies (10 per cent) and NNGOs (8 per cent).

The inter-agency coordination groups do not have voting rights. Technical reviews included thematic experts from seven organizations (11 per cent of the review committee members), 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, 43 per cent of the members were women, while 57 per cent were men. OCHA played an active role in facilitating the whole review process.

### REPRESENTATIVES IN THE REVIEW COMMITTEES



### 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, targets for inclusive implementation in 2021 were:

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

#### Results

**Score scale: very high.** The targets for funding to national and international NGOs were exceeded. Ninety-nine per cent of the funding went to NNGOs and INGOs directly or indirectly. 32 per cent of funding (up from 28 per cent in 2020) was directly allocated to local NGOs and CSOs and an additional 19 per cent was allocated indirectly, bringing the total funding to 51 per cent.

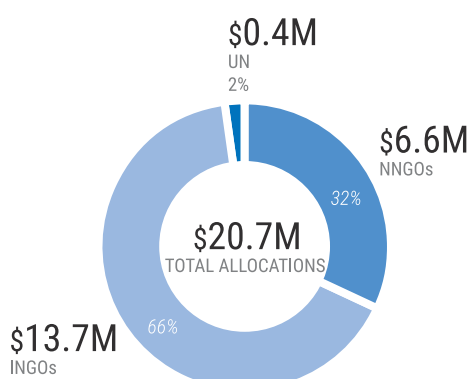
#### Analysis and follow-up

The MHF Review Committees, comprised of clusters, working groups and sub-national and regional coordination mechanisms (at level of lead agency coordinator or delegated person, as needed) reviewed all the project proposals. During the strategic and technical reviews, OCHA promoted an inclusive approach, encouraging clusters and coordination mechanisms at sub-national and regional levels to constitute the review committees with a balanced representation of national NGOs, INGOs and UN partners, cluster coordination colleagues at sub-national level, and advisors, as needed. However, results were unequal, with some clusters and sectors facing challenges in finding NNGO representatives. To avoid conflict of interest, the MHF limited the participation of partners submitting project proposals in the strategic reviews, allowing them to only review proposals covering other geographical areas, including projects related to cluster/sector lead agencies and sub-partners.

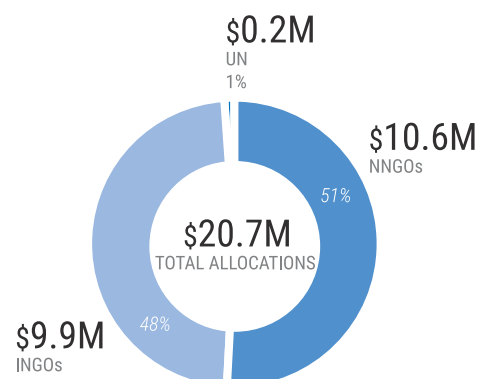
#### Analysis and follow-up

When compared with 2020 data, the funds allocated to NNGOs increased from 42 to 51 per cent which is aligned with their increasingly prominent role in the response. The number of direct partners funded increased from 26 to 31 and the number of sub-partners from 39 to 52, including 45 NNGOs (28 NNGOs only in 2020). Strategic funding access to CSOs remains a priority to strengthen local capacities and reach critically underserved areas where international organizations have access challenges. The MHF will continue to develop allocation strategy papers in close consultation with key stakeholders, including local partners, and existing coordination mechanisms, while continuing to support capacity-building activities among local and national partners for better project implementation and funding management.

#### Direct funding by partner type



#### Direct and indirect funding by partner type



## 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 rounds of trainings/workshops (with multiple sessions; in English and Myanmar languages at national and sub-national level -online or face-to-face) for partners.
- 70 per cent of the participants attending training and workshops sessions are national staff of international or national partners.
- Increasing the number of national partner organizations participating in trainings, including the number of women's rights and women-led organizations.

**Results**

**Scoring scale: very high.** Training activities surpassed target (150 per cent), with positive partner feedback. The HFU conducted 8 training activities targeting all partners including women's rights and women-led organizations.

**Analysis and follow-up**

Due to COVID-19 restrictions, trainings were conducted online. All the trainings were held in separate English and Myanmar language sessions.

During the Standard Allocation processes, the MHF organized project design workshops to support partners in preparing project proposals in the Grant Management System (GMS). Partners, in their narrative reports and during MHF monitoring, reported facing challenges in collecting data and reporting on AAP indicators. To address that issue, the HFU, with the support of the AAP working group, included a session on the integration of Accountability to Affected People and Community Engagement during the project design workshop.

After the allocations, the HFU conducted project implementation workshops to support partners in managing projects in line with the MHF Operational Manual.

The MHF organized two awareness sessions for local CSOs and NGOs. One session was conducted for women-led and women-rights organizations from Kachin and Kayin states in collaboration with UN Women, aimed at improving awareness and facilitating access to MHF funding directly or indirectly, including registration, due diligence, and capacity assessment processes. The second session was conducted for local partners across the country, aiming to increase the number of local organizations directly or indirectly engaged in the MHF Second Standard Allocation.

The HFU organized a workshop on Fraud and SEA Guidance for MHF partners to facilitate implementation of the guidance on financial and sexual misconduct in line with the SOPs on Fraud and PSEA mentioned in the revised MHF Operational Manual (2021 version).

Of the 964 people trained through MHF awareness and workshop sessions, 52 per cent (500) were women and 48 per cent (458) were men.

**TRAININGS****8****TRAININGS****964**

**TOTAL PEOPLE TRAINED,  
INCLUDING 798  
NATIONAL STAFF FROM  
INGOS AND NNGOS (106  
FROM WLO/WRO)**

**268**

**ORGANIZATIONS  
TRAINED,  
INCLUDING 194  
NNGOS THAT  
INCLUDE 41 WLO/  
WRO**

**1**

**TRAINING FOR  
WOMEN-LED  
ORGANIZATIONS**



## 5

### INCLUSIVE RESPONSE

*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 that promote the participation of affected people with specific actions to include women and girls as a component of funded projects.
- 100 per cent of the project proposals integrate a strategy on accountability to affected people (AAP), including a well-functioning complaint and feedback mechanism that is accessible by women, girls and people with disabilities.
- 100 per cent of the project proposals integrate a strategy on PSEA, including staff training, and a mechanism to report PSEA complaints.
- 100 per cent of monitoring field visits and reports include a component of consultation with affected people including women, girls and people with disabilities.
- 100 per cent of the projects include proper conflict sensitivity analysis, explicitly mentioning social cohesion actions to limit or prevent unintended negative effects and avoid aggravating the conflict.

#### Results

##### Scoring scale: very high.

- Seven per cent of total funding (\$1.4 million) went to activities that promoted the participation of affected people, with specific actions to include women and girls, as a component of the funded projects. This involved 40 projects (89 per cent of the total). MHF-supported activities included strengthening feedback mechanisms and conducting awareness sessions in IDP camps; capacity building training related to GBV, PSEA, disability inclusion, understanding AAP for project staff and volunteers; and payment of incentives

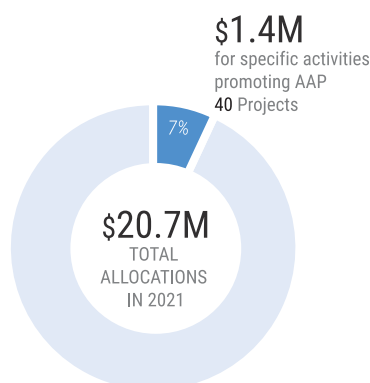
to community volunteers. MHF implementing partners ensured gender balance in recruiting community volunteers and in forming working groups, and in organizing trainings/workshops.

- All the 45 (100 per cent of the) project proposals integrated a strategy on accountability to affected population (AAP), including a well-functioning complaint and feedback mechanism that is accessible by women, girls and people with disabilities.
- 100 per cent of the project proposals integrated a strategy on PSEA, including staff training and a mechanism to report PSEA complaints.
- 100 per cent of monitoring field visits and reports included a component on consultation with affected people, including women, girls, and people with disabilities.
- 100 per cent of the projects included proper conflict sensitivity analysis, explicitly mentioning social cohesion actions to limit or prevent unintended negative effects and avoid aggravating the conflict.

#### Analysis and follow-up

Two mandatory indicators on AAP were included in all the projects funded in 2021, and the results will be reported at the end of the projects in 2022. The HFU, with the support of the AAP Working Group, delivered training on Community Engagement/AAP during the online Project Design workshop session to support project development under the Second Standard Allocation. Furthermore, the Strategic Review scorecards for all allocations launched in 2021 included an assessment of the provision of accessible and functioning feedback and/or complaint mechanisms for the affected population.

### ACCOUNTABILITY TO AFFECTED PEOPLE



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.

6

### FLEXIBLE ASSISTANCE

CBPF funding for in-kind and in-cash assistance is appropriate.

#### Target

10 per cent of funding goes to cash-based activities, when possible and appropriate.

#### Results

**Scoring scale: medium.** The Fund prioritized cash where possible, but the opportunity to use it was modest given the context. Up to 6 per cent or \$1.2 million of the total allocations was for cash-based activities, of which \$0.6 million was unrestricted cash assistance.

#### Analysis and follow-up

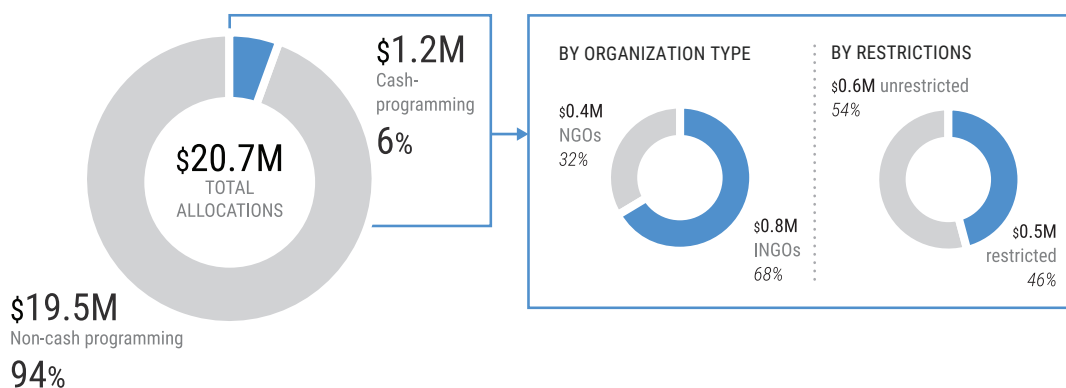
Cash and voucher assistance (CVA) increased by 1.2 per cent in 2021 compared with 2020. CVA was used in 31 out of the 45 funded projects (69 per cent).

The disruption of the banking system and the persistent unavailability of cash in 2021 affected CVA, increasing cash transfer costs and appropriateness.

Projects providing food assistance used CVA the most, followed by projects providing shelter and non-food items through cash-for-work. Some projects that provided protection services gave cash to survivors of GBV and landmine incidents, and two children released from forced recruitment. Other projects provided cash for education and referrals to services, such as health and nutrition.

In 2022, the MHF will increase the funding target for CVA to 15 per cent, when possible and appropriate, including through specific multi-purpose CVA envelopes but achieving this target will be dependent on the banking situation on the ground.

### CASH TRANSFER PROGRAMMING



## 7

**FLEXIBLE  
OPERATION**

*CBPF funding supports projects that improve the common ability of actors to deliver a more effective response.*

**Target**

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

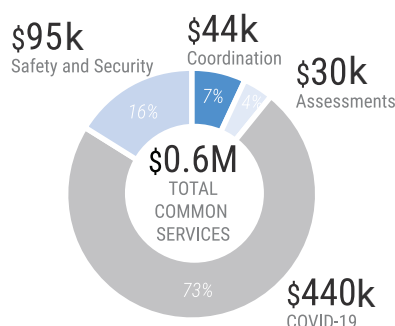
**Results**

**Scoring scale: low.** MHF supported common services and enabling programmes, but sporadically within individual project proposals.

The Fund allocated \$0.6 million or 2.9 per cent of the total allocation to common services across projects.

**Analysis and follow-up**

In 2021, there was no specific common services project; however, common services were provided as part of the support to partners and communities across the funded projects. The highest allocation went to COVID-19 related support, followed by training of staff on safety and security; hiring of security guards; and provision of first aid kits, life jackets, and COVID-19 protection and prevention items for staff. In 2022, the MHF will consider funding for multi-sectoral needs assessments and language/translation services.

**ALLOCATION  
THROUGH  
COMMON SERVICES**


## 8

**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 will be allocated through the Standard Allocation modality and up to 20 per cent kept in reserve. The Fund responds to changes in humanitarian context and based on the funding situation of the Fund.

**Results**

**Scoring scale: high.** The MHF allocated 100 per cent of funds through the Standard Allocations, and there were no Reserve Allocations in 2021.

**Analysis and follow-up**

In 2021, the MHF disbursed \$20.7 million through two Standard Allocations to 45 projects targeting 880,000 people in need. This included the response to the protracted crises and to newly emerging needs in Chin, Magway, Sagaing, Shan, Rakhine, Kachin, Kayah and other parts of southeast Myanmar. In November, the MHF launched a \$4 million second allocation for critical life-saving activities in priority geographical areas and clusters with extended requirements because of the country's emerging conflict and protracted crises, in line with the 2021 Humanitarian Response Plan (HRP) and the Interim Emergency Response Plan (IERP). With the receipt of additional donor contributions after the launch, and given high levels of need, the Fund increased the allocation envelope to \$8.6 million.

**ALLOCATION  
BY MODALITY**


**\$20.7M**

Standard  
allocations

**100%**

The Fund will aim to keep a minimum of 20 per cent in reserve to respond to sudden events in 2022. The Fund will continue working flexibly with these two modalities as the context requires.

## 9

**FLEXIBLE  
OPERATION**

*CBPF funding supports projects that improve the common ability of actors to deliver a more effective response.*

**Target**

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

**Results**

**Scoring scale: very high.** The average number of working days to process project revisions, from the IP submission of project revision to EO signature of grant agreement amendment, was eight working days. In 2021, the HFU processed 63 revision requests for 41 projects. Some projects were revised more than once given the uncertain context. These included 142 different instances of revisions (multiple types of revisions were included in some revision requests). Changes to the budget and project duration (no-cost extension) were the most frequent revision types.

**Analysis and follow-up**

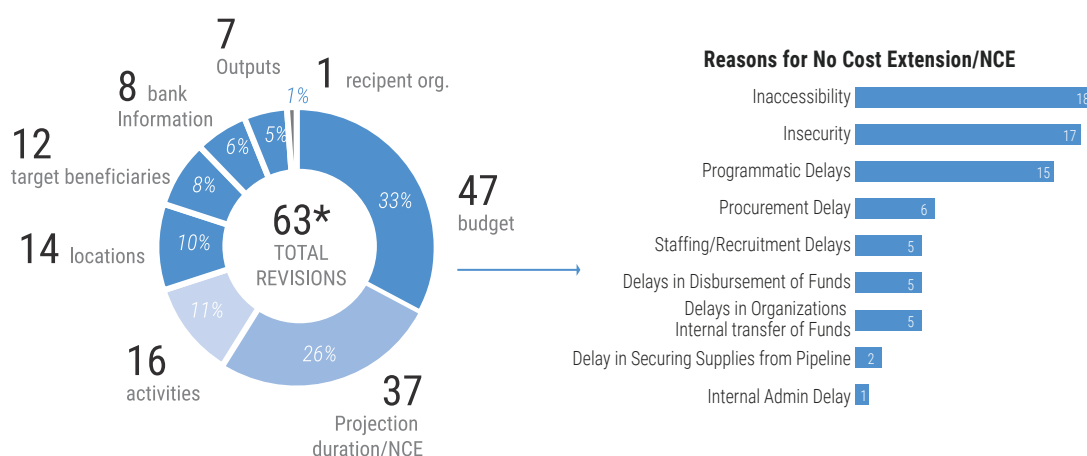
The pandemic and the military takeover affected the implementation of projects because of access challenges, safety and security issues for staff, issues with cash availability and problems with supply chains. Regarding cash, partners could not withdraw cash from the bank soon after the military takeover for about three months; most ATM cards became non-functional; limits on cash withdrawals were instituted and international transfers were not credited immediately into accounts while awaiting approval from the Central Bank of Myanmar. This

multiplicity of challenges caused the temporary suspension of some activities and many adjustments. About two-thirds of the approved projects applied for budget revision and/or no-cost extension.

Other flexibility measures that were applied during this challenging period were the inclusion of a contingency budget line (4 per cent of the subtotal of the project before programme support costs) in funded projects, as well as allocating cost extensions to support immediate life-saving activities to people newly affected by the emerging crisis. The MHF supported this process by applying flexibility guidelines on the political crisis (approved in March 2021) and COVID-19 (approved in 2020) while maintaining accountability and risk management on the interventions.

The Fund approved six cost extensions (\$0.33 million) in 2021, allowing partners and sub-partners with ongoing projects to extend their budget to respond to emerging needs. A total of \$0.1 million was approved as a contingency budget line to respond to the unforeseen emergency activities.

Due to the disruptions in the banking system, the MHF worked with OCHA HQ and partners on a case-by-case basis, allowing them to replace their initial USD bank account with a local currency (MMK) account to facilitate the disbursement in the current context.

**NUMBER OF  
REVISIONS IN 2021**

\* Some projects were revised more than once. These included 142 different instances of revisions - multiple types of revisions were included in some revision requests.

## PRINCIPLE 3

## TIMELINESS

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

10

TIMELY  
ALLOCATION

*CBPF allocation processes have an appropriate duration.*

## Target

- For Standard Allocations: The average duration from the submission of project proposal until partner signature of the Grant Agreement is 30 working days (6 weeks)
- For Reserve Allocations: The average duration from the submission of project proposal until partner signature of the Grant Agreement is 15 working days (3 weeks)

## Results

**Scoring scale: high.** The average duration of all launched Standard Allocations was 40 days.

## Analysis and follow-up

The duration for processing allocations increased in 2021 compared with 2020 amid an increasingly complex environment. During the first Standard Allocation, the Myanmar banking system caused delays in transferring funds to the partners. The partners had to change their bank accounts to receive incoming funds transfers. Most MHF staff were affected by COVID-19, delaying processing times. With the Second Standard Allocation launched on 16 November 2021, the holiday season also delayed disbursement time.

AVERAGE WORKING  
DAYS OF ALLOCATION  
PROCESSING

Milestones	Category	2019	2020	2021
From allocation closing date to HC signature of the grant agreement	Standard Allocations	37	30	40
	Reserve Allocations	20	22	NA

11

TIMELY  
DISBURSEMENTS

*Payments are processed without delay*

## Target

10 calendar days (from EO clearance of grant agreement)

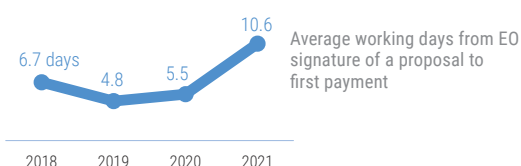
## Results

**Scoring scale: high.**

The average number of days for payment processing was **10.6** days.

## Analysis and follow-up

The Fund mostly met the target in 2021, but there was still a decrease compared with 2020. Funds for projects under the first Standard Allocation were disbursed within nine days. However, for the second Standard Allocation, disbursements took 13 days on average. Due to the holiday season and shortage of staff, there were delays in processing Grant Agreements for the HC's approval. In the future, the MHF will ensure the allocation timeline takes into account the holiday season.





## 12 TIMELY CONTRIBUTIONS

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

### Target

Two thirds of the annual contributions (66 per cent) committed before the end of the first half of the year. 75 per cent of contributions are paid in less than one month from the date of pledges being made.

### Results

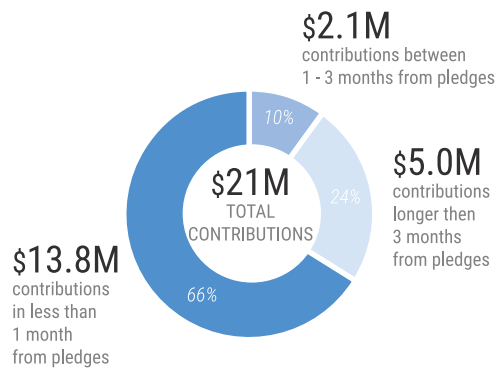
**Scoring scale: high.** 58 per cent of contributions were paid during the first half of the year. 32 per cent (\$6.6million, from three donors) of the contributions were received in the first quarter. Regarding the

payment of contributions, 66 per cent of the contributions were paid less than one month after the date of pledge.

### Analysis and follow-up

The HFU received 58 per cent of contributions during the first half of the year, which is a reduction in contribution timeliness from 66 per cent in 2020. Multi-year commitments from donors would improve the timing of allocations, as would the timing of contributions as early as possible during the year.

### CONTRIBUTIONS TIMELINESS



A health promoter from a mobile clinic team measuring blood pressure of a patient from Shwe Zet IDP camp, Myitkyina Township  
© Kachin Baptist Convention

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.

13

### EFFICIENT SCALE

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

#### Target

Contributions to the MHF amount to 15 per cent (\$30.9 million) of the actual 2020 HRP funding received.

#### Results

**Scoring scale: medium.** The MHF received \$21 million from 13 donors, including the Access to Health Fund and private donations through the UN Foundation. This represents 68 per cent of the \$30.9 million target set by the Advisory Board and 8 per cent of the (\$246 million) funding received against the 2021 HRP and IERP requirements of \$385.6 million.

#### Analysis and follow-up

Although the target was not met, the level of contributions increased by 25 per cent in comparison with 2020, up by an additional \$4.2 million, mostly contributed at the end of the year. The COVID-19 pandemic and other competing global crises contributed to non-achievement of the target.

In 2022, the MHF will develop a formal strategy to mobilize more donor resources.

14

### EFFICIENT PRIORITIZATION

CBPF funding is prioritized in alignment with the HRP.

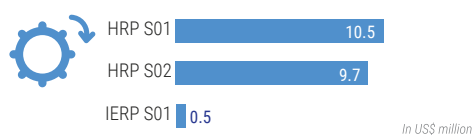
#### Target

- 100 per cent of funded projects address HRP strategic priorities and the 2021 Strategy for the MHF.
- 100 per cent of funded partners report on climate change and environmental risk management measures.

#### Results

- **Scoring scale: very high.** The Fund allocated all the funding to projects that addressed the strategic objectives (SO) identified in the HRP, the Interim Emergency Response Plan (IERP) and the MHF Annual Strategy for 2021.
- **Scoring scale: very high.** 96 per cent of funded partners included environmental risk mitigation measures in their proposals.

#### ALLOCATION BY HRP STRATEGIC OBJECTIVES



HRP (S01) The overall health and wellbeing of 942,800 people affected by conflict or disasters in targeted locations is improved and enjoyment of their rights is enhanced in 2021

HRP (S02) Living standards of 886,000 people affected by conflict or disasters in targeted are improved and their resilience is strengthened in 2021

IERP (S01) Address immediate food and nutritional needs and prevent excess morbidity and mortality through the continuity of essential services in areas with emerging needs

#### Analysis and follow-up

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, and IERP, taking into consideration the MHF Annual Strategy. Most of the funding allocated was aligned with the Myanmar 2021 HRP rather than the IERP.

In 2022, the HFU will continue encouraging partners to show how they will mitigate against environmental risks at the proposal submission stage.

15

## EFFICIENT COVERAGE

*CBPF funding effectively  
assisted 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, 12.8 per cent of people targeted by MHF funded projects are persons with disabilities.

### Results

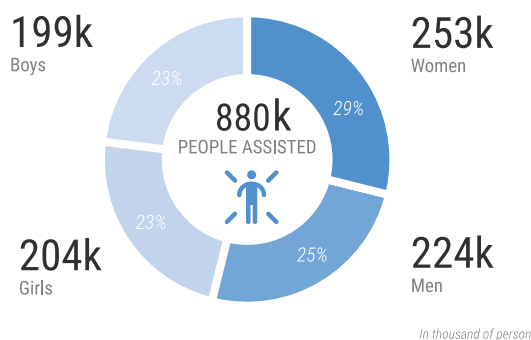
**Scoring scale: very high.** MHF assisted 880,245 people in need in 2021. This included 105,629 persons with disabilities (30,309 women, 26,868 men, 24,544 girls, and 23,908 boys), representing 12 per cent of the total people in need assisted.

### Analysis and follow-up

In 2021, the MHF assisted not only people affected by the protracted crisis but also many emerging needs in the country's southeast and northwest due to insecurity and armed clashes since the military takeover. The reported results reflect the maximum number of people assisted per community in efforts to avoid double-counting of people in need to the extent possible.

All the project proposals funded in 2021 included specific data disaggregated by age and gender, including for persons with disabilities. In 2021, the Fund made significant improvements in terms of disability inclusion.

## PEOPLE ASSISTED



PRINCIPLE 4

## EFFICIENCY

16

### EFFICIENT MANAGEMENT

*CBPF management is cost-efficient and context appropriate.*

#### Target

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

#### Results

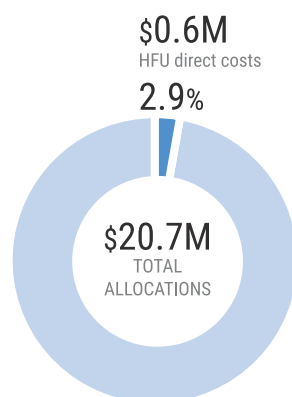
Scoring scale: **high**. In 2021, HFU operational costs were \$0.6 million, which constitutes 2.9 per cent of the total funds allocated (as well as total donor contributions).

#### Analysis and follow-up

The cost plan for 2021 increased marginally compared with 2020 to accommodate the increased number of audits, challenges monitoring projects, the communication and training costs for increased staff, and replacement of computers.

In 2022, the MHF will recruit two staff, one international and one national, to help manage the increased workload.

#### HFU EXPENDITURE AGAINST TOTAL ALLOCATIONS



17

### EFFICIENT MANAGEMENT

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

#### Target

- MHF Operational Manual updated based on the latest version of the global CBPF guidelines by the end of April 2021.
- Annual report is ready by 31 March 2021 (initial draft by 15 March 2021).
- 100 per cent of allocation strategies are in compliance with global guidance documents and templates.
- 90 per cent of stakeholder satisfaction surveys confirm that the MHF helped strengthen the coordination system and humanitarian response.

#### Results

Scoring scale: **high**. The Fund updated the MHF Operational Manual with minor delay, and the annual report and allocation papers were almost fully compliant with the global guidance documents.

- 100 per cent of allocation strategies complied with global guidance documents and templates.
- Annual report was published on 2 July 2021.
- MHF Operational Manual was updated in July effective on 1 August 2021.
- The Advisory Board and HC updated and endorsed the Annual Strategy and the Common Performance Framework (targets and indicators) in January 2021. The Board endorsed the MHF Engagement Principles covering partner coordination with the de facto authorities and the Flexibility Guidance to support partners in the new operating environment on 17 March 2021.
- The Fund did not conduct a satisfaction survey in 2021.



### Analysis and follow-up

The military takeover unavoidably disrupted the HFU's workflow. For example, delays were experienced in publishing key documents, including the operational manual's revision and the 2020 Annual Report. The operational modalities and the risk management elements of the Operational Manual were updated, and annual report and allocations papers fully complied with the Global Guidelines. The combination of the military takeover, power interruptions, working from home and COVID-19 meant some processes were slower than preferred.

The Fund revised the Operational Manual in July with the support of the Advisory Board and became effective as of 1 August. The main changes around the allocation processes were increasing the minimum threshold for projects under a Standard Allocation up to \$200,000, integrating a new annex on Assets Management, and updating annexes related to Fraud and PSEA protocols. The operational

modalities reflected the Partner Performance Index category instead of risk levels. The operational modalities and the risk management elements of the Operational Manual were updated, and the annual report and allocation papers fully complied with the Global Guidelines.

Following consultative sessions with partners on flexibility measures and revision of the Risk Management Framework, the MHF Engagement Principles and the Flexibility Guidance to support partners in the new operating environment were developed and endorsed at the MHF Advisory Board meeting on 17 March 2021.

The MHF revised the remote call monitoring tool to make it more meaningful and practical given the heavy reliance on this modality.

### PRINCIPLE 5

## RISK MANAGEMENT

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

18

### RISK MANAGEMENT OF PROJECTS

*CBPF funding  
is appropriately  
monitored, reported,  
and audited*

#### Target

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

#### Results

**Scoring scale: high.** 100 per cent compliance with operational modalities, as per the assurance dashboard, except for 30 audit reports that were still ongoing beyond 2021. The audit processes were seriously delayed due to COVID-19 preventative measures and the security situation.

#### Analysis and follow-up

In 2021, the MHF conducted two field monitoring missions covering four projects; 32 planned field visits were conducted remotely via phone due to security reasons and the pandemic. The Fund conducted financial spot checks through a mix of

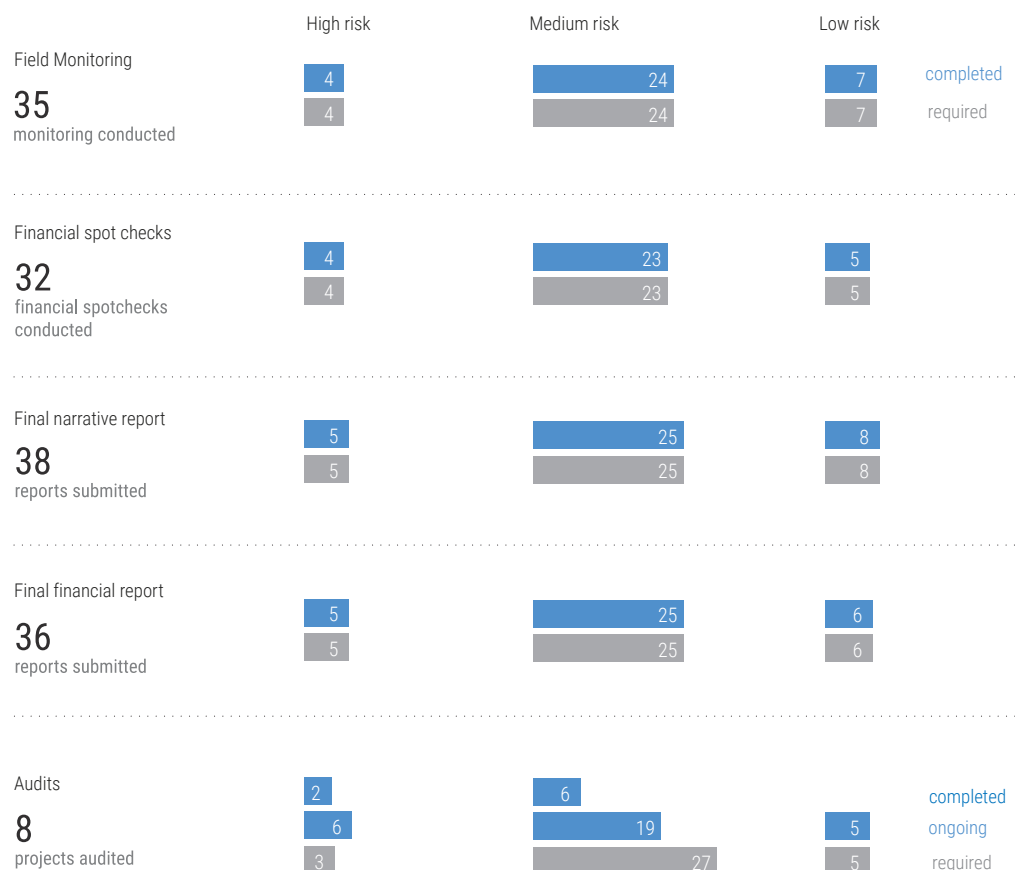
on-site and offsite modalities. Despite challenges related to COVID-19 and the security situation, the MHF conducted 100 per cent of monitoring and financial spot checks as required by the operational modalities. The MHF ensured transparent and inclusive monitoring activities. Representatives from clusters/sectors, working groups, sub-national coordination mechanisms, and donors were included in the MHF monitoring team. Representatives from the Access to Health Fund and the embassies of Australia, Canada, and the United Kingdom took part in the remote monitoring calls.

One additional remote call monitoring and financial spot check for one local NGO (Global Family) was conducted based on the findings of the previous monitoring.

Because of the pandemic and the current security situation, auditing activities were delayed and conducted using a mixed approach with offsite desk review of samples and financial processes and on-site verification of original documents with local auditors, when possible. In 2021, the MHF saw a significant decrease in the audits completed when compared with 2020. The number of audit reports completed decreased from 22 in 2020 to 8 in 2021 given the context, travel and communications constraints.

Following the approval of the final audit reports, the MHF asked partners to establish a plan of action to implement the main audit observations and ensure the refund of ineligible costs. This was regularly monitored by the MHF team, particularly before the new allocation of funds. Partners who had compliance issues regarding these observations, were excluded from the strategic review. The MHF checked the implementation of audit recommendations during financial spot checks of ongoing funded projects with partners.

### PROGRESS ON RISK MANAGEMENT ACTIVITIES



19

**RISK  
MANAGEMENT  
OF FUNDING**

*Appropriate oversight  
and assurances  
of funding are  
administered through  
CBPFs.*

**Target**

- 100 per cent compliance with CBPF SOPs on fraud management.
- 100 per cent of partners have clear policies on the prevention of, reporting on and the 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 (Fraud allegations, diversion, other) and reported to the MHF. The Fund addressed all incidents according to the CBPF SOPs on fraud management. Two incidents from 2019 and 2020 are ongoing.

**Analysis and follow-up**

In 2021, the MHF saw a significant increase in the number of incidents reported when compared with 2020. The number of incident reports increased nearly 50 per cent, from 6 in 2020 to 9 in 2021. All nine incidents were closed under CBPF Oversight, and Compliance (OCU) guidance at OCHA HQ level as no further investigations were needed. The incidents were related to a discrepancy between cashbook and physical cash; request of payment of fees to receive humanitarian aid within displacement sites by the camp management committees; the need for fee payments to receive cash transfers from the mobile money agents; discrepancies in water delivery between actual quantity and contracted quantity; a village leader requesting payment from

people receiving assistance; damage to original documents; security concerns, and different signatures in a document related to service providers. The Fund detected these incidents during remote call monitoring and financial spot checks conducted on the projects.

Another two incidents from 2019 and 2020 are still open. One is being audited, and discussions with OCHA HQ are ongoing regarding the other one. The two incidents involved a local sub-partner within INGO projects.

The Fund has managed the incidents as per the CBPFs standard operating procedures (SOPs) that are related to fraud cases and in collaboration with the concerned partner and the CBPF OCU at OCHA HQ level.

The MHF will continue to sensitize partners on fraud and corruption reporting and prevention, including specific training sessions by the MHF team for partners and sub-partners. The Fund included regular oversight of operational mechanisms on safeguarding, including PSEA, in collaboration with the inter-agency PSEA Network. On 13 and 14 October 2021, the MHF organized a workshop on Fraud and SEA Guidance for MHF partners. The workshop's purpose was to facilitate the implementation of the guidance on financial and sexual misconduct, which followed the SOPs on Fraud and PSEA mentioned in the revised MHF Operational Manual (2021 version).

**Reported cases:** # of incidents (allegation, suspected fraud, confirmed fraud, theft, diversion, looting, destruction, etc.) in 2021, either open or closed.

**On going cases:** # of incidents for which measures (inquiry, assurance, measures, settlement etc.) were still on going as of 31 December 2021.



9

**REPORTED  
INCIDENTS**



2

**ON GOING  
INCIDENTS  
FROM 2020**

PRINCIPLE 5

## RISK MANAGEMENT

20

### RISK MANAGEMENT OF PARTNERS

#### Target

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

#### Results

**Scoring scale: very high.** The number of eligible partners increased by 15 per cent compared to 2020. There were 11 new eligible partners in 2021, 2 of which had low risk level; 2 medium risk level; and 7 high risk level. Out of the 11 new partners, 6 or 55 per cent were NNGOs (all ranked as high risk) while 36 per cent (4 partners) were WLO.

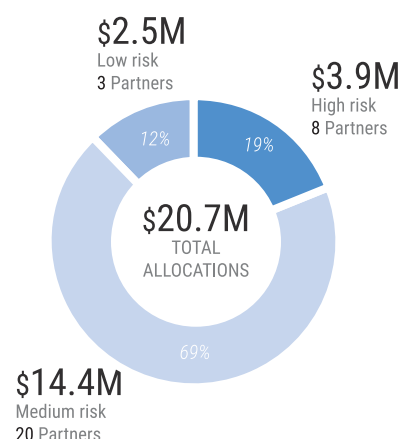
#### Analysis and follow-up

The MHF prioritized funding to the best projects and the best-placed partners to respond to humanitarian needs as per the allocation strategy papers. The MHF conducted two MHF awareness sessions with local NGOs/CSOs, including WLO/WRO, explaining the MHF eligibility process to improve understanding and facilitate access to MHF funding directly or indirectly, including partner registration, due diligence and capacity assessment processes. The Fund conducted a session for 11 WLO/WRO from Kachin and Kayin in collaboration with UN Women. When compared with 2020, the number of new eligible partners increased by 83 per cent.

The Fund regularly updated partner data for computing the Partners Performance Index (PPI) on a real-time basis which contributed to the timely assessment of partners' risk level. In 2021, the Fund updated the risk level of three partners: one partner from ineligible to medium, one partner from high to medium, and one partner from medium to low, while two partners were downgraded from low to medium risk. Two-thirds of the funding allocated in 2021 was channeled through medium-risk partners, who made up 69 per cent of the 31 partners funded.

The Fund will aim at giving more flexibility to local partners to increase their access to the Fund directly or indirectly in 2022.

#### IMPLEMENTATION BY PARTNER RISK LEVEL TYPE



#### UPDATED RISK LEVEL BASED ON PERFORMANCE INDEX



#### OVERVIEW 2021





Mah Nilar Ngwe was receiving the student kit, Municipal camp, Paletwa, Chin State, Myanmar  
© Global Family

## HELPING CONFLICT-AFFECTED CHILDREN RETURN TO SCHOOL

Fourteen-year-old Nilar Ngwe is the youngest daughter in her family. For the past two years, Nilar, her sisters, and her parents have lived in Municipal Camp in Samee town, Paletwa township in Chin State after being displaced by the armed clashes between the Myanmar Armed Forces (MAF) and Arakan Army (AA).

Before her displacement, Nilar Ngwe was unable to attend school for an entire year due to extreme poverty. When Nilar Ngwe arrived at Municipal Camp in March of 2020, she started attending the Temporary Learning Centers (TLC) in the camp, where she was given a “student kit” to help her begin her education again in the eighth grade. The kit contains a school bag, school uniform, umbrella, class exercise books, pens, pencils and erasers. She attended the TLC every day since then to complete her elementary studies.

“I was so excited when I registered in the learning center in the camp and received the student kit. The support I received in the learning center encouraged me to study and complete what I have missed for the past years,” she said.

Global Family, a national NGO, supported by the Myanmar Humanitarian Fund (MHF), built four Temporary Learning Centers (TLCs) for displaced students both in Samee and Paletwa towns, distributed student kits to more than 3,000 children, and provided them with learning support sessions. Nilar Ngwe attended the TLC every day and learnt maths, Burmese, and English, in line with the official Myanmar Curriculum. Besides the education kits, students were

also provided with multi-vitamins and fish oil and received awareness sessions on child abuse, trafficking, and mine risk education. Volunteer teachers were hired to teach and support the students.

The TLCs also provide students with a social and learning space during difficult times. During the project implementation, both the political unrest and COVID-19 situations badly affected children’s education and well-being. To mitigate against this effect, students used these learning spaces to also play games, dance, and exercise, supporting each other in a safe space.

“Children were so content and grateful when they received the ‘student kit’ and the support of the teachers at the learning centers. Almost all public schools were closed due to armed clashes between the Arakan Army and Myanmar Armed Forces, and because of the pandemic at that time... These activities were provided at the right time and the right place for conflict-affected children. The joy and happiness go together,” said Mr. Cung Hu, a Program Manager for Global Family who was part of the distribution.

Although the project ended in October 2021, Global Family was able to continue supporting limited numbers of children through another project mechanism. Global Family field staff are still involved and have been supporting the sustainability of the TLCs by collaborating with a local “Care-Taker Team,” which was formed once the project had finished.



## PREVENTION OF LONG-TERM DISABILITY AMONG CHILDREN WITH ACUTE MALNUTRITION



My child is now very healthy and independent; she can sit and even stand without my assistance, and this is thanks to the therapy sessions she received at the center and at home. I want to also thank HI's team for making our home a safer place for Rus Mai Dar



Rehabilitation session conducted by a CBOW in December 2021, Pyin village tract, Sittwe township, Rakhine State  
© Humanity & Inclusion (HI)

Six-year-old Rus Mai Dar lives with her family in Kadin Pike Chay village of Yay Chan Pyin village tract in Sittwe township. Her father is a daily wage worker and the main breadwinner of the family. In 2021, Rus Mai Dar suffered from severe acute malnutrition (SAM) and was treated at Action Against Hunger's (ACF) Integrated Nutrition Centre (INC) in the nearby Ma Za Li Gone Village. When one of ACF's specialists at the center noticed that she could not hold her head up or sit by herself, ACF referred her to the Humanity & Inclusion (HI) Outpatient Therapeutic Programme (OTP).

During her first visit to the OTP, an HI physiotherapist examined Rus Mai Dar and found that she had spastic cerebral palsy with asymmetrical tonic neck reflex. She was unable to move her limbs well at that time and could not recognize sound stimulation or her mother's voice. A community-based outreach worker (CBOW) at the OTP, who speaks the local language, explained to Rus Mai Dar's mother the services that HI provides to community members and shared COVID-19 preventative awareness messages and Information, Education and Communication (IEC) materials about Early Childhood Stimulative Therapy (ECST). After that, the physiotherapist helped Rus Mai Dar's parents set progress goals to support their daughter.

Before the rehabilitation sessions started, Rus Mai Dar's mother received instructions on the importance of the caregiver's role in ECST to help improve her daughter's condition. Rus Mai Dar was given passive stretching and range-of-motion exercises to prevent contracture and promote muscle growth, and her mother was taught how to perform these exercises at home. Weekly follow-up sessions were scheduled, during which rehabilitation interventions were adjusted to meet specific goals. Due to COVID-19 related restrictions, online consultations were conducted as follow-up sessions, along with visits by the CBOW, who resided in the same village.

"We saw a significant improvement in the situation of Rus Mai Dar throughout the sessions, and goals were achieved within the project timeframe; this is because of the good collaboration between the physiotherapist, CBOW and caregiver, which is not easy to achieve," said Thet Nwe Soe, HI-Physiotherapist.

In addition to the therapy session at the center and at home, the ACF team worked towards reducing physical barriers at Rus Mai Dar's house. Handrails were added to the stairs leading to the house, and concrete was used to help level the path to make it easier to walk on during the flood seasons.

After eight sessions, significant improvements were seen: Rus Mai Dar was able to stand and walk with assistance, and she began to recognize sensations like hot and cold. Rus Mai Dar's mother was active in her daughter's treatment and was very thankful to HI because of her child's progress.

"My child is now very healthy and independent; she can sit and even stand without my assistance, and this is thanks to the therapy sessions she received at the center and at home. I want to also thank HI's team for making our home a safer place for Rus Mai Dar", said the mother.

Rus Mai Dar is one of the 3,210 people (154 men, 841 women, 1,162 boys and 1,053 girls), including 103 persons with disabilities, who benefitted from HI's project that was supported by the MHF in 2021 to provide essential services to highly vulnerable people in Central Rakhine through the promotion of child developmental milestones, early detection and prevention of long-term disability especially among children with acute malnutrition, and assistance to children with disabilities.



A home before and after a home modification process on 10th September and 5th November 2021, Pyin village tract, Sittwe township, Rakhine State  
© Humanity & Inclusion (HI)

# Annexes

Annex A	Accronyms & abbreviations
Annex B	Reference Map
Annex C	MHF Advisory Board
Annex D	Allocations by recipient organizations

ANNEX A

## ACRONYMS & ABBREVIATIONS

<b>AA</b>	Arakan Army	<b>EO</b>	Executive Officer
<b>AAP</b>	Accountability to Affected People	<b>FAO</b>	United Nations Food and Agriculture Organization
<b>AB</b>	Advisory Board	<b>FCA</b>	Finn Church Aid
<b>ACF</b>	Action Against Hunger	<b>GMS</b>	Grant Management System
<b>ACTED</b>	Agency for Technical Cooperation and Development	<b>HC</b>	Humanitarian Coordinator
<b>ADRA</b>	Adventist Development and Relief Agency	<b>HCT</b>	Humanitarian Country Team
<b>ATM</b>	Automated Teller Machines	<b>HELVETAS</b>	HELVETAS Swiss Intercooperation
<b>AVSI</b>	AVSI Foundation Myanmar	<b>HFU</b>	Humanitarian Financing Unit
<b>CBO</b>	Community-Based Organization	<b>HI</b>	Humanity and Inclusion
<b>CBOS</b>	Community-Based Organizations	<b>HQ</b>	Headquarters
<b>CBOW</b>	Community-based Outreach Worker	<b>HRP</b>	Humanitarian Response Plan
<b>CBPF</b>	Country Based Pooled Fund	<b>IDP</b>	Internally Displaced Person
<b>CDN</b>	Consortium of Dutch NGO's (The Netherlands)	<b>IDPS</b>	Internally Displaced Persons
<b>CERF</b>	Central Emergency Response Fund	<b>IEC</b>	Information, Education and Communication
<b>CEWG</b>	Community Engagement Working Group	<b>IERP</b>	Interim Emergency Response Plan
<b>CPI</b>	Community Partners International	<b>IFRC</b>	International Federation of Red Cross
<b>CSI</b>	Centre for Social Integrity	<b>INC</b>	Integrated Nutrition Centre
<b>CSO</b>	Civil Society Organization	<b>INGO</b>	International Non-Governmental Organization
<b>CSOS</b>	Civil Society Organizations	<b>IOM</b>	International Organization for Migration
<b>CVA</b>	Cash and Voucher Assistant	<b>IP</b>	Implementing Partner
<b>DCA</b>	DanChurchAid	<b>IRC</b>	International Rescue Committee
<b>DRC</b>	Danish Refugee Council	<b>JST</b>	Joint Strategy Team
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations	<b>KBC</b>	Kachin Baptist Convention
<b>ECST</b>	Early Childhood Stimulative Therapy	<b>KMSS</b>	Karuna Mission Social Solidarity
		<b>LRC</b>	Local Resource Centre

<b>LWF</b>	Lutheran World Federation	<b>PWD</b>	People with Disability
<b>MAF</b>	Myanmar Armed Forces	<b>RI</b>	Relief International
<b>MA-UK</b>	MA-UK Myanmar	<b>SAM</b>	Severe Acute Malnutrition
<b>MC</b>	Mercy Corps	<b>SC</b>	Save the Children Fund
<b>MCPAD</b>	Myanmar CSOs Partnership for Aids and Development Effectiveness	<b>SEA</b>	Sexual Exploitation and Abuse
<b>MERCY-M</b>	MERCY Malaysia Myanmar	<b>SEWG</b>	Southeast Working Group
<b>MHF</b>	Myanmar Humanitarian Fund	<b>SO</b>	Strategic Objective
<b>MIAG</b>	Maungdaw Interagency Group	<b>SOP</b>	Standard Operating Procedures
<b>MILI</b>	Myanmar Independent Living Initiative	<b>STH</b>	Swe Tha Har
<b>MNN</b>	Myanmar NGO Network	<b>TAS</b>	Travel Authorizations
<b>MRCS</b>	Myanmar Red Cross Society	<b>TLC</b>	Temporary Learning Centers
<b>NAG</b>	Network Activities Group	<b>UN</b>	United Nations
<b>NCE</b>	No cost extension	<b>UNDIS</b>	UN Disability Inclusion Strategy
<b>NGO</b>	Non-Governmental Organization	<b>UNEP</b>	United Nations Environment Programme
<b>NNGO</b>	National Non-Governmental Organization	<b>UNFPA</b>	United Nations Population Fund
<b>NRC</b>	Norwegian Refugee Council	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs	<b>UNICEF</b>	United Nations Children's Fund
<b>OCU</b>	CBPF Oversight and Compliance Unit	<b>UNOPS</b>	The United Nations Office for Project Services
<b>OTP</b>	Outpatient Therapeutic Programme	<b>USG/ERC</b>	Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator
<b>PDF</b>	People's Defence Forces	<b>WFP</b>	World Food Programme
<b>PIN</b>	People in Need	<b>WHO</b>	World Health Organization
<b>PPI</b>	Partners Performance Index	<b>WLO</b>	Women-led organization
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse	<b>WPN</b>	Wunpawng Ninghtoi
<b>PUI</b>	Première Urgence Internationale	<b>WRO</b>	Women's rights organization
		<b>WVI</b>	World Vision International



ANNEX B

## 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.*

ANNEX C

## MHF ADVISORY BOARD

STAKEHOLDER	MEMBER	ALTERNATE
<b>Chairperson</b>	Humanitarian Coordinator	Deputy HC
<b>NNGO</b>	MCPAD (MNN/LRC)*	
<b>NNGO</b>	JST (Metta)	JST (KMSS)
<b>NNGO</b>	MILI/NAG*	
<b>INGO</b>	INGO Forum	
<b>INGO</b>	FCA/RI*	
<b>INGO</b>	ADRA/ACF*	
<b>UN</b>	WFP/FAO*	UNICEF
<b>UN</b>	UNHCR/UN Women*	UNFPA
<b>UN</b>	WHO/IOM*	
<b>Donor</b>	Germany/New Zealand*	Australia
<b>Donor</b>	Switzerland/US*	UK
<b>Donor</b>	Sweden/Canada*	Republic of Korea
<b>Observer</b>	UNOPS-managed Funds/ECHO*	
<b>Observer</b>	MRCS	IFRC
<b>MHF/OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Head of Office	Deputy Head of Office

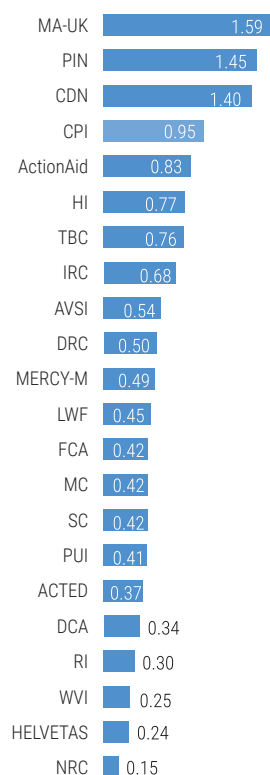
\* Note: These seats were occupied on a rotational basis. For other seats, the member organizations used alternate representation only if they could not attend the Advisory Board meeting.

ANNEX D

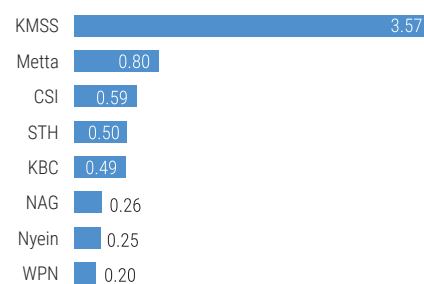
## ALLOCATIONS BY RECIPIENT ORGANIZATION

(In US\$ million)

### International NGO \$13.7M 66%



### National NGO \$6.6M 32%



### United Nations \$0.35M 2%



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