

EVALUATION OF THE UNICEF RESPONSE TO THE LEVEL 2 HUMANITARIAN CRISIS IN MYANMAR

EVALUATION REPORT



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Final Report

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May 2023



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ABBREVIATIONS AND ACRONYMS

AAP	Accountability to affected populations
ACAPS	Assessment Capacities Project
CBO	Community-based organization
CCCs	Core Commitments for Children in Humanitarian Action
CDM	Civil disobedience movement
CSO	Civil society organization
DAC	Development Assistance Committee
EAPRO	East Asia and the Pacific Regional Office
EQ	Evaluation question
FGD	Focus group discussion
GDP	Gross domestic product
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HPD	Humanitarian project document
HQ	Headquarters
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
INGO	International non-governmental organization
IT	Information technology
LTA	Long-term agreement
MoH	Ministry of Health
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PD	Programme document
PSEA	Prevention of sexual exploitation and abuse
POs	Purchase Orders
RCO	Resident Coordinator's Office
RRMP	Rapid Response to Movement of Population
SDG	Sustainable Development Goal
SOs	Sales Orders
SSFA	Small-Scale Funding Agreement
ToR	Terms of reference
TPM	Third-party monitoring
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Evaluation purpose and scope

1. This evaluation focuses on UNICEF's programmatic and operational response and preparedness in Myanmar after the activation of a Level 2 (L2) Corporate Emergency Procedure in July 2021 following the military takeover on 1 February 2021.
2. Building on evidence of how UNICEF responded to this emergency, the evaluation's purpose is to generate clear lessons learned for future preparedness and response efforts for similar crises, while setting forth recommendations for planning and directing ongoing recovery efforts in the country. The evaluation also aims to strengthen accountability towards affected populations, implementing partners and stakeholders.

Context

3. During the past 50 years, the Republic of the Union of Myanmar has witnessed a sequence of military takeovers, a resurgence of violence against minorities and the repression of dissent and democratic formations. All this, coupled with Myanmar's vulnerability to natural disasters – particularly earthquakes, floods and cyclones – along with the impact of the COVID-19 pandemic, caused a stagnation of the country's economic, health and social conditions despite the progress made since a nationwide ceasefire was declared in 2015. In February 2021, Myanmar experienced a military takeover, which placed around 17.6 million people (32 per cent of the total population), including 5.6 million children, in need of humanitarian assistance.
4. Following the military takeover, the UNICEF programme in Myanmar transitioned from mainly providing upstream support to the Government to a humanitarian response delivered through community-based organizations (CBOs) and national and international non-governmental organizations (INGOs). Towards the end of 2022, UNICEF revised its Humanitarian Action for Children (HAC) plan for Myanmar, increasing its funding and target requirements for 2023 to a total of US\$169.6 million with the aim of reaching 2.8 million people, including 1.9 million children.

Methodology

5. The evaluation team used a mixed-methods approach to answer the evaluation questions. UNICEF interventions were assessed using selected evaluative criteria for humanitarian assistance, namely relevance, effectiveness, coherence/connectedness, efficiency, coordination, coverage, and protection. The assessment also reviewed the operational and working arrangements of the interventions, including specific attention to elements of management, strategic partnerships and coordination.
6. Data collection included a desk review of over 300 relevant documents, 110 key informant interviews through a purposive sample of UNICEF and external stakeholders, in addition to focus group discussions (FGDs) that were conducted with 112 community members by the national expert and local researchers. Two online surveys were conducted, one for UNICEF staff and the other for partner organizations. Two remote validation workshops involving UNICEF staff were carried out, one following a presentation of preliminary findings in October 2022 and the other in March 2023 following circulation of the draft evaluation report.
7. The evaluation was managed by the UNICEF East Asia and the Pacific Regional Office (EAPRO) and the UNICEF Myanmar Country Office and supported by a Reference Group comprising UNICEF staff from Myanmar, EAPRO and Headquarters (HQ), plus one external member from the United Nations (UN) Resident Coordinator's Office (RCO) in Myanmar.

Summary of findings

The main findings based on each of the evaluation questions are as follows:

1. Relevance

8. UNICEF was able to adapt its strategy to the changed context guided by principles in the Core Commitments for Children in Humanitarian Action (CCCs) and Inter-Agency Standing Committee (IASC) guidelines, although this adjustment took time. A military takeover scenario had not been considered in UNICEF's preparedness planning and the after-effects provoked considerable trauma among staff. UNICEF took a pragmatic and flexible approach to shift from a government-led upstream programme to a humanitarian programme led by civil society organizations (CSOs), including smaller CBOs, which helped to extend UNICEF's coverage notably in remote areas.
9. UNICEF undertook a series of six rapid needs assessment surveys via telephone interviews to inform its programme design and support fundraising efforts. The survey results were shared with the Humanitarian Country Team (HCT) and cluster members. Efforts were made to consult with communities but time constraints, the limited capacities of national organizations and difficulties in accessing certain areas meant that their views were not reflected as much as was hoped.

2. Effectiveness

10. Following the military takeover, UNICEF was faced with a highly constrained humanitarian space that negatively affected effectiveness and efficiency, including access to affected communities in many locations, and difficulties in obtaining permits to import humanitarian supplies and visas for international staff. UNICEF was not sufficiently prepared for the military takeover and its subsequent aftermath, and international agencies spent much of the first few weeks focused on ensuring the safety and security of their staff. Family members of UNICEF's international staff were evacuated following the military takeover and around half of the staff ended up working outside the country and were eventually transferred. Many staff, particularly national staff who remained in Myanmar, were traumatized.
11. Supply timelines for international procurement were around 175–190 days, whereas lead times for local freight forwarders were reduced from over 280 days in 2021 to just over 100 days in 2022 by means of additional long-term agreements (LTAs) and more selective procurement. Apart from the relatively long lead times for procurement, the need to import several key commodities – including vaccines and nutritional supplies respecting international standards that UNICEF was required to meet – posed significant challenges to UNICEF's response. Limited funding and difficulty in accessing affected communities also constrained UNICEF's effectiveness. Only 34 per cent of the HAC appeal funding targets were met in 2021 and only 22 per cent had been raised for 2022 by the end of December 2022.
12. Effectiveness varied by sector and geographical area. Sectoral performance in Water, Sanitation and Hygiene (WASH) was reasonably good, whereas Health and Nutrition struggled to gain momentum largely due to their dependence on the authorities to facilitate implementation. Education, Social Policy and Child Protection all initially faced challenges but subsequently picked up momentum by significantly shifting their modus operandi to implementation by CSOs and informal networks using innovative approaches. The achievement of output targets in Rakhine and Kachin states, where UNICEF had humanitarian interventions prior to the military takeover, has generally been at least two to three times higher than that in other areas. However, UNICEF struggled to reach targets in areas where there were significant numbers of new displacements, such as the Sagaing Region, due principally to a lack of access.
13. The declaration of an L2 emergency was a helpful support in streamlining some processes and obtaining additional funding and staffing and it was clear that UNICEF Myanmar felt the benefits of being prioritized by the region. However, some delays were still experienced. Partner staff mentioned that some UNICEF sectors demonstrated less flexibility in comparison to other sectors that found it difficult to adapt in a timely way

in an environment where needs could rapidly change. Moreover, the declaration of an L2 emergency when first requested in March 2021 could have taken advantage of a window of opportunity during the first few months to import additional supplies and obtain visas, thus better positioning UNICEF to respond to the crisis.

14. UNICEF partners were required to have community feedback systems when they signed humanitarian project documents (HPDs). UNICEF itself initially had no systematic way of collecting community feedback directly or using feedback received from partners but was in the process of putting these systems in place during this evaluation, including more systematic collection of data through third-party monitoring (TPM).
15. UNICEF had already been using TPM prior to the military takeover for Rakhine and Kachin States where access was difficult. In the aftermath, UNICEF expanded TPM to other areas as its own access became more limited due to conflict, security constraints and difficulties in obtaining travel permits. This was found to be a good initiative although some areas for improvement were identified.

3. Coherence and connectedness

16. Prior to the military takeover, UNICEF's emergency preparedness focused almost exclusively on natural disaster events, and significant unplanned adaptations were required by the new context. Preparedness nevertheless came in useful, notably with contingency stocks that were distributed although there were insufficient quantities due to restrictions on the import of supplies after May 2021. Following the military takeover, emergency preparedness was largely confined to training and the capacity-building of partners and communities (through partners). Stand-alone emergency preparedness activities by UNICEF Myanmar were limited due to the need to focus on other priorities with limited funds and humanitarian space.
17. The shift to emergency mode happened more rapidly in UNICEF field offices, such as in Rakhine State, that were already implementing humanitarian interventions and had the capacity to respond to emergencies. Similarly, those sectors that had historically relied more on CSO implementation, like WASH, were able to rapidly adapt.
18. UNICEF's response has greatly expanded capacity-building opportunities for national CSOs and CBOs across all UNICEF sectors as part of community workforce readiness. Partners, in turn, have been training community members in activities ranging from teacher training to child protection. Interviews with staff from UNICEF and partners confirmed that this has the potential to be an invaluable investment for Nexus programming once the situation in Myanmar improves.

4. Efficiency

19. Many inefficiencies were caused by the challenging operating environment, including limited access to affected populations; the lack of import permits, visas for international staff and movement permits for staff; and security restrictions imposed by the United Nations. UNICEF was nevertheless seen as being able to scale up its response relatively rapidly in a difficult operating context. Some prepositioned supplies and existing LTAs with local suppliers initially helped to facilitate critical life-saving support to affected communities. Most of the surge and newly appointed staff deployed to fill staffing gaps were only able to provide remote support. Feedback from national staff about their value-added was mixed and often related to the individual's knowledge of the context. The expanded use of information technology (IT) tools following the COVID-19 pandemic was an important innovation that increased UNICEF's efficiency during the response.
20. The declaration of an L2 emergency provided UNICEF with more flexible and efficient procedures, but their application was reported by partners to be inconsistent between different sections. UNICEF has taken steps to adapt its administrative processes to CBOs with limited capacity and experience in managing grants.
21. Longer-term programming was included in UNICEF's response strategy, but significant limitations have been imposed by the context. At the same time, partnerships have greatly expanded capacity-building opportunities for CSOs and CBOs across all UNICEF sectors. As described above, the increased capacity of national actors was an investment that can potentially support UNICEF's Nexus programming in the future.

5. Coordination

22. UNICEF's performance regarding its own programme was more effective than the performance of the IASC clusters it was leading, particularly at a regional level, due to the lower priority given to clusters, including a lack of funding. By mid-2022, national cluster coordination had reportedly improved but at a regional level performance continued to be uneven, in part since several UNICEF staff were double hatting with UNICEF and cluster-lead roles. Partners interviewed and surveyed were nevertheless positive about the roles UNICEF played in clusters. CBOs, for their part, had difficulty in engaging fully with the clusters due to their lack of capacity and experience with international systems.
23. UNICEF coordinated well with other international actors, including peer UN agencies and CSO partners. Some donors felt they did not consistently receive enough information from clusters or from the UNICEF office, which was of concern given that most donors did not have the option of travelling within Myanmar.
24. UNICEF worked with the United Nations Country Team (UNCT) to agree on common approaches and had specific partnerships with other UN agencies within the framework of the Humanitarian Response Plan. While the UNCT engagement guidelines provided clarity about a common United Nations position on engagement with the de facto authorities, the perception among some UNICEF staff was that the guidelines hindered humanitarian operations due to UNICEF's interpretation compared with some peer agencies that were reported to have adopted more flexible approaches. At the same time, the 2022 Peer-2-Peer review found that the overall low-profile approach taken by the United Nations to negotiating and securing access did not result in significantly improved access.
25. The Regional Office periodically reviewed and followed up on a work plan of activities to support UNICEF Myanmar's programme after the L2 emergency had been declared. Senior management also organized regular town hall meetings with staff to inform and help to manage trauma and stress.

6. Coverage

26. UNICEF expanded its programme coverage as the conflict intensified so that the HAC appeal target population increased from 867,380 people (including 316,164 children) to 1.4 million (including 1.1 million children) in 2022. Although survey respondents gave favourable ratings for UNICEF coverage, interviews and narrative responses described the difficulties that UNICEF had in delivering assistance to many areas, including the Sagaing Region which accounted for almost half of new displacements.
27. The extent to which UNICEF met its targets varied significantly between activities, sectors and geographical areas. With the exception of WASH, most sectors were only able to reach less than 30 per cent of their targets. For areas like the Sagaing Region, where there was ongoing active conflict and large numbers of displaced people, coverage was very low (0–16 per cent) because of severely constrained access due to security and other factors.

7. Protection

28. CSO partners described how UNICEF had been flexible in its approach to extend protection coverage to affected populations fleeing armed conflict. UNICEF intervention areas ranged from psychosocial support for children and caregivers, support for the prevention and mitigation of gender-based violence and the prevention of sexual exploitation to provision of support to victims of explosive ordnance through a broader case management mechanism.
29. The prevention of sexual exploitation and abuse (PSEA) was an area of particular focus in UNICEF's response. Two consultants were recruited to assess and build capacity for local partners as some of these partners had received high risk ratings due to their low capacity. This was reflected in the survey since almost half of UNICEF staff felt that they did not have sufficient information to be able to confirm that PSEA principles were being respected.

30. Special arrangements were made for a lawyers' network that was not registered as an organization but rather loosely connected lawyers providing pro bono services for children and youths held in detention. UNICEF's Monitoring and Reporting Mechanism succeeded in activating the reporting system, which informed much of UNICEF's advocacy. Protection was challenging to implement, yet UNICEF's support provided an important evidence base for advocacy even if affected communities expected UN agencies to do more to protect their rights.
31. Protection was another area where national staff in UNICEF were obliged to step up and take the lead since three of the four international staff in the unit left the country soon after the military takeover.



Conclusions

This section begins with an overall statement followed by summary versions of conclusions and recommendations linked to each conclusion.

OVERALL STATEMENT

The evaluation team's conclusions for the three overarching questions posed in the terms of reference (ToR) for this evaluation are described below.

1. How well has UNICEF responded to the Myanmar humanitarian situation?

Like most other humanitarian agencies in Myanmar, UNICEF was not sufficiently prepared for a crisis of this nature. The Country Office was nevertheless able to make use of the preparedness efforts it had invested in for disasters, including emergency preparedness stocks, pre-existing tools (such as TPM) and learning about remote management from the COVID-19 pandemic. The shift from a government-led upstream programme to delivery of humanitarian programmes through CSOs happened relatively quickly although the ability to respond varied by sector and geographical area.

The L2 emergency declaration by UNICEF provided needed support to the Country Office although application of procedures and protocols was inconsistent between sections. The L2 emergency was declared five months after the military takeover at a time when restrictions on imports and visas were being progressively tightened and there was little doubt that UNICEF would have been better positioned to respond if the L2 emergency declaration had been done earlier.

UNICEF increasingly relied on partners, notably local CBOs and local networks that are able to access hard-to-reach populations, to ensure that its limited assistance was distributed according to need. UNICEF was increasingly successful in this quest by adapting its processes for smaller organizations that are more flexible. However, UNICEF still faced obstacles in prioritizing its assistance according to need, notably in assessing needs and responding in a timely way to meet the needs of newly displaced populations and their hosts.

2. What UNICEF approaches have had the most impact on identifying and addressing the needs of affected households and populations and what have been the main barriers in the response so far?

The main barrier in the response was the lack of humanitarian space which restricted UNICEF's access to affected communities, limited imports of humanitarian supplies and forced several senior international staff to work remotely while waiting for visas. Another major barrier was the low level of funding for this crisis. However, while more funding would help to increase assistance coverage, UNICEF would not be able to achieve the targets described in the HAC appeal without addressing the barrier of humanitarian space. A third major barrier was human resources. Like other UN agencies, UNICEF relied on international staff to fill senior management positions. Such staff, even those who obtained visas, needed to understand the context, a difficult undertaking due to the travel restrictions placed upon them both by the de facto authorities and the United Nations.

To address these barriers, UNICEF needed to transform its way of working to better support CSOs, and its partnerships with small, local CBOs in particular have helped UNICEF to extend coverage to affected populations in conflict-affected areas. Many of these CBOs had little prior experience of working with UN agencies, and UNICEF adapted its approach accordingly, providing capacity-building, streamlining processes for small grants and funding overhead costs. At the same time, UNICEF also significantly expanded TPM to help monitor the quality of its assistance and the extent to which it is fulfilling its commitments for accountability to affected populations (AAP).

3. What actions and changes in strategy are required to develop a conflict-sensitive, medium-term programme for the affected states of Myanmar?

Specific conclusions linked to a list of eight strategic recommendations are listed below. These are designed to help UNICEF develop a conflict-sensitive, medium-term programme for the affected states of Myanmar. The recommendations are mainly aimed at UNICEF Myanmar, but some are also relevant to the Regional Office and HQ.

SPECIFIC CONCLUSIONS

1. Emergency preparedness did not sufficiently assess risks and lessons learned.

Most of the humanitarian community, including UNICEF, does not appear to have paid sufficient attention to early warning signals of an imminent crisis and was not sufficiently prepared to respond. Even though the prospect of a military takeover may have appeared to be remote, it was far from an unlikely event and subsequent events have demonstrated the importance of incorporating this scenario into contingency planning given the scale of the impact. The humanitarian space has become progressively more restricted by more stringent visa procedures for international staff, movement authorizations and import permits, a situation comparable to the experience in Myanmar up until 2008 when the country was under military control. Except for staff who had worked in Rakhine and Kachin States who were used to working in a highly restricted environment, most of the staff, national and international, had no prior experience of working in a context with severe restrictions on procurement, movement and access.

2. UNICEF needs to be more agile in responding to needs in a context where emerging conflicts cause new and sustained displacements.

The Sagaing Region was an example repeatedly mentioned by the staff of both UNICEF and partners of how UNICEF had difficulty in responding to newly emerging needs where there was frequent, and at times repeated, displacement. Given the constraints on UNICEF and UN agencies in general due to rigorous safety and security regulations and other limitations, there was a need to develop agile mechanisms that could rapidly assess the scale and level of vulnerability and needs. There are ongoing initiatives in Myanmar to develop an inter-agency system where UNICEF has a key role due to its capacity and IASC lead roles. UNICEF can therefore support and strengthen inter-agency systems while at the same time increasing the relevance and effectiveness of its own programme by drawing on its comparative advantages and lessons from similar contexts characterized by rapid and frequent displacements due to conflict.

UNICEF has used 'Rapid Response to Movement of Population' (RRMP)¹ consortia partner systems to reasonable effect in the past in contexts where there are regular displacements. RRMP teams conduct coordinated assessments and deliver assistance according to protocols they have adapted based on learning.

3. UNICEF has made good progress in partnering with CSOs and CBOs to increase support to affected communities in hard-to-reach areas but should continue to streamline its way of working with small local partners.

During this crisis, humanitarian agencies have learned that if they are to successfully address needs, they need to give a much greater and more meaningful role to national organizations, including CBOs, which have demonstrated that they are able to access hard-to-reach communities. Changes in delivery modalities to increase the roles of national CSOs and CBOs, complemented by capacity-building, provided UNICEF with a reasonably effective delivery mechanism. This shift resulted in some delays in adapting UNICEF administrative procedures, especially given that for many UNICEF staff this was an unfamiliar way of working. UNICEF was one of the UN agencies that did not cover overhead costs of national partners but this changed in October 2022 when it provided an additional 7 per cent of CBO budgets to cover indirect support costs.

¹ In the Democratic Republic of Congo, UNICEF eventually replaced the RRMP with a less costly Rapid Response Mechanism (UniRR). See DARA, *Evaluation of the Rapid Response to Population Movement (RRMP) Mechanism based on Performance, UNICEF Democratic Republic of the Congo (DRC), 2018*, for a summary of lessons learned.

4. UNICEF needs a stronger business case to justify coverage of priority humanitarian needs in Myanmar.

Fundraising was problematic for UNICEF in Myanmar. There were various reasons for this, including the politicization of the crisis, the prioritization of humanitarian funding for other crises, notably Ukraine, global economic stress and perceptions among some donors that there were potentially more effective and efficient ways of reaching those most in need than through UNICEF. While a strong business case should help with fundraising, it can also strengthen coordination with partners and AAP with communities.

5. UNICEF's cautious approach to implementing the UNCT engagement guidelines has hampered its humanitarian access.

The engagement guidelines for UN agencies provided some coherence to the response but did not provide sufficient practical guidance for operations on the ground. The UNCT engagement guidelines provided high-level guidance, and the programmatic guidelines gave more detailed guidance about project design, but UNICEF field staff did not feel they had the authority to negotiate and make decisions on the delivery of humanitarian aid to affected communities.

UN agencies in Myanmar appear to be interpreting the UNCT engagement guidelines in different ways, with some reportedly gaining more humanitarian space as measured by visas and import permits granted. UNICEF needed to walk a fine line to open humanitarian space while maintaining partnerships throughout Myanmar. While the context was somewhat different to that which existed prior to 2008 when Myanmar was under the control of military authorities, many of the characteristics that restricted humanitarian space were similar and it would be worth looking back at lessons learned from previous successful efforts by UN agencies to optimize humanitarian space.

6. Good public communication and building trust among partners will be key factors in improving access and AAP.

Internal and external communication have been a critical component of UNICEF's programme in the Myanmar context. UNICEF may need to take a more strategic approach to clarifying its public image to help address misperceptions in a highly volatile environment.

UNICEF has recently developed systems to address AAP more systematically and subsequently needed to strengthen trust with partners and affected communities. A common understanding of AAP approaches by UNICEF and partners has helped to engage communities. However, systems were only being put in place so that UNICEF could follow up and/or provide feedback to communities as this evaluation was being implemented, two years after the military takeover.

7. UNICEF Myanmar does not have a joined-up system for tracking delivery of supplies to the end users (affected communities).

Procurement of relief items was a major component of UNICEF's response. The tracking system currently used by the UNICEF Supply Division only tracks commodities until they are delivered to the warehouse or handed over to a partner. Subsequent tracking then becomes the responsibility of the concerned section, which does not always have the information readily available. Myanmar provided an example of where it can sometimes take considerable time for relief supplies to get from the warehouse to the affected community. A user-friendly tool for programme staff to track procurement all the way to communities would provide a more accurate picture of supply chains from request to delivery to the end user in communities. This would improve UNICEF's accountability to affected populations.

8. UNICEF was already using TPM systems prior to February 2021, and this provided a useful basis to expand and improve on its monitoring capacity.

The TPM system set up prior to the military takeover provided a useful tool that could be adapted to a context where access to affected communities becomes progressively more difficult. The mechanism was expanded so that UNICEF could monitor its response but improvements in the format and protocols (e.g., follow-up, feedback to partners) may be needed to strengthen its usefulness.

This conclusion was consistent with the IASC Peer-2-Peer review which recommended that cluster lead agencies develop and disseminate clear guidance on reporting templates and fulfilling their AAP commitments.

Summary of recommendations

A summary list of the recommendations is provided below. The complete version of these recommendations with additional guidance can be found at the end of this report.

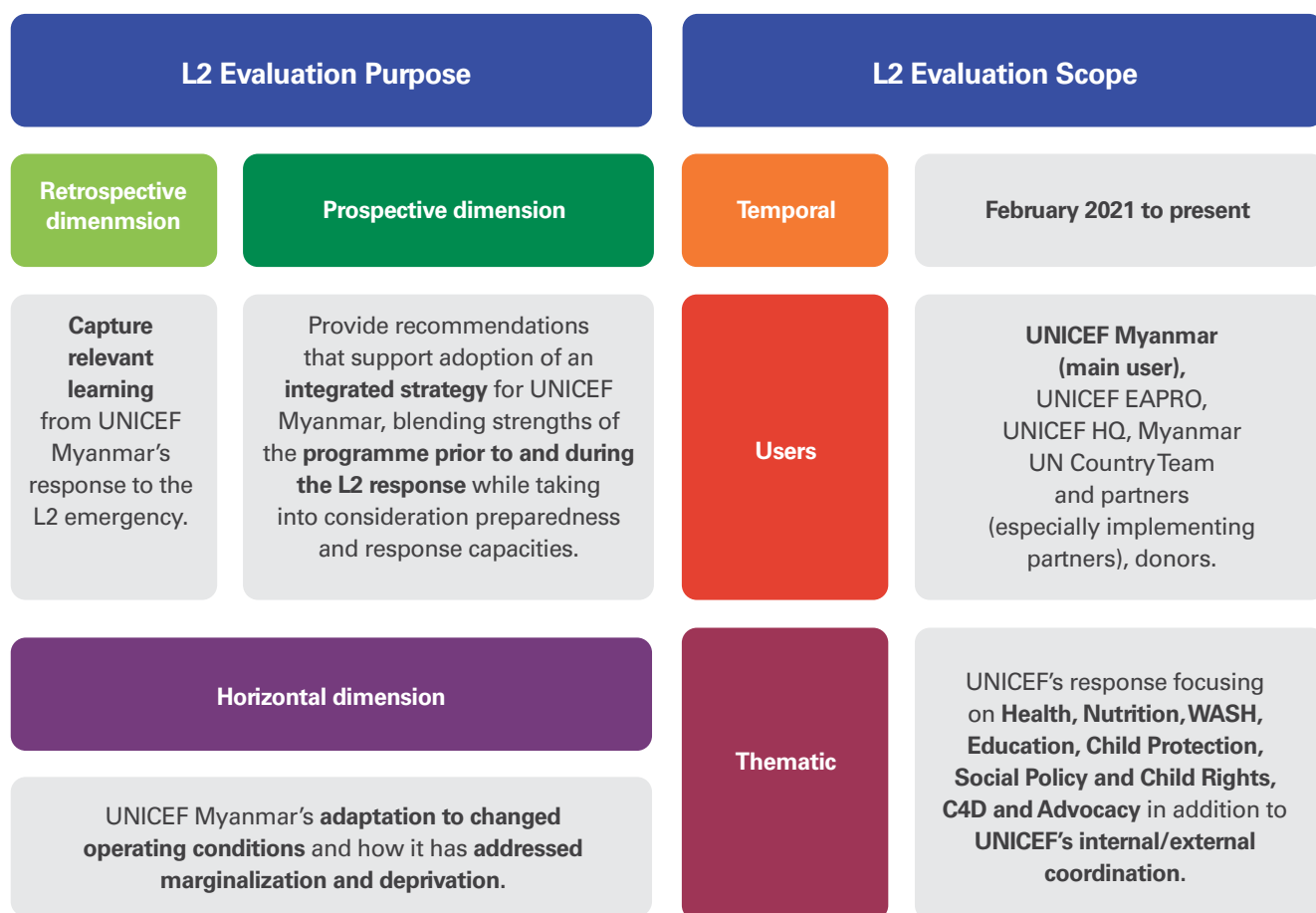
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- R1.** UNICEF at all levels (country, regional, HQ) should consider all relevant scenarios, including worst-case and politically sensitive ones, when carrying out emergency preparedness planning.
-
- R2.** UNICEF should continue to support and strengthen agile anticipatory systems within both UNICEF and inter-agency initiatives to be able to rapidly assess and respond to emerging humanitarian crises.
-
- R3.** UNICEF should continue to adapt systems to facilitate the work and increase the efficiency of CBOs.
-
- R4.** UNICEF should strengthen its business case by demonstrating the return on investment (value for money) for the selected intervention type.
-
- R5.** UNICEF should restructure its staffing to be better positioned to deliver.
-
- R6.** UNICEF should build trust with national stakeholders.
-
- R7.** UNICEF should improve the efficiency of the supply chain and support AAP by using innovative approaches to extend tracking to affected communities.
-
- R8.** UNICEF should improve TPM by making the process more participatory and fit-for-purpose while producing user-friendly outputs.
-



1. INTRODUCTION

32. This evaluation focuses on the programmatic and operational response and preparedness of UNICEF in Myanmar after the activation of an L2 Corporate Emergency Procedure following the military takeover on 1 February 2021.
33. Building on evidence of how UNICEF responded to this emergency, the purpose of the evaluation is to generate clear lessons learned for future preparedness and response efforts to sudden onset crises, while generating recommendations for ongoing and future humanitarian response interventions. The evaluation also aims to strengthen accountability towards affected populations, partners and stakeholders. The ToR of the evaluation provides further details (see [Annex 1](#)).

Figure 1. Evaluation subject, purpose and scope



Source: Elaboration of the evaluation team.

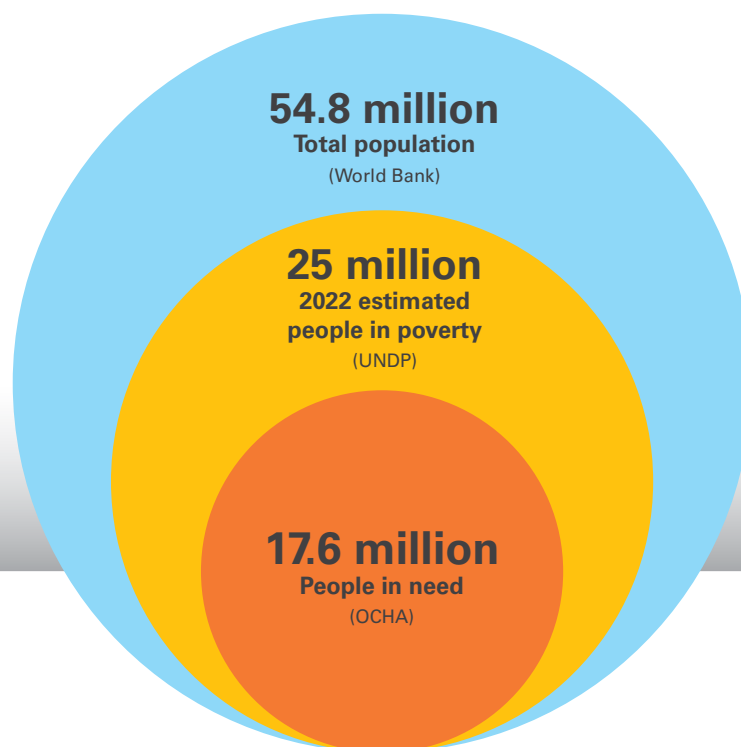


2. COUNTRY AND OPERATING CONTEXT

Country context

34. During the last 50 years, the Republic of the Union of Myanmar has witnessed an almost uninterrupted sequence of military takeovers, controls on the population, impositions of forced labour, resurgence of violence against minorities and repression of dissent and democratic formations. All this, coupled with Myanmar's vulnerability to natural disasters – particularly earthquakes, floods and cyclones – along with the outbreak of COVID-19, caused a stagnation of the country's economic, health and social conditions despite the progress made since a nationwide ceasefire was declared in 2015.
35. In February 2021, Myanmar experienced a military takeover that subjected the country to a new emergency affecting some 17.6 million people (32 per cent of the total population), including 5.6 million children,² greatly increasing the need for humanitarian assistance.³
36. **Figure 2** and **Figure 3** below show how needs have increased since the military takeover while populations targeted for assistance have remained relatively small due mainly to a combination of lack of resources and access constraints.

Figure 2. Total population and people in need (as of early December 2022)

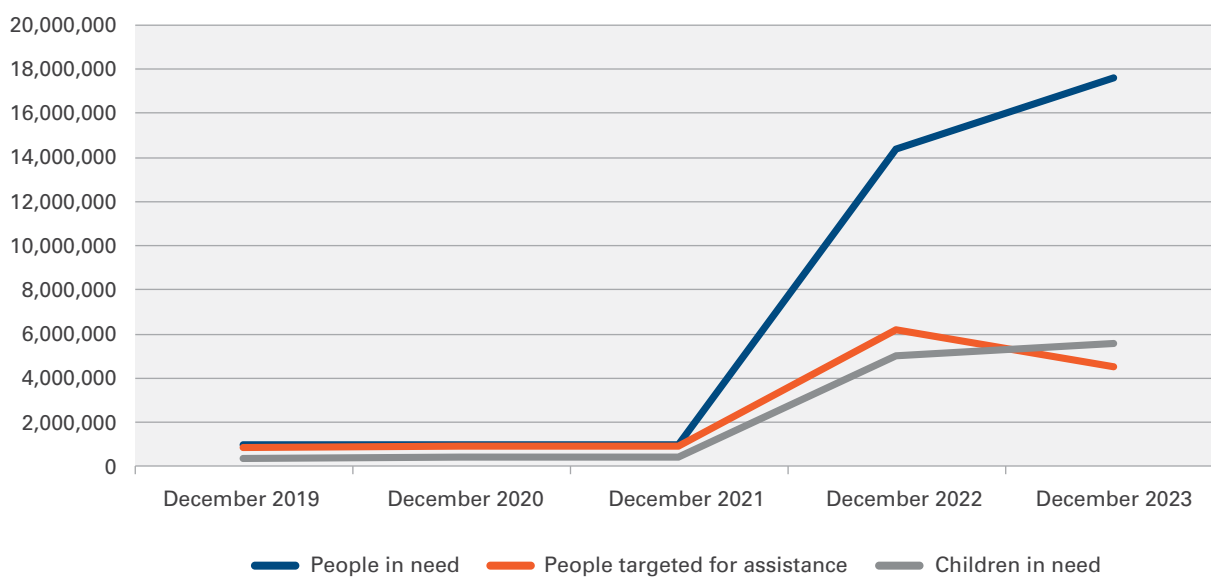


Source: Elaboration of the evaluation team based on World Bank, UNDP and OCHA data.

² OCHA Myanmar, 'Myanmar Humanitarian Response Plan 2023', January 2023, https://myanmar.un.org/sites/default/files/2023-01/mmr_humanitarian_response_plan_2023%20final.pdf.

³ Ibid.

Figure 3. Population earmarked for assistance against actual needs, Myanmar⁴ (as of early December 2022)



Source: Elaboration of the evaluation team based on OCHA Myanmar via ReliefWeb dataset.

37. The Republic of the Union of Myanmar lies between India and China and borders Bangladesh, Lao People's Democratic Republic and Thailand. Myanmar has the second largest national land area in Southeast Asia and a long coastline. The country has a population of approximately 54.8 million people,⁵ including 135 recognized ethnic groups, 70 per cent of whom live in rural areas.⁶ Myanmar has extremely diverse agro-ecological zones, fertile land and a wealth of natural resources.
38. Following a decade of consistent economic growth culminating in the election in November 2015 of the new civilian Government led by Daw Aung San Suu Kyi, Myanmar is facing multiple crises of an unprecedented magnitude triggered by the military takeover of February 2021, with devastating effects on the security and well-being of its 17 million children.
39. After the military takeover, a nationwide civil disobedience movement (CDM) emerged and subsequently evolved into armed resistance, with a surge of armed conflict in the border areas. Essential public services and economic activities were severely disrupted. The initial phases of the CDM were characterized by nationwide strikes that challenged the interests of business and foreign multinationals. This unpredictable situation was also coupled with a lack of raw materials and finished goods, which forced several local and international garment manufacturers to pause the placement of new orders and gradually withdraw from the country. The unemployment rate, which had already increased due to the COVID-19 pandemic, rose even more. Against the 20.5 million people employed in 2020, in 2021 an estimated 8 per cent of the workforce – or 1.6 million people – lost their jobs, affecting those both in the formal and informal sectors. Construction, garments, tourism and hospitality were among the hardest hit industries in 2021. It is worth noting that women were most affected, particularly those working in the garments, tourism and hospitality sectors.⁷

⁴ Please note that these figures fluctuate during any given month and cumulative numbers are not always available.

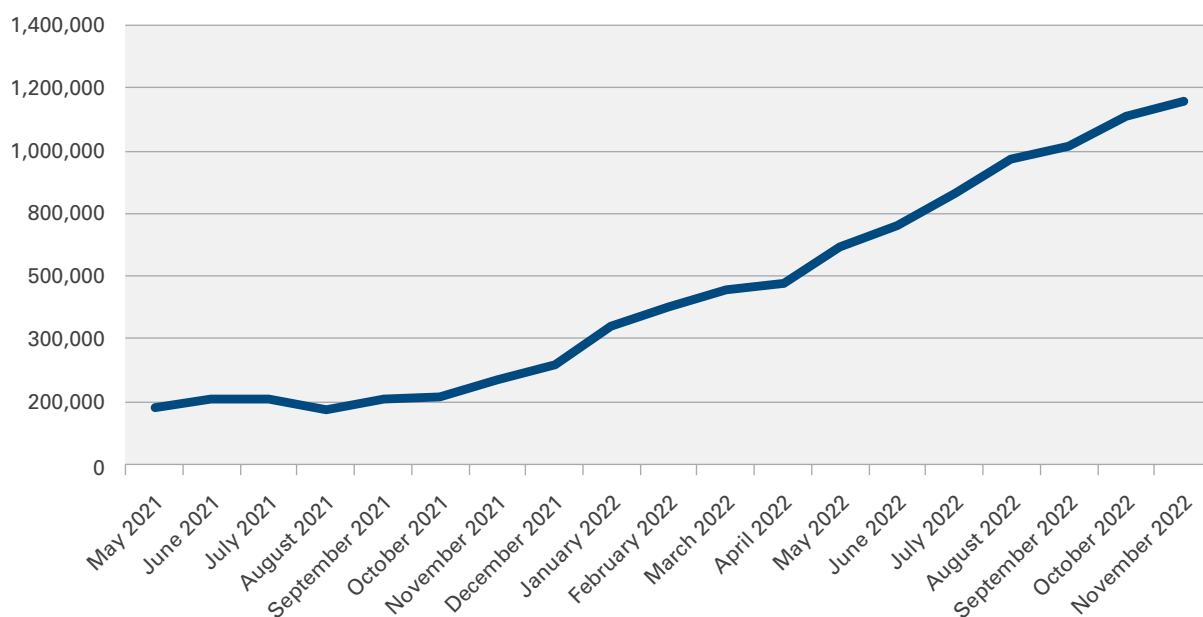
⁵ United Nations Department of Economic and Social Affairs, Population Division, *The 2022 Revision of World Population Prospects*, Myanmar. The projected population for 2022 is based on the 2014 census and annual population growth rates and the UNHCR assessed number of non-displaced stateless people in Rakhine.

⁶ World Bank indicators; 2019 Myanmar Inter-Censal Survey, <https://www.dop.gov.mm/en/publication-category/2019-inter-censal-survey>.

⁷ International Labour Organization, 'Employment in Myanmar in 2021: A rapid assessment', ILO brief, January 2022.

40. Cash shortages and the depreciation of the national currency – the Myanmar kyat – deepened an already dire economic situation, with an estimated 18 per cent decrease in gross domestic product (GDP) during the 2021 financial year.⁸ Poverty was projected to increase to pre-2005 levels by early 2022,⁹ with rising prices and a widespread loss of income pushing the most vulnerable people to resort to crisis or emergency coping mechanisms to access basic services (particularly health, nutrition, WASH, and social and child protection services). Almost half of the population (46 per cent) was expected to be living below the poverty line in 2022,¹⁰ particularly in the peri-urban areas of Yangon and Mandalay under martial law. More than 13 million people were expected to experience moderate or severe food insecurity,¹¹ with rural areas being the most affected due to the recent disruptions to the agriculture sector, which employs a high share of the country's working poor.
41. Moreover, the military takeover and subsequent violent crackdown on peaceful protests have rekindled previously dormant conflicts among the various ethnic armed groups, particularly in Kachin, Rakhine and Shan States.¹² The 2022 Humanitarian Response Plan estimated that almost 12 million people in these States were in need of humanitarian assistance out of a total of around 17.6 million people in need nationally.¹³ Overall, since February 2021, approximately 1,159,200 people are displaced internally across the whole country (see **Figure 4**), in addition to 330,400 people living in protracted displacement even before the military takeover. With few signs that the conflict will abate, more people were expected to flee to neighbouring countries such as Bangladesh, Malaysia and Thailand and also internally, particularly in the northwest and southeast regions, including areas that have not seen conflict for many decades (i.e., Chin, Sagaing and Magway).¹⁵ In July 2022, a significant surge in the numbers of internally displaced persons (IDPs) was reported, notably in the Sagaing Region.

Figure 4. Number of IDPs since May 2021 (as of early December 2022), Myanmar



Source: Elaboration of the evaluation team based on OCHA Myanmar via ReliefWeb dataset.

⁸ World Bank, 'Myanmar Economic Monitor July 2021', <https://pubdocs.worldbank.org/en/525471627057268984/Myanmar-Economic-Monitor-July-2021>.

⁹ United Nations Development Programme, *Impact of the Twin Crises on Human Welfare in Myanmar*, November 2021.

¹⁰ Ibid.

¹¹ Food Security Cluster estimate based on assessments conducted in 2021.

¹² Crisis Group, 'Myanmar's Coup Shakes Up Its Ethnic Conflicts', Report No. 312, 12 January 2022, <https://www.crisisgroup.org/asia/south-east-asia/myanmar/319-myanmars-coup-shakes-its-ethnic-conflicts>.

¹³ OCHA, 'Myanmar Humanitarian Needs Overview 2022', January 2021.

¹⁴ 'Myanmar UNHCR displacement overview 5 December 2022'.

¹⁵ OCHA Myanmar.

42. As 2022 drew to a close, armed clashes, compounded by tight security, access restrictions and threats against aid workers, continued to hamper humanitarian operations across Myanmar. An escalation of the conflict was observed across the country, including heavy fighting in existing 'hot spot' regions such as the northwest and southeast. The humanitarian community hoped that an informal ceasefire agreement between the Arakan Army and the Myanmar Armed Forces could create space for the delivery of much-needed assistance in Rakhine and southern Chin States where access was restricted.¹⁶ A new Association Registration Law was approved in late October, repealing the 2014 law, which provoked deep concern among humanitarian agencies since it would make delivery of life-saving humanitarian assistance even more difficult.¹⁷ Inflation in commodity prices, including for food and fuel, deepened the socioeconomic stresses on communities, forcing populations to adopt negative coping mechanisms.
43. Even prior to the crisis, there were substantial disparities in child-specific social indicators between the country's seven states. Myanmar was still classified as a lower-middle-income country, ranking 147th of 188 countries in the 2021 Human Development Index and in the Gender Inequality Index. Underrepresented segments of the population – including women, elderly people and minorities – were affected disproportionately by poverty, ethnic conflict and climate change. Despite reporting significant funding increases for the 2017–2018 financial year – which were largely due to investments in the Maternal and Child Cash Transfer programme, the Social Pension programme and Early Childhood Care and Development – the overall percentage of the national budget dedicated to social welfare (0.49 per cent) was still very low compared to other countries in the region.¹⁸ With frequent floods, landslides and cyclones, Myanmar is among the countries most vulnerable to the effects of climate change: natural disasters are estimated to cost up to 3 per cent of Myanmar's annual GDP, and the longer-term impacts may be still greater.¹⁹ The country was severely affected by the COVID-19 pandemic, with a third wave between June and August 2021, resulting in a total of 633,457 confirmed cases reported to WHO since 2020.²⁰ Although vaccines are being distributed by the *de facto* authorities, Myanmar was still far from reaching targets set by WHO to vaccinate 40 per cent of the population by the end of 2021 and 70 per cent by mid-2022.
44. The military takeover has effectively erased gains made during the country's fledgling transition to democracy and development, leading to ongoing protracted and multifaceted needs, with significant numbers of IDPs and displacement-affected communities, refugees and vulnerable residents, including children requiring assistance, combined with underdevelopment and a need to address the root causes of vulnerability.
45. The L2 evaluation has therefore considered significant issues affecting Myanmar. More specifically:
- a. The uncertain scenario brought about by the military takeover and its specific implications in terms of human rights violations and barriers to basic services;
 - b. The persistence of active fighting in several regions throughout the period covered by this evaluation, particularly in the northwest and southeast, resulting in consistent population displacement and severely limiting access for the delivery of essential services to the most vulnerable population;
 - c. The fighting as a reminder of the importance of coordination among international organizations and distribution of aid in the country; for despite impeded access and other constraints, UNICEF and its implementing partners are the only actors responding to the basic and humanitarian needs of the affected population.

¹⁶ UNICEF Myanmar, 'Myanmar Humanitarian Situation Report No. 10 – 30 November 2022'.

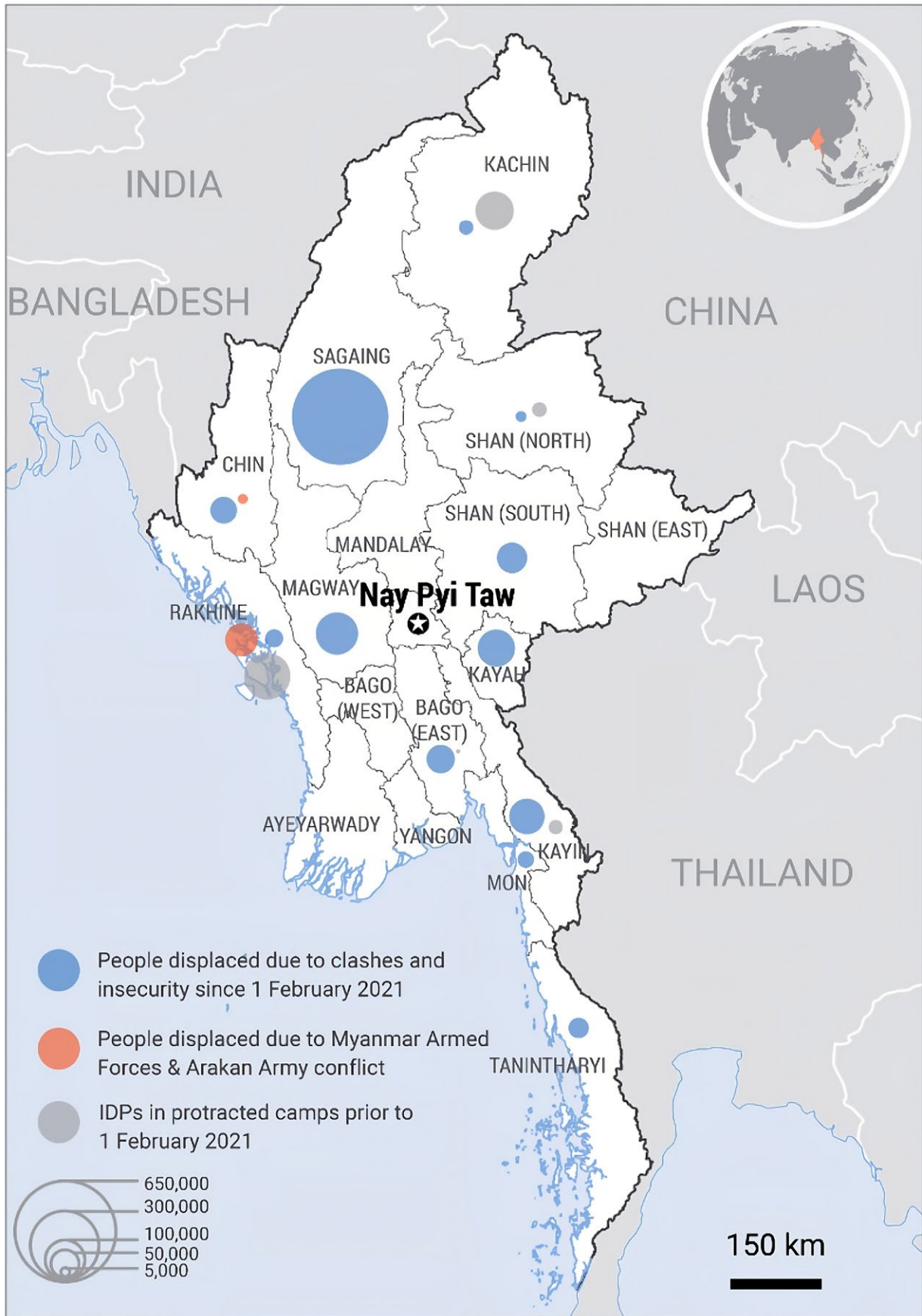
¹⁷ United Nations Human Rights Office of the High Commissioner South-East Asia Regional Office, 'Myanmar: UN Human Rights Office deeply concerned by new NGO law', News release, 28 November 2022.

¹⁸ Myanmar 2019–2020 Social Welfare Budget Brief, Ministry of Social Welfare, Relief and Resettlement.

¹⁹ Myanmar Information Management Unit, 'Climate, Environmental Degradation and Disaster Risk in Myanmar: A MIMU analytical brief', May 2022.

²⁰ WHO Health Emergency Dashboard, accessed 20 December 2022.

Figure 5. Affected areas and displaced people across Myanmar at the end of 2022



Source: OCHA Myanmar, Myanmar Humanitarian Update No. 24, 3 December 2022.

UNICEF in Myanmar

46. UNICEF has been delivering programmes in Myanmar since 1950, shortly after the country achieved independence. UNICEF has more than 270 staff currently deployed across its main offices in Yangon and Naypyitaw and seven field offices,²¹ covering all conflict-affected states and regions in the country.
47. Prior to the military takeover, the response of UNICEF in the country was guided by the 2018–2022 Country Programme Document, which was subsequently extended to cover 2023. In line with UNICEF’s Strategic Plan 2018–2021 and its Goal Areas (outcomes),²² the UNICEF country programme in Myanmar integrated six interrelated outcomes:
- Programme component 1. Health and Nutrition
 - Programme component 2. WASH
 - Programme component 3. Education
 - Programme component 4. Child protection
 - Programme component 5. Social policy and child rights monitoring
 - Programme component 6. Programme effectiveness
48. During implementation of the 2018-2022 Country Programme Document, UNICEF also worked at the central government level to support systems-building and upstream work in each component area. The main focus of UNICEF’s work both at central and field level may be briefly summarized as follows:
- a. Overall support for the implementation of child-relevant Sustainable Development Goals (SDGs);
 - b. Health and Nutrition: support for health systems strengthening, integrated health and nutrition services;
 - c. WASH: support for WASH national strategy implementation;
 - d. Education: support for the National Education Strategic Plan in specific output areas;
 - e. Child protection: strengthening social work, addressing violence against children and vulnerability through capacity-building at central level and work at state level, including in conflict areas;
 - f. Social policy and child rights monitoring: strengthen social protection, relevant government mechanisms and data gathering capacity, as well as public finance systems that benefit children.
49. In relation to capacity-building, the Country Programme Document addressed the issue of institutional capacity-building in social services delivery and information systems, providing training and technical advice on issues such as the development, management and use of data, the design and implementation of inclusive and integrated social programmes, and on equity-sensitive planning, budgeting and implementation. These capacity-building efforts focused on the key ministries partnering with UNICEF (Social Welfare, Education, Health and Sports, Relief and Resettlement, and so forth) and corresponding departments at state/regional level.
50. With regard to the COVID-19 response, UNICEF support included advice at the national level and the provision to affected communities of essential life-saving services and supplies (i.e., local procurement and distribution of information, education and communication materials and WASH supplies) to fill critical gaps in service delivery. UNICEF also provided technical assistance to local authorities and frontline staff – for example in the form of technical coordination support for the development of the COVID-19 response plan in Kayin State.
51. The Myanmar Country Programme was notably anchored in national priorities and harmonized with the overall development assistance available to the country. The programme was designed to contribute to the SDGs (specifically SDG 1, 2, 3, 4, 5, 10 and 17) in addition to the United Nations Development Assistance Framework (UNDAF)²³ 2018–2022 outcomes. These outcomes are framed around the five ‘Ps’ of the SDGs: People, Prosperity, Planet, Peace and Partnerships. UNICEF in Myanmar focused in particular on three UNDAF outcomes:
- a. All people in Myanmar, particularly those affected by poverty, unemployment and vulnerability, benefit from improved sustainable access to social services and enhanced opportunities for human development to reach their full potential.
 - b. By 2022, Myanmar is enabled to engage in sustainable development processes through enhanced equitable and transparent management of natural resources, environment, climate and disaster risks.
 - c. By 2022, all people in Myanmar enjoy greater peace, democracy, justice, human rights and equality.

²¹ UNICEF has two main offices, in Yangon and Naypyitaw, as well as five field offices and two sub-offices.

²² UNICEF’s Goal Areas are as follows: Outcome 1: Goal Area 1: Every child survives and thrives; Outcome 2: Goal Area 5: Every child lives in a safe and clean environment; Outcome 3: Goal Area 2: Every child learns; Outcome 4: Goal Area 3: Every child is protected from violence and exploitation; Outcome 5: Goal Area 4: Every child has a fair chance in life.

²³ In 2019, UNDAF was renamed ‘United Nations Sustainable Development Cooperation Framework (Cooperation Framework)’ to more accurately reflect the relationship and collaboration between governments and the United Nations development system to achieve the SDGs.

UNICEF’s response to the crisis

52. Following the military takeover in February 2021, resources were diverted to the implementation of the Interim Emergency Response Plan developed under the leadership of the HCT, which was updated in January 2022 with the new **Humanitarian Response Plan**. A key component of the response strategy was to strengthen partnerships with a variety of local and international partners (including NGOs, CSOs, CBOs and the private sector) to ensure the continued implementation of UNICEF programmes to reach children, including in areas where access was difficult.
53. UNICEF-supported humanitarian interventions prior to 2021 were limited to certain geographical areas in Rakhine, Kachin, Shan and Chin States. Following the military takeover UNICEF transitioned from a programme that mainly provided upstream support to the Government to humanitarian response interventions to address needs arising from conflict, displacement and natural disasters. UNICEF’s response thus had an overall goal of mobilizing a multisectoral response to meet the humanitarian needs of affected populations. Key elements of UNICEF’s strategies are described in [Table 1](#) below.

Table 1. UNICEF response strategy for the Myanmar conflict²⁴

Programme	Coordination
Provide immediate support to WASH, health, nutrition, child protection and education	Support providers of services and duty bearers, as they provide and coordinate the international response
Implement an approach that equitably reaches affected communities in different locations	Lead and coordinate the cluster response in sectors where UNICEF was cluster lead or co-lead
Support vulnerable groups in hard-to-reach rural areas	Seek and foster inter-agency complementarity by implementing the response strategy in coordination with key partners
Prioritize and address the needs of vulnerable groups, including girls, children with disabilities and those living with HIV and AIDS	Operations
Use a programming approach that delivers an integrated package of services	Reinforce UNICEF’s field presence and humanitarian capacity to provide operational support
Link UNICEF’s humanitarian response to recovery programming through working with governments and the cluster system	Establish operational hubs in the vicinity of the areas most affected
Implement ‘build back better’ programming to build community resilience	Promote innovation through technological platforms and approaches for assessment, data collection, monitoring, information-sharing and feedback collection

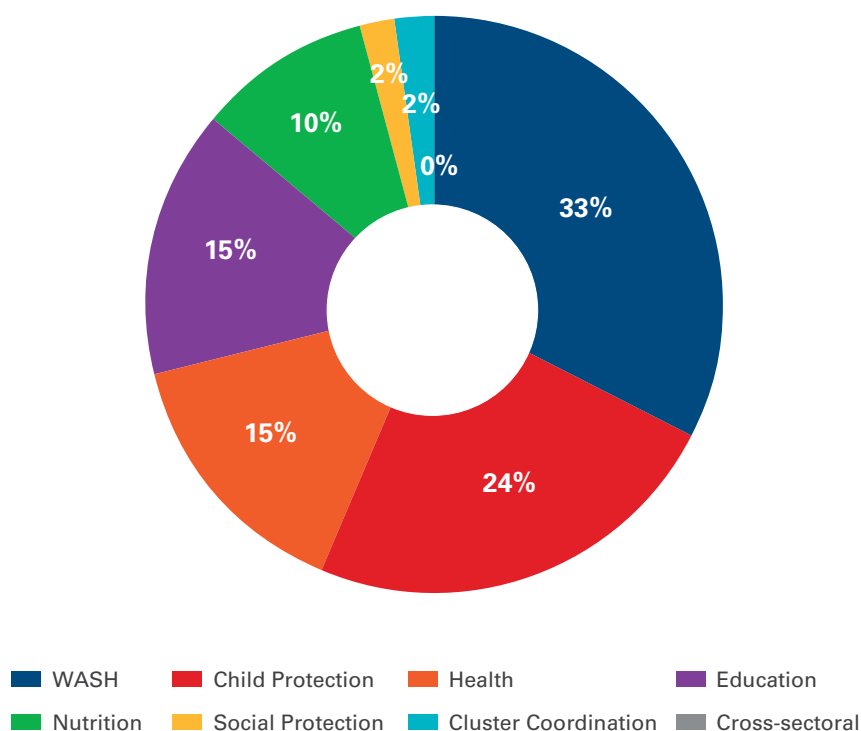
54. The HAC appeal identified specific targets and related plans to guide UNICEF’s response. [Annexes 3 and 4](#) provide a detailed overview of UNICEF programme targets and achievements in 2022 and 2023.

²⁴ United Nations Children’s Fund, ‘The Myanmar Conflict: An update on UNICEF 2022 response planning’, Presentation, 2022.

Funding of the response

55. At the end of 2022 UNICEF revised its HAC plan for Myanmar, defining its funding and target requirements for 2023. The 2023 HAC appeal totals US\$169.6 million, compared to US\$151.3 million requested in 2022, and aims to reach 2.8 million people, including 1.9 million children.
56. As of December 2022, UNICEF had received a total of US\$33.92 million of its 2022 HAC appeal.²⁵ As illustrated in **Figure 6**, WASH absorbed the largest proportion of funding (33 per cent) followed by Child Protection (24 per cent), Health (15 per cent) and Education (15 per cent). Nutrition received 10 per cent of the emergency response funds and Social Protection only 2 per cent.

Figure 6. Funds received by appeal sector against the 2022 HAC appeal (as of 31 December 2022)



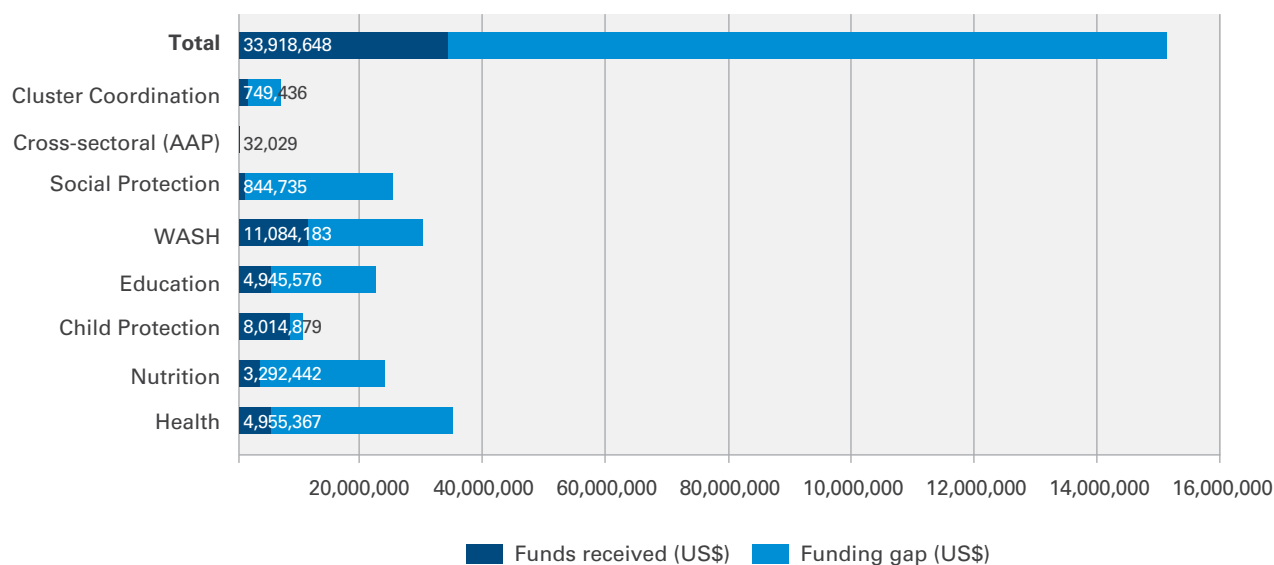
Source: UNICEF Myanmar, Myanmar Humanitarian Situation Report #12 – 10 February 2023.

57. **Figure 7** shows funding received as of the end of 2022 compared with funding requirements and the breakdown of resources received by sector.
58. As noted above, the UNICEF emergency response in Myanmar received US\$33.92 million as of end-2022, or 22 per cent of the US\$151.3 million requested in the 2022 HAC appeal to meet the increasing humanitarian needs caused by crisis.²⁶

²⁵ UNICEF Myanmar, 'Myanmar Humanitarian Situation Report #12 – 10 February 2023'.

²⁶ Ibid.

Figure 7. Funds received compared with 2022 HAC appeal requirements (as of 31 December 2022)

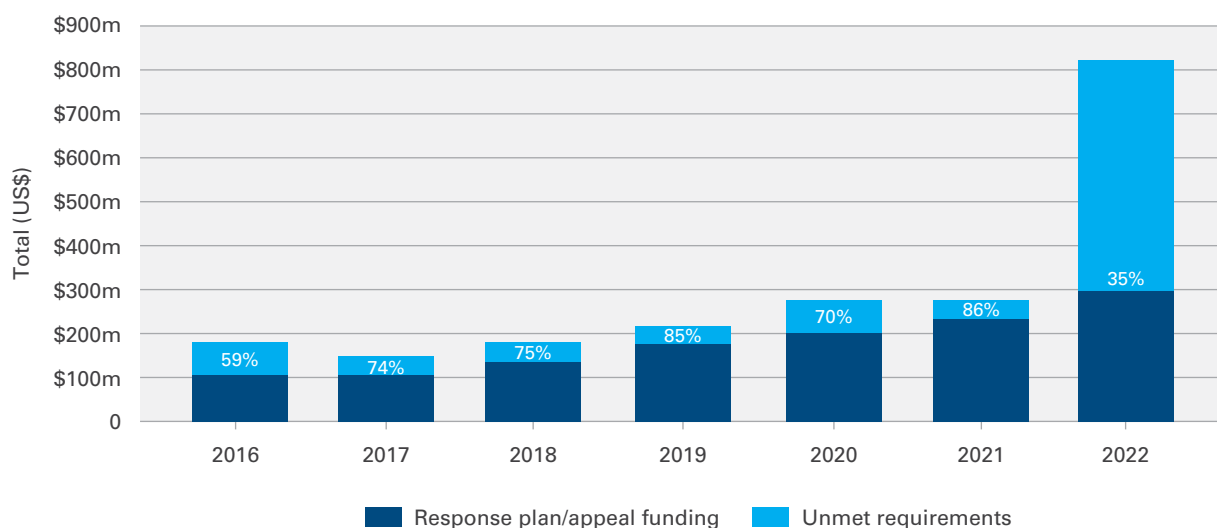


	Health	Nutrition	Child protection	Education	WASH	Social protection	Cross-sectoral (AAP)	Cluster coordination	Total
Funds received (US\$)	4,955,367	3,292,442	8,014,879	4,945,576	11,084,183	11,084,183	32,029	749,436	33,918,648
Funding gap (US\$)	29,622,633	2,035,371	1,855,874	17,075,389	18,724,638	24,035,221	-3,779	5,796,996	117,460,342

Source: UNICEF Myanmar, Myanmar Humanitarian Situation Report #12 – 10 February 2023.

59. In 2022, UNICEF was the third largest recipient of funds according to the Financial Tracking Service, with WFP and UNHCR receiving the largest share (US\$78,032,239) and second largest share (US\$37,135,200) respectively. Although UNICEF HAC appeals struggled with funding, coordinated appeals were relatively well funded in 2020 and 2021 although efforts to increase the amount of the appeal in 2022 were only moderately successful (see Figure 8).

Figure 8. Trends in coordinated Myanmar response plan/appeal requirements



Source: OCHA FinancialTracking Service website, <https://fts.unocha.org/appeals/1095/summary> (as of February 2023).

Timeline of the crisis

60. A timeline showing key UNICEF-specific (shaded) and main external events relevant to the crisis and response is presented in **Table 2** below, drawing from UNICEF situation reports, the HAC appeal and the Humanitarian Needs Overview. A more detailed timeline can be found in the annex.

Table 2. Timeline of key milestones as of early December 2022

Month	Colour legend:		
	UNICEF milestones	UN/RCO decisions	Key external events
February 2021	<ul style="list-style-type: none"> On 1 February, Myanmar armed forces (the Tatmadaw) stage a military takeover declaring fraud in the November 2020 multiparty general election won by the National League for Democracy. A year-long state of emergency is ordered with a promise that new elections would take place in one year. A civil disobedience movement is launched in response to the military takeover and protesters take to the streets. The military authorities expel the United Nations envoy. 		
March 2021	<ul style="list-style-type: none"> UNICEF expands and adapts its partnerships with local CSOs and other partners to ensure implementation of its activities. UNICEF requests a rapid scale-up of emergency assistance outside the current Humanitarian Response Plan locations 		
8 March 2021		<ul style="list-style-type: none"> Operationalization of UNCT engagement principles guidance for programme review 	
5 May 2021	<ul style="list-style-type: none"> The People's Defence Forces are formed by the National Unity Government to unite resistance against the military takeover. The military clashes with the People's Defence Forces in the southeast and northwest regions. 		
June 2021	<ul style="list-style-type: none"> The military authorities attempt to reopen schools nationwide, but more than half of the country's 400,000 teachers are on strike and just 10 per cent of the estimated 9 million students in the country opt to enrol. 		
1 July 2021	<ul style="list-style-type: none"> UNICEF activates L2 emergency for 6 months (until 31 December 2022) 		
9 July 2021	<ul style="list-style-type: none"> COVID-19 pandemic worsens: A third wave of COVID-19 hits the country. Schools that reopened in June close again. 		
August 2021	<ul style="list-style-type: none"> Military extends the state of emergency until August 2023. 		
1 August 2021	<ul style="list-style-type: none"> UNICEF releases the 2021 HAC appeal revision for Myanmar, tripling the numbers in need (3.1 million people of which 1.2 million children). 		
November 2021	<ul style="list-style-type: none"> Schools across Myanmar, except for 46 townships where COVID-19 restrictions remain in place, are allowed to reopen after a four-month closure. However, many schools remain closed or are poorly attended.²⁷ 		
February 2022	<ul style="list-style-type: none"> The number of IDPs significantly increases across the country, particularly in the city of Sagaing, and more than a million have been forced to flee into neighbouring countries. 		
February 2022		<ul style="list-style-type: none"> UNCT programmatic engagement guidelines version one plus is released 	
Early 2022	<ul style="list-style-type: none"> UNICEF releases its 2022 HAC appeal for Myanmar with 14.4 million people in need, including 5 million children. 		
30 March 2022	<ul style="list-style-type: none"> UNICEF extends L2 emergency until 30 September 2022. 		

²⁷ Schools in some areas remained open, such as in Rakhine, Mon and some of the other States.

Month	Colour legend:		
	UNICEF milestones	UN/RCO decisions	Key external events
May 2022	<ul style="list-style-type: none"> A reported 694,300 civilians have been displaced nationally by the conflict, more than double the 320,900 displaced at the end of 2021. 		
June 2022	<ul style="list-style-type: none"> 4.5 million children – half of all school-aged children in Myanmar – have not accessed education for two academic years, and nearly 6 million children have restricted or no access to learning. 		
August 2022	<ul style="list-style-type: none"> As of 29 August, an estimated 974,4001 people are internally displaced, resulting in more than 1.3 million IDPs, with the northwest region being the most affected. 		
August 2022	<ul style="list-style-type: none"> The HCT approves an Inter Cluster Coordination Group for the northwest to address strategic operational issues. 		
August 2022	<ul style="list-style-type: none"> UNICEF improves its MHPSS activities even in hard-to-reach areas, with a 53 per cent increase compared to the previous month thanks to virtual access and hotlines, capacity-building and community empowerment. 		
September 2022	<ul style="list-style-type: none"> On 16 September, at least 11 children die after an air strike and indiscriminate fire in civilian areas in the Sagaing Region. 		
October 2022	<ul style="list-style-type: none"> Intensifying conflict is reported in Rakhine State, with reported clashes in northern Maungdaw, northern Rathedaung, southern Buthidaung, Kyauktaw, Minbya and Paletwa townships. 		
22 December 2022	<ul style="list-style-type: none"> The UN Security Council adopts resolution 2669 calling for the immediate end to all forms of violence in Myanmar, urging restraint, de-escalation of tensions and the release of arbitrarily detained prisoners. 		
December 2022	<ul style="list-style-type: none"> UNICEF extends the L2 emergency until 31 March 2023. 		





3. METHODOLOGY

- 61. This evaluation took place during an ongoing crisis so the design contained some elements of a ‘real time evaluation’ approach²⁸ with the aim of supporting UNICEF’s adaptation to the crisis and providing UNICEF with learning opportunities. One such opportunity was the ‘Real Time Action Plan’, attached as an annex, which was drafted following a remote workshop on preliminary findings in October 2022. The evaluation was launched approximately one year after the L2 response was declared by UNICEF and offered an opportunity to guide programme transition from emergency to longer-term interventions.
- 62. The team used a **mixed-methods approach** to collect quantitative and qualitative data as described in more detail below. A **utilization approach** was used throughout the evaluation process that aimed to optimize the participation of staff from UNICEF and partners while respecting their workloads.
- 63. For the purposes of this evaluation, affected populations comprise both direct beneficiaries of UNICEF support and non-beneficiaries, including community leaders. The context in Myanmar required that much of the data collection was remote; however, the team made efforts within the constraints imposed by the operating environment so that affected community perspectives were considered through FGDs facilitated by field researchers, remote interviews with community leaders and analysis of UNICEF and partner monitoring data from hard-to-access areas.

Evaluation criteria and questions

- 64. UNICEF interventions were assessed using selected evaluative criteria for humanitarian assistance,²⁹ namely **relevance, effectiveness, coherence/connectedness, efficiency, coordination, coverage, and protection**. The assessment not only dealt with the actual results of the response, but also with the operational and working arrangements of the interventions, including specific attention to elements of management, strategic partnerships and coordination.³⁰
- 65. The team paid particular attention to assessing the capacity of UNICEF to manage the operations according to the CCCs, including the principles and obligations of the Monitoring and Reporting Mechanism on grave violations against children in situations of armed conflict, such as the ‘do no harm’ approach.
- 66. This evaluation aimed to draw evidence-informed conclusions based on evaluation criteria of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC). Evaluation questions in the ToR for this evaluation are shown in **Table 3** below. These questions were used in the drafting of the evaluation matrix, interview guide and surveys, attached as annexes to this report.

Table 3. Evaluation questions

OECD/DAC criteria	Evaluation question
Relevance	EQ 1. How relevant and appropriate was UNICEF’s response?
Effectiveness	EQ 2. How effective was the UNICEF response?
Coherence/Connectedness	EQ 3. How coherent and connected was the UNICEF response?
Efficiency	EQ 4. Was UNICEF’s response efficient?
Coordination	EQ 5. How did UNICEF coordinate internally and externally?
Coverage	EQ 6. What coverage did UNICEF achieve?
Protection	EQ 7. To what extent did UNICEF provide protection to the targeted community in line with its mandate?

²⁸ Buchanan-Smith, M., and S. Morrison-Métois, ‘From Real-Time Evaluation to Real-Time Learning’, ALNAP, 2021.

²⁹ Peersman, G., 2014, and Organisation for Economic Co-operation and Development, 2021.

³⁰ More detail is provided in the evaluation matrix in **Annex 8**.

Evaluation phases

67. The evaluation was divided into three phases: inception, data collection, and analysis and reporting. Given the context in the country, interviews with key stakeholders during the data collection phase were conducted remotely by the team leader and in-country by the national expert and the local researchers. Key milestones during the evaluation process were the inception report and related remote presentations to both the UNICEF Programme Management Team on 2 August 2022 and the Evaluation Reference Group on 4 August 2022, a preliminary findings online presentation and relevant report on 14 October 2022, and the evaluation report and related online presentation session to be held in January 2023.

Management arrangements

68. The evaluation was managed by EAPRO and the UNICEF Myanmar Country Office, supported by a Reference Group composed of UNICEF staff from Myanmar, EAPRO and HQ plus one external member from the UN Resident Coordinator's Office in Myanmar.

Data collection, analysis and validation

69. The data collection phase included a review of key documents and existing secondary data and documentation, including situation reports, the HAC, needs assessments, UNICEF and partner monitoring reports, funding information, human resource data, supply data, and preparedness and contingency plans. Key informant interviews and community FGDs were also conducted using a purposive sample of stakeholders, including UNICEF staff at country/regional/HQ levels, implementing partners, development and humanitarian partners and other UN agencies.
70. A sample of 15 projects, which were selected during the inception phase, was also subjected to a detailed analysis. This sample was defined by the team based on a database provided by UNICEF Myanmar listing active and completed programme documents, humanitarian programme documents and Small-Scale Funding Agreements. The database contained 96 projects covering the period from January 2021 to July 2022. The sample was selected according to an analysis of the projects' overall portfolio and reviewed jointly with UNICEF to ensure a reasonably representative cross-section of the UNICEF response. To balance the sample representativeness, the selection was based on five criteria: funding scale and sectoral distribution; geographical area representativity; temporal coverage; partner diversity; and project status. See [Annex 10](#) or more details.
71. An adapted interview guide based on the evaluation questions (attached as an annex) was used as a tool to gather qualitative data during semi-structured interviews and community FGDs to ensure that the relevant data were collected to build an evidence base to support the evaluation's conclusions and recommendations under each key question. In particular, the FGD method was made possible with the support of local researchers identified by the national expert given their access to hard-to-reach locations where FGDs were conducted and their ability to communicate with the communities without translator assistance. The local researchers were experienced in conducting FGDs in a gender-sensitive and conflict-sensitive way while respecting the principles of do no harm. The local researchers were trained by the national expert on UNICEF ethical standards for research, evaluation, data collection and analysis, to ensure that ethical standards were always upheld.
72. Important milestones of the analysis and reporting phase were the two remote validation workshops involving UNICEF staff. One took place during a presentation of preliminary findings and emerging conclusions in October 2022 and the other workshop was conducted in March 2023 following circulation of the draft evaluation report to workshop participants.

73. A total of 110 staff from UNICEF and implementing partners were interviewed for this evaluation. In addition, 112 displaced and host community members in Shan North, Kachin, Chin, Hakha, Shan South, Chit, Rakhine, Kayin and Yangon took part in FGDs with local field researchers. Details are provided in [Table 4](#) below.

Table 4. Summary of key informants and community discussions

Organization	Participants	Men	Women	Total
Regional/HQ	UNICEF staff	1	5	6
UNICEF and implementing in Myanmar	UNICEF staff	28	17	45
	National CSO implementing partners	14	5	19
	CBO implementing partners	11	14	25
	INGO implementing partners	10	4	14
	Other interviewees	8	7	15
	Total	72	52	124
Community	Community FGDs (16 in total)	51	61	112

74. During this evaluation, the team applied UNICEF ethical guidelines for evaluations,³¹ OECD/DAC quality standards and United Nations Evaluation Group ethical standards for evaluation, notably in terms of confirming consent, the voluntary nature of participation, plus confidentiality and carrying out a risk assessment prior to conducting interviews and FGDs. The inception report and data collection tools were subjected to an ethical review, which was provided by an external body before proceeding to the data collection phase. More details are provided in [Annex 15](#).
75. Data collection was also informed by the results of an online survey for UNICEF staff and implementing partners to gain a better understanding of UNICEF's work in Myanmar since the activation of the L2 emergency, complementing data collected through key informant interviews, FGDs and the literature review. The survey was administered online through [KoboCollect](#) in both Myanmar language and English. Participants from implementing partners were selected based on a list of partners prepared by the Country Office and sent out to UNICEF staff in the Country Office and at the regional level who had participated in the L2 emergency response, including staff deployed to provide remote surge capacity.
76. The survey was based on the adapted interview guide and, recognizing the limited time that field staff have, it was designed so that most questions could be answered in a multiple-choice format with the possibility of adding an optional narrative. It consisted of an online questionnaire based on selected questions and sub-questions of the evaluation matrix and certain other issues relevant to the evaluation (e.g., other partnerships, use of internal resources, communication). The survey was supported by a communication strategy to encourage a good response rate, and that helped respondents to understand the survey's purposes, results and confidentiality principles and the importance of their honest feedback.
77. A total of 61 UNICEF staff responded to the survey, 57 from UNICEF Myanmar, 1 from EAPRO and 3 remote surge staff who had supported the response. Responses were received from 11 national and international implementing partners, most of which were collective responses by the partner. The results were used in the findings to strengthen the analysis in the evaluation report. Data collected through the survey helped the team in answering the evaluation questions and providing a widespread perspective regarding the achievements, challenges and barriers in the response but also examples of good practice and unintended results.

³¹ United Nations Children's Fund, 'UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis', 2015.

78. The first workshop with UNICEF staff, in October 2022, reviewed emerging conclusions. During the March 2023 validation workshop, conclusions and draft recommendations were discussed and participants' feedback was considered during finalization of the report.

Constraints and limitations

79. The main challenges to conducting a quality evaluation were identified during the inception phase and measures were taken to mitigate their effects as much as possible. The main challenges/limitations and how the team mitigated these are listed below in [Table 5](#).

Table 5. Constraints, limitations and mitigation strategies

Challenges	Likely influence	Mitigation
Complex operating environment	The complex and rapidly changing operating environment in Myanmar limiting access to affected communities.	<ul style="list-style-type: none"> • Remote methodology. • Use of local researchers to achieve better coverage.
Remote design	Lack of direct observation opportunities.	<ul style="list-style-type: none"> • Optimize national expert's and local field researchers' contributions. • Surveys for UNICEF and implementing partners. • Triangulation, including remote validation workshops. • Review of TPM reports which provided an independent perspective.
Community FGDs	Individuals participating in interviews and FGDs may be put at risk by their participation. Access to some communities will be limited due to security and/or internet connectivity challenges.	<ul style="list-style-type: none"> • Community consultations included a risk and protection assessment by the team with UNICEF, partners and community leaders. Ensure data were collected where possible about communities in areas prioritized for UNICEF assistance, including communities from camps and host communities, where FGDs could not be held.
Size of evaluation team	The small size of the evaluation team limited the ability to provide in-depth sectoral technical assessments for each sector.	<ul style="list-style-type: none"> • Clarified to stakeholders that this evaluation is aimed primarily at a strategic level. • The team used perspectives of technical staff in different agencies to triangulate data.
Time and capacity constraints	A small evaluation team, a relatively limited budget and the fact that staff from UNICEF and partners are engaged in ongoing operations place a premium on time invested in the evaluation process.	<ul style="list-style-type: none"> • Clarified to stakeholders that this evaluation is aimed primarily at a strategic level. • The team used perspectives of technical staff in different agencies to triangulate data.

Challenges	Likely influence	Mitigation
Response to surveys	A low response rate would reduce the value of this data source as evidence for the evaluation.	<ul style="list-style-type: none"> The survey was supported by a communication strategy to raise awareness about the survey's purpose and motivate respondents. To mitigate against biased responses the evaluation team tried to ensure that communication strategies were tailored to each subgroup.
Data quality and availability	Affect the quality of the evidence base and analysis.	<ul style="list-style-type: none"> The availability and quality of secondary data, particularly disaggregated, and outcome data that were validated through triangulation, including participatory remote workshops for diverse stakeholders so that they could validate, provide feedback and add complementary qualitative data.

80. Overall, there was a high level of engagement with the process by UNICEF staff and partners. Most respondents viewed the evaluation as a useful exercise and this, along with the excellent logistics support provided, greatly facilitated the team's work to mitigate the constraints and help the evaluation team to develop a reasonable evidence base with which to draw concrete conclusions.





4. KEY FINDINGS

81. This section presents findings based on each of the seven evaluation questions in the evaluation ToR. A summary of findings for each evaluation question is followed by a narrative referencing sub-questions in the evaluation matrix.
82. As described above in the methodology section, findings were drawn from various sources including document review, interviews, surveys and, to a limited extent due to the context, FGDs with communities and observations.
83. Readers will notice that the survey results illustrated below for implementing partners were significantly more positive than those for UNICEF staff. The lower ratings given by UNICEF staff could partially be attributed to a tendency for being more self-critical due to greater awareness of internal challenges and frustration at not being able to do more in the face of a challenging operating environment. However, the evaluation team attributed these differences **mainly to variation in performance between sectors and clusters**. Following the military takeover in February 2021, NGO, national CSO and CBO implementing partners assumed a primary implementation role for UNICEF-supported WASH, education, social policy and child protection interventions. Health, and to a slightly lesser extent, nutrition, involved many fewer non-government partners. The ratings in the partners' survey thus applied to sectors that were performing better.
84. As stated in the methodology section, the evaluation team interviewed 110 UNICEF and external stakeholders, spoke to 112 community members and reviewed more than 300 documents, including TPM reports. Where contradictions were found with the survey results during triangulation, these were stated. Otherwise, it may be assumed that the survey results were consistent with data from interviews, FGDs and/or desk research.

EQ 1: Relevance

EQ 1

How relevant and appropriate was UNICEF's response?

85. This question looks at the extent to which UNICEF adapted its strategy and programme design to the changing situation by responding to the needs of different groups within affected communities. This question also assesses the extent to which the response was designed based on sound analysis and a risk management strategy that mitigated challenges.

Summary response to EQ 1

- **UNICEF was guided by the CCCs** when developing strategies, guidance and the **IASC cluster** standards with an understanding of the constraints, particularly access to affected populations.
- **UNICEF was able to progressively adapt its strategy to the changed context although this adjustment took time**. Some sectors were able to adapt more quickly than others. A military takeover scenario had not been considered in UNICEF's preparedness planning and caused considerable trauma among staff. The UNICEF office in Rakhine was the quickest to adapt to the changed context as it was already implementing a humanitarian programme in a restrictive environment.
- **UNICEF took a pragmatic and flexible approach** to shift from a government-led upstream programme to a CSO-led humanitarian programme issuing humanitarian project documents to existing partners and identifying new partners, including small CBOs with Small-Scale Funding Agreements who were able to work in areas that were difficult for UNICEF staff to access.
- **UNICEF undertook a series of six successive needs assessment surveys** via telephonic surveys to inform its programme design. Results were also shared with the UNCT. Efforts were made to involve communities but time constraints and limited capacities of national organizations, and difficulties in accessing certain areas meant that their views were not reflected as much as desired.

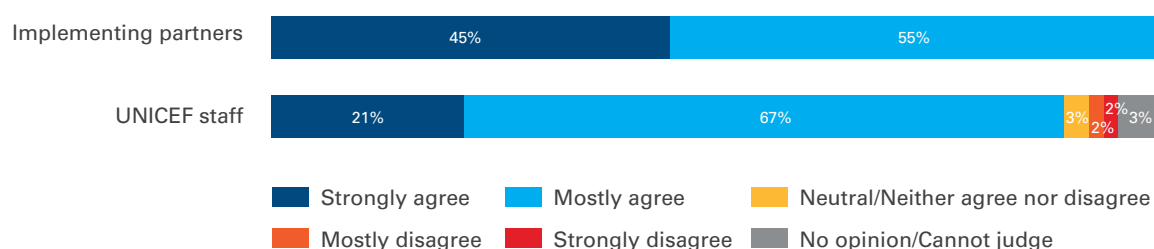
Summary response to EQ 1

- **UNICEF worked closely within the UNCT** to agree on common approaches and had specific partnerships with other UN agencies within the framework of the Humanitarian Response Plan and the United Nations Socio-Economic Resilience Response Plan.
- **While the UNCT engagement guidelines** provided clarity about a common United Nations position, there was a perception among some staff, notably field-based staff, that they did not provide sufficient clarity to facilitate the delivery of assistance. The guidelines also did not cover engagement with non-State actors who also influenced access to affected populations in some areas.

Alignment with international humanitarian standards

86. The UNICEF CCCs were embedded in the strategies and guidance for its own programme and the IASC cluster standards for its IASC coordination roles in WASH, nutrition, education and child protection. UNICEF also exceptionally led the Mine Action working group given that the lead agency was not able to gain access to Myanmar. UNICEF and partners mostly agreed that the response tried to reflect the CCCs and other relevant standards (see [Figure 9](#)). While these were viewed as relevant, they were seen as aspirational since UNICEF's ability to meet the CCC benchmarks and other relevant standards was constrained both by its policies and the lack of access.

Figure 9. UNICEF's response strategy and objectives reflected policies and standards³²



Source: Survey data.

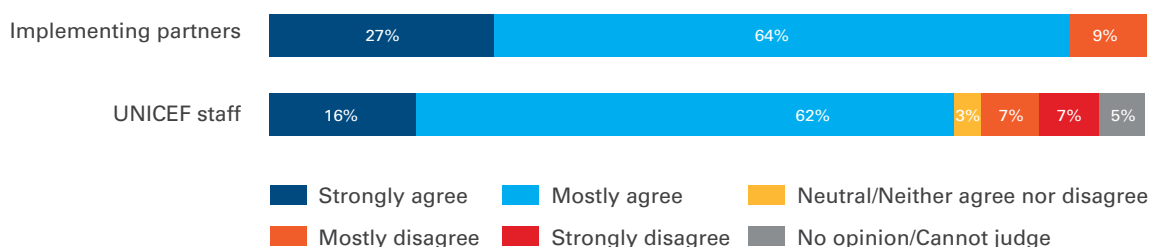
Adaptation of UNICEF's strategies and approach

87. UNICEF was able to adapt its strategy to the changing context although the adjustment took time. Since the military takeover was not sufficiently considered in preparedness planning, a significant factor contributing to the delay in the response was the need to address human resources issues, notably staff safety and the evacuation of family members of international staff. In addition, approximately half of the international staff asked to be reassigned from Myanmar after the military takeover. Some continued to provide remote support but UNICEF's capacity to adapt quickly to a significantly changed context was diminished.
88. A notable exception was the UNICEF office in Rakhine which, since it had already experienced multiple emergencies including a major refugee exodus into Bangladesh in 2017, was already set up for emergency operations and was able to adapt quickly to the radically changed context following the military takeover. Specific examples of this operational capacity reported during interviews included the ability to rapidly assess needs and deliver assistance while maintaining communication on relevant issues internally and externally despite being subject to various restrictions, along with an understanding of how to engage with authorities in sensitive contexts. Other UNICEF field offices took longer to adapt and indeed continued to experience problems in accessing communities and responding quickly in areas where there have been new conflicts and where UNICEF often had no presence.

³² The full statement in the survey was "UNICEF's response strategy and project objectives appropriately reflected the CCCs, Sphere and other relevant policies and standards."

89. Responses to the survey indicated that most staff felt that UNICEF was able to adapt its programme reasonably quickly (see [Figure 10](#)).³³ Problems highlighted included delayed procurement processes, difficulties in creating humanitarian space and occasional delays in making decisions by management.

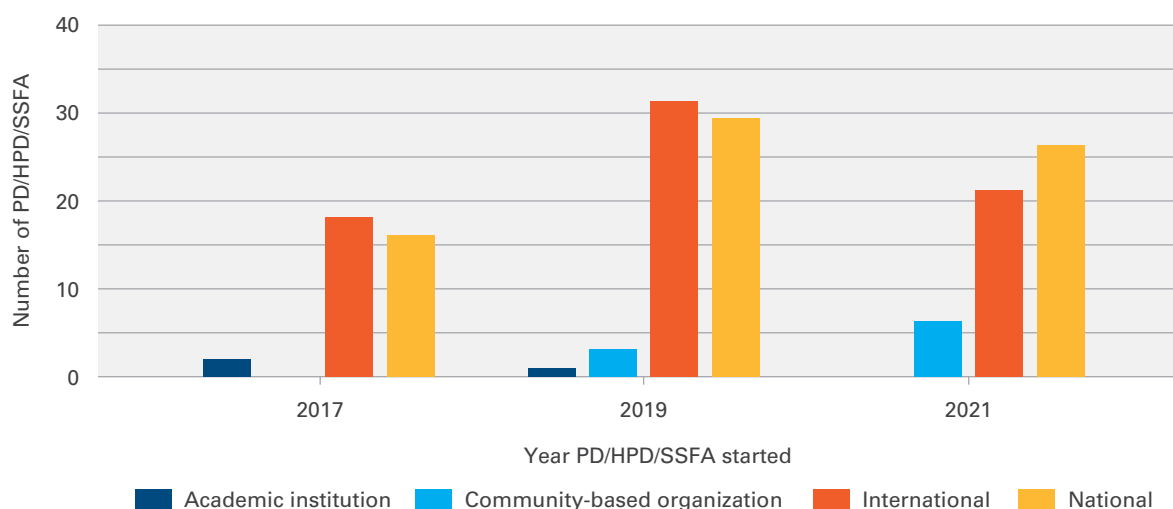
Figure 10. UNICEF was able to adapt its response to changes in a timely way



Source: Survey data.

90. The desire to overcome challenges to deliver assistance drove adaptation. There was a progressive shift to local procurement in conflict-prone regions where possible. In the Sagaing Region, for example, local procurement of supplies has helped to mitigate access restrictions that resulted in UNICEF supplies being held up at check points.
91. Interim strategies were developed by the different sectors and a revised HAC plan was eventually produced during the third quarter of 2021 with support from UNICEF surge staff working remotely. UNICEF did not wait for the HAC plan to be finalized but demonstrated a pragmatic approach in shifting from a government-led to a CSO and CBO-led humanitarian programme. The partners were generally accorded a considerable amount of flexibility, although partners reported different degrees of flexibility between sectors for compliance requirements. Humanitarian project documents were issued to existing partners reasonably quickly (averaging around 15/45 working days), and UNICEF proceeded with identification of new partners, notably national CSOs and small CBOs which were able to work with a low profile to minimize risks for staff and communities.
92. This evolution, notably with the addition of small CBOs issued with Small-Scale Funding Agreements,³⁴ can be observed in [Figure 11](#) below comparing 2020 (pre-crisis) with the L2 emergency declaration (2021–2022).

Figure 11. Number of agreements made with CSOs, 2020–2022



Source: UNICEF data.

³³ The ability of UNICEF to respond quickly was rated less favourably in the survey as can be seen in the Efficiency section.

³⁴ UNICEF also used a 'Note for the Record' tool that facilitated engagement with CSOs that were not registered on the UN Partner Portal (UNPP).

93. The role of CBOs and informal networks, such as the network of volunteer lawyers, became increasingly critical in assessing needs and assisting hard-to-reach communities. UNICEF introduced lighter procedures and processes for these types of organizations. At the same time, it was pointed out by national partners that UNICEF was one of the few UN agencies that did not regularly provide funding for operational costs. In October 2022, UNICEF began to cover 7 per cent of the indirect support costs of the budgets for national CSOs and CBOs, a system that was better adapted to the context and was also in line with IASC guidelines.³⁵

Gender considerations

94. UNICEF undertook a Gender Programmatic Review covering the period from November 2019 to February 2020 with support from the Regional Office with the purpose of informing UNICEF's Gender Action Plan. While the military takeover changed many of the parameters, this provided a useful baseline for UNICEF to orient its response from a gender perspective. A review by the evaluation team showed that nearly all UNICEF assessments and monitoring frameworks disaggregated results for girls, boys, women and men, which was reflected in the response strategy and project designs. Similarly, the Peer2Peer review found that joint needs assessments informed the humanitarian response and included the needs of women, men, girls and boys and other vulnerable groups.
95. PSEA was identified as a key risk by UNICEF Myanmar following the military takeover and received particular attention. Given their more restricted access to communities, UNICEF staff became increasingly reliant on partners and TPM to ensure that the programme respected relevant codes of conduct and standards and they were able to monitor and follow up on reported abuses. UNICEF Myanmar incorporated PSEA in its capacity building for local actors, which included engagement with field offices and programme teams to encourage mentoring and partner reporting.³⁶ As mentioned above, PSEA questions were also included in the TPM protocols. Community FGDs and interviews confirmed that partner and UNICEF staff had been respectful although UNICEF staff responding to the survey (see [Figure 17](#)) and during interviews noted the difficulties of monitoring in insecure areas.

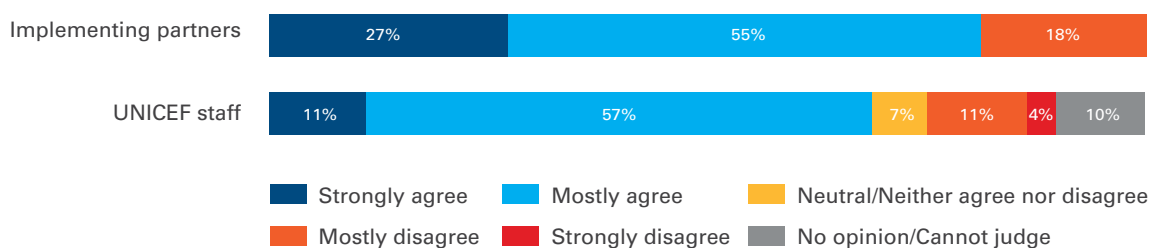
Prioritization of needs and community consultations

96. UNICEF undertook a series of six multisectoral needs assessment telephonic surveys from 2020 to 2022, which were complemented by U-reports and cluster assessments. TPM protocols also included consultations with affected communities during monitoring missions. Project designs were based on these assessments and monitoring that considered the different needs of girls, boys, women and men. UNICEF provided to most camp communities appropriate tools designed to promote assistance to persons with disabilities. Assessments were also conducted by cluster members and the results shared. Moreover, UNICEF shared the results of its own assessments with the HCT. This enabled UNICEF to have both an overview of the needs and, via its own assessments, to use the results of more granular assessments to design its own programme and mobilize funds.
97. Interviewees and respondents to both surveys indicated that UNICEF and partners made efforts to be inclusive where possible and there was evidence that some consultations at field level took place to ensure that local contexts and needs were considered. A significant obstacle was access to affected populations. International staff had little access to communities and even national staff had only limited access due to United Nations safety and security restrictions. UNICEF and INGOs relied on national partners, particularly CBOs who had the best access and good community contacts but limited capacity and experience of working with UN agencies. Lack of time to carry out meaningful consultations was also cited as a factor by interviewees and survey respondents, given the tight deadlines imposed by UNICEF's humanitarian proposal and reporting processes. Restrictions due to COVID-19 such as social distancing in 2020–2021 were also cited as an obstacle to consultation.

³⁵ Inter-Agency Standing Committee, 'IASC Guidance on the Provision of Overheads to Local and National Partners', 2022.

³⁶ UNICEF Myanmar, '2022 End of Year Results Summary Extended Narrative'.

Figure 12. Communities were involved in identification of needs, design and implementation



Source: Survey data.

98. The evaluation team reviewed a selection of 57 TPM reports. The scope of these reports included feedback collection from communities on the quality and appropriateness of the assistance they had received and the extent to which partner agencies had consulted with them and checked to see if they had suggestions for improvement. The reports also asked whether there had been any PSEA incidents. The overall feedback was that the communities were satisfied with the assistance provided and found it relevant. The complaints mainly covered issues around insecurity/protection and insufficient quantities of assistance.

EQ 2: Effectiveness

EQ 2 How effective was the UNICEF response?

99. This question looks at the results of UNICEF’s response, including achievements against planned results, the extent to which these planned results were updated as needed, the main contributing factors and obstacles to achievement, and the timeliness of the response.

Summary response to EQ 2

- The main challenge that UNICEF and other agencies have faced in Myanmar is a **highly constrained humanitarian space** that has negatively affected effectiveness and is due to the difficulties in accessing communities affected by the conflict and also in obtaining permits to import humanitarian supplies and visas for international staff.
- **UNICEF, along with most of the international community, was not sufficiently prepared for the military takeover and its subsequent aftermath.** The post of head of the United Nations Department for Safety and Security (UNDSS) was vacant when the military takeover occurred and international agencies spent much of the first few weeks focused on ensuring the safety and security of their staff, many of whom were traumatized.
- **Effectiveness has varied by sector and geographical area.** Sectoral performance in WASH was reasonably good whereas the Health and Nutrition sector has struggled to gain momentum largely due to its dependence on the authorities to facilitate import licences and implementation. Education, Social Policy and Child Protection all initially faced challenges but subsequently picked up momentum by significantly shifting their modus operandi to implementation by CSOs and networks.
- Most output targets in Rakhine and Kachin were met where **UNICEF had humanitarian interventions prior to the military takeover. However, UNICEF struggled to reach targets in areas where there were significant numbers of new displacements** such as the Sagaing Region.
- **Procurement was a challenge.** Supply timelines for international procurement remained around 175–190 days, whereas lead times for local freight forwarders were reduced to just over 100 days in 2022 by means of additional LTAs and more selective procurement. Apart from the relatively long lead times for procurement, the need to import several key commodities, including vaccines and nutritional supplies respecting international standards that UNICEF was required to meet, posed significant challenges to UNICEF’s response.

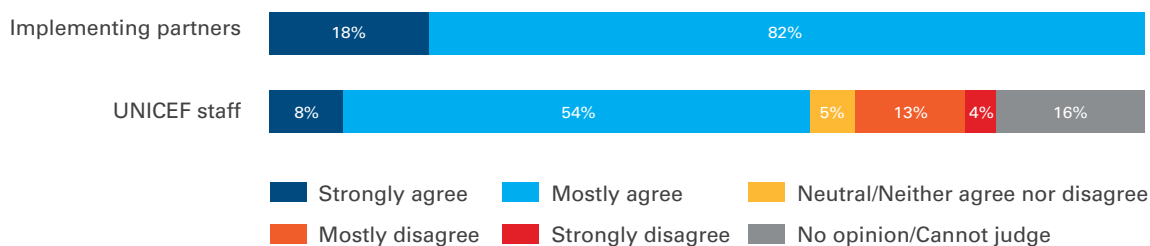
Summary response to EQ 2

- **Limited funds** have constrained UNICEF's effectiveness. Only 34 per cent of the HAC appeal funding targets were met in 2021 and only 22 per cent had been raised for 2022 by the end of December 2022.
- Most UNICEF Myanmar staff found the declaration of an **L2 emergency to be a helpful support** in streamlining some processes and obtaining additional funding and staffing and it was clear that UNICEF Myanmar felt the benefits of being prioritized by the region. Others pointed out that **unnecessary delays were still caused due to administrative bottlenecks that prevented UNICEF from acting as nimbly as it should have**. Partner staff mentioned that some UNICEF sectors demonstrated little flexibility in comparison to other sectors and found it difficult to follow strict regulations in a fast-changing context.
- Most UNICEF staff felt that the **declaration of an L2 in July 2021 had been timely although senior management had asked for it to be declared in March, soon after the military takeover**. A declaration of an L2 emergency when it was first requested could have taken advantage of a window of opportunity during the first few months to import additional supplies and obtain visas, thus better positioning UNICEF to respond to this crisis.
- Results of **UNICEF's flexible and innovative approaches** were observed by the support given to a lawyers' network and to formal and informal education.
- **UNICEF ensured that its programming was informed by humanitarian principles and human rights** by continuously strengthening its AAP systems and constant monitoring for human rights abuses covering PSEA, sexual and gender-based violence and the Monitoring and Reporting Mechanism. The effectiveness of these actions was hindered by a lack of access to affected communities, notably in areas where there was ongoing conflict and displacement.
- UNICEF partners are required to have **community feedback systems** when they sign humanitarian project documents. UNICEF itself had no systematic way of collecting community feedback directly or using feedback received from partners but was in the process of putting these systems in place. UNICEF expressed concern that it had become more difficult to obtain community feedback since the military takeover due to limited access and communities' fear of reprisals.
- UNICEF had already been using **TPM** prior to the military takeover for difficult-to-access zones. UNICEF subsequently expanded TPM to other areas as its own scope for monitoring progressively narrowed. This was a good initiative although some areas for improvement were identified.

100. While respondents rated UNICEF's response to be relatively good (see [Figure 13](#)), they made it clear that their assessment took into account a very challenging context with extremely limited humanitarian space. Respondents pointed to the fact that the organization and even some national staff of UNICEF were blamed by Myanmar communities for being unable to protect children from arrest or grave violations, especially in conflict-affected areas.³⁷ UNICEF had to carefully assess risk when advocating on behalf of children without further reducing its humanitarian space.

³⁷ The most widely cited example was an air raid resulting in deaths and injuries of children. UNICEF condemned this air strike without mentioning the DFA air force (more details available at <https://www.unicef.org/press-releases/least-11-schoolchildren-killed-myanmar-attack>). There was an expectation that UNICEF would have spoken out more strongly.

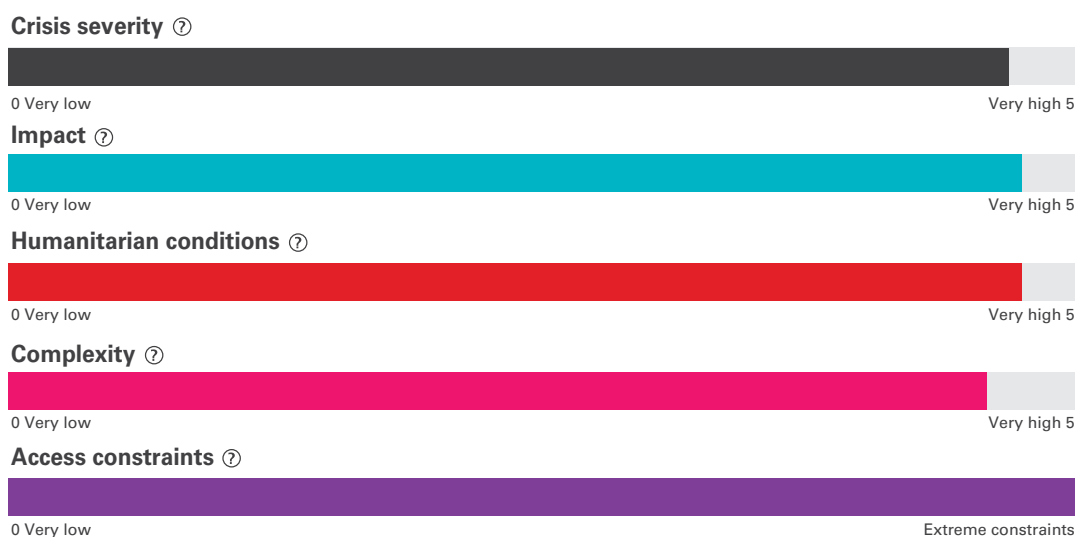
Figure 13. UNICEF’s L2 response was timely and of good quality



Source: Survey data.

101. One of the main challenges that UNICEF and other humanitarian agencies faced in Myanmar was the lack of humanitarian access. ACAPS rated the situation in Myanmar 5/5 on the Humanitarian Access Index, which represents extreme humanitarian access constraints. ACAPS foresaw further deterioration in the situation due to the significant rise in violence and insecurity and bureaucratic and administrative constraints for both people in need and humanitarian workers, along with a rise in attacks on public infrastructure.

Figure 14. ACAPS humanitarian assessment ratings for Myanmar as of July 2022



Influence of the context on UNICEF’s response

102. UNICEF, together with most of the rest of the international community, was not sufficiently prepared for the military takeover and its subsequent aftermath. UNICEF was relatively flexible when responding, but staff were unsure about the quality and effectiveness of their response due to access restrictions and insecurity across so many areas. Almost two years after the military takeover, UNICEF continued to struggle to mobilize the human resources and procurement needed for the response while seeking ways to ensure that it can reach those most in need.

³⁸ ACAPS, *Humanitarian Access Overview July 2022*, 2022.

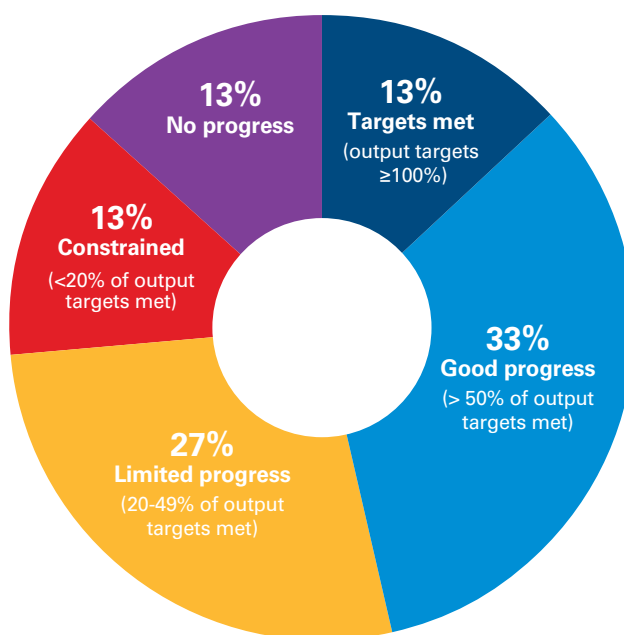
103. A global evaluation of UNICEF responses in complex emergencies found that an integrated United Nations presence and broader engagement with the military or armed groups can influence how UNICEF is perceived, and this can be a significant constraint in conflict contexts. Across the case studies, the impact of the United Nations security management system on UNICEF's coverage was extremely variable and in some contexts was a considerable constraint. It was found that positive working relationships between UNDSS and humanitarian agencies tend to be influenced by personality and background rather than by structure or policy, which leads to inconsistencies. The evaluators' recommendation was that UNICEF should continue to maintain its own security risk management capacity.³⁹
104. The above scenario appears to have also played out in Myanmar. At the time the military takeover occurred, the post of head of the UNDSS office in Myanmar was vacant, with a P3 acting officer-in-charge. The UNICEF Representative assumed the role of Designated Official until she left the country in April 2021. Therefore, it was important for UNICEF to continue to maintain its own security risk management capacity. While UNDSS did provide remote support to the UNCT with scenario development, much of its efforts were reportedly focused on ensuring the safety and security of UN staff in the first few months after the military takeover.
105. Initially, UNICEF was able to continue to import supplies without many problems but in May 2021, the military authorities began to place more controls on incoming shipments, notably for medicines and medical supplies, and also started requesting detailed distribution plans. As a result, UNICEF had difficulties importing any medical supplies after May 2021. National CSO and INGO partners also faced restrictions on importing supplies.

Achievement of targets

106. The effectiveness of UNICEF's response varied by sector and geographical area. Sectoral performance in WASH was reasonably effective, whereas the Health and Nutrition sector has struggled to gain momentum. This difference can be attributed to a combination of restrictions on importing supplies and the extent to which partnership with the Government was important for delivery (e.g., health), something that was no longer possible following the military takeover. The effectiveness of Education, Social Policy and Child Protection monitoring has changed over time. These sectors worked very closely with the Government prior to the military takeover and faced challenges during the initial response but subsequently picked up momentum during 2022 while broadening their partnerships with CSOs and CBOs. These sectors have required a significant shift in implementation modality and risk management given their political sensitivity.
107. Output targets tend to be most regularly met in areas where there were already humanitarian interventions prior to the military takeover, mainly in Rakhine and Kachin. Performance in areas that have been affected by significant numbers of new displacements due to the conflict was lower – in many cases much lower, for example in the Sagaing Region where UNICEF has had no permanent presence and access was difficult.
108. As described above in the methodology section, the selected sample of 15 projects (humanitarian programme documents, programme documents, Small-Scale Funding Agreements) encompassing different sectors provided a representative overview of the implementation status, with performance rates analysed based on targets attained by each project. Two of the three education projects have fully met or in some cases exceeded their targets. Social Policy showed good progress with its cash transfer interventions. The WASH and Child Protection sectors showed a mix of good to limited progress. Health and nutrition projects showed either no or limited progress largely due to procurement and implementation modality obstacles. Additional details of the individual projects can be found in [Annex 11](#).

³⁹ United Nations Children's Fund, *Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*, 2019.

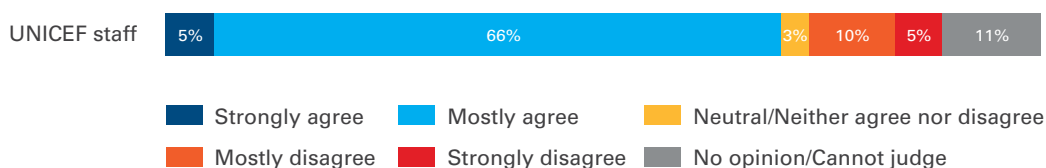
Figure 15. Performance of the sample of 15 UNICEF projects



Source: UNICEF project and monitoring data.

109. Although 15 per cent of UNICEF respondents felt that the HAC appeal targets had not been met, most staff tended to be more positive in their survey response (see Figure 16) when assessing progress against the HAC appeal, noting that progress was reasonable given the limited funding resources and access constraints. For projects showing ‘no progress’, staff cited examples of the difficulties faced in resuming immunization services and access constraints to essential nutrition services such as the integrated management of acute malnutrition and infant and young child feeding.

Figure 16. UNICEF met its response targets described in the HAC appeal



Source: Survey data.

110. The difficulties in raising funds have limited UNICEF’s effectiveness (34 per cent of the HAC appeal targets were achieved in 2021 and 22 per cent as of the end of December 2022).⁴⁰ Such a significant shortfall indicated that UNICEF was having trouble achieving the coverage to meet identified needs or was overestimating its capacity to deliver due the constrained humanitarian space.

111. An assessment of UNICEF’s performance in different sectors is presented in Table 6 below using the UNICEF CCCs as a point of reference. This represents a qualitative analysis conducted by the evaluation team based on data drawn from various sources, including UNICEF reports, survey results, project sample analysis, FGDs with communities and interviews with staff from UNICEF and implementing partners.

⁴⁰ UNICEF Myanmar, ‘Myanmar Humanitarian Situation Report #11 – 31 December 2022’.

Table 6. Qualitative assessment of performance by sector against key objectives⁴¹

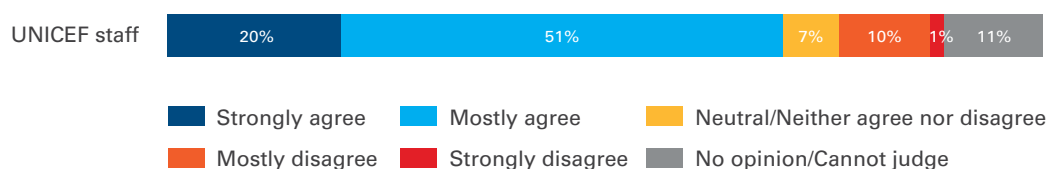
Sector	Performance	Supporting narrative
WASH		Good performance both in terms of UNICEF's interventions and cluster coordination. Some difficulty in accessing populations in conflict zones.
Health		High degree of dependence on <i>de facto</i> authorities, notably the Ministry of Health (MoH), for implementation and international procurement of medical supplies (including vaccines) that meet UNICEF standards.
Nutrition		High degree of dependence on <i>de facto</i> authorities, notably the MoH, for international procurement and implementation. Some limited scope to partner with CSOs and import supplies that meet UNICEF standards.
Social Policy		Good progress with cash programming, including adapting to new currency controls and design based on a longer-term vision. Scope limited by funding and access to affected populations.
Education		Initially slow to start, in part due to widespread protests by teachers. Subsequently made good progress in partnering with CSOs and CBOs and promoting a home-based approach to increase coverage although reach was limited by funding and access.
Child Protection		Adaptation to emergency programming was done through an innovative and flexible shift in delivery modalities. While capacity-building of partners was continuing, there was much more direct protection work with detainees and monitoring abuses. The child protection Area of Responsibility was satisfactory given the funding situation, but the mine action Area of Responsibility struggled in 2021 and for much of 2022 due to a lack of capacity. This sector has provided the basis for much of UNICEF's advocacy.
Communication		UNICEF was recognized by its peers as having good capacity in communication. Good performance with community level messaging but struggling with external communication (social media, donors). Communication with partners was mostly satisfactory but could be improved.

⁴¹ Performance ratings are as follows: High standard of performance Good performance Mixed performance Shortfalls Significant gaps.

Influence of the L2 declaration on the response

112. Most staff who were interviewed and responded to the survey (see [Figure 17](#)) were positive about the support that the declaration of L2 had brought. While some gave examples of how their work had been streamlined, such as no longer needing each and every project to be reviewed by the Project Review Committee, others felt that processes had not been streamlined. Yet others said that most approvals still required a signature from top management instead of section heads and felt that unnecessary delays were still being caused by administrative bottlenecks and at times were preventing UNICEF from acting as nimbly as it should in the fast-changing context. Partner staff interviewed mentioned inconsistency by UNICEF staff in different sectors. Some sections were seen to be reasonably flexible while others were quite strict about compliance limits, something they found difficult to manage in a rapidly changing environment.
113. Interviewees said that the Regional Office had provided significant support to the UNICEF Myanmar Country Office following the L2 declaration. Examples cited were support to human resources, facilitating the development of the HAC appeal and ensuring that the 2022 workplan was aligned with the CCCs. Other interviewees pointed out that the support from the Regional Office was not as effective as they had expected in solving some of the main challenges faced by the Country Office, such as obtaining vaccines, cross border support and establishing a humanitarian corridor.

Figure 17. Declaration of the L2 emergency significantly improved UNICEF’s response

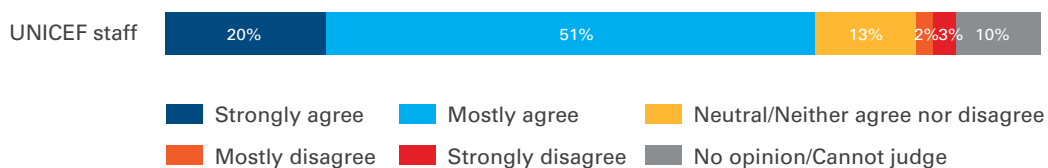


Source: Survey data.

114. The initial request for an L2 emergency declaration was submitted by the Country Director in February 2021, but this was rescinded on 13 March as the request had to be submitted by the Regional Director. A formal request to declare an L2 emergency was subsequently lodged by the UNICEF Regional Director a little more than a month after the military takeover. During a call with UNICEF HQ on 24 March it was decided not to declare an L2 at that time in part since a global L3 response was still active for the COVID-19 pandemic. While the L3 helped to streamline some administrative processes, this status did not highlight Myanmar as needing specific support. An L2 emergency was subsequently declared in July 2021, five months after the military takeover, which set the wheels in motion to prioritize support to Myanmar, including circulating a compelling memo from the Regional Director that reportedly helped to galvanize action.
115. As seen from the responses to the survey in [Figure 18](#), most UNICEF staff felt that the declaration was timely even though interviews with senior management indicated that they felt it should have been declared earlier. With the benefit of hindsight and equipped with the knowledge that there was a very similar restrictive operating environment prior to 2008 under a previous military regime, the response would have benefited from anticipatory action to declare an L2 emergency when it had first been requested. This would have enabled UNICEF to take advantage of the window of opportunity during the first few months after the military takeover when it was still relatively easy to import supplies, obtain visas for incoming international staff and move more freely in the country while respecting United Nations security guidelines. This would have put UNICEF in a much better position to respond.

⁴² Anticipatory action, which is also sometimes referred to as ‘early action’ or ‘forecast-based financing’ is defined here as “...an activity taking place between an early warning trigger, or a high-probability forecast and the actual occurrence of the corresponding disaster in order to mitigate or prevent the humanitarian impact of the anticipated disaster.”

Figure 18. Declaration of the L2 emergency by UNICEF was done at the right time

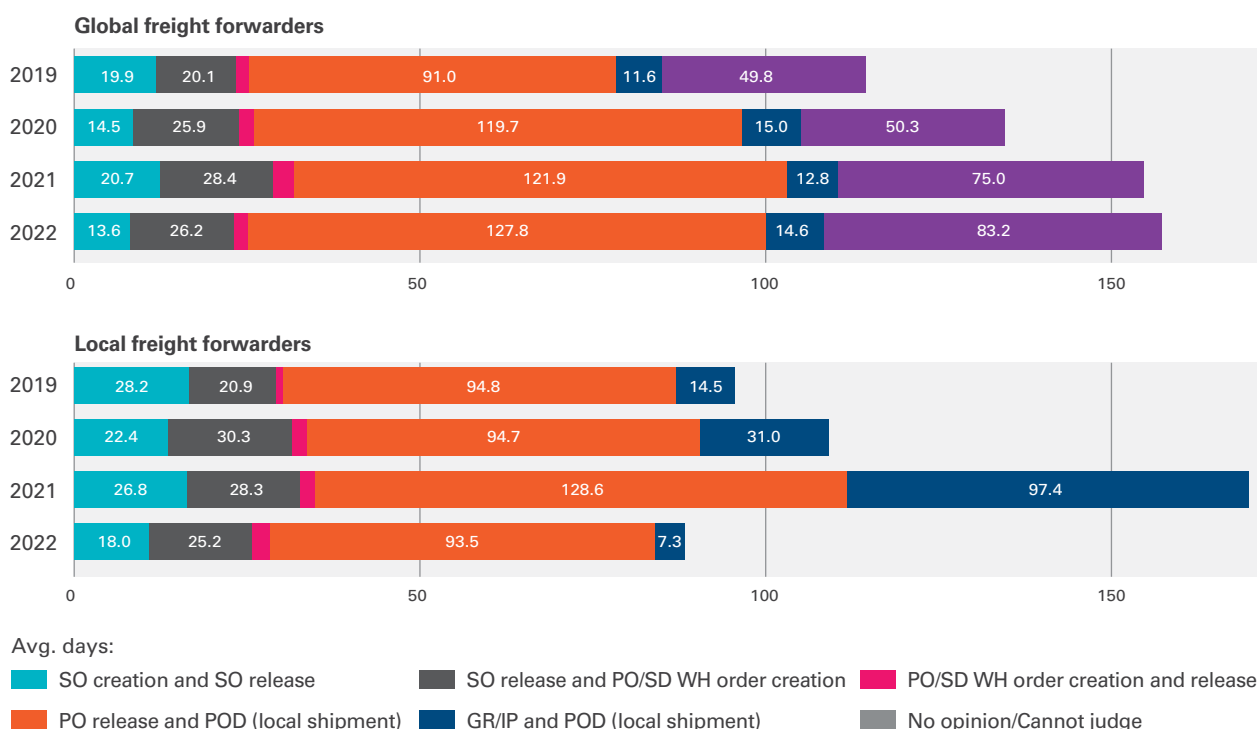


Source: Survey data.

Procurement and logistics

116. Procurement was a key component of UNICEF’s response but UNICEF faced significant challenges trying to procure supplies and deliver them to communities in need. The supply chain was just starting to recover after restrictions imposed by the COVID-19 pandemic. In fact, when the military takeover happened the borders with China, where many of the supplies were sourced, were still closed. The scope for local procurement was reported to be very limited due to a combination of factors, including the low capacity of local firms, frequent electricity blackouts and the requirement for supplies to meet UNICEF’s standards. As shown in **Figure 19**, average supply timelines for international procurement have remained around 175–190 days, whereas lead times for local freight forwarders were reduced from over 280 days in 2021 to just over 100 days in 2022. Apart from more emphasis given to local procurement with the signing of additional LTAs with local freight forwarders, the reduction was also due to the Country Office prioritizing items which are more likely to be cleared. Apart from the relatively long lead times for procurement, the need to import several key commodities, including vaccines and nutritional supplies respecting international standards, posed significant challenges to UNICEF’s response. Since UNICEF does not compromise on standards for vaccines and nutritional supplies, this meant that there was a considerable shortfall in some categories of assistance for affected communities. Limited funding and difficulties in accessing affected communities also contributed to the challenges in meeting targets.

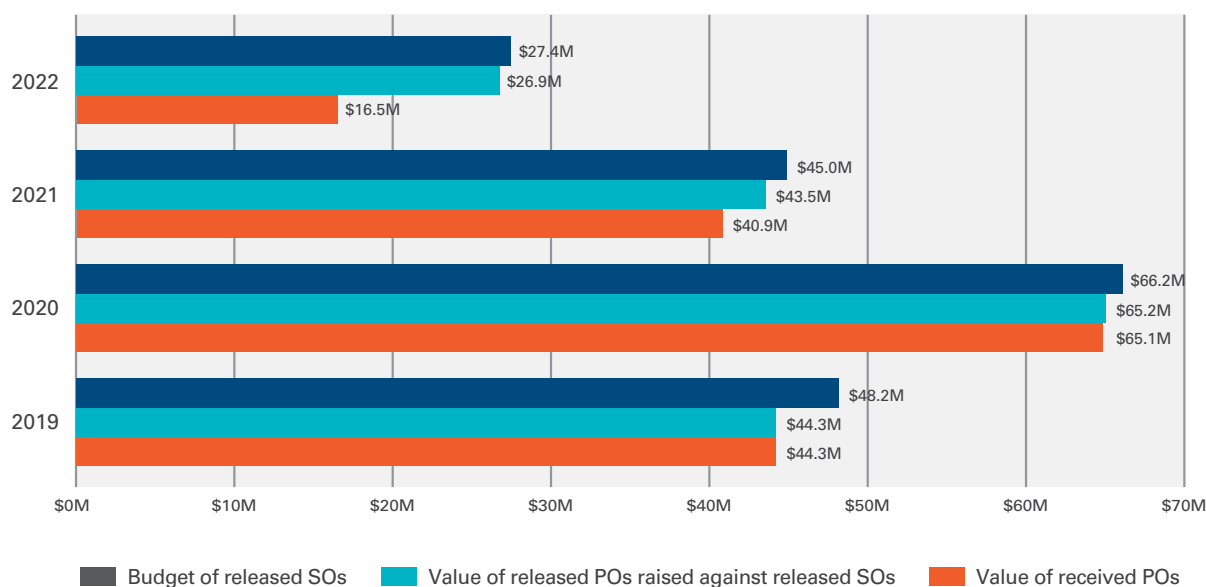
Figure 19. Global and local procurement supply timelines, 2020–2022



Source: UNICEF Supply Division.

117. Import licences need to be signed off by the relevant ministries and this has created disparities between sectors with regard to delivery times, most notably for health supplies which have not received the necessary permits since April 2021. There were reported to be limited local procurement options since supplies need to meet UNICEF standards. **Figure 20** below shows how much supplies have been affected by these restrictions.
118. **A significant increase in supplies would normally be expected during an L2 emergency response, but instead there was a severe reduction in supplies** as can be seen when comparing the value of Purchase Orders (POs) between years. Since restrictions started to take effect in mid-2021, figures for 2022 provide a more accurate picture of the effects on supplies.

Figure 20. Value of Purchase Orders received by UNICEF Myanmar, 2019–2022



Source: UNICEF Supply Division.

Risk management and mitigation

119. A 2019 UNICEF global evaluation found few examples of UNICEF undertaking a light operational context or conflict analysis that could assist in identifying the dynamics that influence access to those in greatest need, as well as offer UNICEF the opportunity to exploit changes in the context to access vulnerable communities.⁴³ In Myanmar, UNICEF was perceived both by its peers and by its own staff as being a relatively risk-averse organization although the evaluation team observed that following the military takeover, UNICEF regularly updated its risk assessments via the risk register, identifying key risks and proposed mitigation strategies.
120. UNICEF’s risk management principles include accepting risk where the benefits outweigh the costs, while anticipating and managing risk through contingency planning and mitigating identified risks. Although many areas reportedly remain underserved, the outcomes of this risk assessment as well as flexible and innovative approaches adopted by UNICEF can be seen in UNICEF’s support to develop a lawyers’ network, partnering with lawyers and helping to link them with social workers. Similarly, continued support to formal and informal education has helped many children to continue their education despite the risks.

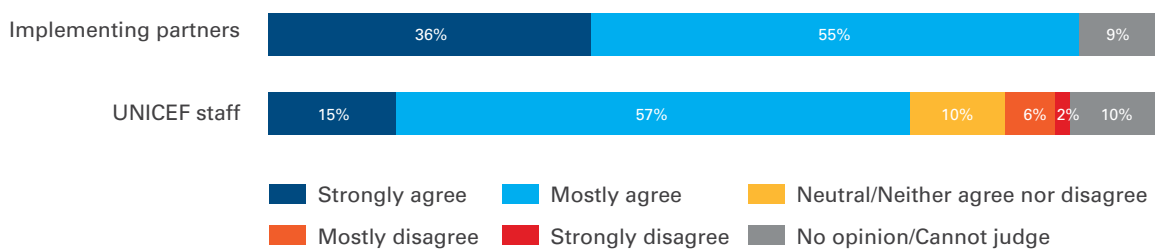
⁴³ United Nations Children’s Fund, *Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*, 2019.

- 121. UNICEF Myanmar invested in the capacity-building of its staff across functional roles on humanitarian access as well as various related issues, including organizing a series of webinars in May and June 2022 on access and the engagement of armed non-State actors. UNICEF Myanmar has also supported the training of field staff to operate in complex, high-threat environments along with the development of access action plans and a more systematic way of monitoring access constraints.
- 122. Partners identified the shrinking humanitarian space in Myanmar as the most critical concern and called for strong HCT leadership on a principled response with protection and humanitarian access the top priorities; and for pragmatic solutions to delivering protection and humanitarian assistance to the affected population.⁴⁴

Community feedback

- 123. CSOs in Myanmar have a relatively long history of working with AAP standards and tools and an Accountability and Learning Working Group was set up in in 2008 during the response to cyclone Nargis. This group was considered as an ‘informal cluster’ by a 2010 IASC global cluster evaluation that viewed it as an important resource to fill accountability gaps within clusters which at that time were all Yangon-based.⁴⁵
- 124. UNICEF has striven to embed AAP in its response and has made seeking feedback from the community a mandatory part of sector questionnaires and humanitarian project documents for partners. Until late 2022, responsibility for establishing and running community feedback systems was delegated to the partners, and UNICEF itself had no system for collecting and following up on feedback although feedback was shared. However, interviewees and UNICEF respondents to the survey expressed concern that it had become more difficult to obtain community feedback since the military takeover due to limited access and fears of reprisal. Respondents to the survey were overall positive about feedback being used, but unease about the negative trend of not being able to obtain feedback directly from communities was evident.

Figure 21. UNICEF and partners have collected and used feedback⁴⁶



Source: Survey data.

- 125. The evaluation team confirmed with the partners interviewed that they had feedback systems in place although UNICEF was only piloting a community feedback system for itself in late 2022. In September 2022, UNICEF’s management was presented with plans for the roll-out of a UNICEF dashboard to help facilitate communication and follow up on community feedback collected.

⁴⁴ Inter-Agency Standing Committee, ‘Peer-2-Peer Support Project Mission Report: Myanmar’, 2022

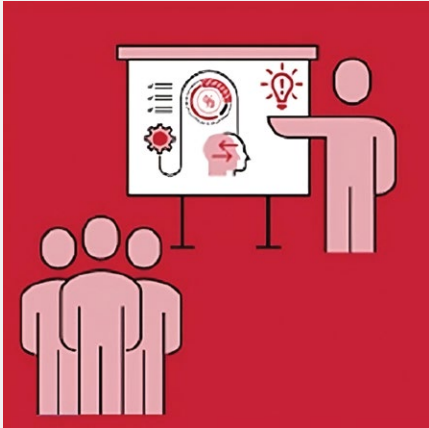
⁴⁵ URD and GPPI, *IASC Cluster Approach Evaluation, 2nd Phase: Myanmar country study*, 2010.

⁴⁶ The complete statement in the survey was “UNICEF and their partners have collected community feedback on services provided and used this feedback to improve the quality of their interventions.”

Figure 22. Community feedback dashboard to strengthen programming

How can it be used to strengthen/inform the programming?

- Whether the services we provide are directed to the needs of the community
- Understand the preferred channels for the community to provide their feedback
- For course corrections
- To inform programming/review
- Evidence-based decision making
- Commitment on AAP in donor proposals or reports

An illustration on a red background showing a person standing on the right, pointing towards a presentation board. The board contains several icons: a gear, a lightbulb, a brain, and a circular arrow. In the foreground, three stylized human figures are shown from behind, looking towards the presenter and the board.

Source: UNICEF Myanmar presentation to senior management.

126. The community feedback system was developed jointly with partners and pre-tested and, provided the system functions as planned, it will offer a valuable resource in a context where the ability of UNICEF staff to collect feedback from communities has become very limited. It was too early to judge whether this system will add value by improving the use of community feedback without adding undue burdens on partners and/or UNICEF staff and it will be important to periodically monitor the use of the system and the quality of data collected while mitigating risks for communities and partners. A key element of successful community feedback systems is community trust in the system. This means, notably, that the feedback communities provide will be kept confidential, that communities receive proof that their feedback has been received and that they can expect actions to be taken or receive a reasonable explanation as to why UNICEF or the partner is unable to follow up. It was not yet clear to the evaluation team how UNICEF planned to build this trust.

Monitoring

127. UNICEF was already using TPM prior to the military takeover in certain areas in Rakhine and in other zones with difficult access. Following the military takeover, UNICEF saw value-added in expanding TPM to other areas in Myanmar that were progressively consumed by the conflict. This has proved to be a useful tool for UNICEF as its own scope for monitoring interventions has narrowed.

128. The evaluation team was able to review TPM reports, including a more detailed review of reports covering the sampled projects. The team also spoke to staff from UNICEF and partners whose activities were being monitored, as well as staff from the contractor undertaking the TPM. The team's findings can be summarized as follows:

- TPM was a key component of the L2 response that helped UNICEF to meet its quality and accountability commitments since it routinely sought community feedback about the provision of UNICEF assistance, including whether supplies had been received, and checked whether there were any cases of PSEA in the community. The TPM teams' access was also restricted, but teams were still able to considerably extend UNICEF's outreach to communities (see [Annex 4](#) for TPM guidelines).

- Learning was ongoing, including in regard to how surveys could be done quicker. A lessons learned session was conducted with the agency contracted to conduct TPM at the end of Phase I. This could perhaps be more participatory and systematic in nature since there was limited evidence that key learning points to take forward were documented or applied.
- Initially, recommendations were included in the reports. However, it was found that these were not helpful, and it was agreed with UNICEF that the report would stick to findings.
- Contracting processes were not systematic, creating challenges for TPM teams to retain staff and conduct follow-up visits to better measure outcomes.
- Areas identified for further improvements of this useful tool were as follows:
 - Overall, the evaluation team found TPM to be a tool appropriate to the context and one that could be improved over time. It was uncertain to what extent the TPM information was used. Partners said they do not receive any feedback after a monitoring visit that could help to clarify findings by the monitors and help them to improve.
 - There was a lack of technical expertise among the field researchers.
 - The feedback from beneficiaries was that “we received what was planned” but they claimed that the feedback/suggestions they had made during previous visits were not addressed.
 - There was some confusion about what UNICEF wanted out of the monitoring since the information needs of field offices were different from sector specialists. This seemed to be aggravated by a high turnover of staff.
 - There was resistance from some implementing partners and UNICEF field offices since they view the monitoring as an inspection of their work and they felt that they will be blamed for any gaps.

EQ 3: Coherence and connectedness

EQ 3

How coherent and connected has the UNICEF response been?

129. This question looks at how UNICEF has integrated preparedness and Nexus components into the design of its strategies, programme and projects and how these have been implemented in practice, including capturing any examples of learning and good practice. Given the limitations on supporting institutions at a national level, the team mainly focused on assessing how preparedness systems were strengthened at a community level and at a coordinated UN level.

Summary response to EQ 3

- **UNICEF’s emergency preparedness** focused almost exclusively on natural disaster events, and significant unplanned adaptations were required by the new context. Preparedness was nevertheless useful, notably having contingency stocks available that could be distributed although there were insufficient quantities due to restrictions on the importation of supplies after May 2021.
- **The shift to emergency mode happened more rapidly in UNICEF offices that already had the capacity to respond** to emergencies such as Rakhine. Similarly, those sectors that had historically relied more on NGO and CSO implementation, such as WASH, were able to rapidly shift.
- Since the military takeover, **emergency preparedness** has largely been confined to training and capacity-building of partners and communities (through partners). Stand-alone activities are very limited due to other priorities.

Summary response to EQ 3

- The Peer2Peer review conducted in 2022 found that coordination structures support preparedness plans that are effective. **As part of the UNCT, UNICEF worked within the framework of the Humanitarian Response Plan and the United Nations Socio-Economic Resilience Response Plan** with the aim of preventing duplication and complementing other UN agencies. UNICEF contributed to the development of the UNCT engagement guidelines, which, for the most part, they were perceived as respecting.
- **Longer-term programming** was included in UNICEF's strategy, but significant limitations were imposed by the context. At the same time, partnerships have greatly expanded capacity-building opportunities for national CSOs and CBOs across all UNICEF sectors. This will potentially be an invaluable investment for UNICEF's Nexus programming in the future.
- **UNICEF's response has greatly expanded capacity-building opportunities for national CSOs and CBOs across all UNICEF sectors.** Partners, in turn, have been training community members in activities ranging from teacher training to child protection. Interviews with staff from UNICEF and partners confirmed that this has the potential to be an invaluable investment for Nexus programming once the situation improves.

Preparedness measures

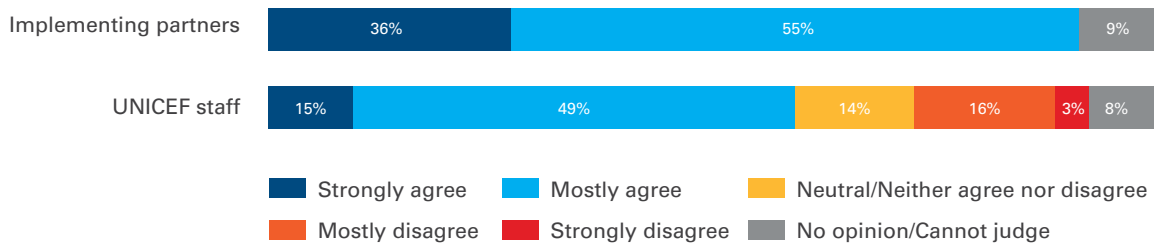
130. UNICEF Myanmar's emergency response plans prior to the military takeover focused almost exclusively on natural disaster events. The HAC appeal and Annual Work Plan had to undergo significant revisions in 2021 and 2022 to adapt to the new situation. Contingency stocks were distributed but were insufficient in quantity to respond to the crisis. Preparedness planning by UNICEF has ramped up since the military takeover but is constrained by restrictions on imported relief materials, notably medical and nutrition supplies due to the requirement that they meet UNICEF's quality standards.
131. In Rakhine the shift to emergency mode happened quickly since the UNICEF office already there had the capacity to respond to emergencies. Emergency response appeared to be easier in sectors such as WASH that has historically relied on NGO and CSO partnerships and entailed distribution of relief. The shift in Education, Social Policy and Child Protection was more complex since there could be no pre-planning for scenarios without substantive engagement with the Government, and innovative approaches were needed. Health and Nutrition appear to have struggled the most to respond effectively due to their reliance on government structures for implementation.
132. Since the military takeover, emergency preparedness has shifted from upstream work with the Government to increasing community resilience. This has mainly been done through the training and capacity-building of partners and communities (through partners). Some WASH infrastructure installed was also designed to increase resilience. However, interviewees stressed that stand-alone preparedness activities were very limited due to other priorities.

Integration of the triple Nexus

133. UNICEF included relief, recovery and longer-term programming in its strategy, but survey respondents and interviewees cautioned that there were significant limits imposed by the context and noted the difficulty of taking a long-term programming perspective without engagement of government structures. Humanitarian assistance, often using funding with relatively short timeframes, continued to dominate UNICEF's programming and planning for the long term. Thanks to its upstream work undertaken prior to the military takeover, UNICEF had compiled a considerable amount of data, processes and tools. It was seen as important that relevant data be retained so that recovery, when it happens, makes full use of these resources.

134. WASH was able to install some permanent and semi-permanent infrastructure at a community level. However, the main reason given in the survey (see [Figure 22](#)) for UNICEF's integration of relief and longer-term programming in its response was due to the greatly expanded capacity-building opportunities for national CSOs and CBOs across all UNICEF sectors. Partners, in turn, have been training community members in activities ranging from teacher training to child protection. Interviews with staff from UNICEF and partners confirmed that this has the potential to be an invaluable investment for Nexus programming once the situation improves.

Figure 23. UNICEF has integrated relief, recovery and longer-term programming⁴⁷



Source: Survey data.

Coherence with the UN Framework

135. UNICEF worked closely with the UNCT, with specific partnerships with WFP, UNDP, UNHCR and UNFPA within the framework of the Humanitarian Response Plan and the United Nations Socio-Economic Resilience Response Plan with the aim of preventing duplication and complementing the work of other UN agencies. Specific examples of how UNICEF has supported the UNCT include providing technical support on risk assessment and communications; and the stand-in by the former UNICEF Myanmar Representative as Designated Official for safety and security immediately following the military takeover.

UN programmatic engagement guidelines

136. A dominant theme throughout this evaluation that was raised during interviews and the survey was the application of UNCT engagement guidelines, which were last revised in February 2022.⁴⁸ The guidelines were seen to provide coherence for UN agencies in their dealings with the military authorities by promoting a common approach. Feedback from some UNICEF staff, particularly those in field offices, and external key informants indicated that UNICEF was among those UN agencies that have adopted a relatively strict interpretation of the guidance, which hindered its ability to open humanitarian space. The UNCT guidelines also gave no guidance on how to deal with other actors who had influence over access to affected communities in some areas. Other UN agencies were perceived as having a more flexible approach in interpreting the guidelines, indicated by more visas being issued to staff, although access by all agencies was acknowledged as being constrained.

137. A consistent message from UNICEF staff in the field was that they would like to better understand how the UN engagement guidelines could be used in practice to facilitate, rather than hinder, their work. This message emanated not only from UNICEF. During the IASC Peer-2-Peer mission in late 2022, partners identified the shrinking humanitarian space in the country as the most critical concern and called for strong HCT leadership to improve protection and humanitarian access.

⁴⁷ The full statement in the survey was “UNICEF has been successful in integrating relief, recovery and longer-term programming in its strategy and interventions within the limits imposed by the context.”

⁴⁸ ‘UNCT Programmatic Engagement Guidelines’, Version one plus, February 2022.

EQ 4: Efficiency

EQ 4

Was UNICEF's response efficient?

138. This question looks at how efficiently inputs were converted into outputs. It also assesses how quickly UNICEF was able to respond and transition between emergency and longer-term programming.

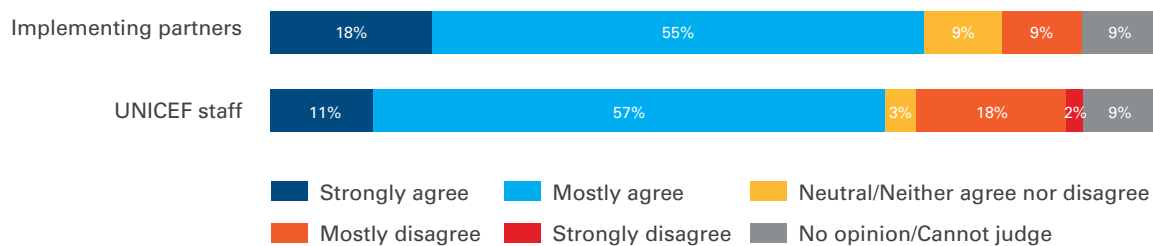
Summary response to EQ 4

- Many **inefficiencies were caused by the challenging operating environment**, including limited access to affected populations, lack of import permits, difficulty in obtaining visas for international staff and movement permits for staff, and security restrictions imposed by the United Nations. UNICEF was nevertheless seen as being able to scale up its response relatively rapidly in a difficult operating context.
- **An L2 emergency** was only declared more than five months after the military takeover. Once declared, the L2 provided UNICEF with more flexible and efficient procedures although their application was reported by partners to be inconsistent between different sections.
- **Administrative processes** were seen to be not always well adapted to small CBOs with limited capacity managing small grants.
- **Some prepositioned supplies and existing LTAs** with local suppliers initially helped to facilitate critical life-saving support to affected communities.
- **Most of the surge and newly appointed staff deployed to fill staffing gaps** were only able to provide remote support. Feedback from national staff about their value-added was mixed and was often related to the individual's knowledge of the context.
- **Expanded use of IT tools** following the COVID-19 pandemic was an important innovation for UNICEF during the response.
- **UNICEF support to capacity-building for national CSOs and communities** across all UNICEF sectors is likely to be an invaluable investment for Nexus programming once the situation improves.

How timely was the scale-up of the response?

139. There were many inefficiencies caused by the challenging operating environment, ranging from difficulties with importing, transporting and distributing assistance to obtaining visas for international staff, movement permits for staff in-country and security restrictions imposed by the United Nations. Although the L2 declaration gave UNICEF Myanmar more flexibility in how to apply financial, administrative and project management rules, their application seems to have been variable. Some partners complained that the financial rules for some activities (but not necessarily others) were not sufficiently flexible enough for a dynamic situation. Other partners noted that the administrative processes were not always adapted to small CBOs with limited capacity who were managing small grants.
140. The evaluation team's assessment based on feedback from UNICEF staff was that this variance was due to a combination of an incomplete understanding of flexibility accorded by L2 procedures and risk-adverse behaviour by some individual staff, at times seemingly because they did not feel they had been given the necessary authority by their superiors. While citing these issues, survey respondents were mainly positive about the ability of UNICEF to quickly scale up its response considering the difficult operating context.

Figure 24. UNICEF was able to quickly scale up its response

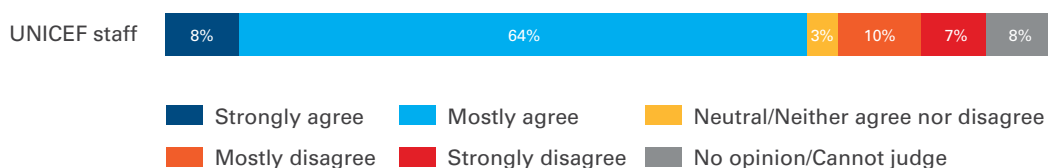


Source: Survey data.

Contribution of emergency preparedness

141. Some supplies were prepositioned in nine warehouses around the country, which initially helped to facilitate critical life-saving support to affected communities. LTAs with local suppliers together with streamlined processes allowed UNICEF staff to prepare a ‘Note for the record’ to expedite procurement processes to provide certain supplies, such as for WASH and Child Protection, to partners and clusters/Areas of Responsibility. Some survey respondents (see [Figure 25](#)) and interviewees felt that, despite the expedited L2 processes, they were still subjected to unnecessarily complex administrative procedures, which were given as some of the reasons behind the negative or neutral ratings in the surveys above (see [Figure 24](#)).

Figure 25. Preparedness measures, including supplies, allowed UNICEF to quickly scale up



Source: Survey data.

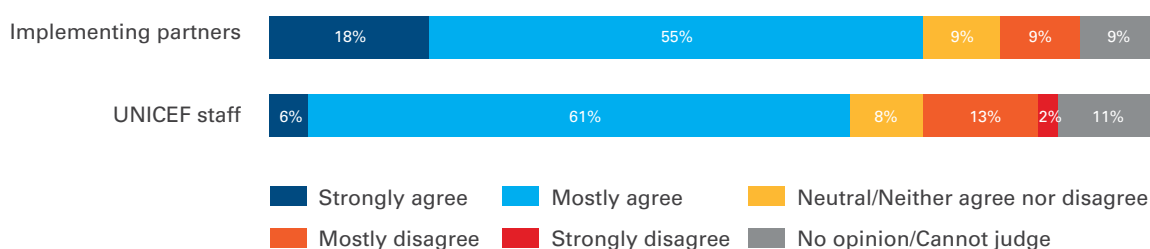
142. The efficiency of UNICEF’s response was heavily affected by human resource constraints following the military takeover. In the months afterwards, many of the national staff were traumatized and some were directly affected. Many international staff members left the country. With very few exceptions, surge staff ended up providing remote support since they could not get visas. Staff reported that remote support was of variable quality. It was evident based on interviews that staff (both surge and appointed) without experience of the Myanmar context were challenged in providing useful support.

Innovation and adaptation

143. One of the major innovations that emerged during the COVID-19 pandemic was the expanded use of IT tools. While the threat of COVID diminished, approaches such as home-based learning in the education sector, online trainings and audio-based, self-learning systems for partners and UNICEF’s own remote management have continued to play an important role during this crisis.

144. Responses to the survey and interviews suggested other innovations had been developed to better understand needs and the state of the response more easily since UNICEF staff had difficulty in visiting communities and project sites either due to restrictions imposed by the de facto authorities or the United Nations and/or UNICEF's safety and security rules. Dashboards were developed for monitoring and a partner database and mapping for localization established along with multiple modalities for TPM and access trackers.
145. UNICEF interviewees and survey respondents also mentioned direct partnering with small CBOs using relatively light procedures as a new approach since this was not common practice prior to the military takeover.

Figure 26. Innovative approaches by UNICEF improved the efficiency of the L2 response



Source: Survey data.

EQ 5: Coordination

EQ 5

How did UNICEF coordinate internally and externally?

146. This evaluation question looks at three types of coordination that will have influenced the role of UNICEF in its response, internal coordination, lead agency role for several clusters and reference groups/strategic advisory groups, and, finally its coordination role as a major humanitarian agency within the HCT.

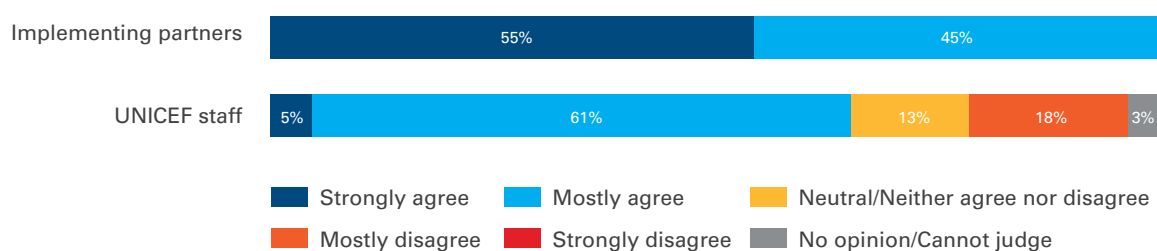
Summary response to EQ 5

- **UNICEF generally accorded higher priority to its own programme than to the IASC clusters that it leads,** particularly at a regional level. By mid-2022, national cluster coordination had reportedly improved, but at a regional level several UNICEF staff were still double hatting, mainly due to a lack of funds. Partners interviewed and surveyed were nevertheless positive about how UNICEF's cluster roles had helped to improve the effectiveness of sectoral interventions.
- **CBOs have difficulty in engaging fully with clusters** due to their lack of capacity and unfamiliarity with international systems.
- **UNICEF was perceived to coordinate well** with other international actors.
- **Some donors felt that they were not consistently receiving sufficient information** from clusters or the UNICEF office, which was of concern given that most donors did not have the option of travelling within Myanmar.
- The Regional Office periodically reviewed and followed up on a **workplan of activities to support UNICEF Myanmar after the L2 emergency had been declared.**
- **Senior management also organized regular town hall meetings** with staff to inform and help them to manage trauma and stress.

UNICEF role as a cluster lead agency

147. UNICEF's performance with regard to its own programme was more effective than the IASC bodies (clusters and Areas of Responsibility) that it was leading. UNICEF-led clusters have continued to operate but were reported to lack the necessary capacity or funding to provide sustained cluster coordination and information management. Prior to the military takeover, clusters were co-chaired by government representatives. Similar to the finding about UNICEF's own programme, there appeared to be similar differences in performance between different clusters as there were between sectors. By mid-2022, the situation for cluster coordination and information management at a national level was reported to have improved, but at a regional level several UNICEF staff were still double hatting, forcing them to often choose between priorities.
148. Evidence from interviews suggests that UNICEF did not give equal priority to clusters. While UNICEF Myanmar held regular meetings with the Regional Office to systematically follow up on the L2 workplan, the clusters and working groups they were leading did not figure in the agenda. Funding was a constraint across most clusters and this led to turnover and to staff double or, in some cases, triple hatting between their UNICEF role and one or more cluster coordination roles. Information Management Officers were also not always available.⁴⁹ The WASH cluster was reported to have been the best-performing of the UNICEF-led clusters. A dedicated WASH cluster coordinator was in place before the military takeover although subnational coordinators and Information Management Officers were often playing dual roles.
149. The IASC Peer-2-Peer review found across clusters that lack of understanding about information-sharing, concerns about the security management of information and duplicative reporting processes were hindering information flow and recommended that OCHA, the Inter-Cluster Coordination Group and cluster lead agencies develop and disseminate guidance. The review also recommended continued expansion of joint assessments, particularly in difficult-to-access areas.
150. Given the increasingly important role of CBOs in assessing needs and delivering assistance to hard-to-reach communities, it was seen as important for UNICEF to support the search for better ways to engage and integrate with locally led coordination mechanisms as recommended by the IASC Peer-2-Peer review.
151. Despite these challenges, partners responding to the survey were relatively positive about UNICEF's cluster lead roles. They felt that they benefited from participation not only in terms of coordinating their work and approaches but also in terms of knowledge-sharing.

Figure 27. UNICEF's resources were adequate to perform as cluster lead/co-lead



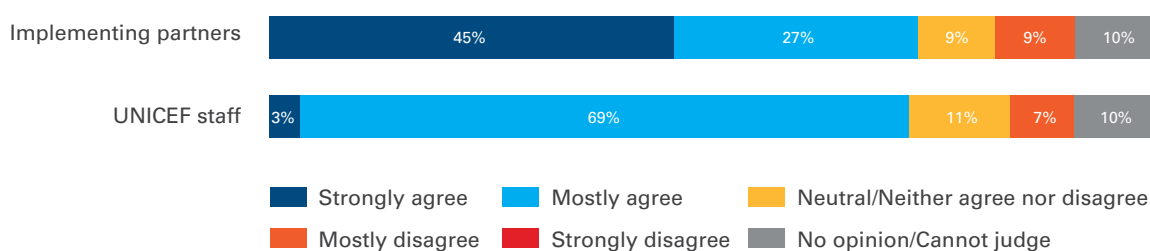
Source: Survey data.

⁴⁹ These findings are consistent with a 2022 global evaluation commissioned by UNICEF: see Schenkenberg, Ed, et al., *Evaluation of the Role of UNICEF as Cluster Lead (Co-Lead) Agency ('CLARE II')*, and *UNICEF Review of Education Cluster Co-Leadership*, UNICEF Evaluation Office, New York, 2022.

UNICEF external coordination

152. As shown in [Figure 28](#), survey respondents and interviewees felt that overall, UNICEF coordinated relatively well with other international actors. There was encouraging feedback from peer UN agencies and most partners who clearly viewed their relationship with UNICEF as a partner rather than as a sub-contractor. The perspectives of donors were at times different from those of UNICEF. Most UNICEF staff perceived that they were communicating frequently with donors, whereas some donors interviewed felt that they were not consistently obtaining the information they needed, which was seen to be important given that most donors do not currently have the option of travelling within Myanmar.
153. The highly restricted operating environment in the aftermath of the military takeover put pressure on UN coordination to ensure a unified approach. Although lacking a Representative in-country for much of the L2 response period, UNICEF Myanmar was a key member of the UNCT throughout the response despite capacity constraints. Immediately following the military takeover, the UNICEF Representative took on the additional role of acting Designated Official for UN staff security for almost two months until she left Myanmar. Moreover, UNICEF Myanmar worked with other UN agencies to develop the UNCT guidelines and agree on a common approach.

Figure 28. UNICEF coordinated well with other international actors⁵⁰



Source: Survey data.

UNICEF internal coordination

154. At a senior management level there were specific efforts by the UNICEF Regional Office to support UNICEF Myanmar following the declaration of an L2 emergency, including putting in place a mechanism for periodically reviewing and following up on a workplan of activities.
155. At a country level, programme and operations meetings were held regularly, mostly online due to a combination of COVID-19 restrictions, insecurity and/or the fact that many international staff were outside the country. Senior management also organized regular town hall meetings with staff to inform and help them to manage trauma and stress.
156. Attempts to carry out multisectoral projects had mixed results, a finding confirmed by our analysis of a project sample. The evaluation team observed a siloed approach during FGDs with UNICEF field office staff. When a question was asked about a sector and the specialist responsible for that sector was not present, there was usually no answer. UNICEF made attempts to integrate activities and integrated activities are tracked by their monitoring and evaluation systems. Responses to the survey by UNICEF staff confirmed mixed experiences with regard to multisectoral projects (see [Figure 29](#)).

⁵⁰ The full statement in the survey was “UNICEF coordinated well with other international actors to optimise its comparative advantage.”

Figure 29. UNICEF was able to coordinate multisectorial responses without problems



Source: Survey data.

EQ 6: Coverage

EQ 6

What coverage did UNICEF achieve during the L2 response?

157. This evaluation question assesses whether UNICEF was able to fulfil its humanitarian mandate by providing support to those most in need regardless of gender, ethnicity, risk of conflict, age, socioeconomic status, disability status or geographic location.

Summary response to EQ 6

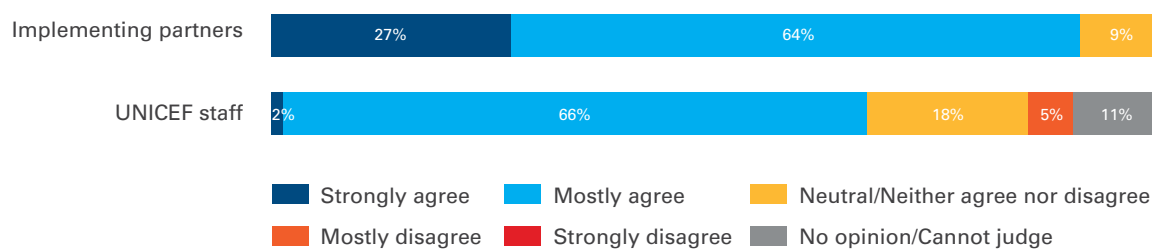
- UNICEF expanded its programme as the conflict intensified so that the HAC appeal target population increased from 867,380 people (including 316,164 children) to 1.4 million (including 1.1 million children) in 2022.
- Although survey respondents gave favourable ratings for UNICEF coverage, interviews and narrative responses described the difficulties that UNICEF had in delivering assistance to many areas, including the Sagaing Region, which accounted for almost half of new displacements.
- The extent to which UNICEF met its coverage targets objectives varied significantly between activities, sectors and geographical area by the end of 2022.

Coverage of affected communities

158. UNICEF expanded the number of people earmarked for humanitarian assistance as the conflict and displacement intensified. Prior to the military takeover, 1 million people were assessed to be in need of humanitarian assistance in Rakhine and Chin States and the southeast. In 2021, this number increased to 3.1 million (including 1.2 million children) and in 2022 it rose almost fivefold to 14.4 million (including 5 million children). The target population in the HAC appeal increased accordingly from 867,380 (including 316,164 children) to 1.4 million (including 1.1 million children) in 2022. UNICEF tried to expand its operations to meet the increased needs while being challenged by low funding and difficulty in accessing conflict-affected areas. WASH assistance, for example, focused on regions with the highest IDP populations, notably the northwest and southeast, by forming new partnerships in Chin and Kayah and the southeast. During the first half of 2022, UNICEF and its partners expanded the coverage of nutrition programmes aimed at children and pregnant and lactating women in Rakhine, northern Shan, Kachin, Kayin, Yangon and Ayeyarwaddy.⁵¹
159. Respondents to the survey in [Figure 30](#) thus qualified their positive ratings with narratives acknowledging the difficulties that UNICEF had in accessing populations in conflict-affected areas.

⁵¹ UNICEF 2022 Situation Reports.

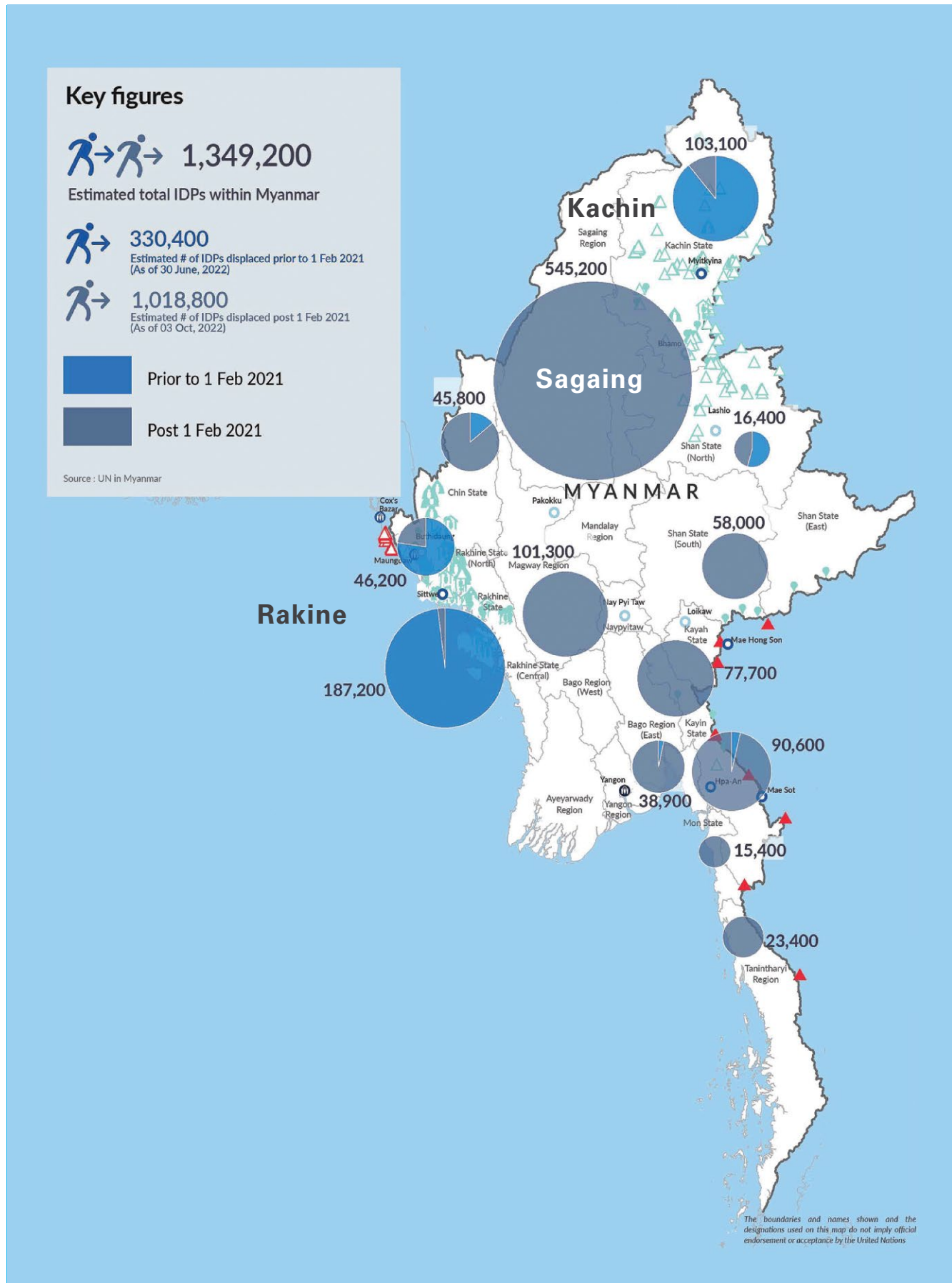
Figure 30. UNICEF assistance was accessible to affected populations in different areas



Source: Survey data.

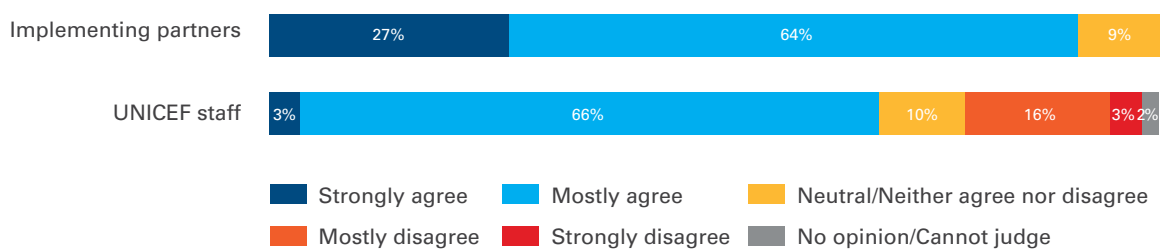
160. The extent to which UNICEF met its population coverage objectives showed significant variations between activities, sectors and geographical area by the end of 2022 (see tables in [Annex 8](#)). In Education, for example, 49 per cent of children were reported to have access to formal and non-formal education, but only 15 per cent received individual learning materials.
161. In Health, only 2 per cent of the targeted 760,000 children were immunized against measles while nearly three times (458,141) the target number of children and women were reported to have accessed primary health care in UNICEF-supported facilities. Cash transfers under Social Policy were confined to Yangon and its surroundings and reached only 8,809 out of a target of 90,000 (10 per cent). WASH reported 64 per cent coverage of its 2022 target of over 2.3 million people. Child Protection achieved less than 10 per cent coverage, with the exception of mental health support to boys and girls (26–28 per cent) and individual case management (70–88 per cent).
162. When geographical differences are considered, consistently higher coverage was observed in Rakhine for Nutrition (18 per cent), WASH (27 per cent), Education (16 per cent) and AAP (58 per cent). In the Sagaing Region, where most of the newly displaced are located, coverage was much less, for example in Nutrition (1 per cent) and WASH (16 per cent). Population coverage objectives were not even set for Education and AAP in the Sagaing Region.
163. As noted elsewhere, while needs among the newly displaced tend to be high, access was severely constrained due to a lack of resources and supply bottlenecks caused by difficulties in obtaining permits, notably in areas such as the Sagaing Region where there was ongoing active conflict.
164. Many of the priority needs were observed in areas where there was new displacement, and narratives in the survey and feedback from key informants gave a more accurate assessment than the ratings in [Figures 28 and 29](#) suggest. Whereas nearly half of new displacements were in and around the Sagaing Region (see [Figure 31](#)), an analysis of supply data showed that only 4 per cent of UNICEF supplies were distributed in this area in 2021–2022. UNICEF has had no permanent presence in Sagaing and interviews with staff from UNICEF Myanmar and partners indicated that it is struggling with responding in a timely way in this area. While TPM teams had relatively better coverage than UNICEF, their access was also restricted by security concerns.

Figure 31. Displacement in Myanmar



Source: UNHCR as of October 2022.

Figure 32. UNICEF assistance was accessible to the most vulnerable⁵²



Source: Survey data.

EQ 7: Protection

EQ 7

To what extent did UNICEF provide protection to the targeted community in line with its mandate?

165. This evaluation question examines how UNICEF was able to provide protection to the affected population within its mandate, including specific to PSEA. Application of the Monitoring and Reporting Mechanism was also examined in a context of increasing armed conflict.

Summary response to EQ 7

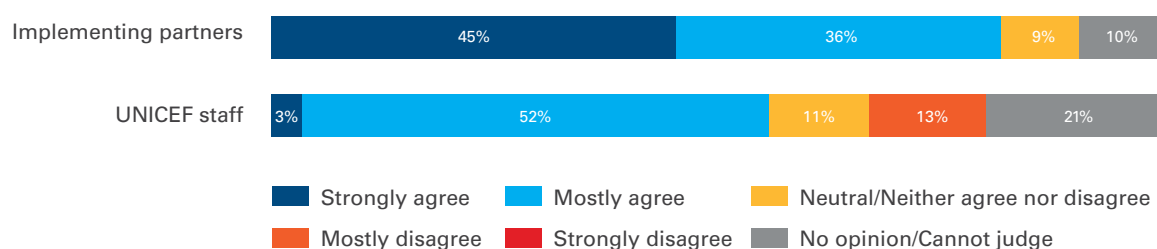
- **UNICEF with its CSO and CBO partners has been able to extend protection coverage** to affected populations fleeing armed conflict. Areas of UNICEF intervention ranged from psychosocial support for children and caregivers, support for the prevention and mitigation of gender-based violence and prevention of sexual exploitation to the provision of support to victims of explosive ordnance through the case management mechanism.
- **PSEA was an area of particular focus in UNICEF's response.** Two consultants were recruited to assess and build the PSEA capacity of local partners. Some of these partners had received high risk ratings due to their low capacity in PSEA. Because of this capacity issue among local partners, only half of UNICEF staff felt that PSEA principles were being respected.
- **Special arrangements were made for a lawyers' network** that was not registered as an organization but which rather loosely connected lawyers providing pro bono services for children held in detention.
- **UNICEF's Monitoring and Reporting Mechanism succeeded in activating the reporting system,** which has informed much of UNICEF's advocacy. Protection was among the most challenging programmes to implement but UNICEF's support provided an important evidence base for UNICEF's advocacy even if affected communities expected UNICEF and the rest of the United Nations systems to have been able to do more about protecting their rights.
- Protection was another area where **national staff in UNICEF were obliged to step up and take the lead** since three of the four international staff in the unit left the country soon after the military takeover.

⁵² Survey data. The complete statement in the survey was "UNICEF assistance was accessible to the most vulnerable (e.g., minorities, people with disabilities, etc.) within the affected populations."

Protection provision

166. The protection system supported by UNICEF prior to the military takeover was integrated with the country's justice system, social welfare and capacity-building of government and CSO partners. After the military takeover, UNICEF changed its delivery mechanism and CSO partners described how UNICEF had adapted its approach to build their capacity in order to extend protection coverage to affected populations fleeing armed conflict. UNICEF has continued to strengthen its engagement and investment in CSO and CBO capacity-building, which has not only increased coverage but also created an important capacity for future Nexus programming.
167. Following the military takeover, UNICEF has had to rely on CSOs, CBOs and informal and national volunteer lawyer networks to deliver protection to people in need. As these activities progressively expanded, child protection staff had to negotiate with operations and management to set up special arrangements since such networks were unregistered, composed of loosely connected lawyers providing pro bono services to help children in detention. This system reportedly functioned relatively well and according to data available to the evaluation team, these partners were perhaps the only legal representatives able to conduct prison visits to children.⁵³ Such visits were, however, limited to certain geographical areas, and the outcomes of legal processes have been difficult to predict. In the aftermath of the promulgation of a new Organization Registration Law in October 2022, the status of legal aid service providers has become even more uncertain. Interviewees acknowledged that there are substantial target populations who UNICEF was unable to access or assist.
168. Protection was another area where national staff in UNICEF and CSOs had to step up and take the lead since three of the four international staff in the unit left the country soon after the military takeover. Based on survey results and key informant interviews, including with donors, the unit was relatively successful although almost half of UNICEF staff either did not feel confident stating that protection interventions were having an effect or felt that UNICEF was not doing enough. Concerns were principally in terms of advocacy due, in part, to the challenges of sharing relevant information without putting the safety and security of human rights defenders at risk.

Figure 33. UNICEF assistance provided protection in line with its mandate⁵⁴



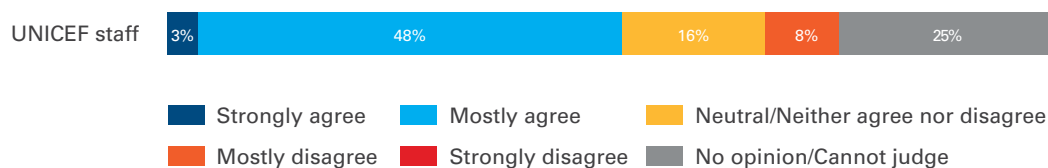
Source: Survey data.

169. The same was true for how UNICEF staff perceived the adherence to the principles of the Monitoring and Reporting Mechanism. A majority recognized that UNICEF had succeeded in activating the reporting system and was regularly generating reports, which, in turn, informed much of UNICEF's protection-related advocacy around the crisis.

⁵³ This intervention has defined children as up to 25 years old.

⁵⁴ The full statement in the survey was "UNICEF assistance provided protection to all the target population in line with its mandate."

Figure 34. UNICEF adhered to the principles of the Monitoring and Reporting Mechanism⁵⁵

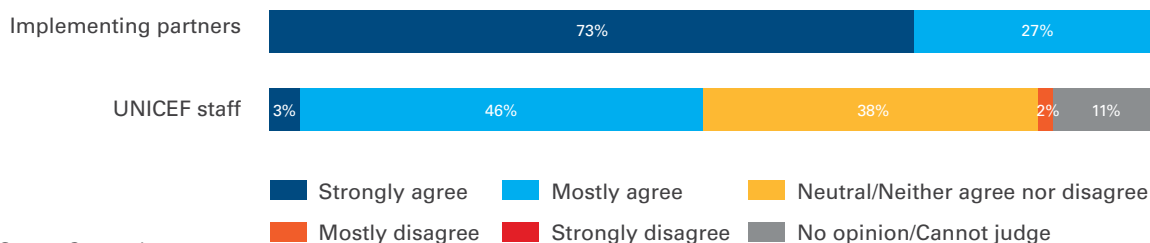


Source: Survey data.

Prevention of sexual exploitation and abuse

170. PSEA has been an area of particular focus in UNICEF’s response. UNICEF included PSEA clauses in humanitarian project documents for all partners and encouraged new partners to join the PSEA task force. UNICEF recruited two consultants to support PSEA, one for capacity-building of local partners and one for assessing PSEA in partners.
171. UNICEF respondents to the survey and interviewees noted that many smaller CBOs were rated as ‘high risk’ for PSEA either because the partnership was initiated before a full assessment had been completed, or they had difficulty in fully meeting United Nations PSEA standards. Even though mitigation measures were drafted, almost 50 per cent of UNICEF staff responded to the statement on PSEA (see [Figure 35](#)) with “neutral” or expressed no opinion as they felt there were risks but they did not have sufficient information or access to certain areas to be confident that adequate mitigation measures were in place.

Figure 35. UNICEF followed its PSEA, Child Protection and Safeguarding guidelines⁵⁶



Source: Survey data.

⁵⁵ The full statement in the survey was “UNICEF adhered to the principles of the Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict.”

⁵⁶ The full statement in the survey was “UNICEF followed their Protection against sexual exploitation and abuse (PSEA) guidelines and Child Protection in Emergency and Child Safeguarding.”



5. LESSONS LEARNED

This section presents selected key lessons learned that will be useful for UNICEF staff when revising preparedness approaches or implementing a response during similar emergencies, whether in Myanmar or elsewhere.

172. **Contingency planning** should be based on the principle of ‘hope for the best but prepare for the worst’. The impacts of the military takeover provide many important lessons for humanitarian agencies such as UNICEF. There was little evidence of learning from practices prior to 2008, when similar restrictions were in place in Myanmar under a previous military regime. While Myanmar was a specific context in many ways, some of these lessons nevertheless have potentially broader applications, particularly in conflict-affected and fragile operating environments with difficult access, notably:
- a. **The importance of investing in and empowering national staff.** More than a year after the military takeover all senior UNICEF positions were international staff positions, many of which had only recently been filled by individuals who could not obtain visas;
 - b. **Prioritizing LTAs for local procurement of supplies,** especially in areas where there are likely to be restrictions;
 - c. **The need to anticipate and deal with human resources issues,** notably traumatized UNICEF staff and adapting human resources and structures to the new context;
 - d. The importance of **designing programmes with a view to their potential integration with national systems in the future.** An example can be seen in UNICEF’s capacity-building work with local CBOs and CSOs with regard to preparing local community workforces.
173. The **UNCT programmatic engagement guidelines** provided a useful process and guidance that assisted a common approach and messaging with the military authorities. There is still a significant amount of work to be done, notably with field-based staff, as to how these should be practically applied. UNICEF has been addressing this through various trainings for their staff, including training to operate in complex, high-threat environments, although these took time to organize.
174. There are some **examples of lessons that had been previously identified** but based on the experience during the Myanmar response still require UNICEF’s attention before they can be considered as learned and applied. These lessons were identified in a 2019 UNICEF evaluation that assessed UNICEF’s operations in complex emergencies⁵⁷ and lessons from prior emergencies.⁵⁸
- a. **Reliance on UNDSS capability.** UNICEF’s 2019 global evaluation also found the impact of the United Nations security management system on UNICEF’s coverage to be “extremely variable” and the experience in Myanmar has underlined the evaluation team’s recommendation that it is worthwhile for UNICEF to maintain its own security management capacity.
 - b. **Engagement and integration with locally led coordination mechanism.** It is important for the international humanitarian coordination structures to find ways to also engage and integrate with locally led coordination mechanisms rather than just expecting the CSOs to participate in international systems. It should be noted that many CSOs did not have the capacity or resources to devote to the heavy burden of coordination work envisaged in IASC guidance. This will potentially enable more sustained programmes with national systems alongside generating a greater sense of ownership among local actors, not only with regard to programme implementation but also for coordination and monitoring and evaluation of the programmes.
 - c. **Empowering national staff to make decisions.** As described above, one lesson that has emerged from Myanmar is the importance of empowering national staff, particularly in the field, to make key decisions themselves. While UNICEF’s 2020 ‘Strengthening UNICEF’s Humanitarian Action’ review mainly recommends developing and strengthening systems, one of the obstacles observed was that staff were somewhat reluctant to make decisions, notably with regard to the interpretation of the UNCT programmatic engagement guidelines to deliver assistance to communities in need.

⁵⁷ United Nations Children’s Fund, *Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies*, 2019.

⁵⁸ United Nations Children’s Fund, *Strengthening UNICEF’s Humanitarian Action – The Humanitarian Review: Findings and recommendations*, 2020.



6. CONCLUSIONS AND RECOMMENDATIONS

175. This chapter presents the conclusions and recommendations that have emerged from the findings of this evaluation and their analysis. They are structured as follows:
- An overarching statement for the overall response to the crisis; and
 - Conclusions linked to corresponding recommendations based on an analysis of evidence collected in the evaluation.
176. As described in the methodology section, this section was revised based on discussions with UNICEF staff during the remote validation workshop held in March 2023. The conclusions and recommendations set forth below have considered feedback from this interactive session.

OVERALL CONCLUSIONS

Following the military takeover in Myanmar, UNICEF shifted its delivery modalities and partnerships to adapt to the transformed context and better meet the needs of affected populations while trying to respect core humanitarian principles. Based on interviews and the results of two surveys, most UNICEF staff and partners in Myanmar appear to be reasonably satisfied with what the response has achieved so far despite ongoing challenges although opinions vary according to what sector they are working in. At the same time, staff are searching for ways to widen the humanitarian space to meet the needs of communities located in areas that they are unable to access.

The evaluation team's conclusions for the three overarching questions posed in the ToR for this evaluation are described below.

1. How well has UNICEF responded to the Myanmar humanitarian situation?

Like most other humanitarian agencies in Myanmar, UNICEF was not sufficiently prepared for a crisis of this nature. The Country Office was nevertheless able to make use of prior disaster preparedness efforts, including investments in emergency preparedness stocks, pre-existing tools (such as TPM) and knowledge of remote management from the COVID-19 pandemic, in its response to this crisis. The shift from a government-led upstream programme to delivery of humanitarian programmes through CSOs happened relatively quickly although the ability to respond varied by sector and geographical area.

The L2 emergency declaration by UNICEF provided needed support to the Country Office although the application of procedures and protocols was inconsistent between sections. The L2 emergency was declared five months after the military takeover at a time when restrictions on imports and visas were being progressively tightened and there is little doubt that UNICEF would have been better positioned to respond if the L2 emergency declaration had been made earlier.

UNICEF increasingly relied on partners, notably local CBOs and local networks, that have been able to access hard-to-reach populations and helped to ensure that limited assistance was distributed according to need. UNICEF was increasingly successful in this quest by adapting its processes to smaller organizations that are more flexible. However, UNICEF still faced obstacles in prioritizing its assistance according to needs, notably in assessing needs and responding in a timely way to meet the needs of newly displaced populations and their hosts.

OVERALL CONCLUSIONS

2. What UNICEF approaches have had the most impact on identifying and addressing the needs of affected households and populations and what have been the main barriers in the response so far?

Among the barriers to the response, the main one has been a lack of humanitarian space, which has restricted UNICEF's access to affected communities, limited imports of humanitarian supplies and forced several senior international staff to work remotely while waiting to obtain visas. Another major barrier was the low level of funding for this crisis. However, while more funding would help to increase coverage, UNICEF would not be able to achieve the targets described in the HAC appeal without addressing the barrier of humanitarian space. A third major barrier was human resources. Like other UN agencies, UNICEF has relied on international staff to fill senior management positions. Yet, even for those who obtained visas, there was a need to understand the context – difficult to do with travel restrictions placed on them both by the de facto authorities and the United Nations.

To address these barriers, UNICEF needed to transform its way of working to better support CSOs, and its partnership with small, local CBOs in particular has helped UNICEF to extend coverage to affected populations in conflict areas. Many of these CBOs had little prior experience of working with UN agencies and UNICEF adapted its approach, accordingly providing capacity-building, streamlining its processes for small grants and funding overhead costs. At the same time, UNICEF also significantly expanded TPM to help monitor the quality of its assistance and the extent to which it is fulfilling its AAP commitments.

3. What actions and changes in strategy are required to develop a conflict-sensitive, medium-term programme for affected states of Myanmar?

Specific conclusions linked to a list of eight strategic recommendations are listed below. These are designed to help UNICEF develop a conflict-sensitive, medium-term programme for affected states of Myanmar. These recommendations are mainly aimed at UNICEF Myanmar, but some are also relevant to the Regional Office and HQ.

CONCLUSION 1.

Emergency preparedness did not sufficiently assess risks and lessons learned.

Most of the humanitarian community in Myanmar, including UNICEF, does not appear to have paid sufficient attention to early warning signals of an imminent crisis and was not sufficiently prepared to respond. Even though the prospect of a military takeover may have appeared to be remote, it was far from an unlikely event and subsequent events have demonstrated the importance of incorporating this scenario into contingency planning given the scale of the impact. The humanitarian space has become progressively more restricted through restrictions on visa procedures for international staff, movement authorizations and import permits, a situation comparable to the experience in Myanmar up until 2008 when the country was under military control. Except for staff who had worked in Rakhine and Kachin, who were used to working in a highly restricted environment, most of the staff – national and international – had no prior experience of working in a context with severe restrictions on procurement, movement and access.

Based on findings from EQ 1, EQ 2, EQ 3 and EQ 4

R1. UNICEF at all levels (country, regional, HQ) should consider all relevant scenarios, including worst-case and politically sensitive ones, when carrying out emergency preparedness planning. Among issues that should be considered:

- A risk analysis that should inform likely impacts and mitigation strategies. In cases that were similar to Myanmar, there were several lessons learned from the situation pre-2008 that would have been relevant;
- Prioritizing LTAs for local procurement of supplies, notably where there are likely to be restrictions;
- Potential impacts on international and national staff and how these can affect their ability to support affected communities;
- Assessment of the capacity and experience of staff inside and outside the country to mount a response;
- Ensuring that surge deployments, notably by UNICEF staff, consider the context to add optimum value to UNICEF's response and recovery interventions;
- Including anticipatory action⁵⁹ in emergency preparedness planning.

CONCLUSION 2.

UNICEF needs to be more agile in responding to needs in a context where emerging conflicts cause new and sustained displacements.

The Sagaing Region was an example repeatedly mentioned by the staff of both UNICEF and partners of how UNICEF had difficulty in responding to newly emerging needs where there was frequent, and at times repeated, displacement. Given the constraints on UNICEF and UN agencies in general due to rigorous safety and security regulations and other limitations, there is a need to develop agile mechanisms that can rapidly assess the scale, need and level of vulnerability. There are ongoing initiatives in Myanmar to develop an inter-agency system where UNICEF has a key role due to its capacity and IASC lead roles. UNICEF can therefore support and strengthen inter-agency systems while at the same time increasing the relevance and effectiveness of its own programme by drawing on its comparative advantages and lessons from similar contexts characterized by rapid and frequent displacements due to conflict.

UNICEF has used RRMP⁶⁰ consortia partner systems to reasonable effect in the past in contexts where there are regular displacements. RRMP teams conduct coordinated assessments and deliver assistance according to protocols they have adapted based on learning.

Based on findings from EQ 1, EQ 2 and EQ 6.

R2. UNICEF should continue to support and strengthen agile anticipatory systems within both UNICEF and inter-agency initiatives to be able to rapidly assess and respond to emerging humanitarian crises. UNICEF can draw upon resources such as:

- The Risk Communication and Community Engagement Strategy tool that was used extensively around the world as an effective way of communicating information and collecting feedback from affected communities during the COVID-19 pandemic. UNICEF provided particular value-added to this inter-agency effort through its risk management and communication expertise;
- Further refinement of the AAP tools of UNICEF and partners to extend reach to communities, including those who are experiencing displacement in difficult-to-reach areas;
- Using lessons learned from UNICEF's experience with RRMP and similar partner-based rapid assistance models.

⁵⁹ Anticipatory action, which is also sometimes referred to as 'early action' or 'forecast-based financing' is defined here as "...an activity taking place between an early warning trigger, or a high-probability forecast and the actual occurrence of the corresponding disaster in order to mitigate or prevent the humanitarian impact of the anticipated disaster."

⁶⁰ In the Democratic Republic of Congo, the RRMP was eventually replaced by UNICEF with a less costly Rapid Response Mechanism (UniRR). See DARA, *Evaluation of the Rapid Response to Population Movement (RRMP) Mechanism based on Performance, UNICEF Democratic Republic of the Congo (DRC)*, 2018, for a summary of lessons learned.

CONCLUSION 3.

UNICEF has made good progress in partnering with CSOs and CBOs to increase support to affected communities in hard-to-reach areas but needs to continue to streamline its way of working with small local partners.

During this crisis, humanitarian agencies have learned that, if they are to successfully address humanitarian needs in the new context, they need to give a much greater and more meaningful role to national organizations, including CBOs, which have demonstrated that they are able to access hard-to-reach communities. Changes in delivery modalities to expand the roles of national CSOs and CBOs, complemented by capacity-building, have provided UNICEF with a reasonably effective delivery mechanism. This shift resulted in some delays in adapting UNICEF administrative procedures, especially given that for many UNICEF staff this was an unfamiliar way of working.

In October 2022, UNICEF began to cover 7 per cent capacity strengthening cost of programme intervention for national CSOs and CBOs to be better aligned with the needs of these organizations and IASC guidance. Previously, UNICEF had followed the Harmonized Approach to Cash Transfers guidance, which covers for staff salaries and other operational costs under project support cost by direct project funding, but this was found to be inappropriate.

Experience has shown that providing core funds and higher allocation for indirect costs helps local organizations' sustainability and enhances their ability to respond to emerging needs for communities. Similarly, it was shown that risk-sharing should follow do no harm principles and involve regular communication and consultations to understand the challenges and situations on the ground and make the necessary adjustments.

Among the UN agencies in Myanmar, UNOPS has probably gone the furthest with its localization approach and its Livelihoods and Food Security Fund programme. UNOPS began its localization programme in the 2000s during the previous military regime and has used this experience to adapt, following the military takeover.

Based on findings from EQ 1, EQ 2, EQ 4, EQ 6 and EQ 7

R3. Continue to adapt systems to facilitate the work and increase the efficiency of CBOs by:

- Sharing learning with other UN agencies to improve and better align localization approaches;
- Actively seeking feedback from partner organizations to learn how UNICEF could work more efficiently and effectively with smaller CBOs.

CONCLUSION 4.

UNICEF needs a stronger business case to justify coverage of priority humanitarian needs in Myanmar.

Fundraising was problematic for UNICEF and other humanitarian agencies in Myanmar. This was due to various factors, including the politicization of the crisis; prioritization of humanitarian funding for other crises, notably Ukraine; global economic stress; and perceptions among some donors that there are potentially more effective and efficient ways of reaching those most in need than through UNICEF.

A business case for humanitarian interventions should not merely be about reducing costs but rather being able to demonstrate that UNICEF has analysed quality, vulnerability, risk, timeliness and cost so that it can provide an optimal way to meet the humanitarian needs of affected communities. While UNICEF has comparatively strong assessment (needs and risk) capabilities, its budget and financial management systems do not make it easy to accurately measure results based on costs.⁶¹ It should be possible, nevertheless, to show how cost is considered when deciding on the design of an intervention. While a strong business case should help with fundraising, it can also strengthen coordination with partners and AAP with communities.

Based on findings from EQ 1, EQ 2, EQ 4 and EQ 5

⁶¹ See, for example, Baker, J., and M. Salway, *Development of a Proposal for a Methodology to Cost Inter-Agency Humanitarian Response Plans*, IASC, 2016, for a description and illustrative examples of how humanitarian interventions could be costed.

R4. Strengthen UNICEF’s business case by demonstrating the return on investment (value for money) for the selected intervention type. Options for doing this include:

- Encouraging and incentivizing an investment appraisal mindset and common language among UNICEF staff and partners through joint training and coaching of programme and programme support staff. The level should be adapted based on the capacities of different types of partners;
- Developing business cases that highlight the comparative advantages and disadvantages of different intervention strategies, including from a cost perspective, to show why the preferred option was selected.

CONCLUSION 5.

UNICEF’s cautious approach to implementing the UNCT engagement guidelines has hampered its humanitarian access.

The UNCT programmatic engagement guidelines for UN agencies provided some coherence to the response in Myanmar but did not provide sufficient practical guidance for operations on the ground. The engagement guidelines provided high level guidance and the programmatic guidelines gave more detailed guidance about project design, but UNICEF field staff did not feel they had the authority to be able to negotiate and make decisions on delivery of humanitarian aid to affected communities.

UN agencies in Myanmar appear to be interpreting the UNCT engagement guidelines in different ways, with some reportedly gaining more humanitarian space as measured by visas and import permits granted. UNICEF had to walk a fine line to open humanitarian space while maintaining partnerships throughout Myanmar. While the context was evidently different to that which existed prior to 2008 when Myanmar was under the control of military authorities, many of the characteristics that restricted humanitarian space were similar and it would be worth looking back at lessons learned from previous successful efforts by UN agencies to optimize humanitarian space.

Based on findings from EQ 1, EQ 2, EQ 3, EQ 4 and EQ 5

R5. UNICEF should restructure its staffing to be better positioned to deliver humanitarian support by:

- Strengthening its in-country risk and analysis capabilities;
- Strengthening the capacity of UNICEF field staff to make structured decisions on access and strengthening capacities for humanitarian negotiation with State and non-State entities;
- Placing more national staff at senior levels, including a national officer attached to the Representative who can help to inform the Country Office’s situation analysis and liaise at a senior level with authorities.

CONCLUSION 6.

Good public communication and building trust among partners will be key factors in improving access and AAP

Internal and external communication have been a critical component of UNICEF's programme in the Myanmar context. UNICEF may need to take a more strategic approach to clarifying its public image to help address misperceptions in a highly volatile environment. UNICEF has recently developed systems to address AAP more systematically and now needed to strengthen trust with partners and affected communities. A common understanding of AAP approaches by UNICEF and partners has helped to engage communities. However, systems were only being put in place so that UNICEF could follow up and/or provide feedback to communities as this evaluation was being implemented, two years after the military takeover.

Based on findings from EQ 1, EQ 2, EQ 5 and EQ 7

R6. Build trust with national stakeholders through:

- Consultations/workshops that actively seek feedback from local partners and other local stakeholders, based on the ongoing stakeholder mapping exercise;
- A collective approach to communication as recommended by the IASC Peer-2-Peer review, implying a strong and more explicit collective effort in engaging with all sides of the conflict aimed at depoliticizing humanitarian assistance.

CONCLUSION 7.

UNICEF Myanmar does not have a joined-up system for tracking delivery of supplies to the end users (affected communities).

Procurement of relief items was a major component of UNICEF's response in Myanmar. The tracking system currently used by the UNICEF Supply Division only tracks commodities until they are delivered to the warehouse or handed over to a partner. Subsequent tracking then becomes the responsibility of the concerned programme section, which does not always have the information readily available. While there were data for supplies distributed to communities, data showing the total time taken for supplies to reach affected communities were not available.

Myanmar provides an example of where it can sometimes take considerable time for relief supplies to get from the warehouse to the final destination. A user-friendly tool for programme staff to track procurement all the way would provide a more accurate picture of supply chains from request to delivery to the end user in communities. This would improve UNICEF's accountability to affected populations.⁶²

Based on findings from EQ 1, EQ 2, EQ 5 and EQ 7

R7. Improve the efficiency of the supply chain and support UNICEF's accountability to affected populations by using innovative approaches to extend tracking to affected communities. Some actions that could be considered include:

- Participating in UNICEF Supply Division's Last Mile Supply Monitoring Project;
- Encouraging a common understanding across programme, procurement and finance teams.

⁶² The UNICEF Supply Division initiated a pilot project to address this AAP gap called the 'Last Mile Supply Monitoring Project'.

Monitoring and information management

CONCLUSION 8.

UNICEF was already using TPM systems prior to February 2021, and this provided a useful basis to expand and improve on its monitoring capacity.

The TPM system set up prior to the military takeover provided a useful tool that could be adapted to a context where access to affected communities becomes progressively more difficult. The mechanism was expanded so that UNICEF could monitor its response but improvements in the format and protocols (e.g., follow-up, feedback to partners) may be needed to strengthen its usefulness.

This conclusion was consistent with the IASC Peer-2-Peer review, which recommended that cluster lead agencies develop and disseminate clear guidance on reporting templates and requirements with a view to making cluster members better capacitated to support operations and necessary accountability.

Based on findings under EQ 2, EQ 4, EQ 6 and EQ 7

R8. Improve TPM by making the process more participatory and fit-for-purpose while producing user-friendly outputs. Specific actions could include:

- Periodic updating of risk vs. benefit and cost-effective analyses;
- Including researchers with specific technical expertise to improve the utility of outputs;
- Improving the quality of monitoring and supporting the capacity-building of partners by involving them in the debriefing sessions;
- Making reports more user-friendly and synthesizing results;
- Ensuring complementarity with the Community Feedback dashboard;
- Periodic opportunities, at least annually, to reflect with partners and TPM managers on lessons learned and possible revisions and innovations to the methodologies.



ANNEXES

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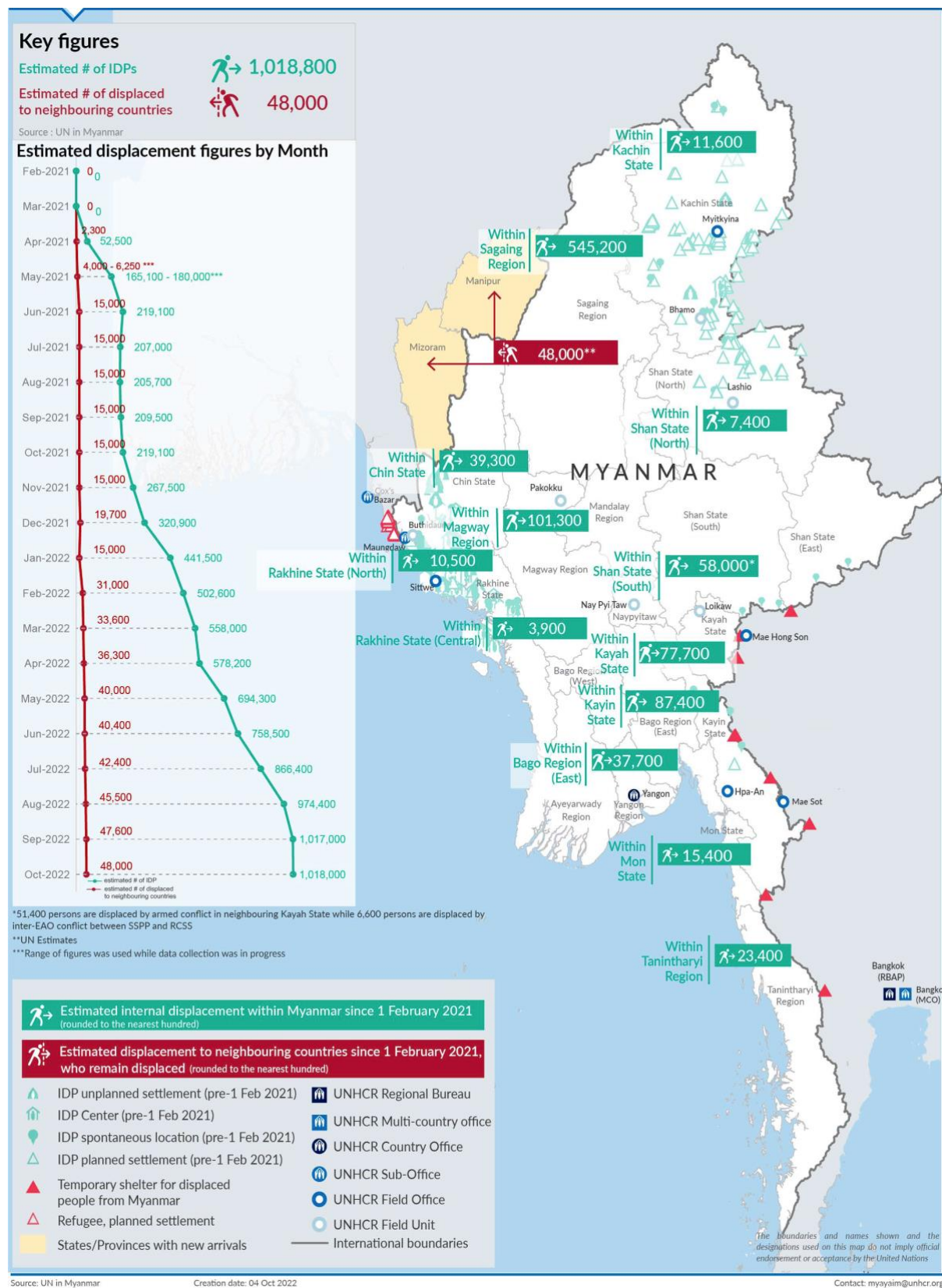
Annex 1. ‘Real-Time’ Action Plan

The potential real-time actions that could be considered for immediate follow-up were identified by participants during the workshop include:

- **Consistency in applying L2 emergency flexible systems** – promote a common understanding of the flexibility of financial, administrative, and reporting requirements for partners provided by the L2 emergency declaration to ensure consistency across all sectors.
- **Greater consistency for cluster operations** – the quality of UNICEF cluster coordination has varied by cluster. Part of the problem seems to have been related to the high turnover of cluster staff (coordinators and information managers), who have often been double hatted, most of whom have worked remotely. While this situation appears to have improved recently through secondments UNICEF could monitor performance and feedback from cluster members more systematically through, for example, adding cluster coordination to their regular management reviews.
- **UNICEF systems for CBOs** – continue to adapt UNICEF systems to enable CBOs to make them fit-for-purpose to assess and meet the humanitarian needs of the most vulnerable.
- **Apply lessons learned from UNICEF’s emergency response in Rakhine** – UNICEF has developed and adapted their response to emergencies in Rakhine over several years. UNICEF has been applying some of this learning in other areas, but it may be worth taking a more systematic approach to extracting and applying relevant lessons learned from the Rakhine response notably in terms of structure, ways of working including external reporting.
- **Third Party Monitoring** – review of templates and protocols to increase the utility of the third-party monitoring results by, for example, providing an opportunity for partners and UNICEF field staff to discuss and complement the Third-Party Monitoring findings and reach a consensus on improvements needed.
- **UNICEF communication** – while UNICEF is recognized as having strong communication capacities, there is a need to strengthen UNICEF’s public image. Based on preliminary findings, three areas may warrant attention:
 - Improved use of social media and other public information tools to further clarify UNICEF’s impartial humanitarian mission for children.
 - Support dialogue with partners to develop greater trust so that there is a common understanding of UNICEF’s vision and mission in Myanmar.
 - Improve UNICEF’s external communication strategy, notably with donors, to communicate to better understand results UNICEF is achieving and challenges that are being faced.
- **National staff capacity** – previous experience in Myanmar when it has been under the control of the military has been that visas and subsequent access to affected communities by international staff has been relatively difficult. These obstacles, along with the considerable national capacities (UNICEF and partners) makes it likely that there will need to be greater reliance on national staff in future to achieve UNICEF’s goals.

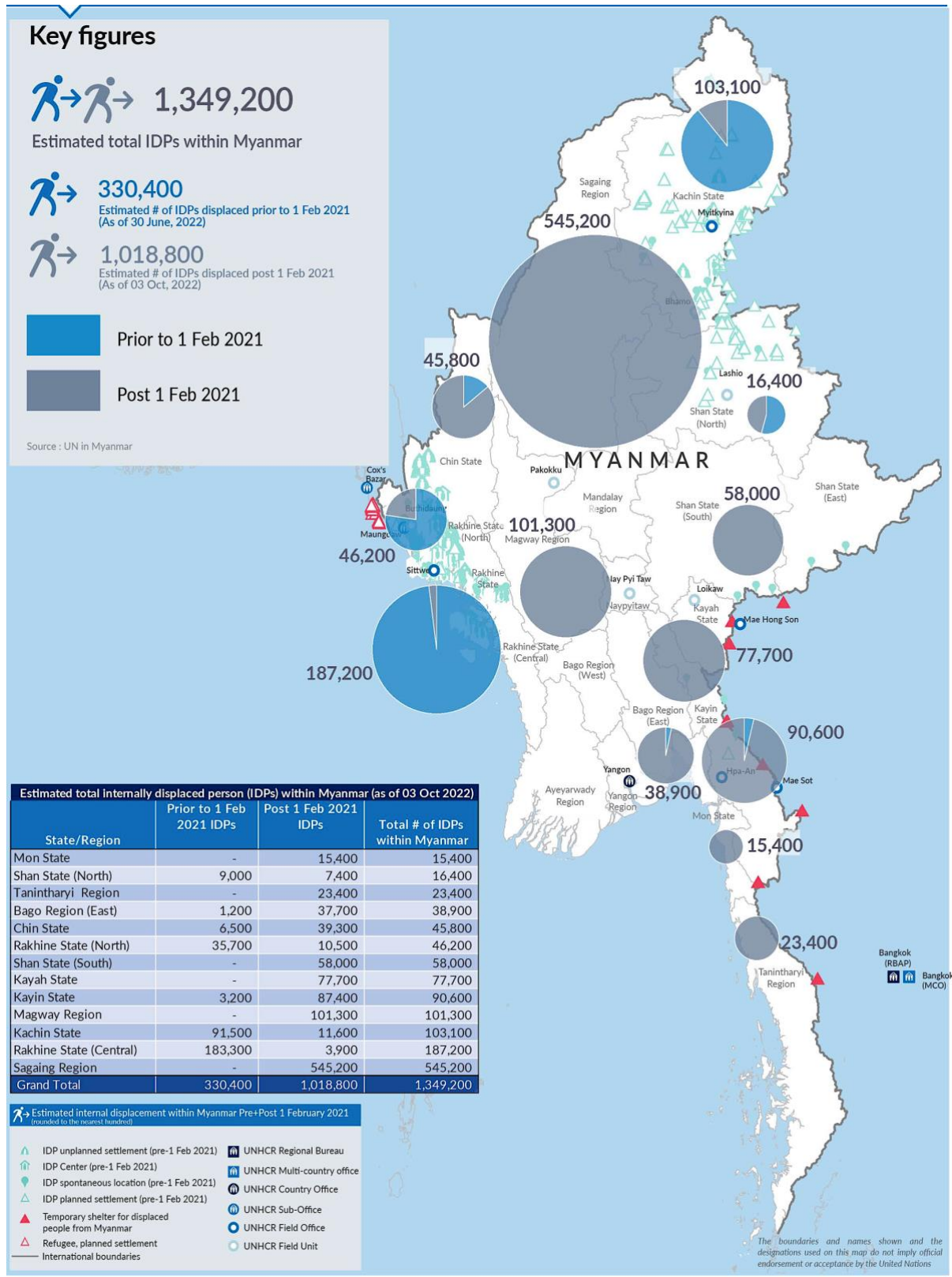
Annex 2. Myanmar displacement maps

Figure 1 – Numbers of displaced persons since February 2021



Source: UNHCR as of October 2022

Figure 2 – Comparison of displaced persons before and after February 2021



Source: UNHCR as of October 2022

Annex 3. Timeline of Myanmar crisis

Table 1 – Timeline of key milestones as of early December 2022

Month	Colour legend:	UNICEF milestones	UN / RCO decisions	Key external events
February 2021		<ul style="list-style-type: none"> On February 1st, Myanmar armed forces (the Tatmadaw) stages a military takeover declaring fraud in the November 2020 multiparty general election won by the National League for Democracy. A year-long state of emergency is ordered with a promise that new elections would take place in one year. A Civil Disobedience Movement (CDM) is launched in response to the military takeover and protesters take to the streets. The military junta expels the UN envoy. 		
March 2021		<ul style="list-style-type: none"> Martial law imposed in 11 townships in the Yangon and Mandalay regions. 		
March 2021		<ul style="list-style-type: none"> UNICEF expands and adapts its partnerships with local CSOs and other partners to ensure implementation of its activities. 		
8 March 2021		<ul style="list-style-type: none"> UNICEF requests a rapid scale up of emergency assistance outside the current Humanitarian Response Plan (HRP) locations 		
8 March 2021		<ul style="list-style-type: none"> Operationalization of UNCT engagement principles guidance for Programme Review 		
5 May 2021		<ul style="list-style-type: none"> The People’s Defence Forces (PDF) are formed by the National Unity Government (NUG) to unite resistance against the military takeover. The military clashes with the PDF in the southeast and northwest regions. 		
May 2021		<ul style="list-style-type: none"> UNICEF works with the humanitarian community on an Interim Emergency Response Plan for Urban Areas as an Addendum to the 2021 Myanmar Humanitarian Response Plan. 		
June 2021		<ul style="list-style-type: none"> The military authorities attempt to reopen schools nationwide, but more than half of the country’s 400,000 teachers are on strike and just 10 percent of the estimated 9 million students nationwide opt to enrol. 		
1 July 2021		<ul style="list-style-type: none"> UNICEF activates L2 emergency for 6 months (until 31 December 2022) 		
July 2021		<ul style="list-style-type: none"> Severe flooding affects some townships in Rakhine and in the south-eastern part of Myanmar 		
9 July 2021		<ul style="list-style-type: none"> COVID-19 pandemic worsens: A third wave of COVID-19 hits the country. Schools that reopened in June were closed again. 		
August 2021		<ul style="list-style-type: none"> Military extend the state of emergency until August 2023. 		
1 August 2021		<ul style="list-style-type: none"> UNICEF releases the 2021 HAC appeal revision for Myanmar tripling the 		

Month	Colour legend:	UNICEF milestones	UN / RCO decisions	Key external events
		numbers in need (3.1 million people of which 1.2 million children).		
		<ul style="list-style-type: none"> Nationwide cluster activation 		
November 2021		<ul style="list-style-type: none"> Schools across Myanmar, except for 46 townships where COVID-19 restrictions remain in place, are allowed to reopen after a 4-month closure. However, many schools remain closed or are poorly attended.¹ 		
11 November 2021		<ul style="list-style-type: none"> UN Security Council calls for end to violence.² 		
Oct – Nov 2021		<ul style="list-style-type: none"> Many sectors remain underfunded such as WASH with a current gap of 60 percent of UNICEF funding requirements. 		
February 2022		<ul style="list-style-type: none"> The number of internally displaced persons (IDP) significantly increased across the country, particularly in the city of Sagaing, and more than a million have been forced to flee into neighbouring countries (Bangladesh, Malaysia, and Thailand). 		
February 2022			<ul style="list-style-type: none"> UNCT programmatic engagement guidelines version one plus is released 	
Early 2022		<ul style="list-style-type: none"> UNICEF releases its 2022 HAC appeal for Myanmar with 14.4 million people in need, of which 5 million children. 		
28 March 2022		<ul style="list-style-type: none"> The Northwest region, including the city of Sagaing, Chin and Magway, has 308,600 IDPs out of a total of 558,000 people displaced since February 2021. 		
30 March 2022		<ul style="list-style-type: none"> UNICEF extends L2 emergency until September 30, 2022. 		
May 2022		<ul style="list-style-type: none"> A reported 694,300 civilians have been displaced nationally by the conflict, more than double that of the figure of 320,900 at the end of 2021. 		
May 2022		<ul style="list-style-type: none"> UNICEF providing activities to ensure uninterrupted water supply to IDPs and expanding its response to protect children from landmines and explosives risk by ensuring that Explosive Ordnance Risk Education is integrated across all relevant sectors of its humanitarian response. 		
June 2022		<ul style="list-style-type: none"> The number of displaced men, women and children in Myanmar remains above one million, including 760,000 displaced by the conflict and insecurity since the military takeover in February last year. Many schools reopened with the beginning of the new school year (2022–2023), while many remain closed, particularly in rural areas: 96 per cent in Rakhine, 92 per cent in Mon, 80 per cent in Shan, 71 per cent in Kayin, 35 per cent in Chin, and 18 per cent in Kayah. According to UNICEF, 4.5 million children – half of the school-aged children in Myanmar – have not accessed education for two academic years, and that 		

¹ Schools in some areas remained open, such as in Rakhine, Mon and some of the other states.

² UN News (2021). Security Council appeals for end to violence in Myanmar. <https://news.un.org/en/story/2021/11/1105642>

Month	Colour legend:	UNICEF milestones	UN / RCO decisions	Key external events
		nearly six million children currently have restricted or no access to learning.		
27 June 2022		<ul style="list-style-type: none"> The monsoon season continues to cause heavy rain and flooding. 		
June 2022		<ul style="list-style-type: none"> Active fighting is reported in the northwest and southeast regions, resulting in continuous population displacement. Particularly, surge of displacement is reported in Sagaing, with a total of 395,600 IDPs located within the region, including an estimated 146,000 children and their families with immediate needs for essential services. IDP numbers remains stable in the southeast (in Kayah state) and new displacements have been offset by reported returns. 		
June 2022		<ul style="list-style-type: none"> Immediate delivery of humanitarian assistance was provided by UNICEF through direct distribution modality. A total of 16,023 individuals in Loikaw and Demoso townships received basic WASH, child protection, education, health and nutrition supplies. UNICEF continued to build upon this experience to foster unimpeded and continuous access to areas previously out of reach. 		
July 2022		<ul style="list-style-type: none"> Number of IDPs increased to 470,000 in the Sagaing region. 		
August 2022		<ul style="list-style-type: none"> Escalation in armed conflict in the northwest and southeast regions and in Kachin state, resulting in increased displacement. As of August 29th, an estimated 974,4001 people had been internally displaced since February 2021, which has resulted in more than 1.3 million IDPs, with the northwest region being the most affected. Access for aid workers not improved, as the de facto authorities maintain tight control on issuing travel authorizations. Humanitarian situation remains unpredictable in Rakhine due to the heightened tension and clashes between the Arakan Army and the Myanmar Armed Forces. 219,000 people remain in a situation of protracted displacement. 		
August 2022		<ul style="list-style-type: none"> The HCT has approved an Inter Cluster Coordination Group (ICCG) for the northwest to address strategic operational issues. 		
August 2022		<ul style="list-style-type: none"> UNICEF improves its MHPSS activities, even in hard-to-reach areas, with a 53 per cent increase compared to the previous month thanks to virtual access and hotlines, capacity building and community empowerment. Distribution of measles vaccines to 3,568 9-18 months children in Rakhine, Kachin and Shan. 		
September 2022		<ul style="list-style-type: none"> On 16 September, at least 11 children died as a result of an air strike and indiscriminate fire in civilian areas, including a school, in Tabayin Township, in the Sagaing region. Deteriorating security situation in Rakhine. Movement restrictions imposed due to continuing clashes between the Arakan Army and Myanmar Armed 		

Month	Colour legend:	UNICEF milestones	UN / RCO decisions	Key external events
		<p>Forces, severely affecting humanitarian interventions and the ability of aid workers to reach the affected population.</p> <ul style="list-style-type: none"> • Conflict also reported in the in Loikaw township in Kayah, resulting in civilian casualties and displacement. 		
September 2022		<ul style="list-style-type: none"> • Humanitarian situation closely monitored by UNICEF and partners despite challenges posed by movement restrictions and security measures, preventing access to the affected population. • UNICEF distributing WASH, child protection, health, and nutrition supplies to 21,095 people in 48 displacement sites in Loikaw and Demoso township in Kayah state. 		
October 2022		<ul style="list-style-type: none"> • On 23 October, airstrikes killed and injured 100 people in Hpakant in Kachin state, continuing to deteriorate the security situation of the country. • On October 28th, the State Administration Council endorsed a new law on the registration of associations, repealing the one of 2014, which makes registration compulsory for both national CSOs and international NGOs and associations. This law could have implications for humanitarian operations. 		
October 2022		<ul style="list-style-type: none"> • Since February 2021, UNICEF and its implementing partners have provided legal aid support to 3,985 children and young people. 		
October 2022		<ul style="list-style-type: none"> • Intensifying conflict is reported in Rakhine, with reported clashes in northern Maungdaw, northern Rathedaung, southern Buthidaung, Kyauktaw, Minbya and Paletwa townships. • On 25 October, cyclone Sitrang impacted Rakhine coasts. Damages of WASH infrastructures located in the displaced camps of Sittwe and Pauktaw are reported. 		
November 2022		<ul style="list-style-type: none"> • + 29,200 displaced people compared to October, mainly in North and Central Rakhine and Kachin state • Prolonged violence and conflict, access constraints and blocked transportation routes keep hindering the work of humanitarian workers and the possibility to support children and their families. • Casualties from landmines and explosive remnants of war are reported mostly in Shan State and also in Sagaing. 		
November 2022		<ul style="list-style-type: none"> • Essential medical supplies for primary health care services have been distributed to partners in Northwest and Southeast regions. • In-person and remote MHPSS activities provided to a total of 10,370 children and 2,062 caregivers. • Nearly 28,000 temporarily displaced people in Kayin, Kayah, Magway and Tanintharyi received life-saving WASH supplies. • UNICEF provided cash assistance to a total of 8,467 participants through its Maternal and Child Cash Transfer programme so far. 		

Month	Colour legend:	UNICEF milestones	UN / RCO decisions	Key external events
22 December 2022	<ul style="list-style-type: none"> The UN Security Council adopts resolution 2669 calling for the immediate end to all forms of violence in Myanmar, urging restraint, de-escalation of tensions and the release of arbitrarily detained prisoners. 			
End December 2022	<ul style="list-style-type: none"> UNICEF extends the L2 emergency until March 31, 2023. 			

Annex 4. HAC Targets by year

MYANMAR HAC TARGETS	Early 2021	August 2021 (rev.)	2022	2023
Funding requirement	61.000.000	7.450.000	151.400.000	169.000.000
Total people in need	1.000.000	3.100.000	14.400.000	17.600.000
Total children (<18) in need	455.000	1.200.000	5.000.000	5.600.000
Total people to be reached	424.000	667.389	1.700.000	2.800.000
Total children to be reached	224.000	316.164	1.100.000	1.900.000

Source: UNICEF – Myanmar HACs

Annex 5. Third Party Monitoring Guidelines

Extracted from UNICEF (2019) Field Monitoring in Myanmar Guidelines to Third Party Monitoring

I. Objective of Field Monitoring

- Field monitoring is an integral part of UNICEF programming. It serves as an input to wider programme monitoring and managing for results. It entails going to the field (service point or community) to witness implementation (inputs, activities), and their contribution to outputs, based on volume and criticality.
- Consistent with UNICEF's longstanding commitment to a human rights approach to programming and to support accountability to our primary stakeholders, monitoring systematically gathers, analyses and triggers programme responsiveness to the perspectives of children, women and their families, especially those from most vulnerable groups

II. Benefits of Field Monitoring

- Assure progress towards achievement of planned results
- verify the progress as reported by partners including use of resources
- Improve the quality of interventions through communicating and engaging with the beneficiaries
- Identify issues related to “do not harm”, exclusion, bottlenecks and barriers

III. Objective of Third-Party Monitoring

- UNICEF Myanmar recognizes the importance of field monitoring and has been trying its best to comply with “minimum requirements”, an organizational HACT procedural requirement. Due to reasons related to access, security, pre-occupation with programme implementation, lack of role clarification between field and CO for Prog visits, and issues around government approval, the programmatic visits are below target visits.
- An analysis of 10 programmatic visits in 2018 shows that we are on an average covering only 10 % areas (village/IDP camps level) as part of our compliance to meet minimum requirement for programmatic visit. It may be noted that the minimum visits are “just bare minimum”. Good programming demands “feet on the ground”, particularly where the political environment is complex, and where UNICEF needed to constantly engage with communities to assess their changing needs and situation on the ground.
- Third party monitoring, as part of organizational good practice, allows UNICEF to reach and cover remote, inaccessible and security compromised areas where UNICEF staff is unable /constrained to go. It will also help in covering multiple locations per Programmatic Visit. Field monitoring is an important vehicle to demonstrate accountability and transparency to donors and community at large. Findings resulting from TPM will enable UNICEF to take corrective actions leading to improvement in quality of interventions, and better results for children.

IV. Benefits of Third-Party Field Monitoring

- Cover remote, inaccessible and security compromised areas where UNICEF staffs are unable/constrained to go
- Cover multiple Programmes per location (opportunities for programmatic integration)
- Contribute to better coverage of areas

- Enhance accountability and transparency to donors and community
- Provide an independent view (a different lens)
- Strengthen community engagement (AAP)
- Information on Situation Analysis
- Conduct quick and dirty needs assessment
- Take corrective action to improve quality of intervention and better results for children

V. Composition of Field Team

- One team of Field monitors will be comprised of 2 persons – 1 male and 1 female. It is recommended that cross sectoral approach to data collection be used. This would mean using generalists rather than specialist field monitors. This will enable covering multiple outputs across sectors, probing corresponding services in the community resulting in more efficient use of field monitoring resources, and better cross-sectoral analysis of implementation. Request for specialist will however be built into the RFP so that they are available as needed. E.g. engineers to monitor construction projects.
- The number of field teams will depend on the geographical coverage. For above highlighted areas, five teams each comprising of 2 field monitors may be required as follows; Kachin (2), Rakhine (2), and Northern Shan (1).

VI. Phases of Field Monitoring

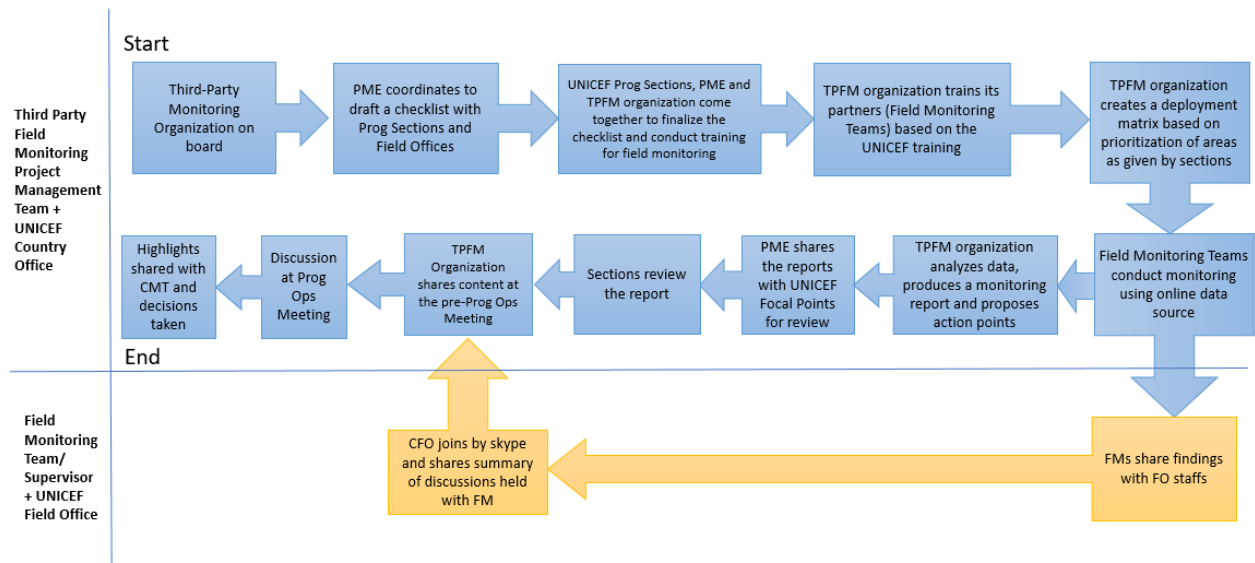
- Preparation Phase: Before going into the Field
 - UNICEF and Third Party conduct a training to Third Party team and monitors on UNICEF programs, section observation checklists, and introduction by Field Office on access
 - UNICEF and Third-party develop Monthly Travel Plan (deployment plan in coordination with UNICEF)
 - Third Party conducts a pre-deployment training in FO for monitors to ensure mutual understanding of checklists
 - UNICEF and Third-party prepare for Field Monitoring/Programmatic Visit
 - During the field monitoring trip: Field Work Phase
 - Uses combination of mixed methods:
 - Observations
 - key informant interviews
 - focus group discussions
 - Situation Monitoring
 - Field Monitor and Third Party use real-time monitoring tools

After the field monitoring trip: Analysis & Report Phase

- Monitoring tools are uploaded on eTools as part of PV requirement within two weeks of FM visit
- Complete and upload into eTools a short summary of field monitoring report.
 - The short summary report would be translated to English before submitting to UNICEF.
- All action points are entered into the Kobo database
- Monthly monitoring report that covers all the visits during that period as well as a comprehensive report after 6 months and 12 months after the implementation of the project is submitted to PME

VII. Data Collection Methods

Flow Chart below depicts the data collection and reporting process at the CO and FO. The cycle concludes with presentation of findings at the Pre-Prog Ops meeting, and feeding highlights of discussions to the CMT for decision



- **Methods**
- Observation Checklists, including: Key Standards, a translated guideline in Myanmar language and section specific document on acronyms and pictures
 - The PRT will conduct field observations in each implementation site. Direct observation of project implementation and impact will enable third-party evaluation of the intervention process and therefore facilitate analysis of effectiveness of service delivery. Observation will also enable the PRT to identify gaps and bottlenecks in service delivery.
 - Should be filled out by field monitors as they move around and observe the site. There are separate checklists for WASH, Education, Health, Nutrition, and Child Protection which should be filled out accordingly to the demand of the Programme Sections in a given geographical area.
- Key Informant Interviews (KIIs)
 - Key informant interviews will be conducted with a range of stakeholders. The stakeholders to be interviewed will be identified before the commencement of the field visit and will be selected purposely to provide relevant insight into the quality and effectiveness of UNICEF implementations. Possible stakeholders include implementing partners and service providers in, for example, health centres, schools, Outpatient Therapeutic Centres in implementation sites. KIIs with key stakeholders will facilitate evaluation of implementation and facilitate the identification of gaps in service delivery
- Situation Monitoring
 - Situation monitoring helps to ensure UNICEF development and humanitarian interventions are adapting and responding to the environments they serve.
 - Situation monitoring will also be conducted in each site to identify any emerging issues related to the affected population which need urgent attention by UNICEF.
- Focus Group Discussions
 - Focus group discussions will be conducted with a range of beneficiaries and stakeholders. The PRT will conduct FGDs with service users and affected populations at each implementation site in order to develop an understanding of the effect and outcomes of the UNICEF development interventions. FGDs will therefore facilitate analysis of the

impact of UNICEF projects and will also help to identify gaps in service provision and potential issues or bottlenecks through collecting data from affected populations themselves.

- Measurements and Quick Assessments
 - Measurements will be performed against key programme indicators in order to assess effectiveness of UNICEF interventions. Third-party monitors will also conduct quick assessments of project interventions against a set standard to gain an understanding of the effectiveness and quality of services provided. These are treated as field monitoring visits.
- 'Trainer of trainers'
 - method will be deployed in instances where field monitors are restricted due to conflict or extreme weather. In these instances, Field Monitors will establish relationships with local contacts and be trained to collect certain information in the inaccessible location.

VIII. Guidance to Combination of Mixed Methods

- Observation and Situation Monitoring
 - Try to avoid entering the observation process with pre-conceived notions and fixed expectations.
 - Observe as much as you can, including people's physical condition and activities; children, mothers, persons with disabilities; state of infrastructure and public services.
 - Note observations that are related to subjects beyond *your* concerns. Be prepared to follow advice from people you meet on the places you visit. Use the opportunity to observe things which were not planned.
 - Walk around the site (after checking with relevant partners) to obtain a cross-section of points for observation and provide a balanced view of conditions.
 - Record information which is contradictory or surprising to your expectations.
 - Be aware of what you may not have seen. Note down the absence of services and infrastructure.
 - Respect local culture. Be sensitive to local concerns, for example if there is a shortage of food and water, do not consume snacks and drinks in front of affected community members.
 - Do not be intrusive. Take steps to be as sensitive and respectful as possible; observation should be as unobtrusive as possible.
 - Do not take photographs or videos without asking prior permission.
- Key Informant Interviews
 - It is important to choose key informants who have good knowledge of the situation/activities you are trying to assess. Key informant interviews are useful to:
 - Obtain technical information from people representing specific professions, such as health workers or school teachers
 - Gain specific knowledge about a specific topic or sector (e.g. interviewing a water committee representative)
 - Gain information on project implementation including any constraints (e.g. partner staff)
 - Gain the perspectives of particular groups that are of interest (e.g. women, adolescent girls/boys, etc.) – though if possible, Focus Group Discussions would provide a broader perspective of beneficiaries.
 -
 - The greatest limitation of a key information interview is that it provides a subjective perspective. As with all individual responses, information will have both an individual and a cultural bias which needs to be considered when analyzing key informant interview responses.

Tips for Key Informant Interviews:

- Make sure people understand why you wish to talk to them and what you will do with the information they share. Be careful not to raise expectations or make promises about assistance.

- Ensure good communication and informed consent. Participants must understand that they are not required to participate in the interview. Make sure they understand that a lack of participation will not negatively impact them. Ask if notes can be taken.
- Start the interview with general questions about the situation and allow the interviewee to raise issues of concern to them before guiding the conversation to the subjects of interest to you.
- Combine interviews with observation to verify information and correct inconsistencies.
- Be alert to behaviours and non-verbal signs that indicate how comfortable the person is with the interview, whether questions are too sensitive or if the respondent is losing patience. When people are uncomfortable with the questions, do not insist.
- Give key informants the opportunity to ask questions or share their thoughts on issues that have not yet been discussed.
- Record metadata (location, date, social role of interviewee, group represented by the interviewee, etc.)
- Focus Group Discussions
 - Focus Group Discussions (FGDs) are small group discussions with approximately 6-10 people (can be a bit more or less, although larger numbers can be difficult to manage). FGDs can be used to understand a target group: how they feel, what they think, and how they perceive specific issues. The ideal amount of time to set aside for a focus group is anywhere from 30 to 60 minutes.
 - Focus groups are structured around a set of carefully predetermined questions but the discussion is free-flowing. Ideally, participant comments will stimulate and influence the thinking and sharing of others. Some people even find themselves changing their thoughts and opinions during the group.
 - Work best when the participants in the group are from a similar background – this way, they will feel more comfortable expressing their views. For field monitoring, it is ideal to hold at least three discussions at any one site, one with women/mothers, one with adolescent girls and one with adolescent boys. It is important not to mix these groups (i.e. not to have boys and girls together or older women and girls together) to enable all participants to speak freely.
 - Participants in the Focus Groups can be selected by the following methods:
 - Local community leaders or others who have knowledge of the beneficiary population can nominate participants for the Focus Group Discussions.
 - Participants can be selected from already existing groups (e.g. Mothers/Women’s groups, Parent Teacher Committees/School Management Committees, Student Groups, etc.)
 - If a list of beneficiaries is available at the site, names can be selected at random.
- Tips for Focus Group Discussions:³
 - Arrival in the field and getting ready for data collection.
 - Introduce yourself to the camp management/security personnel and ask for permission for the field work, and if required, show relevant documents/ correspondence.
 - Identify a group of 6-9 persons from among the affected populations- ask the local leaders/elders to nominate 6-9 persons to represent the entire population in the camp/community. Sometimes there are more people interested to be part of the group discussion, but it should not be more than 11 persons in a group.
 - A group should consist of homogeneous people representing a particular segment of population: male, youth, women (general and specific like pregnant).

³ Reference (adapted version): Krueger Richard A., 2002. Designing and Conducting Focus Group Interviews, University of Minnesota.

- For the youth group, it is important to have separate group discussions with youth men and youth women.
- It would be useful to do two FDGs, preferably one each for male and female groups, and cover youth groups intermittently where needed
- Remember that the quality and details are important so it is good to have few detailed FDGs than having many of them with no comprehensible information.
- Before the selected people are assembled for the FGD, ensure they meet the profile of the intended group, otherwise adjust till satisfied. Conducting the FGD with a non-representative group is of little use
- Starting data collection/Focus Group Discussion:

The Moderator

- The first 3-5 minutes are critical—this is the time when the moderator must create an atmosphere and set the tone of the discussion.
- Tell the purpose, outline and timing of the focus group thanking for their participation. Also ask for concern if there is any.
- Be a good listener and encourage participants to speak freely and state their opinions and ideas.
- Uses probes and clarifying questions such as:
 - ‘Did I understand you correctly...’ and then repeat a summary of what was said.
 - "Would you explain further?"
 - "Would you give an example?"
 - "I don't understand....."
 - “Can you talk about that more?”
 - “Help me understand what you mean”
- It is important to develop consensus in the group.

The Notetaker

- Time management is important to ensure quality participation of respondents- the discussion should last between 1 to 1.5 hours.
- Captures all the discussion as well as important quotes and key points that highlight particular point of view.
- Do not participate in the discussion, however, help the moderator if further probing/details required- or ask questions when invited by the moderator.
- Debrief with the moderator at the end of every FGD to make sure that all the key aspects of the discussion are captured as required.
- Transfer the data from your notebook to the FGD note taking template and get the moderator feedback if he/she also agrees to what you have captured and transferred into the given template.
- Your note should SPEAK to the reader—record the way that it is very much self-explanatory. Incomplete sentences and acronyms/other short forms are not helpful.
- While reporting, NEVER copy and paste a completed soft copy for the next group discussion- ALWAYS use blank template
- Always submit the handwritten hard copy along with the soft copy for the report writer to cross check and get back to you if needed.

Other things to remember

- A moderator must tactfully deal with challenging participants. Here are some appropriate strategies:
 - Self-appointed experts: “Thank you. What do other people think?”
 - The dominator: “Let’s have some other comments.”
 - The rambler: Stop eye contact; look at your watch; jump in at their inhale.
 - The shy participant: Make eye contact; call on them; smile at them.
 - The participant who talks very softly: Ask them to repeat their response more loudly.

IX. Reporting

- Short Summary Report of Each Visit (within two weeks)
 - A short Summary Report should be uploaded into eTools. Any urgent issues arising during the monitoring visit will be reported to Programme Section Focal Points immediately. The short summary reports should follow the template that has been formulated by UNICEF. An English version of all the data collection instruments will also be attached.
- Monthly Analytical Reports
 - Monthly Monitoring Reports containing all data gathered (and updated into eTools) with analysis and recommendations produced during the month, covering all visits undertaken during the time period is submitted to PME.
- Comprehensive Report
 - A Comprehensive Report should be turned in at the end of 6 months and 12 months (2.5-year LTA Contract).

X. Meetings

- Field Office Meetings
 - Regular meetings (monthly basis or as needed) between respective PRT and UNICEF Focal Point in field office for direct feedback / discussion related to UNICEF interventions in that state/region.
- Regular Meetings at UNICEF Country Office
 - Regular meetings (monthly basis or as needed) between Project management team and UNICEF programme staff in Yangon on key findings, issues and trends.
- De-brief Meeting/Lessons Learnt
 - A de-brief meeting with the entire project management team and UNICEF towards the end of 6-8 months to consolidate experiences and identify progress, main challenges and lessons learnt.

Annex 6. Programme Achievements vs. Targets

Table 2: Myanmar HAC 2021 programme targets and achievements

SECTOR	INDICATORS	UNICEF and IPs			Cluster response		
		Targets	Total results	%	Targets	Total results	%
NUTRITION	# children aged 6-59 months with SAM admitted for treatment	15.807	3.888	25%	15.821	3.888	25%
	# children 6-59 months receiving multiple micronutrient powders	226.973	148.294	65%	227.092	148.294	65%
	# of mothers, fathers and other caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	135.648	25.402	19%	135.743	28.533	21%
HEALTH	# children 9 to 18 months vaccinated against measles	17.000	4.835	28%	N/A	N/A	
	# affected population accessing primary health care services	154.000	148.528	96%	N/A	N/A	
WATER, SANITATION AND HYGIENE PROMOTION	# male and female accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	437.500	227.013	52%	872.121	525.089	60%
	# male and female accessing appropriately designed and managed latrines	98.500	108.484	110%	872.121	325.325	37%
	# male and female reached with critical WASH supplies (including hygiene items) and services	557.500	629.639	113%	1.022.495	662.771	65%
CHILD PROTECTION	# children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	135.000	56.623	42%	168.000	111.095	66%
	# women, girls and boys accessing GBV risk mitigation, prevention or response interventions	33.000	11.781	36%	34.500	12.768	37%
	# boys and girls, men and women accessing explosive weapons-related risk education	80.500	42.527	53%	80.500	179.851	223%
EDUCATION	# of targeted girls and boys (3-17) supported to access quality and inclusive pre-primary/primary and post primary learning opportunities	87.100	77.758	89%	273.590	107.921	39%

SECTOR	INDICATORS	UNICEF and IPs			Cluster response		
		Targets	Total results	%	Targets	Total results	%
	# of male and female volunteer teachers/facilitators who have completed trainings to provide quality and inclusive education to children	1.010	883	87%	5.791	2.001	35%
SOCIAL POLICY	# households benefiting from social assistance measures to respond to COVID-19 and humanitarian crises with UNICEF support	500.000	251.300	50%	N/A	N/A	
AAP (NOTE: C4D/RCCE included in sectors)	# male and female sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanisms	52.000	4.270	8%	N/A	N/A	

Source: UNICEF Myanmar HAC 2021

Table 3: Myanmar HAC 2022 programme targets and achievements: December 2022

SECTOR	INDICATORS		UNICEF and IPs			Cluster response		
			Targets	Total results	%	Targets	Total results	%
NUTRITION	# of children aged 6–59 months with SAM admitted for treatment	Girls	37.503	2.544	7%	39.477	2.544	6%
		Boys		2.190	6%		2.190	6%
	# of primary caregivers of children aged 0–23 months receiving ICYF counselling	Women (PLW)	291.068	65.268 ⁴	22%	363.835	69.785	19%
		Men					5.804	2%
	# of children aged 6–59 months receiving multiple micronutrient powders and vitamin A supplementation ⁵	Girls	529.215	2.965.992 ⁶	560%	661.519	129.663	20%
		Boys					127.816	19%
HEALTH⁷	# of children 9–18 months vaccinated against measles		760.000	15.279	2%			
	# of children and women accessing primary health care in UNICEF-supported facilities		158.951	458.141	288%			
	# of pregnant women receiving HIV testing and post-test counselling ⁸		75.000	N/A	N/A			

⁴ The disaggregation of this data is not yet available.

⁵ UNICEF supported the nationwide vitamin A supplementation campaign reaching more than two million children aged 6-59 months.

⁶ Ibid.

⁷ Health data were updated and reflected based on the people reached during the reporting month. Partners reported the number of people reached quarterly or bi-monthly based on the connectivity and data availability.

⁸ HIV testing and post-test counselling data are not available due to limitation of data accessibility.

SECTOR	INDICATORS		UNICEF and IPs			Cluster response		
			Targets	Total results	%	Targets	Total results	%
WATER, SANITATION AND HYGIENE PROMOTION	# of males and females accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		434.468	427.717	98%	1.163.474	773.047	66%
	# of males and females using safe and appropriate sanitation facilities		271.632	236.864	87%	701.921	440.855	63%
	# of people reached with handwashing behaviour change programmes		635.683	243.624	38%	548.070	520.577	95%
	# of males and females reached with critical WASH supplies		998.710	594.699	60%	1.317.325	980.972	74%
CHILD PROTECTION	# of children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	Girls	303.000	86.135	28%	348.000	253.096	73%
		Boys		78.843	26%			
		Women		28.700	9%			
		Men		13.003	4%			
	# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/ or response interventions	Girls	133.000	9.301	7%	150.000	39.692	26%
		Boys		7.911	6%			
		Women		10.216	8%			
		Men		-	0%			
	# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	148.000	5.662	4%	170.000	32.437	19%
		Boys		5.193	4%			
		Women		12.153	8%			
		Men		6.844	5%			
	# of children who received individual case management	Girls	2.850	2.000	70%	4.400	5.388	122%
		Boys		2.519	88%			
	# of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls	386.485	32.740	8%	444.000	364.787	82%
		Boys		30.172	8%			
Women		26.875		7%				
Men		16.145		4%				
EDUCATION⁹	# of children accessing formal and non-formal education, including early learning		1.151.160	567.287	49%	1.326.250	527.795 ¹⁰	40%

⁹ Education Cluster results are reported quarterly. The Education Cluster checked the Q2 data for Yangon and Shan and the errors were corrected in the Q3 report.

¹⁰ Ibid.

SECTOR	INDICATORS		UNICEF and IPs			Cluster response		
			Targets	Total results	%	Targets	Total results	%
	# of children receiving individual learning materials		1.078.000	159.911	15%			
	# of children/adolescents accessing skills development programmes		18.000	29.698	165%			
SOCIAL POLICY	# of households reached with UNICEF funded multipurpose humanitarian cash transfers		90.000	8.809	10%			
AAP (NOTE: C4D/RCCE included in sectors)	# of people with access to established accountability mechanisms	Women	30.000	16.000	53%			
		Men		13.661	46%			

Source: UNICEF Myanmar HAC 2022, Humanitarian Performance Monitoring (HPM) as of December 2022.

Annex 7. Workshop Agenda

Evaluation of UNICEF’s response to L2 emergency in Myanmar

Introduction

This workshop is designed to give participants a chance to review and discuss preliminary findings and emerging conclusions (which may end up as recommendations in the report) in a plenary session before breaking into small groups to assess the relevance and feasibility of the emerging conclusions and provide participants with an opportunity to suggest actionable recommendations. Group work will be followed by another plenary session where groups will present the results of their discussions.

Objectives:

- Review and validate provisional findings and emerging conclusions;
- Provide team members with perspectives from UNICEF and their partners on priorities, gaps in the findings and how the outputs of this review can be made more useful to different categories of key stakeholders; and
- Help ensure that the recommendations in the report, once the report is drafted, are relevant and practical.

Agenda

Topic	Format
Workshop open and introduction of participants	Plenary
Introductory session: Objectives of the review Presentation of provisional findings and emerging conclusions High-level feedback and questions of clarification	Plenary
Break	
Instructions for the Working Groups. Participants will fill in the templates provided to respond to the following questions: Are the emerging conclusions relevant? Are there any important emerging conclusions that appear to be missing that are of a higher priority than one of the existing ones? Can you suggest recommendations and operational guidance to make your suggested recommendations relevant and achievable (realistic)?	Working Groups
Lunch Break	
Working Groups (continued)	WG
Report back from selected groups	Plenary
Break	
Report back from selected groups (continued)	Plenary
Workshop close and participant evaluations	Plenary

Annex 8. Key Reference Documents

The following list of documents were consulted to inform the drafting of the evaluation report. It is presented by order of author (alphabetical) and then year (ascending). In addition to the list below, a range of sitreps, emails, presentations, partner reports and other relevant documents were also consulted.

- AVA (2020) Myanmar Conflict Analysis: Prepared for the UN Resident Coordinator's Office.
- Baker, J. & Salway, M. (2016) Development of a proposal for a methodology to cost inter-agency humanitarian response plans. IASC.
- Beck, T. (2006) Evaluating Humanitarian Action using the OECD-DAC Criteria. ALNAP.
- DARA (2018) Evaluation of the Rapid Response to Population Movement (RRMP) Mechanism based on Performance. UNICEF Democratic Republic of the Congo.
- Government of Myanmar (2020) Myanmar 2019/20 Social Welfare Budget Brief, Ministry of Social Welfare, Relief and Resettlement
- Humanitarian Needs Overview – Myanmar 2022.
- IASC (2022) Guidance on the Provision of Overheads to Local and National Partners.
- IASC (2022) Peer-2-Peer Support Project Mission Report: Myanmar.
- International Crisis Group (2022) Myanmar's Coup Shakes Up Its Ethnic Conflicts.
- International Labour Organisation (2022) ILO Brief: Employment in Myanmar in 2021: A rapid assessment, January 2022
- Myanmar Information Management Unit (2022) Climate, Environmental Degradation and Disaster Risk in Myanmar: a MIMU Analytical Brief (May 2022).
- Myanmar UNHCR displacement overview 05 Dec 2022
- OCHA (2022) Humanitarian Needs Overview – Myanmar 2022.
- OCHA Myanmar via the [ReliefWeb dataset](#)
- OECD (2021), Applying Evaluation Criteria Thoughtfully, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>
- Peersman, G. (2014) Evaluative Criteria. Methodological Briefs. Impact Evaluation No. 3. UNICEF.
- Schenkenberg E., Wendt K., Thomas M., Ballarin F. and Stoianova V. (2022) The 'CLARE II' Evaluation and the Review of the Global Education Cluster Co-Leadership. UNICEF.
- Turner, R. Baker, J., Dr. Zaw Myo Oo, Naing Soe Aye (2008) Inter-Agency Real Time Evaluation of the Response to Cyclone Nargis. IASC.
- UN News (2021). Security Council appeals for end to violence in Myanmar.
- UNDP (2021) Impact of the twin crises on human welfare in Myanmar, November 2021
- UNICEF (2014) Guidelines: Monitoring and Reporting Mechanism on Grave Violations against Children in Situations of Armed Conflict.
- UNICEF (2015) UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.
- UNICEF (2019) Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies.
- UNICEF (2019) Guidance and Procedural Note on Managing Real-Time Evaluations Plus (RTE Plus).
- UNICEF (2020) Core Commitments for Children in Humanitarian Action.

UNICEF (2020) Internal Audit of the Republic of the Union of Myanmar Country Office.

UNICEF (2020) Strengthening UNICEF's Humanitarian Action. The Humanitarian Review: Findings and Recommendations.

UNICEF (2022) Update of the Common Country Analysis: Information Request for UNICEF.

UNICEF Myanmar, Myanmar Humanitarian Situation Report #10 – 30 November 2022.

United Nations Myanmar (2022) Country Results Report 2021: UN in Myanmar. April 2022.

World Bank indicators (2022)

Myanmar Inter-Censal Survey (2019) <https://www.dop.gov.mm/en/publication-category/2019-inter-censal-survey>

World Bank (2021) Myanmar Economic Monitor, July 2021.
<https://pubdocs.worldbank.org/en/525471627057268984/Myanmar-Economic-Monitor-July-2021>

World Bank indicators; 2019 Myanmar Inter-Censal Survey, <https://www.dop.gov.mm/en/publication-category/2019-inter-censal-survey>

Myanmar 2019/20 Social Welfare Budget Brief, Ministry of Social Welfare, Relief and Resettlement

Climate, Environmental Degradation and Disaster Risk in Myanmar: a MIMU Analytical Brief (May 2022).

WHO Health Emergency Dashboard, accessed on 13/12/2022.

UNICEF Myanmar (2022), Myanmar Humanitarian Situation Report #10 – 30 November 2022.

UN News (2021). Security Council appeals for end to violence in Myanmar.
<https://news.un.org/en/story/2021/11/1105642>

URD and GPPI (2010) IASC Cluster Approach Evaluation, 2nd Phase: Myanmar country study.

Annex 9. Evaluation Matrix

The evaluation questions (EQ) and sub-questions in the matrix below are based on the ToR for this evaluation. A minor addition to the sub-questions was to better reflect the importance of gender and advocacy. The sub-questions under Coordination were also expanded to better reflect the different levels of both internal and external coordination. These changes were discussed and agreed by UNICEF during a presentation to the Reference Group.

Relevance (EQ 1)		
<p>The relevance questions examine to what extent the strategy and programme design transitioned to the changed situation by responding to needs of different groups within affected communities while using UNICEF’s comparative advantage and ensuring the response was designed based on sound analysis and a risk management strategy that mitigated challenges while allowing UNICEF to continue operating at an optimal level.</p> <p>These relevance questions will require investigation into the relevance and appropriateness of UNICEF’s strategy and programme to mitigate challenges and bottlenecks to meet the needs of the most vulnerable in a rapidly changing context.</p> <p>The team proposes to address these questions through using the indicators, judgement criteria (JC) and data sources listed below.</p>		
Evaluation questions	Indicators & JC	Data sources
EQ 1. How relevant and appropriate was UNICEF’s response?		
<p>1.1. Taking the emergency context into consideration and within the parameters of UN engagement, to what extent did UNICEF’s response identify and respond to the immediate needs of women, men, boys and girls of different ethnicities, risk of exposure to violence, disability status, and geographical areas?</p> <ul style="list-style-type: none"> To what extent were enablers identified and leveraged? To what extent were bottlenecks identified and strategies to overcome them established? 	<ul style="list-style-type: none"> Evidence of needs assessments (overall, sectoral, differentiated by group like gender, age, disability, etc.) conducted and used. Evidence of UNICEF reaching the most vulnerable groups (e.g., communities in hard-to-reach areas; persons with disabilities; unaccompanied/separated children; pregnant women etc.). Relevance of programme/project design for meeting assessed needs, including optimising UNICEF’s comparative advantage and approaches to overcome bottlenecks. 	<ul style="list-style-type: none"> UNICEF response plans and strategies UNICEF guidance and standards that links to the CCC, Sphere, etc. Needs assessments and analyses, including conflict analysis and relevant guidance for staff. KIIs with UNICEF staff

Evaluation questions	Indicators & JC	Data sources
<p>1.2. How were the humanitarian needs of the population prioritized and addressed?</p> <ul style="list-style-type: none"> • The degree that the beneficiaries been involved in the identification of needs, the design and implementation of the L2 emergency interventions. • How does the interventions align with UN framework prevailing in Myanmar? 	<ul style="list-style-type: none"> • Evidence of extent to which communities' views are collected and used in planning and adjustments; and populations involved in needs assessment, delivery, and management of assistance. 	<ul style="list-style-type: none"> • KIIs with implementing partners and community members. • Monitoring and lessons-learned reports • Survey results.
<p>1.3. To what extent has the Country Office been able to respond and adapt to changes in national needs, rights, and priorities or to shifts caused by the crisis and the major political changes?</p> <ul style="list-style-type: none"> • What was the quality of the response (including appropriateness, - being in line with the needs of the most vulnerable and marginalised)? • To what extent have UNICEF's programmes reflected applicable standards (CCCs, Sphere) and complying with the relevant humanitarian action and human rights principles? 	<ul style="list-style-type: none"> • Evidence of analysis that led to timely adaptation of its approach in response to changes in the operating environment. • Extent of compliance with relevant guidance and standards (CCCs, Sphere etc.). • Use of policy, guidance and standards of UNICEF and partners. 	

Effectiveness (EQ 2)

These effectiveness questions assess UNICEF’s performance based on relevant guidelines and standards within the limitations imposed by the operating environment. It will require investigation into the extent that UNICEF was able to meet its targets, including AAP, and how successful it was in mitigating constraints. In the Myanmar context, this question will not only examine assistance delivery in each sector but also the effectiveness of analysis, advocacy and communication undertaken by UNICEF. This question will also examine timeliness in the sense of whether actions and interventions took place at the “right time”, which is different from the assessment of timeliness under efficiency, which measures how quickly the action occurred. This question also examines the influence of the L2 declaration on UNICEF’s response.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 2. How effective was the UNICEF response?		
<p>2.1. To what extent has the UNICEF response met its program targets as specified in the Humanitarian Action for Children? What could be done to accelerate response in future?</p> <ul style="list-style-type: none"> To what extent has UNICEF’s intervention contributed to an enabling environment for the human rights of women and children? Was the ‘Do No Harm’-approach thoroughly followed or have UNICEF interventions put people at additional risk? To what extent was UNICEF’s delivery of services well-integrated and of high/acceptable quality as defined in the CCC? To what extent have the services and goods provided been adequate, accepted and used by the affected population? 	<ul style="list-style-type: none"> Extent of compliance with relevant guidance and standards (CCCs, Sphere etc.). Appropriateness of targets versus needs over time broken down by areas and demographics. Evidence that different needs defined by different groups (gender, age, disability, etc.) were met. Evidence of adaptations based on changing needs. Qualitative assessment based on the CCC. Evidence of unintended outcomes/impacts (positive or negative). 	<ul style="list-style-type: none"> KIIs with UNICEF staff KIIs with implementing partners UNICEF AAP guidelines, community engagement strategies, SOPs and action plans, complaints/feedback systems and reports from UNICEF and IPs. HACs, UNICEF sector-specific strategies HRP Monitoring reports, supply data, studies, evaluations, lessons learned. Survey results.
<p>2.2. To what extent have principles of Accountability to Affected Population (AAP) including UNICEF guidance on AAP been followed?</p>	<ul style="list-style-type: none"> Consistency of design and implementation with UNICEF’s AAP benchmarks. Qualitative assessment of performance of UNICEF and IP AAP systems. 	

Evaluation questions	Indicators & JC	Data sources
<ul style="list-style-type: none"> To what extent has UNICEF engaged with affected populations to collect their feedback on services and good provided and to what extent has their feedback being taking into consideration in adopting the response? 		
<p>2.3. What are the major external and internal factors influencing the achievement (or not) of Emergency Programme results? What influence are these factors having on achievement (or not) of Emergency Programme outcomes?</p>	<ul style="list-style-type: none"> Analysis of planned versus actual delivery timelines. Perceptions of partners and communities on assistance delivery. 	
<p>2.4. What influence did the declaration of a L2 emergency have on UNICEF's response? What were the advantages and/or disadvantages? Was the L2 emergency declared at the right time?</p>	<ul style="list-style-type: none"> Type of support and scale provided after the L2 declaration in terms of quantitative data and qualitative perceptions. Timeliness of decision-making based on analysis. 	
<p>2.5. To what extent are human rights, equity concerns and gender equality consistently integrated in all aspects of emergency programming and implementation?</p>	<ul style="list-style-type: none"> Extent to which disaggregated data was collected and used. Application of gender and equity in strategies and project implementation. 	

Coherence/ Connectedness (EQ 3)

The coherence/connectedness evaluation questions cover a variety of issues from preparedness to connectedness with the Nexus, all within the UNCT Myanmar engagement guidelines which provides guidance for UNICEF and other UN agencies on engagement with the authorities. These questions will involve investigation into how UNICEF has integrated preparedness and Nexus components into the design of their strategies, programme and projects and how these have been implemented in practice, including capturing any examples of learning and good practice. Given the limitations on supporting institutions at a national level, the team will mainly focus on assessing how prepared systems have been strengthened at a community level and within CSOs.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 3. How coherent and connected has the UNICEF response been?		
3.1. To what extent have the linkages between relief, recovery, development, and peacebuilding (the triple nexus) been integrated in the programming, planning of UNICEF's response?	<ul style="list-style-type: none"> • Programme design and implementation contains Nexus components. • Evidence of capacities built, and systems strengthened at a community level. 	<ul style="list-style-type: none"> • HACs • UNICEF sector/cluster-specific strategies • HRP • KIIs with UNICEF staff, staff from other UN agencies, implementing partners and cluster members • Preparedness and response plans.
3.2. To what extent did the preparedness measures implemented prior to the crisis facilitate UNICEF's emergency response?	<ul style="list-style-type: none"> • Evidence of how UNICEF's preparedness contributed to the response. 	
3.3. To what extent have UNICEF's activities contributed to strengthening Myanmar's institutional emergency response capacity?	<ul style="list-style-type: none"> • Evidence of emergency response capacities built, and systems strengthened at a community level. 	
3.4. How has UNICEF aligned with the overall framework of UN engagement in the country?	<ul style="list-style-type: none"> • Evidence of complementarity and support to the UN engagement framework in Myanmar. • Sharing of relevant lessons learned and guidance. 	

Efficiency (EQ 4)

These efficiency questions should allow the team to assess how quickly UNICEF was able to respond through a combination of quick response, the quality of preparedness and use of innovative solutions. These questions should also provide insights into how quickly UNICEF has been able to transition between development and emergency programming. It is noted that this question needs to not only take the financial and technical transition into consideration, but also human resources, supply and other operational aspects into the assessment procedure.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 4. Was UNICEF's response efficient?		
4.1. How timely have UNICEF's efforts to scale up the response capacity been?	<ul style="list-style-type: none"> The timeliness of UNICEF's response, including the supply chain, based on organisational and sectoral benchmarks. The timeliness of expectations of UNICEF staff, IPs and affected communities. Comparison of the efficiency of UNICEF's response compared to other humanitarian agencies. 	<ul style="list-style-type: none"> Emergency preparedness plans and SOPs Strategies. KIIs with UNICEF staff KIIs with implementing partners and other humanitarian agencies and donors. Document review (SOPs, guidelines, monitoring reports, CCCs, supply targets) Survey results Project designs including innovative elements.
4.2. To what extent the preparedness activities (including supplies) have fed into the emergency response. What could have been improved and done differently?	<ul style="list-style-type: none"> Examples of how preparedness measures influenced the efficiency of the response. Contributions of supply to preparedness 	
4.3. Were there any innovative approaches that improved efficiency (conversion of UNICEF inputs into outputs for the population) and to what extent?	<ul style="list-style-type: none"> Qualitative assessment of the relevance of the innovation to the stated problem or opportunity. 	
4.4. Is a transition from development programming & Implementation to emergency programming & implementation taking place?	<ul style="list-style-type: none"> Time taken for changes in programme and project design based on need. 	

Coordination (EQ 5)

These coordination evaluation questions will allow the team to explore three facets of coordination which will have influenced the role of UNICEF in this response, internal coordination, UNICEF's lead agency role for several clusters and Reference Groups/Strategic Advisory Groups and finally their coordination role as a major humanitarian agency in the UNCT and more broadly the extent their positioning in the international humanitarian system draws upon their comparative advantage.

The team will investigate these questions by assessing indicators relating to the of functioning of internal coordination, cluster capacities and the extent that UNICEF was able to optimise their comparative advantage within the international humanitarian system. The questions reflect those in the ToR except that the team has proposed adding a question to better understand how UNICEF is coordinating and positioning itself within the international humanitarian system.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 5. How did UNICEF coordinate internally and externally?		
5.1. Were UNICEF's resources and staff sufficient to ensure that it could adequately perform its role as cluster lead/co-lead during emergency response?	<ul style="list-style-type: none"> • Chronology of cluster coordination capacities (including information management). • Evidence that adequate capacity was supplied to support clusters and Reference Groups/Strategic Advisory Groups it leads. 	<ul style="list-style-type: none"> • KIIs with UNICEF staff, IPs, cluster members, donors, other humanitarian agencies. • Document review (SOPs, guidelines, monitoring reports, cluster/interagency strategies, monitoring reports, lessons learned, tools to support internal coordination). • Survey results
5.2. To what extent did UNICEF cluster leads comply with the responsibilities defined in the IASC and CCC ToR for cluster leads at the country level?	<ul style="list-style-type: none"> • Performance of cluster leads based on IASC and CCC benchmarks. • Perception of UNICEF's lead performance by members. 	
5.3. How well was UNICEF able to coordinate multi sectorial responses?	<ul style="list-style-type: none"> • Influence of inter-unit coordination mechanisms. • Coherence of different sectoral activities towards common objectives. 	
5.4. To what extent did the internal coordinating tools and mechanisms facilitate UNICEF's emergency response?	<ul style="list-style-type: none"> • Evidence of use of coordinating tools • Influence of UNICEF tools on internal coordination. 	

Evaluation questions	Indicators & JC	Data sources
5.5. How well did UNICEF coordinate with other humanitarian actors? Did UNICEF's position itself within the international humanitarian system optimise its comparative advantage?	<ul style="list-style-type: none"> • The design and implementation of UNICEF's strategy reflects actions consistent with the organisation's comparative advantage. • UNICEF's role and influence within the UNCT in Myanmar. • Assessment of UNICEF coordination role by other humanitarian agencies. 	

Coverage (EQ 6)

These questions address the fundamental question of whether UNICEF was able to fulfil its humanitarian mandate by providing supporting to those most in need regardless of gender, ethnicity, risk of conflict, age, socioeconomic, disability status or geographic location.

The team will address these questions by looking at how UNICEF and its partners disaggregated data and how they made decisions to prioritise and deliver assistance based on need and vulnerability.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 6. What coverage did UNICEF achieve?		
6.1. To what extent did UNICEF assistance reach/was accessible to affected populations in different areas?	<ul style="list-style-type: none"> • Assessment and monitoring data are sufficiently differentiated to distinguish different groups. • UNICEF and partners periodically reviewed and updated priorities based on assessment/monitoring assessment and monitoring data and lessons learned. • Evidence that coverage was equitable and, if not, whether justification exists to explain why it was not feasible. 	<ul style="list-style-type: none"> • KIIs with UNICEF staff • KIIs with implementing partners • Document review (SOPs, guidelines, monitoring reports) • Mapping of UNICEF interventions (geographical, ethnicity, etc.)

Evaluation questions	Indicators & JC	Data sources
		<ul style="list-style-type: none"> • Analysis focusing on coverage and equity issue. • Survey results

Protection (EQ 7)

These protection questions will allow the team to better understand how UNICEF has been able to provide protection to the affected population, more generally but also specific to PSEA. The Monitoring and Reporting Mechanism (MRM) on children and armed conflict was developed to help UNICEF country teams strategically engage with parties to a conflict to address grave violations against children and this issue needs to be examined in a context of increased armed conflict. When addressing these questions, the team will review the quality and use of the systems themselves in addition to evidence of outputs and outcomes.

The team proposes to address these questions through using the JCs, indicators, and data sources listed below.

Evaluation questions	Indicators & JC	Data sources
EQ 7. To what extent did UNICEF provide protection to the targeted community in line with its mandate?		
7.1. To what extent did UNICEF assistance provide protection to the target population (such as protection from armed elements operating within the project area, or providing security within a displaced persons/refugee camp)?	<ul style="list-style-type: none"> • Evidence from monitoring and community feedback about protection issues for different groups within communities (gender, age, disability, etc.) • Quality and use of protection monitoring and community feedback mechanisms. 	<ul style="list-style-type: none"> • KIIs with UNICEF staff • KIIs with implementing partners • Document review (SOPs, policies, guidelines, monitoring reports)
7.2. To what extent were the MRM principles and obligations adhered to?	<ul style="list-style-type: none"> • Extent to which MRM principles have been integrated into design and implementation of UNICEF projects 	<ul style="list-style-type: none"> • UNICEF Myanmar MRM database

Evaluation questions	Indicators & JC	Data sources
	<ul style="list-style-type: none"> Evidence of application of MRM principles. Examples of good practice. 	<ul style="list-style-type: none"> Survey results
<p>7.3. To what extent did UNICEF and implementing partners follow the PSEA guidelines, CP in Emergency and Child Safeguarding principles?</p>	<ul style="list-style-type: none"> To what extent were guidelines and principles relevant to PSEA and Child Safeguarding evident in the design, implementation, and monitoring of UNICEF interventions. Quality and evidence of use of PSEA and child safeguarding monitoring and community feedback mechanisms. 	

Annex 10. People reached vs. targets as of December 2022

Table 4: Overview of the number of people reached by UNICEF as of December 2022

SECTOR	INDICATORS		UNICEF and IPs		
			Targets	Total results	%
NUTRITION	# of children aged 6–59 months with SAM admitted for treatment	Girls	37.503	2.544	7%
		Boys		2.190	6%
	# of primary caregivers of children aged 0–23 months receiving ICYF counselling	Women (PLW)	291.068	65.268 ¹¹	22%
		Men			
	# of children aged 6–59 months receiving multiple micronutrient powders and vitamin A supplementation ¹²	Girls	529.215	2.965.992 ¹³	560%
Boys					
HEALTH ¹⁴	# of children 9–18 months vaccinated against measles		760.000	15.279	2%
	# of children and women accessing primary health care in UNICEF-supported facilities		158.951	458.141	288%
	# of pregnant women receiving HIV testing and post-test counselling ¹⁵		75.000	N/A	N/A
WATER, SANITATION AND HYGIENE PROMOTION	# of males and females accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		434.468	427.717	98%

¹¹ The disaggregation of this data is not yet available.

¹² UNICEF supported the nationwide vitamin A supplementation campaign reaching more than two million children aged 6-59 months.

¹³ Ibid.

¹⁴ Health data were updated and reflected based on the people reached during the reporting month. Partners reported the number of people reached quarterly or bi-monthly based on the connectivity and data availability.

¹⁵ HIV testing and post-test counselling data are not be available due to limitation of data accessibility.

	# of males and females using safe and appropriate sanitation facilities		271.632	236.864	87%
	# of people reached with handwashing behaviour change programmes		635.683	243.624	38%
	# of males and females reached with critical WASH supplies		998.710	594.699	60%
CHILD PROTECTION	# of children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	Girls	303.000	86.135	28%
		Boys		78.843	26%
		Women		28.700	9%
		Men		13.003	4%
	# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	133.000	9.301	7%
		Boys		7.911	6%
		Women		10.216	8%
		Men		-	0%
	# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	148.000	5.662	4%
		Boys		5.193	4%
		Women		12.153	8%
		Men		6.844	5%
	# of children who received individual case management	Girls	2.850	2.000	70%
		Boys		2.519	88%
# of children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor- assistance interventions	Girls	386.485	32.740	8%	

		Boys		30.172	8%
		Women		26.875	7%
		Men		16.145	4%
EDUCATION	# of children accessing formal and non-formal education, including early learning		1.151.160	567.287	49%
	# of children receiving individual learning materials		1.078.000	159.911	15%
	# of children/ adolescents accessing skills development programmes		18.000	29.698	165%
SOCIAL POLICY	# of households reached with UNICEF funded multipurpose humanitarian cash transfers		90.000	8.809	10%
AAP (NOTE: C4D/RCCE included in sectors)	# of people with access to established accountability mechanisms	Women	30.000	16.000	53%
		Men		13.661	46%

Source: UNICEF Myanmar HAC 2022, Humanitarian Performance Monitoring (HPM) as of December 2022.

Table 5 – Nutrition: achievement rate on total results by geographical areas

Geographical areas	# of children aged 6–59 months with SAM admitted for treatment	# of primary caregivers of children aged 0–23 months receiving ICYF counselling	# of children aged 6–59 months receiving multiple micronutrient powders and vitamin A supplementation	Subtotal per area	%
Ayeyarwady	445.306	43	7.778	453.127	15%
Bago	408.245			408.245	13%
Chin	9.155	1	4.895	14.051	0%
Kachin	80.678	12	12.703	93.393	3%
Kayah	4.193	58	525	4.776	0%
Kayin	79.600	30	6.098	85.728	3%
Magway	123.009			123.009	4%
Mandalay	223.671			223.671	7%
Mon	162.208			162.208	5%
Rakhine	511.173	4.313	24.549	540.035	18%
Sagaing	18.010	15	83	18.108	1%
Shan	336.398	19	1.129	337.546	11%
Tanintharyi	29.280			29.280	1%
Yangon	535.066	243	7.508	542.817	18%
Subtotal per indicator	2.965.992	4.734	65.268	3.035.994	

Source: UNICEF Myanmar Humanitarian Performance Monitoring (HPM) database, as of December 2022.

Table 6 – WASH: achievement rate on total results by geographical areas

Geographical areas	# of males and females accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	# of males and females using safe and appropriate sanitation facilities	# of people reached with handwashing behaviour change programmes	# of males and females reached with critical WASH supplies	Subtotal per area	%
Ayeyarwady					0	0%
Bago (East)	5.058	200	5.113	5.058	15.429	1%
Bago (West)					0	0%
Kachin	56.735	64.211	20.828	24.192	165.966	11%
Kayah	75.647	41.111	9.769	88.521	215.048	14%
Kayin	50.890	29.713	59.907	76.074	216.584	14%
Mon	15.608	2.007	15.608	15.608	48.831	3%
Nay Pyi Taw					0	0%
Rakhine	69.370	55.200	39.019	235.864	399.453	27%
Shan (East)					0	0%
Shan (North)	17.736	14.215	12.426	36.631	81.008	5%
Shan (South)	1.734	6.375	3.480	11.609	23.198	2%
Tanintharyi	5.108	1.024	5.108	5.108	16.348	1%
Yangon	55.549	450	5.883	12.500	74.382	5%
Chin	71.255	19.991	64.157	81.208	236.611	16%
Sagaing						
Magway						
Mandalay	3.027	2.367	2.326	2.326	10.046	1%
Subtotal per indicator	427.717	236.864	243.624	594.699	1.502.904	

Source: UNICEF Myanmar HPM database, as of December 2022.

Table 7 – Education: achievement rate on total results by geographical areas

Geographic areas	# of children accessing formal and non-formal education, including early learning	# of children receiving individual learning materials	# of children / adolescents accessing skills development programmes	Subtotal per area	%
Chin	137.026	44.787	5.777	187.590	25%
Kachin	55.491	10.169	4.674	70.334	9%
Kayin	114.499	37.333	4.300	156.132	21%
Nay Pyi Taw	40.321	1.877	1.428	43.626	6%
Rakhine	78.742	33.508	7.150	119.400	16%
Shan	83.443	22.787	1.643	107.873	14%
Yangon	57.765	9.450	4.726	71.941	10%
Subtotal per indicator	567.287	159.911	29.698	756.896	100%

Source: UNICEF Myanmar HPM database, as of December 2022.

Table 8 – AAP: achievement rate on total results by geographical areas

Geographic areas	# of people with access to established accountability mechanisms	%
Chin	4.724	16%
Kachin	7.848	26%
Kayah	0	0%
Kayin	0	0%
Rakhine	17.069	58%
Shan	20	0%
Subtotal per indicator	29.661	100%

Source: UNICEF Myanmar HPM database, as of December 2022.

Table 9: Health: achievement rate on total results by geographical areas

Geographic areas	# of children 9–18 months vaccinated against measles	# of children and women accessing primary health care in UNICEF-supported facilities	Subtotal per area	%
Ayeyarwady	0	N/A	0	0%
Bago	0	589	589	0%
Chin	0	4.362	4.362	1%
Kachin	2.199	158.273	160.472	21%
Kayah	0	1.965	1.965	0%
Kayin	0	13.628	13.628	2%
Magway	0	N/A	0	0%
Mandalay	0	N/A	0	0%
Mon	0	1.966	1.966	0%
Rakhine	9.301	83.444	92.745	12%
Sagaing	0	48.233	48.233	6%
Shan	3.779	131.306	135.085	18%
Tanintharyi	0	765	765	0%
Yangon	0	13.610	13.610	2%
Subtotal per indicator	15.279	458.141	473.420	





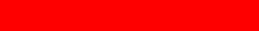
Source: UNICEF Myanmar HPM database, as of December 2022.

Annex 11. Project sample analysis overview

During the inception phase, 15 projects have been purposely selected by the team based on a database provided by the MCO listing their active and completed programme documents (PDs), humanitarian programme document (HPDs), and small-scale funding agreements (SSFA). The database contained 96 projects covering the period from January 2021 to July 2022. The sample was selected according to an analysis of the overall projects' portfolio and defined jointly with UNICEF's review to ensure a reasonably representative cross-section of the UNICEF response. To balance the sample representativeness, the selection was made based on the following five criteria:

- a. **Funding scale and sectoral distribution:** the projects were selected based on the distribution of funding across UNICEF's various response areas, i.e., Health, Nutrition, Child Protection, WASH, Education, and Social Policy and Child Rights Monitoring (SPCRM), being the main sectors of interventions. Further, the sample included examples that illustrate how UNICEF has addressed Communication for Development (C4D), gender and multi-sectoral interventions. Based on the database, the total budget allocated to the UNICEF during the scoping period for this evaluation was approximately USD 50 million (without counting staff salaries both from the Myanmar CO as well as the surge that has supported the response)
- b. **Geographical area**, to represent diverse areas of intervention (urban/peri-urban vs rural, hard to reach areas¹⁶, etc.)
- c. **Temporal coverage**, to cover different phases of the response (2021, 2022)
- d. **Partner diversity**, to select diverse implementing partners (international NGOs, national NGOs, local CSOs)
- e. **Project status**, to include both active and completed operations.

The 15 projects selected as a representative sample are listed in Table 9 below. Table 10 shows their performance where achievement rates were calculated as follows, based on the number of targets attained by each project:

Met (>100%)	
Good progress (>50%)	
Limited progress (20-49%)	
Constrained <20%	
No progress (0%)	

¹⁶ See **Error! Reference source not found.** at Annex 7.

Table 10: Selected sample of projects

#	UNICEF Office	Locations	Title	Year	Start	End	Partner	Sector	Total Budget
1	Taunggyi	Multiple ¹⁷	Enhancing awareness on nutrition, MNCH, immunization related practices including prevention and mitigation of the impacts of COVID-19 in remoted areas, self-administered region and connected areas at (6) townships in Southern Shan State.	2021	06/07/2022	05/04/2023	PARAMI DEVELOPMENT NETWORK PDN (National IP)	C4D	MMK 362.419.000
2	Maungdaw	Multiple ¹⁸	Strengthening Child Protection Project (SCPP)	2021	01/09/2021	31/10/2022	COMMUNITY AND FAMILY SERVICES INTERNATIONAL (International IP)	Child protection	USD 1.222.118
3	Yangon	Multiple ¹⁹	Children's equitable access to justice in Myanmar	2021	01/12/2021	30/11/2022	LEGAL CLINIC MYANMAR (National IP)	Child protection	MMK 765.536.000
4	Yangon	Multiple ²⁰	Protection of Violation of the Right of the Children through Faith Network	2022	01/04/2022	30/09/2022	Nyein Chan Metta (Religions for Peace-Myanmar) (CBO)	Child protection	MMK 82.838.000
5	Hpa-An	Multiple ²¹	Improved access to child protection, health & nutrition emergency services for IDPs in conflict affected areas in Kayin State, Mon State, Bago (East) Region	2022	01/04/2022	30/09/2022	SUWANNIMIT FOUNDATION (CBO)	Child Protection	MMK 85.750.000

¹⁷ Hopong, Hsihseng, Kalaw, Nyaungshwe, Pinlaung, Taunggyi

¹⁸ Rakhine, Maungdaw, Buthidaung, Maungdaw, Kyauktaw, Pauktaw, Ponnagyun, Rathedaung, Sittwe

¹⁹ Ayeyarwady, Kachin, Kayah, Kayin, Rakhine, Shan (North), Yangon

²⁰ Kayah, Southern Shan and Kachin States

²¹ Taungoo, Hpapun, Kawkaeik, Myawaddy, Thaton

#	UNICEF Office	Locations	Title	Year	Start	End	Partner	Sector	Total Budget
6	Naypyitaw	Multiple ²²	Providing learning opportunities to children	2021	25/11/2021	30/06/2023	KARUNA MISSION SOCIAL SOLIDARITY KMSS (National IP)	Education	MMK 4176446677 + 845248 USD supplies
7	Yangon	Multiple ²³	Capacity building to NGO partners on Non-Formal Education_Bring Back Learning to Children	2021	22/07/2022	21/07/2023	MYANMAR LITERACY RESOURCE CENTRE MLRC (National IP)	Education	USD 230366 + 4956 for supply
8	Hpa-An, Maungdaw	Multiple ²⁴	Bring Back Learning to Children Program	2022	22/06/2022	21/06/2023	WORLD VISION INTERNATIONAL (International IP)	Education	USD 845.379
9	Naypyitaw, Yangon	Multiple ²⁵	Establishing eLMIS for Vaccine and Public Health Commodities	2021	15/02/2021	31/12/2022	CLINTON HEALTH ACCESS INITIATIVE INC (International IP)	MULTI- SECTOR	USD 1.622,448
10	Yangon	Multiple ²⁶	Improving access to Integrated Nutrition and Health services for IDPs, conflict-affected and hard-to-reach communities in Rakhine State	2021	10/06/2022	31/12/2022	MYANMAR HEALTH ASSISTANTS ASSOCIATION MHAA (National IP)	MULTI- SECTOR	MMK 1.840.932.723
11	Hakha, Lashio,	Multiple ²⁷	Enhancing the capacity of First Aid responder volunteers for effective and timely delivery of life	2021	01/01/2021	31/01/2022	KARUNA MISSION SOCIAL SOLIDARITY	MULTI- SECTOR	MMK 2.462.491.786

²² Zalun, Labutta, Danubyu, Chin, Falam, Tedim, Tonzang, Hakha, Thantlang, Matupi, Kanpetlet, Mindat, Kachin, Taungdwingyi, Ann, Kale, Shwebo, Pekon, Pindaya

²³ Chin, Kachin, Kayah, Kayin, Mon, Rakhine, Shan (South)

²⁴ Hlaingbwe, Chauk, Aungmyaythazan, Buthidaung, Maungdaw, Taikkyi, Thanlyin

²⁵ Ayeyarwady, Bago (East), Bago (West), Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Nay Pyi Taw, Rakhine, Sagaing, Shan (East), Shan (North), Shan (South), Tanintharyi, Yangon

²⁶ Mrauk-U, Kyauktaw, Minbya, Pauktaw, Rathedaung, Sittwe

²⁷ Hinthada, Thantlang, Mindat, Demoso, Hpruso, Loikaw, Gangaw, Kale, Tachileik, Hsipaw, Kyaukme, Manton, Namtu, Hseni, Lashio, Kutkai, Muse, Mongnai, Kyethi, Laihka, Loilen, Nansang, Hopong, Hsihseng, Taunggyi

#	UNICEF Office	Locations	Title	Year	Start	End	Partner	Sector	Total Budget
	Taunggyi		saving interventions				KMSS (National IP)		
12	Naypyitaw	Hlaingtharya	Humanitarian cash transfers for pregnant women and mothers with children under 2 years in Hlaing Thar Yar Township, Yangon	2021	10/06/2021	31/12/2021	TERRE DES HOMMES LAUSANNE (International IP)	Social Policy and Child Rights Monitoring	USD 490.540
13	Sittwe	Kyaukpyu	WASH Emergency Response to vulnerable population affected by conflict in Central Rakhine	2021	11/12/2019	31/05/2021	COMMUNITY DEVELOPMENT ASSOC (CBO)	WASH	MMK 260.439.540
14	Hakha, Taunggyi	Multiple ²⁸	Lifesaving WASH intervention program for IDP at three Townships in Kayah State and COVID-19 Intervention Programme at six townships in Chin state and Magway region	2021	15/08/2021	15/05/2022	KARUNA MISSION SOCIAL SOLIDARITY KMSS (National IP)	WASH	MMK 1.057.347.550
15	Yangon	Hlaingtharya	Emergency Drinking Water Distribution in Hlaing Thar Yar Township, Yangon, Myanmar	2021	01/10/2022	31/12/2022	WaterAid (International IP)	WASH	USD 241.195

²⁸ Hakha, Thantlang, Matupi, Kanpetlet, Demoso, Hpruso, Loikaw, Gangaw, Pekon

Table 11: Project sample performance analysis

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/ target)	% achieved/ target	Project progress	TPM assessment
1	Enhancing awareness on nutrition, MNCH, immunization related practices including prevention and mitigation of the impacts of COVID-19 in remoted areas, self-administered region and connected areas at (6) townships in Southern Shan State.	Y	29	11	8	1	9	18	38%	Limited progress	TPM report: N/A. The project was characterized by good engagement with the community participating to its awareness sessions, particularly regarding those on COVID-19, nutrition and maternal and child health. Its implementation was challenged by cash withdrawal issues with the bank; in fact, the first DCT cash withdraw was not undertaken until mid-June.
2	Strengthening Child Protection Project (SCPP)	Y	18	2	5	11	0	16	11%	Constrained	TPM assessment on supplies distribution: Act. 1.2 somewhat implemented; Act. 4.3 not implemented at all. During project's implementation, gradual changes and instabilities in the local socio-political and administrative context led to limitations of outdoor presence and therefore, delayed implementation of some project activities; threats of COVID-19 infections resulted in restricted movement and gathering in big groups.
3	Children's equitable access to justice in Myanmar	Y	12	7	4	0	1	5	58%	Good progress	TPM report: N/A. The project provided legal-aid services to children, through both awareness sessions on child-rights violations and provision of litigation services through Legal Clinic Myanmar (LCM). LCM

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/target)	% achieved/target	Project progress	TPM assessment
											found that, for political-related cases, the court gave punishment to the accused person without having concrete evidence. Moreover, they also noted that there are signs that accused children got tortured during interrogation and detention.
4	Protection of Violation of the Right of the Children through Faith Network	Y	13	4	3	2	4	9	31%	Limited progress	TPM assessment on supplies distribution: Mostly implemented. The main challenges/bottlenecks faced during project's implementation were related to unfamiliarity with the FACE system; moreover, the IP Portal responsible staff was not able to attend the IP Portal training initially conducted by UNICEF as they were busy with other work.
5	Improved access to child protection, health & nutrition emergency services for IDPs in conflict affected areas in Kayin State, Mon State, Bago (East) Region	Y	19	5	2	2	10	14	26%	Limited progress	TPM report: N/A. The project was focused on CP services, including awareness sessions and distribution of CP kits which was however limited by supply distribution issues.
6	Providing learning opportunities to children	Y	19	4	6	3	6	15	21%	Limited progress	TPM assessment on supplies distribution: Fully implemented. Major challenges have been identified in relation to political conflict and COVID-19 pandemic, that have resulted in some activities planning being postponed and rescheduled.

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/target)	% achieved/target	Project progress	TPM assessment
											Moreover, limited cash withdrawal to spend for the activities due to the unstable political situation delayed the implementation
7	Capacity building to NGO partners on Non-Formal Education; Bring Back Learning to Children	N	3	3	0	0	0	0	100%	Targets met	<p>TPM report: N/A.</p> <p>The project's planned activities could be implemented despite the political crisis, financial risk and travel restrictions were still happening everywhere. The activities included reading groups and clubs for children, as well as parental education workshops.</p> <p>Some challenges were identified in relation to COVID-19 pandemic third-wave, frequent interruption of electricity and slow internet connection which slightly slowed the implementation of training activities.</p>
8	Bring Back Learning to Children Program	Y	4	4	0	0	0	0	100%	Targets met	<p>TPM assessment on supplies distribution: Fully implemented.</p> <p>The project met all target outputs, some challenges were however identified: e.g., procurement process was delayed due to the need of aligning the sourcing available at the field level with UNICEF requirements.</p>
9	Establishing eLMIS for Vaccine and Public Health Commodities	N	12	0	0	0	0	12	0%	No progress	<p>TPM report: N/A.</p> <p>The project was mainly affected by continued negotiation with</p>

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/target)	% achieved/target	Project progress	TPM assessment
											DoPH to get official approval for vaccine and public health commodities eLMIS system development. The partner, Clinton Health Access Initiative, found that communications channels could not be maintained with both the programmatic level and the central level of MoHS. There were also delays in preparing the data visualization tools; there is ongoing discussion with mSupply Foundation for sharing sample data of mSupply stores so that the visualization tools and related modules can be explored. The timely implementation of the project was affected by these issues along with the much volatile and uncertain situation.
10	Improving access to Integrated Nutrition and Health services for IDPs, conflict-affected and hard-to-reach communities in Rakhine State	N	27	3	20	0	4	24	11%	Constrained	TPM assessment on supplies distribution: Fully implemented/Mostly implemented The COVID-19 pandemic affected project's implementation and the implementing team, restricting the outreach implementation and gathering of people. Another main challenge was constituted by difficulty in travels, including travel approval delays, the presence of checkpoints and security issues in project's implementation area.
11	Enhancing the capacity of First Aid responder	Y	29	0	3	0	0	29	0%	Constrained – No	TPM report: N/A.

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/target)	% achieved/target	Project progress	TPM assessment
	volunteers for effective and timely delivery of life saving interventions									progress	The project is currently ongoing, overall progress is still to be monitored.
12	Humanitarian cash transfers for pregnant women and mothers with children under 2 years in Hlaing Thar Yar Township, Yangon	N	17	12	5	0	0	5	71%	Good progress	TPM report: N/A. The implementation of the project started only in June 2021 due to the political context; challenges were also observed with delayed cash transfers transactions. The partner, TdH, also found that transaction delays, frequent changing of phone numbers/SIM cards by beneficiaries, damage to SIM cards and accidental deletion of SMSs from Wave Money due to limited digital knowledge of beneficiaries have affected project's implementation.
13	WASH Emergency Response to vulnerable population affected by conflict in Central Rakhine	N	13	11	0	2	0	2	85%	Good progress	TPM assessment on supplies distribution: Fully implemented. Due to COVID-19 pandemic quarantine period, activities were slightly slowed down. Moreover, as of March 2021, most of the activities were placed on hold except health promotion and maintenance of water supply activities because CDA had not received fund supply from UNICEF.
14	Lifesaving IDP WASH intervention program in three townships in Kayah State and COVID-19 Intervention Programme at	Y	8	4	3	0	1	4	50%	Good progress	TPM report: N/A. The project focused on the provision of essential WASH services (construction of hand

#	Title	Emergency	Target	<100%	>50%	20-49%	<20%	Achieved/target)	% achieved/target	Project progress	TPM assessment
	six townships in Chin state & Magway region										washing stands, latrines, distribution of hygiene kits, waste bins and hand sanitizer, and COVID-19 materials). Major challenges identified by the partner, KMSS, were movement restrictions, restrictions on transportation and restrictions on humanitarian assistance.
15	Emergency Drinking Water Distribution in Hlaing Thar Yar Township, Yangon, Myanmar	Y	9	5	4	0	0	5	56%	Good progress	TPM report: N/A. Most targets achieved in July 2022, including the core activity of the project that is distribution of safe drinking water. A monitoring tool for water distribution was also developed along with the feasibility study of pre-existing/new water supply systems.

Annex 12. CCC²⁹ Assessment Matrix

Qualitative assessments for each CCC Commitment and Benchmark are shown below based on an analysis of data source from community FGD, key informant interviews, field observations and secondary data. Relevant Key Questions from the Evaluation Matrix area also shown. Scores are out of a maximum of 10.

2. PROGRAMME COMMITMENTS

2.1. Overarching commitments

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Support the leadership and coordination of humanitarian response, along with national and local stakeholders, and in compliance with humanitarian principles.</p>	<p>UNICEF, at CO/RO/HQ level, actively contributes to intersectoral coordination and ensures that sectors/clusters under its leadership are adequately staffed and skilled.</p>	<p>Internal coordination within the UNICEF CO was good, with regular meetings and information sharing among the Sections. CO also actively participated in the UNCT.</p> <p>Several integrated Sectoral HPDs were signed with partners in CP and Nutrition, Health, CP and Education. UNICEF CO Field Operations & Emergency Section has closely coordinated with 7 FOs across Myanmar for oversight the programme/ project implementation and monitoring.</p> <p>UNICEF RO provided coordination, leadership, and technical support to the UNICEF CO during the emergency, including ensuring that UNICEF staff focused on the L2 response, supporting and monitoring a work plan for the L2 emergency and providing HR support. The work plan did not include cluster leadership.</p> <p>Although the L2 declaration was delayed, RO support was relatively good. UNV support was not that effective based on their lack of contextual knowledge.</p>	<p>EQ.3 EQ.5</p>	<p>7</p>

²⁹ Version 2022.

2.1.1. Preparedness

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Improve humanitarian response through investing in preparedness with a focus on enabling effective and timely response, reducing costs and reaching the most vulnerable.</p>	<p>All COs, ROs and HQ meet the Minimum Preparedness Standards (MPS) as per the UNICEF Procedure on Preparedness for Emergency Response and the Guidance Note on Preparedness for Emergency Response in UNICEF.</p>	<p>UNICEF CO provided the basic supplies. Before 2021 all Sections from the UNICEF CO has conducted a “Risk Assessment” and prepositioned the stocks for the emergency supplies. Yangon CO and other areas procure as needed, after the military takeover UNICEF used “Note for the Record” and able to distribute some supplies to UNICEF none registered partners.</p> <p>Emergency preparedness was mainly for natural disasters. UNICEF CO did not consider the possibility of the military takeover and did not make necessary preparations for displacement, difficult access and imposition of restrictions on visas and import permits.</p>	EQ.3	6

2.1.2. Coordination

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Support the leadership and coordination of humanitarian response, along with national and local stakeholders, and in compliance with humanitarian principles.</p>	<p>UNICEF, at CO/RO/HQ level, actively contributes to intersectoral coordination and ensures that sectors/clusters under its leadership are adequately staffed and skilled.</p>	<p>Internal coordination among the Sections at the UNICEF CO was strong and adequate, having meetings and information sharing among the Sections. Several integrated Sectoral HPDs have signed, for example CP and Nutrition, Health, CP and Education. UNICEF CO Field Operations & Emergency Section has closely coordinated with 7 FOs across Myanmar for oversight the programme/ project implementation and monitoring.</p> <p>UNICEF RO provided technical support to UNICEF CO during emergency period such as assignment of UNV and Cluster Coordinator. A useful example was the assignment of permanent Education Cluster Officer in last 3 months, after that NRC and ADRA (Myanmar staff) lead the Education Cluster. Regarding the Health & nutrition RO practiced 2 ways to support, they guided for life saving intervention and cross</p>	EQ.5	8

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>border support.</p> <p>CO also received strategic support from UNCT. Although RO supports were not excellent it was good, able to team up the CO. UNV supports were not much effective based on their lack of contextual knowledge and experiences in communication with local people.</p> <p>UNCIEF facilitated and shared the information among other organizations and response was quick There were some NGOs/INGOs/CSOs regularly attending the meetings. Cluster coordination meetings were held bi-monthly since monthly meeting.</p> <p>UNICEF's IPs received information about 4Ws such as who did what, where and UNICEF shared this information to all. UNICEF was able to understand where the gaps were and avoid overlapping.</p> <p>UNICEF allocated sufficient resources and technical support team to coordinate at a national level, though at regional level support was sporadic. For example, UNICEF allocated the focal point for each township and conducted coordination meetings. UNICEF coordinated with other humanitarian agencies to not overlap the target villages and activities.</p>		

2.1.3. Supply and logistics

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Ensure the timely delivery and distribution of supplies and essential household items to affected populations, partners and/or point-of-use.</p>	<p>All COs, with the support of ROs/HQ, ensure that life-saving supplies and essential household items are delivered to affected populations, partners and/or point-of-use promptly.</p>	<p>Procurement was a key part of UNICEF's response, but UNICEF faced significant challenges trying to procure supplies and deliver them to communities in need, notably in insecure areas. The supply chain was starting to recover after restrictions imposed by COVID-19 pandemic. When the military takeover happened the borders with China were still closed. The scope for local procurement was reported to be</p>	EQ.4	3

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>very limited.</p> <p>Before 2021 all Sections from the UNICEF CO conducted a “Risk Assessment” and prepositioned the stocks for the emergency supplies. Yangon CO and other areas procure as needed, after the military takeover UNICEF used “Note for the Record” and able to distribute some supplies to UNICEF none registered partners.</p> <p>After the military takeover UNICEF CO decided to use an alternative approach with INGOs, NGOs, UNICEF’s program team closely worked with NGOs to provide the supplies. In the beginning UNICEF faced very restricted for supply. In May 2021 the authorities began to tightly control the import of medical supplies, late May 2021 Ministry of Health (MOH) controlling import of all medical supplies, it must cross the MOH, don’t endorse any supplies since May 2021. Together with UNHCR, WFP, OCHA and UNFPA, UNICEF used the Common UN Approach for the 6 townships in the Southern Shan State, able to distribute in Shan south, Pharkant (Kachin state). Common UN Approach was useful but takes time (5 to 6 months).</p> <p>Project staff buying and transporting non-food items such as water pipe for the affected population area, collaborating with local people to buy and transport such item was an excellent conflict-sensitive approach. For example, carrying water pipe becomes high-level risk because armed group also made bombs with water pipe. This approach as mentioned above reduces that risk.</p> <p>In some project areas UNICEF supplies were delayed due to transportation constraints.</p>		

2.1.4. Humanitarian access

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Seek to establish and maintain humanitarian access, so that all affected populations can safely and consistently reach assistance and services.</p>	<p>All COs, with the support of ROs/HQ:</p> <ul style="list-style-type: none"> • Establish internal coordination mechanisms which define roles, responsibilities, processes, and tasks related to humanitarian access • Identify and equip relevant staff with requisite knowledge, skills, materials, and tools on principled humanitarian action and operating in complex and high threat environments (including civil-military coordination, negotiations for access and humanitarian advocacy) • Seek engagement with all parties to conflict, and other stakeholders, as necessary and feasible to earn and maintain access to and for the populations in need • Proactively pursue acceptance among communities and stakeholders • Engage in coordination mechanisms to establish and maintain principled humanitarian access, in collaboration with UN Agencies, national and local authorities and CSOs, within existing coordination mechanisms such as the Humanitarian Country Team (HCT), the United Nations Country Team (UNCT), the Security Management Team (SMT), and the cluster/sector coordination mechanisms. 	<p>Access was the most significant challenge faced by humanitarian agencies in Myanmar. Many inefficiencies were caused by the challenging operating environment including access to affected populations, lack of import permits, visas for international staff, movement permits for staff and security restrictions imposed by the UN. UNICEF was nevertheless perceived as being able to scale up its response relatively rapidly in a difficult operating context.</p> <p>UNICEF regularly participated in an interagency access working group and trained staff in humanitarian access. UNICEF identified partners from the ground such as CBOs and CSOs who were able to better access affected communities, including the communities in the hard-to-reach areas and remote areas, such as Mone Koe township in Shan North, newly affected areas such as Sagaing and Magwe Regions.</p> <p>Based on the capacities and working experiences, some UNICEF FO staff were not ready to make decisions on the ground.</p> <p>On the other hand, UNICEF established strong coordination mechanisms with other UN Agencies, NGOs, INGOs, CSOs within existing coordination mechanisms such as the HCT, UNCT, SMT and the cluster/ sector coordination mechanisms.</p>	EQ.6	7

2.1.5. Protection from Sexual Exploitation and Abuse (PSEA)

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Deliver on UNICEF’s commitment to protection from sexual exploitation and abuse.</p>	<ul style="list-style-type: none"> • Every child and adult in humanitarian contexts have access to safe, child- and gender-sensitive reporting channel(s) to report SEA • Every survivor is promptly referred for assistance in line with their needs and wishes (such as medical care, mental health and psychosocial support, legal assistance, reintegration support), as part of UNICEF’s gender-based violence (GBV) and child protection programmes • The prompt, safe and respectful investigation of SEA cases, is consistent with the wishes and best interest of every survivor. 	<p>UNICEF implemented PSEA for the affected communities, providing awareness raising in host and camp communities, to inform them about the reporting channels, linking Case Management to the PSEA and GBV and encouraged partners to develop a PSEA Policy if they did not already have one.</p> <p>All IPs’ staff and community volunteers were informed with safeguarding policy and all involved actors were made aware of such PSEA through given awareness. All staff and volunteers also signed compliance policy for PSEA. Some UNICEF IPs assigned PSEA focal, for example, UNICEF’s partner KMSS assigned two focal persons for PSEA.</p> <p>Some UNICEF’s partners had their own PSEA policies and reporting channels and train their staff and community volunteers.</p> <p>UNICEF assigned focal points and joined PSEA Coordination Meeting and Maungdaw Interagency Group. The introduction of a mobile application course on the prevention of sexual exploitation and abuse to CP AoR partners has increased reporting on PSEA. Taking part in the inter-cluster coordination group led by OCHA, UNICEF facilitated the in-country inter agency PSEA network with the United Nations Population Fund (UNFPA).</p>	EQ.7	7

2.1.6. Accountability to affected populations (AAP)

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Ensure that affected children and families participate in the decisions that affect their lives, are properly</p>	<p>All COs, with the support of ROs/HQ, establish processes to ensure that affected and at-risk populations, including children and women:</p>	<p>Affected communities did not participate in the development of supply distribution plans, but they did participate in distribution of supplies by community volunteers.</p> <p>UNICEF put in place an Accountability to Affected</p>	EQ.2	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>informed and consulted, and have their views acted upon.</p>	<ul style="list-style-type: none"> • Participate in humanitarian planning processes and in decisions that affect their lives • Are informed about their rights and entitlements, expected standards of conduct by UNICEF personnel, available services, and how to access them through their preferred language and methods of communication, as per the Sphere standards • Have their feedback systematically collected and used to inform programme design and course correction. • Have access to safe and confidential complaint mechanisms. 	<p>Populations (AAP) framework covering WASH, Health and Nutrition, Child Protection, Education, and Social Policy, starting with partners in Rakhine State. Building partner capacity in collecting communities' feedback was a key component of the AAP framework. Ongoing technical support and capacity building will be provided to partners by UNICEF, where there was an identified need. Working with other implementing partners, UNICEF will work to implement the AAP framework in other states and regions.³⁰</p> <p>In some areas partners did not put complaint box due to security issues. Some local communities were not familiar with using a complaint box. Partners shared the contact information where and who they can call and inform about their further needs, and complaints. There was a struggle to get AAP functioning well.</p> <p>As part of COVID-19 prevention, UNICEF has collaborated with the WHO to continuously monitor people's reactions and responses to COVID-19 information and vaccination on social media, using the data analysis tool. Findings were shared in the risk communication and community engagement working group to develop myth-busting infographics and music videos.³¹</p> <p>Due to the security situation in Myanmar throughout 2021, many partners did not have regular access to project locations, thus having less capacity to seek feedback and inputs from beneficiaries. To address these challenges, the C4D team worked to develop AAP indicators to be included in all new programme documents, which will allow data and information to be collected from partners' reports. The data collection for</p>		

³⁰ Sitrep: No.2 2021

³¹ Sitrep No.4 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>AAP takes place on a quarterly basis and 4,270 pieces of feedback were recorded throughout 2021 across Kachin, Rakhine, Chin and Shan states and then analysed and shared to the respective programmes for follow-up.³² A regular data collection process on AAP was continuing in Kachin, Chin and Rakhine States with the support of UNICEF field offices.</p> <p>A training module on AAP was developed in English and Myanmar. Training contents include basic concepts and principles of AAP, integration of AAP in the ways it works and AAP in action. HPDs also include AAP indicators such as number of complaints, established feedback mechanisms, and number of people having access to the established mechanisms. AAP training was provided to some partners initially such as MAM staff in Khamti, Sagaing region, PDN staff in Taunggyi Shan State.</p> <p>The AAP dashboard was updated in the third quarter of 2022 with partners' contributions. The analysis and findings from the feedback received from the communities were compiled and will be shared with the AAP task force members to determine the use of the feedback within their respective sections and field offices.³³</p>		

³² Sitrep No.4 2021

³³ Sitrep No.10 2022

2.2. PROGRAMME APPROACHES

2.2.1. Quality of programmes

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Design and implement high quality programming.</p>	<p>All COs, with the support of ROs/HQ, design and implement results-based humanitarian responses that are informed by humanitarian principles and human rights, meet global norms and standards, and contribute to strengthening local capacity and systems.</p>	<p>UNICEF's humanitarian strategy in Myanmar was aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, and Clusters and programme priorities. In response to the political crisis and its impact, four clusters were activated on 21 August 2021, namely Nutrition, Food Security, Education and Protection. UNICEF was leading three clusters and one Area of Responsibility (AoR). UNICEF leads the Nutrition and WASH Cluster, while co-leading both the Education Cluster and the Child Protection AoR with Save the Children. UNICEF continues to work in coordination with the Myanmar Humanitarian Country Team, while collaborating with UN agencies and INGOs to efficiently coordinate and deliver life-saving services. In addition to taking part in the Inter-Cluster Coordination Group led by OCHA, UNICEF facilitated the in-country interagency PSEA network with UNFPA and was an active participant in the Access Working Group. Through nine offices across Myanmar, UNICEF ensures monitoring of its programme implementation and coordinates its activities in Yangon and Nay Pyi Taw, Lashio and Taunggyi in Shan, Sittwe and Maungdaw in Rakhine, Myitkyina in Kachin, Hakha in Chin and Hpaan in Kayah.³⁴</p> <p>An AAP mapping exercise was initiated for each UNICEF programme section and the information collected will inform the plan for mainstreaming AAP and providing contextualized support. A technical working group for the accountability and quality assurance initiative will be</p>	EQ.4	7

³⁴ Sitrep No.9 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		established at national level, with the aim of providing the information and protocols to allow national WASH partners to manage the response in a way that maximized quality and accountability in real time. A self-paced AAP training was designed and developed by the national AAP working group. The modules were created in Burmese and work was being done on the digital course planning. UNICEF provided support in reviewing and testing the digital course plan and the recording of audio files. ³⁵		

2.2.2. Multisectoral and integrated programming

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Foster multisectoral/integrated programming and geographic convergence at all phases of the programme cycle.</p>	All COs promote multisectoral and integrated programming, as well as geographic convergence, when designing and implementing programmes and partnerships.	<p>UNICEF CO promoted integrated programming during the L2 emergency period. Multisectoral projects have been implementing such as Child Protection (CP) and Nutrition, Child Protection and Health, Humanitarian Cash Grant with CP. UNICEF CO ensured to integrate protection components in each sector. For example, Explosive Ordnance Risk Education, PSEA, MHPSS, GBV was integrated across all relevant sectors of its humanitarian response.</p> <p>UNICEF extended the geographic coverage during the L2 emergency response to newly affected areas of Saging, Gangaw and Saw townships of Magway.</p>	EQ.6	8

2.2.3. Equity

³⁵ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Target and reach the most disadvantaged children and their communities with humanitarian assistance, protection and services.</p>	<p>All COs develop context-specific approaches for reaching the most vulnerable groups and balance coverage, quality and equity in their humanitarian response planning.</p>	<p>UNICEF gave priority to vulnerable groups including child headed households, women headed households, households with many children, households with person of disability, household with old age people. Assistance was provided according to the household list, ensuring no one was left behind. In this regard, UNICEF collaborated with the Committee of the Camp Coordination and Management (CCCM) for the IDP camps and village/ward administrators for the host communities in identifying the most vulnerable groups enable to access the humanitarian assistances. UNICEF respects rights of people, no discrimination and open to participate and speak out. Affected population received the assistance according to the list, identified by UNICEF's partner.</p> <p>UNICEF gave priority to IDPs since they were crisis affected persons who just moved to the IDP camps, considering the vulnerabilities such as how extant their needs and gaps, how the other organizations have provided assistance, and whether they were vulnerable compared to other camps. They also considered most disadvantage children and their communities when hygiene kits were distributed, giving prior to the women headed households, houses with persons of the disabilities, houses with many children. They discussed with the village volunteers, checked the data provided by the local communities.</p> <p>Some partners practised their own Equity and Equality principle, which UNICEF considered before signing contracts to assess their ability to apply principles like gender, Child Safe Guiding policy and recruitment.</p>	EQ.1	8

2.2.4. Linking humanitarian and development

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Foster coherence and complementarity between humanitarian and development programming.</p>	<p>All COs, with the support of ROs/HQ, design and implement risk-informed and conflict-sensitive humanitarian programmes that build and strengthen national and local capacities and systems from the start of humanitarian action to reduce needs, vulnerabilities of and risks to affected populations; and contribute to social cohesion and peace, where relevant and feasible.</p>	<p>UNICEF designed the programme from short term emergency humanitarian assistance towards the long-term development and peace, UNICEF sectoral projects of health, education, child protection and WASH designed for longer term NEXUS approach.</p> <p>One example of this was after parents were exposed to CP awareness, they were observed to reduce their physical punishments to their children. Along with the Education intervention, children enhanced their knowledge by learning aids in the Open Learning Centre and other alternative forms of learning while government schools were closed. There was no specific social cohesion and peace enhancement information.</p>	EQ.3	6

2.2.5. Environmental sustainability and climate change

Not applicable in this emergency.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Incorporate environmental sustainability into the design and delivery of UNICEF's humanitarian action and strengthen communities' resilience to climate change.</p>	<p>All COs, with the support of ROs/HQ, design humanitarian programmes that integrate environmental and climate risk, prioritise approaches that minimize harm to the environment and contribute to building resilience, whenever relevant and feasible.</p>	<p>No specific information related to environmental sustainability and climate change was apparent.</p>		N/A

2.2.6. Localisation

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Invest in strengthening the capacities of local actors (national and local authorities, CSOs and communities) in humanitarian action.</p>	<p>All COs, with the support of ROs/HQ, invest in strengthening institutional and technical capacity of local actors to deliver principled humanitarian response.</p>	<p>Since the military takeover, CO shifted their programme towards the purely humanitarian response and shifted its modality to localization, identified CBOs and CSOs across Myanmar for humanitarian access. UNICEF enhanced the capacities of CBOs/ CSOs in line with its system, principles, and guidelines.</p> <p>UNICEF gained new partnership with local CSOs/ CBOs, build their capacities as most of them have low capacities, CSOs accessed in-person training in some locations and when in-person training cannot provide UNICEF mix in-person and online training, for example, UNICEF provided a ToT to Suwannimit Foundation (SNF) and they provided the in-person training to their IPs.</p>	EQ.3	8

2.2.7. Community engagement for behaviour & social change

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Implement community engagement for behaviour and social change in collaboration with national and local actors.</p>	<p>All COs, with the support of ROs/HQ, design and implement humanitarian programmes with a planned and resourced component on community engagement for behaviour and social change.</p>	<p>UNICEF L2 Emergency response mainly focused to link with long term project. While communities have tension and stress on sudden COVID pandemic and political changes, they put their anxieties on their children with abusive punishment. Awareness raising sessions on Child Rights, Child Protection, GBV, MHPSS, and PSEA reduced the stress of affected communities, changed their behaviours of violence and abuse. Parents seemed to reduce harsh physical punishments to their children after accessing the CP awareness.</p> <p>In addition, UNICEF WASH intervention changed the communities' attitudes in terms of hygiene and sanitation practice, a hand-washing behaviour-change programme has reached 185,700 people (61,300 children).</p> <p>Seven separate COVID-19 prevention messages were</p>	EQ.3	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>translated into 16 ethnic languages, with a total of 564,800 posters printed and distributed in Kachin, Shan, Kayin and Chin states through implementing partners. These reached more than 4.5 million people. UNICEF also translated 11 separate messages promoting vaccination against COVID-19, into 22 ethnic versions. It also translated a home-care animation video into 18 ethnic versions which were shared with WHO, UNOPS and risk communication and community engagement partners including ethnic health organizations.</p> <p>In addition, with partners' support, the social behaviour change communications (SBCC) activities were carried out at community level to increase awareness of COVID-19 prevention and promotion of COVID-19 vaccination in Special Region (2) in Wa Region and Special Region (4) in east Shan State, and reached nearly 50,000 people. A similar project was being carried out in partnership with the Parami Development Network (PDN) in six townships of southern Shan State. It aims to reach more than 40,000 people through SBCC intervention, with community mobilization activities to promote awareness of, and good practices on, MNCH, nutrition, Expanded Programme on Immunization, COVID-19 prevention and the promotion of vaccination.³⁶</p> <p>UNICEF continued to provide cash transfer support to 7,000 programme participants (2,171 girls, 2,387 boys, 802 children with disability, and 1,640 pregnant women). A total of 1,168 social and behaviour change communication (SBCC) sessions were provided for pregnant women and caregivers. As community outreach activities were prioritized for SBCC sessions, more than 91 per cent of the sessions were conducted with home visits, with the rest conducted by tele messaging. The programme has been implemented with partners, civil</p>		

³⁶ Sitrep No.1 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		society organizations and non-governmental organizations as part of the humanitarian and development nexus. Therefore, the programme will continue to focus on strengthening community structures and documenting good practices. ³⁷		

2.2.8. Humanitarian cash transfers

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Promote unconditional and unrestricted humanitarian cash transfers.</p>	<p>All COs, with the support of ROs/HQ, promote the use of unconditional and unrestricted humanitarian cash transfers, whenever relevant and feasible.</p>	<p>UNICEF Social Policy and Child Rights Monitoring (SPCRM) Section worked with the International NGO Terres des Hommes (TdH) to implement the social protection assistance such as Maternal and Child Cash Transfer (MCCT) project in 2021 and 2022. This was a follow-on project from the Humanitarian Cash Transfer (HCT) project. Cash assistant of 40,000 kyat per month was provided to pregnant women and under 2 years children in Peri Urban area of Yangon such as Hlaingtharya, Shwepyithar, Dago Myothit (North) and North Okkalapa.</p> <p>UNICEF continued to provide cash transfer support to 7,000 programme participants (2,171 girls, 2,387 boys, 802 children with disability, and 1,640 pregnant women).³⁸</p>	EQ.2	8

³⁷ Sitrep No.11 2022

³⁸ Sitrep No.11 2022

2.3. SECTORAL COMMITMENTS

2.3.1. Needs assessments, planning, monitoring and evaluation

STRATEGIC RESULT: Children and their communities benefit from appropriate and timely humanitarian action through needs-based planning and results-based management of programmes.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Equity-focused data</p> <p>Disaggregated data is collected, analysed and disseminated to understand and address the diverse needs, risks and vulnerabilities of children and their communities.</p>	<p>Disaggregated data (by age, gender, disability, location and other context-specific considerations) is collected, analysed and disseminated in all assessment, planning, monitoring and evaluation activities.</p>	<p>UNICEF CO conducted phone surveys, collecting data for humanitarian assessment. First round will be available in December 2022. Panel survey, interviewing 6,400 households 6 times until end of 2023.</p>	EQ.2	7
<p><u>Commitment 2:</u> Needs assessment</p> <p>Coordinated, timely and impartial assessments of the situation, humanitarian assistance and protection needs, vulnerabilities and risks are undertaken</p>	<ul style="list-style-type: none"> Needs assessments and analysis are, whenever possible, conducted as joint interagency exercises, and start within 72 hours of a sudden onset crisis, and at least annually for protracted humanitarian situations Needs assessments and analysis are child- and gender-sensitive, meet interagency standards and use pre-crisis data and feedback from affected populations 	<p>UNICEF conducted needs assessments prior to provide humanitarian assistance to the affected communities. They had several meetings with their IPs in terms of partners' Needs Assessment and further suggestions to identify needs of affected communities for further humanitarian assistance. In addition, UNICEF conducted "Disability Assessment", ensuring for disability inclusion in all humanitarian assistances.</p>	EQ.1	8
<p><u>Commitment 3:</u> Response planning</p> <p>Response plans are evidence-based and consistent with interagency planning. They address coverage, quality and equity, adapt to evolving needs, ensure conflict sensitivity and link humanitarian and development</p>	<ul style="list-style-type: none"> Planning is informed by evidence, including needs assessments, vulnerability analysis, pre-crisis data, learning from evaluations/reviews, partner dialogue and feedback from affected populations Indicators and targets are identified, including high frequency indicators • Ongoing needs assessment and monitoring 	<p>UNICEF CO closely coordinated with FOs to support the affected populations, CO received the monthly reports from the FOs, developed the priority list, vulnerable persons were first priority and new vulnerable people who fled from fighting, who houses have burned were given second priority.</p>	EQ.4	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
programming	<p>plans are in place and reviewed twice a year, addressing coverage, quality, equity and “do no harm”</p> <ul style="list-style-type: none"> Humanitarian and development programming are linked through preparedness, system strengthening, resilience and transition planning 			
<p><u>Commitment 4:</u></p> <p>Monitoring</p> <p>The humanitarian situation and the coverage, quality and equity of the humanitarian response are monitored to inform ongoing corrective action and future planning processes.</p>	<ul style="list-style-type: none"> Progress against targets is regularly reported, including through high frequency indicators Structured field monitoring, including partner dialogue and feedback from affected populations, is undertaken in line with the UNICEF Field Monitoring Guidance 	<p>UNICEF set up a reporting mechanism for the monitoring purpose. CO received Annual and Quarterly report from each FOs and IPs.</p> <p>CO staff conducted Joint Monitoring with Field staff on project implementation including to get feedback from affected communities. FOs also carried out the regular and ad-hoc field monitoring visits, sometimes joint inter-agencies visits. UNICEF commissioned to Mekong Economics to conduct the Third Party Monitoring (TPM) to some projects in Rakhine, Kachin Kayin State, Shan (South & North) and Chin State.</p> <p>UNICEF partners noted they did not receive any feedback from TPM on their findings. End-users monitoring was limited due to security constraints, only receive their reports, most supplies were distributed to the IDPs, TPM cannot go to the IDP camps as they need permission to the DFA. UNICEF could only do 3 times of un-officially distribution and received the permission for the selected areas.</p>	EQ.2 EQ.6	6
<p><u>Commitment 5:</u></p> <p>Evaluation</p> <p>UNICEF’s contribution to humanitarian action is systematically and independently assessed through credible and utilisation focused evaluations, interagency evaluations and other evaluative exercises, in line</p>	<ul style="list-style-type: none"> Evaluations of humanitarian responses are used for organizational learning, accountability and performance improvements to enhance the systems, policies and programmes of UNICEF and its partners Evaluative exercises, such as after-action reviews, lessons learned exercises and operational peer reviews, are undertaken 	<p>UNICEF commissioned an evaluation of their L2 Emergency Response covering the period from Feb 2021 – Dec 2022 Military takeover and the evaluation process was on-going. The main purpose of the L2 Evaluation was to promote learning from the response and adopt a more integrated strategy, blending the strengths of MCO programmes being implemented during the emergency while taking into consideration the preparedness and response capacity of the MCO. The evaluation will also focus on providing a preliminary assessment of UNICEF’s</p>	EQ.1 EQ.2	7

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
with the UNICEF evaluation policy and procedures.	early for rapid onset emergencies, or incorporated into regular strategic planning for protracted responses, to inform corrective action	response to the Myanmar crisis regarding its relevance, effectiveness, efficiency, coverage, coherence, coordination, and protection, with a specific focus on its adaptivity to changing conditions and how it has responded to humanitarian needs within the framework of the Core Commitments for Children in Humanitarian Action whilst re-engaging on socio-economic resilience and recovery simultaneously.		

2.3.2. Health

STRATEGIC RESULT: Children, adolescents and women have access to life-saving, high-impact and quality health services.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<u>Commitment 1:</u> Leadership and coordination Effective leadership and coordination are established and functional.	UNICEF actively contributes to the interagency and intersectoral coordination mechanisms.	UNICEF Health sector can change from development program to the emergency response despite of facing several challenges in importing medicines. UNICEF Health intervention was integrated with other sectors such as Nutrition, WASH and Education. UNICEF led the Health & Nutrition Cluster in many emergency areas. Activities in non-government-controlled areas in Kachin and Northern Shan have been carried out with limited-service interruptions due to armed conflicts and COVID-19 and security travel restrictions. A biannual Vitamin A supplementation campaign scheduled in February 2021 has been postponed due to instability and protests in country. ³⁹	EQ.5	6
<u>Commitment 2:</u> Maternal and neonatal health Women, adolescent girls and	<ul style="list-style-type: none"> At least 90% of pregnant women and adolescent girls receive scheduled antenatal care³⁶ (ANC) in line with coverage of 4+ ANC visits 	In Kayah, UNICEF and its implementing partners have delivered 81 community health worker kits, 4 primary health care facility newborn kits and essential newborn resuscitation equipment to support the health services in the area. These	EQ.2 EQ.6	6

³⁹ Sitrep No.2 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services.	<ul style="list-style-type: none"> • At least 90% of pregnant women and adolescent girls receive skilled attendance at birth including essential newborn care, with desired quality • At least 80% of mothers and newborns receive early routine postnatal care within two days following birth • At least 80% of small and sick newborns have access to inpatient level 239 special newborn care within two hours of travel time. 	supplies were also planned to be distributed to the conflict-affected area of Kayin to support ethnic health organizations (EHO) and health care providers with much-needed health services. ⁴⁰		
<p><u>Commitment 3:</u> Immunization</p> <p>Children and women receive routine and supplemental vaccinations.</p>	<ul style="list-style-type: none"> • At least 80% of the targeted children and women receive routine vaccinations, including in hard-to-reach areas • At least 95% of the targeted population are reached during vaccination campaigns conducted to reduce risk of epidemic-prone outbreaks • Children and adolescents have safe and uninterrupted access to health services through functional health facilities, school and community-based activities and at the household level • Children and adolescents receive quality, age- and gender-appropriate prevention, diagnosis and treatment for common causes of illness and death 	<p>Health & Nutrition Section previously worked with Ministry of Health (MoH) for immunization, nutrition, maternal and childcare, it has changed to immunization to the Ethnic health organization (EHO) areas. UNICEF developed 2 border areas cold chain but cannot conducted direct contact to EHO but KNU. Another modality was UNICEF contacted with UNOPS and provide the cold chain system to other areas, established more than 17 cold chain sides.</p> <p>UNICEF could not extend the COVID19 vaccination campaign in EHO areas due to restrictions. Due to transportation challenge for medicines, activities were delayed, and UNICEF covered only a small portion of these areas. There was limitation in communication due to using online platform, limitation in the field level, supplies come from Yangon CO (procured from other country) and not allowed to procure the medicines locally.</p> <p>Vaccines for routine immunization program was running out in ethnic areas since November 2021, same situation in the SAC controlled areas. SAC Ministry of Health did not give permits for the booster (Moderna, Pfizer) and the vaccines were out of date</p>	EQ.2 EQ.6	4

⁴⁰ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
	<ul style="list-style-type: none"> Children, adolescents and caregivers have access to psychosocial support 	<p>and project was largely suspended.</p> <p>Although the childhood routine immunization programme was almost completely disrupted, some immunization activities were ongoing in limited areas in Rakhine, delivered through EHOs. While the expanded programme on immunization (EPI) staff were participating in the CDM and vaccine stocks remain inaccessible under the control of the de facto authorities, UNICEF has been successful in procuring BCG, MR, OPV, JE, Td vaccines to reach 80,000 children and 80,000 women in 37 townships and was in the process of establishing partnerships to reinforce immunization activities in 37 townships, working closely with NGOs and EHOs. Since these townships have historically been hard to reach and have reported low coverage for routine immunization, UNICEF was seriously concerned that they may see outbreaks of measles, diphtheria and polio, adding urgency to the response. Continuation of immunization activities in these areas was critical to prevent the spread of disease and increased mortality.⁴¹</p>		
<p><u>Commitment 4:</u></p> <p>Child and adolescent health</p> <p>Children and adolescents safely and equitably access quality life-saving and high-impact child health services.</p>	<ul style="list-style-type: none"> Children and adolescents have safe and uninterrupted access to health services through functional health facilities, school and community-based activities and at the household level Children and adolescents receive quality, age- and gender-appropriate prevention, diagnosis and treatment for common causes of illness and death 	<p>Until April 2022, UNICEF and its partners have provided 25,328 people with primary health care services across Rakhine, Kachin, Shan, Kayin, Chin and Yangon peri-urban area, and 1,594 children aged 9 to 18 months were vaccinated against measles in Rakhine, Kachin and Shan. UNICEF continued providing partners with supplies including 60 first aid kits, 52 inter-agency emergency health kits, and essential medicines. The stock was estimated to cover the needs of approximately 26,000 children.⁴²</p> <p>During community FGDs, it was found that children and adolescent girls have received sanitary pads among other WASH</p>	EQ.2 EQ.6	5

⁴¹ Sitrep No.2 2021

⁴² Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
	<ul style="list-style-type: none"> Children, adolescents and caregivers have access to psychosocial support 	related assistance.		
<p><u>Commitment 5:</u></p> <p>Strengthening of health systems and services</p> <p>Primary health care continues to be provided through health facilities and community-based service delivery mechanisms</p>	<ul style="list-style-type: none"> At least 70% of UNICEF supported facilities have adequate cohort of staff appropriately trained for providing basic health services At least 70% of UNICEF supported facilities apply Quality of Care (QoC) or clinical audit standards for reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN) At least 70% of UNICEF supported facilities and/or frontline workers submit data in real time for the health management information system (HMIS), reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN) service mapping and for meeting the International Health Regulations (IHR) guidelines All subnational storage points report no stock outs of the key health products 	<p>UNICEF continued to implement its health programme through partnerships in Rakhine, Kachin, Shan, Kayin, Chin, Kayah and Yangon peri-urban area. Since the beginning of 2022, 29,762 people received primary health care services in these areas.⁴³ 9,084 children under the age of 7 and 1,007 pregnant women in peri-urban Yangon benefited from primary health care services through the “Bright Start: Mobile-based health microinsurance” pilot programme.⁴⁴</p> <p>Regarding the Health HPD local partners bought some medicines locally and other basic hygiene items were allowed by the UNICEF supply section standard. UNICEF used SSFA 6-month contracts with partners for immediate response to the displaced population.</p> <p>Capacity-building remains a priority in affected areas, and primary health care training has been provided to Kayin EHO staff, with 54 people trained on providing essential health services, including HIV care.</p> <p>Continuing its effort to expand access to oxygen care, UNICEF and its partner KMSS have started to install oxygen plants in Hinthada and Kalay. In Loikaw, there were challenges in implementing the plant due to the conflict, causing the groundwork to be put on hold. In Taunggyi, necessary actions were being made to obtain approval for the installation, while</p>	EQ.2 EQ.5 EQ.6	6

⁴³ Sitrep No.3 2022

⁴⁴ Ibid

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>UNICEF was working on dispatching the plant.⁴⁵</p> <p>Across the country, access to health care services continued to be affected by the conflict. In response, UNICEF supported the implementation of health care programmes in Sagaing, Rakhine, Kachin, Shan, Kayah, Kayin, Chin, Mon, Bago, Tanintharyi and Yangon peri-urban areas. A total of 38,891 people received primary health care services through mobile and fixed clinics operated by implementing partners. UNICEF has ensured the provision of health supplies to its implementing partners where feasible as, in some areas, transport of medical supplies was on hold due to access restrictions.⁴⁶</p>		
<p><u>Commitment 6:</u></p> <p>Community engagement for behaviour and social change</p> <p>At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health care practices.</p>	<ul style="list-style-type: none"> • Children, their caregivers and communities are aware of available health services and how and where to access them • Children, their caregivers and communities are engaged through participatory behaviour change interventions • Adolescents have access to information on health, including sexual, reproductive and mental health 	<p>Working with partners, UNICEF has also provided handwashing facilities and personal protective equipment (PPE) as well as promoted community health awareness raising through distribution of risk communication and community engagement (RCCE) material.⁴⁷ Affected communities also accessed to the hygiene awareness through UNICEF WASH sector intervention.</p>	<p>EQ.1</p> <p>EQ.2</p> <p>EQ.7</p>	<p>6</p>

⁴⁵ Sitrep No.4 2022

⁴⁶ Sitrep No.11 2022

⁴⁷ Sitrep No. 4 2021

2.3.3. HIV/AIDSs

STRATEGIC RESULT: Vulnerability of children, adolescents and women to HIV infection is mitigated, and the care and treatment needs of those living with HIV are met.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Prevention and testing Children, adolescents and women have access to information and services for HIV prevention, including HIV testing.</p>	<ul style="list-style-type: none"> HIV prevention services are available and used, including information on post-rape care, HIV post-exposure prophylaxis and sexually transmitted infection (STI) treatment Confidential and voluntary HIV testing is available and used 	<p>UNICEF conducted assessments after the military take-over to understand how hard it was to access HIV services. UNICEF was able to cover only 30% of the target population.</p> <p>UNICEF was partnering with INGOs and NGOs to provide greater access to HIV testing services among pregnant women and lactating women, especially in the IDP community. Training sessions for implementing partners on the prevention of mother-to-child transmission of HIV were held with the participation of 25 health care providers, followed by a practical session on the HIV testing service. More training was expected to be organized for other implementing partners to ensure capacity reinforcement.⁴⁸</p>	EQ.3 EQ.7	5
<p><u>Commitment 2:</u> Access to HIV treatment Children, adolescents and women living with HIV access sustained care and treatment services</p>	<ul style="list-style-type: none"> HIV and AIDS care and treatment services, including antiretroviral treatment, are available and accessed by 90% of children, adolescents and women living with HIV, both newly identified and those previously known to be living with HIV Services for prevention of mother-to-child transmission of HIV (PMTCT) are available and used by pregnant and lactating women, including 90% accessing HIV testing and 90% of those found to be positive accessing lifelong antiretroviral treatment At least 90% of children, adolescents and women who start treatment access continuous treatment and are retained in care 		EQ.3 EQ.7	5

⁴⁸ Sitrep No.3 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 3:</u></p> <p>Community engagement for behaviour and social change</p> <p>At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve prevention practices, care and treatment</p>	<ul style="list-style-type: none"> • Children, their caregivers and communities are aware of how and where to access services for HIV prevention, care and treatment • Children, their caregivers and communities are engaged through participatory behaviour change interventions on HIV prevention, care and treatment 	<p>Kayin EHO staff, with 54 people trained on providing essential health services, including HIV care.⁴⁹</p>	<p>EQ.1</p> <p>EQ.2</p> <p>EQ.7</p>	<p>5</p>

2.3.4. Nutrition

STRATEGIC RESULT: Children, adolescents and women have access to diets, services and practices that improve their nutritional status

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Leadership and coordination</p> <p>Effective leadership and coordination are established and functional.</p>	<ul style="list-style-type: none"> • Nutrition cluster/sector coordination and leadership functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered 	<p>UNICEF Nutrition Cluster consisted of a national cluster and six subnational clusters. The national Cluster was led by UNICEF and has established a Strategic Advisory Group (SAG) and two Technical Working Subgroups (TWG). One of these subgroups deals with Infant and Young Child Feeding and the Integrated Management of Acute Malnutrition (IYCF/IMAM) and the second was Assessment and Information Management. This was co-chaired by NGO partners to provide technical guidance and capacity-building among the cluster members. The southeast cluster (Kayin, Mon, Tanintharyi, Bago (East) and Kayah) was going to be upgraded from nutrition working group to a subnational nutrition cluster given the increased needs and the number of partners in those areas. UNICEF, in collaboration</p>	<p>EQ.5</p>	<p>7</p>

⁴⁹ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		with the Global Nutrition Cluster (GNC) and other nutrition partners, has developed an emergency response and preparedness plan with a focus on risk analysis, capacity mapping, and contingency planning. ⁵⁰		
<p><u>Commitment 2:</u></p> <p>Information systems and nutrition assessments</p> <p>Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy</p>	<ul style="list-style-type: none"> • Relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk are available. • Multisectoral data and evidence guide timely decision-making, support monitoring, and enable course correction of preparedness and response 	<p>The Nutrition cluster was challenged by lack of funding, for example, for the Northern Shan State humanitarian response plan required 61 million USD but funding gap was 46.7%, not only NSS but across Myanmar.</p> <p>Comprehensive surveys and assessments could not be carried out in the country and UNICEF took steps to rectify this. Nevertheless, UNICEF was organizing widespread screening and active case finding of children in need through mid-upper arm circumference screening. The Nutrition Cluster was supporting a cross sectoral multi-sector needs assessment (MSNA) and crucial questions for the remote survey across the country have been designed. The results of the screening and MSNA will be shared once completed.⁵¹</p>	EQ.1 EQ.3	5
<p><u>Commitment 3:</u></p> <p>Prevention of stunting wasting micronutrient deficiencies and overweight in children aged under five years</p> <p>Children aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies</p>	<ul style="list-style-type: none"> • Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding • Children aged 0-59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods 	<p>UNICEF, in close collaboration with its national and international nutrition implementing partners, improved nutrition essential service coverage including severe acute malnutrition (SAM) treatment admissions, infant and young child feeding (IYCF) counselling, and multiple micronutrient supplementation.</p> <p>Security concerns and restrictions remain the main challenge in the transportation of nutrition supplies to Chin, Kayah and Sagaing regions. For timely response and contingency planning, UNICEF has pre-positioned nutrition supplies, such as ready-</p>	EQ.3 EQ.7	5

⁵⁰ Sitrep No.9 2021

⁵¹ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
and overweight	and deworming prophylaxis, according to context	to-use therapeutic food (RUTF) or vitamin-A and multiple micronutrient tablets at its field office in Taunggyi, Shan which would cover nutrition needs for estimated 1,600 6-59 months children and 1,700 pregnant and lactating women. ⁵²		
<p><u>Commitment 4:</u></p> <p>Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence</p> <p>Children in middle childhood (5-9 years) and adolescent girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia</p>	<ul style="list-style-type: none"> • Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis nutrition education, counselling, and support, according to context. • Adolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context 	UNICEF and its partners reached a total of 10,887 children aged 6–59 months (5,446 boys and 5,441 girls) and 1,649 pregnant and lactating women with preventive nutrition services, such as the distribution of multiple micronutrient powders and multiple micronutrient tablet supplementation. Those services were provided in Rakhine, Kachin, Kayin, Shan, Yangon, Ayeyarwaddy and Kayah, despite the continuous challenges of access, travel, and supply transport. In addition to the targeted interventions, UNICEF supported the vitamin A supplementation campaign, reaching 2,705,986 children aged 6–59 months. ⁵³	EQ.3 EQ.6	5
<p><u>Commitment 5:</u></p> <p>Prevention of undernutrition, micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers</p> <p>Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and</p>	<ul style="list-style-type: none"> • Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support 	Security concerns and restrictions remain the main challenge in the transportation of nutrition supplies to Chin, Kayah and Sagaing regions. For timely response and contingency planning, UNICEF has pre-positioned nutrition supplies, such as ready-to-use therapeutic food (RUTF) or vitamin-A and multiple micronutrient tablets at its field office in Taunggyi, Shan which would cover nutrition needs for estimated 1,600 6-59 months children and 1,700 pregnant and lactating women. ⁵⁴	EQ.3 EQ.6	6

⁵² Sitrep No.4 2021

⁵³ Sitrep No.11 2022

⁵⁴ Sitrep No.4 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
anaemia	through balanced energy protein supplementation, according to context			
<p><u>Commitment 6:</u></p> <p>Nutrition care for wasted children Children aged under five years benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood</p>	<ul style="list-style-type: none"> All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates >90%, recovery rates >75% and default rates <15% 	<p>Representative surveys and assessments could not be carried out in the country. Nevertheless, UNICEF was organizing widespread screening and active case finding of children in need through mid-upper arm circumference screening. The Nutrition Cluster was supporting a cross sectoral multi-sector needs assessment (MSNA) and crucial questions for the remote survey across the country have been designed. The results of the screening and MSNA will be shared once completed.⁵⁵</p> <p>UNICEF partners have provided nutrition services in Rakhine, Yangon, Kachin, Kayin and Shan. A total of 28,226 children were screened for malnutrition. A total of 168 children with severe acute malnutrition (SAM) were admitted for treatment, and 4,654 children and 2,381 pregnant women received micronutrient supplements. For the first quarter of 2022, only 1,146 children suffering from SAM were reached, out of the annual target of 37,501.⁵⁶</p> <p>UNICEF supported its partners in reaching 603 children aged 6–59 months (294 boys and 309 girls) suffering from severe acute malnutrition. Similarly, UNICEF has been supporting 306 children aged 6–59 months (164 boys and 142 girls) who were moderately malnourished by providing a simplified treatment that includes the provision of ready-to-use therapeutic food. Additionally, a total of 8,765 primary caregivers (579 males and 8,186 females) with children aged under two were provided with</p>	EQ.3 EQ.6	6

⁵⁵ Sitrep No.4 2022

⁵⁶ Ibid

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		infant and young child feeding (IYCF) services. ⁵⁷		
<p><u>Commitment 7:</u> System strengthening for maternal and child nutrition</p> <p>Services to prevent and treat malnutrition in children, adolescents and women are provided through facility- and community-based delivery mechanisms in ways that strengthen national and sub-national systems</p>	<p>National and sub-national systems delivering health, water and sanitation, education, child and social protection are supported to:</p> <ul style="list-style-type: none"> • align their policies, programmes and practices with internationally agreed standards and guidance on nutrition • deliver evidence-based interventions with a workforce supported in their knowledge, skills and capacity in nutrition • procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms 	<p>UNICEF Nutrition sector developed an online tool to assess the capacity of partners to implement and scale-up nutrition specific interventions across the country. Capacity assessment results will inform the development of a capacity building strategy for sector partners.</p> <p>UNICEF’s partners have made significant improvements to preventive nutrition services, having provided multiple micronutrient supplements to a total of 29,501 children aged 6-59 months in Rakhine, Kayin, and Yangon (up from the 14,150 children reached in the last reporting period). This included supplements supplied to 19,525 children in Yangon townships of Hlaing Tar Yar and Dagon Seikkan.⁵⁸</p> <p>UNICEF and partners faced multiple challenges in responding to nutritional needs, including a lack of technical capacity for such treatment, limited resources and access constraints. However, UNICEF, as a technical lead, continues to support capacity-building; notably with the Integrated Management of Acute Malnutrition (IMAM) programme. It delivered the second batch of virtual IMAM training, benefiting 154 participants from 26 organizations. This session provided much-needed support to partners in strengthening their technical capacity for the SAM treatment programme. The nutrition programme needs additional funding to ensure more children were reached with life-saving interventions, including the treatment of malnutrition.⁵⁹</p> <p>UNICEF used local language to raise awareness in nutrition, for</p>	<p>EQ.3 EQ.6</p>	<p>6</p>

⁵⁷ Sitrep No.11 2022

⁵⁸ Sitrep No.8 2021

⁵⁹ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>example, explained to the affected communities in local language to cultivate highly nutritious and diversify locally available food such as some seasonal fruits, seeds, beans, infant and young child feeding practices was trained to CBOs.</p> <p>In some FOs nutrition didn't have prepositioning stocks and nutrition supplies were procured from internal, de facto government blocked the ways and supplies were delayed both for the UNICEF and for the cluster.</p>		
<p><u>Commitment 8:</u> Community engagement for behaviour and social change At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to improve their nutritional status</p>	<ul style="list-style-type: none"> • Children, adolescents, caregivers and communities are aware of available nutrition services and how and where to access them. • Children, adolescents, caregivers and communities are engaged through participatory behaviour change interventions to improve their nutritional status. • Caregivers and communities are supported and empowered to prevent malnutrition, as well as to identify and refer children with life-threatening forms of undernutrition 	<p>Despite transportation challenges in Chin, UNICEF was able to distribute nutrition supplies, infant and young child feeding counselling (IYFC) pamphlets to an estimated 2,500 people in Hakha. Additionally, World Vision, through its partnership with UNICEF, has reached 154 caregivers with its newly implemented IYCF counselling, providing much needed knowledge and skills on recommended feeding practices for children.⁶⁰</p> <p>A total of 320,563 beneficiaries out of the targeted 1,064,831 have been reached with nutrition assistance, representing approximately 30 per cent of the target. Cumulatively, the cluster members have treated 4,483 children (11 per cent of the target) for severe acute malnutrition, and an additional 246,831 people (37 per cent of the target) received preventive nutrition support.⁶¹</p>	<p>EQ.1 EQ.2 EQ.3</p>	<p>6</p>

⁶⁰ Sitrep No.4 2022

⁶¹ Sitrep No.11 2022

2.3.5. Child Protection

STRATEGIC RESULT: Children and adolescents are protected from violence, exploitation, abuse, neglect and harmful practices

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Leadership and coordination Effective leadership and coordination are established and functional.</p>	<ul style="list-style-type: none"> Child Protection Sector/Area of Responsibility (AoR) coordination and leadership functions are adequately staffed and skilled at national and sub-national levels Core leadership and coordination accountabilities are delivered. 	<p>UNICEF led the CP Cluster in many emergency areas such as Kachin, Lashio (Shan North), Kayah, regular coordination meeting held for information sharing, sometimes in the camps, engaging in Protection Cluster of Sagaing, regular country task force meetings were held.</p> <p>UNICEF extended its AoR to Chin State and Kayah State. One CP Officer who was a Chin native was assigned in the Chin State and she led State level CP cluster as a Coordinator while KMSS CP Program Manager served as Co-coordinator. They organized a monthly CP team meeting. They invite Chin CSOs for their monthly meetings.</p> <p>The Child Protection Area of Responsibility (CP AoR) organized the collection of 5W inputs (Who does What, Where, When and for Whom) from partners across the country to track the progress of delivery against the Humanitarian Response Plan (HRP) indicators. Following the first-quarter inputs, the system of collection was streamlined to provide partners with an online reporting system. A report on gaps in child protection services and priority funding was presented to a group of donors through the inter-cluster coordination. This included highlighting the increased needs in the conflict-affected regions of northwest and southeast, in addition to the much-needed legal services for children. The CP AoR reviewed the current MSNA indicators and questions in support of the cross-sectoral remote survey, and ensured child labour, MHPSS and early and forced child marriage were included.⁶²</p>	EQ.5	7

⁶² Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>AAP indicators were included in all PDs with partners ensuring regular monitoring on AAP, UNICEF used feedback mechanism by setting up channel for complaints such as contact information sharing, hot lines, getting feedback from the affected communities by client satisfaction form (legal aid service and case management), TPM tool and specific program visits to get feedback from the communities. AAP online system was in progress too.</p> <p>The Child Protection Area of Responsibility (CP AoR) conducted a review of its coordination system across the country, identifying areas where further support was required, notably in Chin, Sagaing and Southeast. A TOR to strengthen CP AoR across the country and creating further accountability and representation within the cluster system. The benchmark and strategy were developed through a participatory process including an initial workshop with partners. ToR for cluster leadership and co-leadership have been drawn up and discussed.⁶³</p> <p>The challenges faced by the CP AoR members were exacerbated by access restrictions and volatile situations in certain areas. Despite these challenges, the CP AoR members have reached 80,881 people with child protection assistance and services during the reporting period. So far this year, a total of 670,809 people were reached, despite the lack of funding. Additionally, the CP AoR has recruited a permanent dedicated national coordinator to support and enhance the quality and coverage of the CP AoR activities nationwide.⁶⁴</p>		
<u>Commitment 2:</u>	<ul style="list-style-type: none"> Mechanisms to assess, analyse, monitor and report child protection concerns and their root 	Case management covers nation-wide and during emergency response. In Chin State, 13 staffs were working on Case	EQ.3	7

⁶³ Sitrep No.7 2021

⁶⁴ Sitrep No.11 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>Strengthening of child protection systems</p> <p>Child protection systems are functional and strengthened to prevent and respond to all forms of violence, exploitation, abuse, neglect and harmful practices</p>	<p>causes are established and functional at national and local levels</p> <ul style="list-style-type: none"> • Mapping of the social service workforce is conducted, and capacity-building plans are developed accordingly • Integrated case management system, including referral pathways for services and a safe information management system, is functional • Families and communities are supported in their protective functions, with measures in place to mitigate and prevent abuse, neglect, exploitation and violence against children • Civil registration systems provide accessible and safe birth registration and certification for children and their families 	<p>Management System (one Program Manager, 2 Case Supervisors, 10 Case Officers) and feedback response mechanism, client satisfactory checklist was utilized. In South East it was 65 cases before the military takeover but was increased to 100 cases through the partners, partnership network was extended, for Mental Health and Psychosocial Support (MHPSS) mobile CP activities was implemented based on the needs of the affected communities, trained the CFS volunteers, awareness pamphlet were translated into different languages.</p> <p>Case Management was linked with the GBV and “Legal Aid Service”. Under 25 young adults who contacted with the law were accessed to further social services once they were referred to the case management system.</p> <p>UNICEF and the International Legal Foundation convened the Community of Practice workshop as a part of capacity-building programme for more than 80 local lawyers, trained on age verification procedures and the extent to which they can help to accurately determine the age of a child in conflict with the law. Since the military takeover, legal aid services and other humanitarian assistance have been given to 2,933 clients including 1,485 detained children (48 per cent girls) and 1,448 young people (36 per cent females). Some face migration-related charges; others were accused of belonging to PDFs.⁶⁵</p> <p>Since the beginning of 2022, a total of 73,056 people (26,522 girls, 25,697 boys, 15,039 women, 5,798 men) were reached nationally through 28 partners with critical child protection services including access to mental health and psychosocial support, gender-based violence risk mitigation, prevention and response interventions as well as Explosive Ordnance Risk</p>	EQ.7	

⁶⁵ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>Education (EORE).⁶⁶</p> <p>A total of 429 boys and girls affected by violence, sexual abuse, physical abuse, and neglect have been provided with case management support and have received individual care from UNICEF partners in Kayin, Kayah, southern Shan and Mon state.⁶⁷</p> <p>Child Protection Groups were formed at some IDP camps, for example there was formative 8 CFSs in Kachin state run by recruited camp-based volunteers who were supported the honorarium. CPG was formed with religious leaders, parents, diverse persons included.</p>		
<p><u>Commitment 3:</u></p> <p>Mental health and psychosocial support (MHPSS)</p> <p>MHPSS needs of children, adolescents, and caregivers are identified and addressed through coordinated multisectoral and community based MHPSS services</p>	<ul style="list-style-type: none"> Family and community support systems are identified and strengthened to provide MHPSS activities and protection with meaningful participation of children, adolescents, and caregivers MHPSS interventions and referral mechanisms ensure access to support across the IASC MHPSS pyramid of interventions for children, adolescents, caregivers, and communities, as per the Operational Guidelines on Community-based Mental Health and Psychosocial Support in Humanitarian Settings All children, adolescents, and caregivers identified through MHPSS service entry points 	<p>UNICEF continued its support for nationwide mental health and psycho-social support (MHPSS) helplines and various remote PSS services in multiple ethnic languages. MHPSS services continued to support children, caregivers, frontline workers, survivors of violence and emotional distress, and people with severe mental disorders, who were then referred to expert mental health practitioners for individual counselling and therapy sessions.⁶⁸ In response to the current crisis, UNICEF's partner organization Metanoia, deployed an emergency response team to provide psychological first aid to people affected by violence. Psychosocial modules were being designed for children and youth to carry out peer group interventions, where they can share their concerns and help each other to identify approaches to releasing stress and anxiety.⁶⁹</p>	<p>EQ.3</p> <p>EQ.7</p>	<p>7</p>

⁶⁶ Sitrep No.4 2022

⁶⁷ Ibid

⁶⁸ Sitrep No.1 2021

⁶⁹ Sitrep: 02 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
	(including child protection, education and health) as needing specialised mental health services, are provided or referred to appropriate services	<p>In Rakhine State, UNICEF worked with its partner CFSI to give life skill training to adolescents who have dropped out of schools under the project CHAIRE. Project has achieved over 90% on developed indicators by setting up the systematic strategy and approach despite facing Covid outbreak challenges.</p> <p>A total of 16,357 children (8,632 girls and 7,725 boys) and 1,805 caregivers were provided with access to mental health and psychosocial support through in-person and remote approaches in Kachin, Mandalay and Shan (North and South), through well-being activities at child-friendly spaces and community centres. Positive parenting awareness was provided for 1,805 parents and caregivers (1,406 women and 399 men).⁷⁰</p>		
<p><u>Commitment 4:</u> Unaccompanied and separated children (UASC) Separation of children from families was prevented and responded to, and family-based care was promoted in the child's best interest</p>	<ul style="list-style-type: none"> • Causes of child separation are identified in a timely manner and actions to prevent separation, including use of behavioural change strategies, are promoted • All UASC are identified, are in family-based care or in a suitable, safe, alternative care arrangement; and are provided with an individual case management/care plan • In close coordination with mandated agencies, UASC are registered, safely reunified and reintegrated with primary caregivers or other family members 	<p>In northern Rakhine, 26 irregular migrants' children (3 boys and 23 girls) travelling by boat were arrested in Mawgyun township (Ayeayawaddy region) and Myaingkalay township (Kayin State), and all children were referred by UNICEF to a legal aid partner. Tracing was under way to reunite them with their families. UNICEF has also discussed responses to child protection concerns associated with irregular migration and the prevention of exploitation and abuse measures with the UNICEF Bangladesh team. UNICEF through its implementing partners supported 75 Rohingya migrant children (60 girls; 15 boys) in 2021.⁷¹</p> <p>Child Friendly Spaces (CFSs) run by UNICEF partners covered to reunification of Unaccompanied and Separated Children (UASC) to their families, for example, CFS run by the UNICEF partner Plan International at Maung Ni Pyin village covered unaccompanied and separated children, alternative family-based care for unaccompanied and missing children and other children</p>	EQ.1 EQ.3 EQ.7	6

⁷⁰ Sitrep No.11 2022

⁷¹ Sitrep No.6 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		in need of care was in place. ⁷²		
<p><u>Commitment 5:</u> Monitoring and reporting on grave violations</p> <p>In situations of armed conflict, grave violations against children and other serious rights violations and protection concerns are documented, analysed and reported, and inform programmatic response and advocacy interventions</p>	<ul style="list-style-type: none"> • A mechanism is in place that monitors grave violations against children and informs advocacy and programmes • Where the Monitoring and Reporting Mechanism (MRM) is activated, UNICEF co-chairs the Country Task Force on Monitoring and Reporting or equivalent working group and reports to the Security Council Working Group on Children and Armed Conflict 	<p>MRM for six grave violations mechanism was already in place before the military takeover which covers the nation-wide. Country Task Force on Monitoring and Reporting (CTFMR) was completely stopped after the military takeover, however UNICEF provided training (online/ in-person) on MRM to its FOs and IPs to do individual MRM. Community strategy for MRM was developed to adapt online meetings/ training and tried to be integrated the MRM with other UNICEF Sections. MRM mechanism was also linked to the case management when children were maimed, if they need MHPSS, etc.</p> <p>Previously, MRM monitoring had focused on conflict areas. After the military takeover geographical coverage was expanded to Kayah, Sagaing, Magway working with different partners and actors. More information was received, reported and documented, using for advocacy to try and reduce grave violations.⁷³</p> <p>It was difficult to confirm whether MRM was functioning well due to lack of visibility. The CTFMR platform could work in sensitive areas such as KoeKant, Wa region. MRM training increased 53% in 2022 compared to 2021.</p> <p>In December 2022, a small case review meeting for 107 suspected minors associated with the armed forces was held between the CTFMR on the six grave violations and the Committee for the Prevention of Under-aged Recruitment.⁷⁴</p>	EQ.2 EQ.7	5

⁷² Observation to CFS center run by Plan International

⁷³ Sitrep No.1 2021

⁷⁴ Sitrep No.11 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 7:</u> Mine action and weapons</p> <p>The use of landmines and other indiscriminate or illicit weapons by state and non-state actors was prevented and their impact addressed</p>	<ul style="list-style-type: none"> • At-risk children and communities have access to age-appropriate education about the risks of explosive weapons • Formal/informal injury surveillance systems and priority-setting mechanisms for mine action intervention, and child-focused victim assistance, are in place • Advocacy activities are implemented to promote humanitarian mine action and compliance with international instruments related to explosive weapons 	<p>UNICEF worked with several NGOs/ INGOs for mine action intervention including awareness session on mine risk education and Explosive Ordnance Risk Education (EORE), for example, UNICEF partner Dan Church Aid provided mine awareness sessions covered to many areas in Northern Shan State where mine casualties was highest ranking in Myanmar. Mine Risk Awareness started in June 2022 for populations in 6 camps and average 200 camp communities aware on mine education, how to protect themselves. They also discussed upon the needs of more investment in mine victims' assistance.</p> <p>UNICEF originally had two international coordinators, however they left after the military takeover and human resources have continued to be a challenge.</p> <p>Mine Risk Education and EORE were provided to communities and partners in Rakhine and Southeast. Mine awareness was provided not only to the partners and affected communities but to other sub national level INGOs and NGOs in terms of how to travel safely, together with the DCA, conduct mine action Area of Responsibility (AOR), mine action partners were increased as a result, 38 cases of mine victims (>18) since 2021 regarding shelling cases.</p> <p>UNICEF committed to coordinate humanitarian efforts on mines in Myanmar. UNICEF has brought together more than 40 partner organizations and mine action organizations to advocate for support to victims and for enhanced Explosive Ordnance Risk Education to save the lives of children and their communities.⁷⁵</p> <p>The conflict in Myanmar has caused many areas to become contaminated with landmines and explosive remnants of war,</p>	<p>EQ.2 EQ.7</p>	<p>5</p>

⁷⁵ Sitrep No.9 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>with the number and frequency of casualties propelling Myanmar into becoming one of the most mine-affected countries in the world. UNICEF was protecting children from this risk by ensuring that Explosive Ordnance Risk Education was integrated across all relevant sectors of its humanitarian responses.⁷⁶ The Mine Action AoR (MA AoR) coordination continues to support partners across the different pillars of mine action including EORE for everyone. The AoR has developed an action plan for supporting mine victims including economic and social benefits for child victims.⁷⁷</p> <p>The families of child survivors, particularly those with physical impairments, face great difficulty in adapting and facing the future. The Mine Action AoR was therefore advocating for increased awareness for victim assistance. UNICEF understands the importance of launching and maintaining a centralized database for gathering, verifying and reporting information on mines and explosive remnants of war, casualties and accidents. There was also a continued need to ensure funding for victims who need to make long-distance travel for treatment and emergency care. The AoR has developed an action plan for supporting mine victims including economic and social benefits for child victims.⁷⁸</p> <p>UNICEF continues to support partners across the different pillars of mine action including EORE and victim assistance. Data collection on landmine/ERW incidents and casualties has significantly improved which helped to provide updated information for the relevant mine action actors and to support victim assistance. While the MA AoR has been delivering risk</p>		

⁷⁶ Sitrep No.4 2022

⁷⁷ Ibid

⁷⁸ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		education programmes, victim assistance remains a priority and the MA AoR has continued to coordinate with other clusters to support more victims and their families while advocating for their rights. Members of the MA AoR have continued to advocate for scaling up the delivery of EORE by all humanitarian actors who were trained to deliver it. ⁷⁹		
<p><u>Commitment 8:</u></p> <p>Gender-based Violence</p> <p>Survivors of GBV and their children can access timely, quality, multisectoral response services and GBV is prevented</p>	<ul style="list-style-type: none"> • Quality, coordinated, survivor-centred and age-appropriate response services are timely, available and used by survivors of GBV • GBV prevention programmes are implemented • Child protection programmes implement actions that address and reduce risks of GBV 	<p>UNICEF provided the GBV awareness sessions both to affected communities from the camps and villages. GBV also accessed by the UNICEF IPs and community volunteers, it was linked with the Case Management system to reduce the GBV cases through systematic reporting, accessing, providing necessary services including referral pathway.</p> <p>GBV component was also integrated to other sectors as a cross cutting issue.</p> <p>Key activities in 2022 have included the use of social media platforms and other digital tools to disseminate essential messages on gender-based violence (GBV). More than 50,000 young people were reached through UNICEF social media, of which 10,000 were engaged around questions and polls related to GBV, harmful social behaviours and the negative impact on adolescents for their future, and child and early marriage.⁸⁰</p>	EQ.1 EQ.2 EQ.6 EQ.7	6
<p><u>Commitment 9:</u></p> <p>Protection from sexual exploitation and abuse</p> <p>Children and affected populations are protected from SEA by</p>	<ul style="list-style-type: none"> • All children have access to safe, accessible, child and gender-sensitive reporting channels • Child survivors of SEA are promptly referred to and access quality, integrated GBV/child protection response services and assistance based on their needs and wishes 	<p>CP sector strengthened the PSEA, included in the HPD, ensured all its partners complied through awareness-raising and orientation with affected communities, linked with referral system too. Many UNICEF CP partners had their own PSEA Policy.</p> <p>UNICEF set up Child Friendly Spaces (CFSs) in IDP camps as</p>	EQ.2 EQ.7	8

⁷⁹ Sitrep No.11 2022

⁸⁰ Ibid

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
humanitarian workers		<p>well as mobile CFSs were accessed by the children from the camps which covered PSEA. However, CFS buildings were found to be necessary to improve in line with CFS principle as many of them were using existing monasteries, government schools and other houses for CFS activities.</p> <p>Some partners had a PSEA Policy together with reporting channel, provided PSEA training to their staff, volunteers. However, PSEA Policy should review once per two years for improvement.</p>		
<p><u>Commitment 10:</u> Community engagement for behaviour and social change At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to prevent and respond to violence, exploitation, abuse, neglect and harmful practices</p>	<ul style="list-style-type: none"> • Children, their caregivers and communities are aware of available protection services and how and where to access them • Children, their caregivers and communities are engaged in community led processes designed to support positive social norms and practices; promote gender equality; address the causes of child protection risks; and increase the focus on participation of children, adolescents and marginalized groups in their communities 	<p>UNICEF produced a “justice tip sheet” for children and young people to understand their rights when dealing with law enforcement and how to access free legal assistance. The document has been developed in both English and Myanmar languages and has been disseminated widely in collaboration with Child Protection Working Group members at national and sub-national level – reaching over 30,000 young people and adults in Myitkyina and 4 Waingmaw Townships in Kachin.⁸¹</p> <p>UNICEF was quite responsive since 2021 first 6 months after the military takeover, provided the information and legal counselling and assistance. Many protests were included very young child, UNICEF started to distribute key information on CP, Child Rights, Legal Aids, Justice for Children (J4C) came up with hotline, MHPSS hot line since covid, reached to more 30,000 children who have been participating in protests in the first 6 months.</p> <p>UNICEF and its partners conducted child protection trainings in camps for internally displaced people (IDP) in Rakhine, Kayah, south Shan and the southeast, reaching 3,333 people (46 per cent women), including teachers, parents, caregivers,</p>	<p>EQ.1 EQ.2 EQ.7</p>	8

⁸¹ Sitrep No.1 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>community volunteers and staff from implementing partners. The topics covered included child protection, Convention on the Rights of the Children, alternative care, child protection in emergencies, minimum standards, monitoring and reporting mechanism of grave violations of child rights and parenting techniques notably positive parenting skills, diversity and inclusion.⁸²</p> <p>UNICEF organized a three-day Explosive Ordnance Risk Education (EORE) online Training of Trainers (TOT) for partners, attended by 36 community volunteers (27 females) from Mon, Kayin and Thanintharyi. An EORE online TOT was also conducted for 20 participants from agency staff (17 males). This training will provide tools for trainers including activities that seek to reduce the risk of injury from EO and to raise awareness of women, girls, boys and men in addition to promoting behavioral change.⁸³</p> <p>UNICEF intervention with IPs against humanitarian responses ensured the gender equality, equity and disability inclusion in all their project designs. Emergency response mainly focus to link with long term project. Parents seemed to reduce harsh physical punishments to their children after accessing the CP awareness.</p>		

2.3.6. Education

STRATEGIC RESULT: Children and adolescents have access to inclusive, quality education and learning in safe and protective environments

⁸² Sitrep No.4 2022

⁸³ Sitrep No.9 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Leadership and coordination Effective leadership and coordination are established and functional.</p>	<ul style="list-style-type: none"> • Education sector/cluster coordination and leadership functions are adequately staffed and skilled at national and sub-national levels • Core leadership and coordination accountabilities are delivered 	<p>UNICEF CO supported to the Ministry of Education before the military takeover but now Education sector covered the affected population targeting mainly for the emergency affected population, so it was more effective, through many challenges UNICEF and partners' capacities have improved within the challenges despite of using online platform, networking has improved too, supported CSOs and NGOs, for humanitarian point of view beneficiaries' satisfaction was higher. But there were set back as UNICEF cannot go to the target locations due to security concern, however sent third party monitoring to conduct there, UNICEF tried to reach the affected areas, UNICEF Education sector lead the cluster for many years and still co-leading the education cluster coordination, UNICEF was the first response in case of emergency, key source to deliver the supports in this area, UNICEF improved amid the challenges.</p> <p>UNICEF continues to co-lead the EiE initiative and was working to develop a standardised approach to consulting with communities to better understand their expectations for their children's education in the current circumstances, and making relevant education materials available to meet children's interim learning needs and ensure continuity of learning.⁸⁴</p> <p>The EiE sector, co-led in Myanmar by UNICEF and Save the Children International, with participation of international and national NGOs working on education for children affected by protracted conflicts, has reached over 29,000 children with home-based learning. The EiE sector has developed a standardized tool to facilitate community consultations, designed to generate understanding of communities' perspectives regarding preferred education modalities for their children.⁸⁵</p>	EQ.5	8

⁸⁴ Sitrep No.2 2021

⁸⁵ Ibid

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>In collaboration with UNICEF, the Education Cluster completed the second round of its contingency planning workshops for six hubs: Chin, Magway, Sagaing, Rakhine, Kachin, Shan, Kayah, and the southeast (Kayin, Mon, East Bago, and Tanintharyi). Operational tools such as standard operating procedures and cluster standards will be completed in early 2023 to roll out the contingency plans. To build on the Education Cluster’s evidence generation, the cluster has collaborated with Save the Children to provide opportunities for various small-scale studies identified, prioritized and implemented by cluster partners at subnational level. In order to accelerate localization and effective participation in cluster coordination by local partners, the Education Cluster was embarking on a strategic local partner capacity development and support initiative which will be implemented through 2023.⁸⁶</p>		
<p><u>Commitment 2:</u> Equitable access to learning Children and adolescents have equitable access to inclusive and quality learning opportunities</p>	<ul style="list-style-type: none"> • Formal and non-formal education programmes, including early learning and skills, are available and used • Inclusive access to education opportunities is ensured with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable children • Teachers and other education personnel are trained to provide quality learning • Learning is measured to monitor the quality of education 	<p>UNICEF was working with national and international NGOs to provide alternative learning opportunities for 1 million primary and middle-school-age children. Support includes providing learning materials and assisting children with learning and language development, while also offering mental health and psychosocial support. UNICEF was also working with national and international NGOs to deliver non-formal education to 8,000 children who have been out of the formal education system even prior to the COVID pandemic.⁸⁷</p> <p>UNICEF maintains its efforts in improving access to basic education services and supporting the most vulnerable children to continue learning, through a range of formal and non-formal ways. During the reporting period, UNICEF and its partners supported an additional 54,524 children aged 3 to 17 (28,896</p>	<p>EQ.1 EQ.2</p>	<p>7</p>

⁸⁶ Sitrep No.11 2022

⁸⁷ Sitrep No.1 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>girls) to access education, including early learning. This was achieved by providing teaching and learning materials, rehabilitation and maintenance of learning facilities, capacity building and incentivization of volunteer teachers/facilitators/caregivers, and recreational activities. UNICEF and its partners also provided individual essential learning packages to 9,306 children, including 4,845 girls. An additional 2,014 children and adolescents (1,086 girls) were reached through UNICEF-supported skills development schemes.⁸⁸</p> <p>UNICEF provided ToT to CSOs by UNICEF resource persons and they replicated to online and in-person training to teachers and volunteers, INGOs mostly replicated online training and CSO provided in-persons training, it was found that online training was low effective, need to find a way to be more effective, UNICEF suggested to its partners to apply face to face as much as possible. Training included MHPSS for example, storytelling, singing, etc.</p> <p>Interventions by UNICEF and its partners helped an additional 62,583 children (31,456 girls and 31,127 boys) gain access to formal and non-formal education, particularly early childhood education, by providing teaching and learning materials, incentives, psychosocial support and capacity-building for volunteer teachers/facilitators/ethnic language teachers and caregivers on cognitive development, and social and emotional learning. UNICEF and its partners distributed individual essential learning packages to an additional 14,728 children (7,547 girls and 7,181 boys). In addition, 1,783 children/adolescents (1,127 girls and 656 boys) benefited from</p>		

⁸⁸ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		skills development interventions. ⁸⁹		
<p><u>Commitment 3:</u> Safe learning environments Children and adolescents have equitable access to safe and secure learning environments</p>	<ul style="list-style-type: none"> Preventive measures are taken to make learning environments safe and accessible Learning environments are free from sexual harassment, abuse and violence Preventive measures are taken to make learning environments healthy and free from disease outbreaks 	<p>The ongoing conflict and instability continued to disrupt the delivery of education activities nationwide, particularly in terms of transporting supplies, partners access to communities and the movement of IDPs. Nonetheless, UNICEF and its partners were preparing for the traditional start of the academic year in June. Education needs remain high nationally, triggered by inadequate learning materials for children and the need for educators to be trained on alternative teaching methods. Furthermore, ensuring safe access to education for all children remains an urgent priority. With the start of the academic year, UNICEF and partners will support children to access learning in the community and at home, as well as at school.⁹⁰</p>	EQ.1 EQ.2 EQ.7	7
<p><u>Commitment 4:</u> Mental Health and Psychosocial support Mental Health and Psychosocial support for students, teachers and other education personnel is available in learning environments</p>	<ul style="list-style-type: none"> Gender- and age-appropriate mental health and psychosocial support programmes are delivered in schools and learning environments 	<p>UNICEF provided training to teachers and volunteers including the MHPSS. Teachers from Hpa-an received 5 days training in May 2021 about the child focus psychosocial support including storytelling, poems, we have to act as per the story.</p>	EQ.1 EQ.2 EQ.7	6
<p><u>Commitment 5:</u> Strengthening of education systems Education systems are risk-informed to ensure inclusive,</p>	<ul style="list-style-type: none"> Education plans, budgets and programmes are informed by risk and conflict analysis Continuity of education for all children is ensured, with a specific attention to girls, children with disabilities, refugees, displaced children and other marginalized or vulnerable 	<p>UNICEF followed an inclusive education approach, ensuring persons with disabilities and IDPs were included. IDPs children in the villages were also enrolled in the program.</p> <p>Affected village communities were able to access learning aids, and case supports to their children when political situation was</p>	EQ.1 EQ.2 EQ.7	8

⁸⁹ Sitrep No.11 2022

⁹⁰ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
quality education and safe and protective learning environments	children. Vulnerable groups are factored into education plans, budgets and programmes	hard. The Education Cluster held its monthly national and subnational coordination meetings across the country. Cluster partners finalized the multi-year (2022-2025) Education Cluster strategy aligned to the Joint Response Framework. The strategy outlines a common approach for providing a humanitarian response to support children and youth to re-engage in quality, protective education. The cluster was strengthening its capacity for subnational coordination, as 3 dedicated, full-time subnational coordinators will be on board by early May. This will strengthen preparedness efforts and quality of the response. The coordinators were each co-hosted by two organizations, including a UNICEF and Save the Children co-funded position for Rakhine coordination and Chin, Magway, Sagaing coordination. The cluster organized the first meeting between Education Cannot Wait (ECW) colleagues and education partners in Myanmar to discuss the development of ECW and facilitated the first Multi-Year Resilience Programme for Myanmar. ⁹¹		
<p><u>Commitment 6:</u></p> <p>Community engagement for behaviour and social change</p> <p>Children and caregivers have timely access to culturally appropriate, gender- and age-sensitive information on educational options and other social services, and are engaged in interventions creating a conducive</p>	<ul style="list-style-type: none"> • Children, their caregivers and communities are aware of available education services and how and where to access them • Timely information on social services is available through learning environments • Children, their caregivers and communities are engaged in preparedness actions and design of the programmes 	UNICEF and partners prioritized the provision of education services to children affected by conflict across Myanmar, especially those in the northwest and southeast regions. The ongoing conflict has resulted in frequent movements of IDPs, severely hindering access to the most affected children and their families. UNICEF and partners managed to reach 47,341 children (24,216 girls) aged 3-17 years in Chin, Kachin, Sagaing, Kayin, Rakhine, Shan and Kayah states through different education interventions. A total of 9,986 children (5,211 girls) received essential learning packages to continue their learning and 6,048 adolescents/children (2,913 girls) benefited from skills development interventions. In Shan South and Kayah, early	EQ.1	7

⁹¹ Sitrep No. 3 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
learning environment		learning storybooks, education in emergency supplies, and short-term open learning materials were provided to a total of 4,320 IDP children (2,080 girls). Similarly, 18,895 (more than 9,000 girls) benefited from education interventions in Chin and Sagaing. ⁹²		

2.3.7. WASH

STRATEGIC RESULT: Children and their communities have equitable access to, and use, safe water and sanitation services, and adopt hygiene practices

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Leadership and coordination Effective leadership and coordination are established and functional.</p>	<ul style="list-style-type: none"> WASH sector/cluster coordination and leadership functions are adequately staffed and skilled at national and sub-national levels Core leadership and coordination accountabilities are delivered 	<p>WASH Cluster adequately coordinated and led the functions together with staffed and skilled at national and sub-national level. It was due to 1) flexibility of the intervention, reduced criteria in FO procurement which was so quickly to purchase the WASH supplies (low-value purchase) 2) funding allocation for the FO 3) flexibility of the partners which included the private sector involvement and partnership. These flexibilities helped WASH function relatively smoothly after the military takeover.</p> <p>UNICEF provided the supplies and cluster partners received the WASH assistance from UNICEF as the last resort. However according to the UNICEF Stitrep report (May 2022), WASH interventions planned under the 2022 HRP were severely underfunded. In Kachin, funding gaps caused some WASH partners to hand over their wash activities in IDP camps to other organizations recommended by the cluster. Shortage of contingency stock to respond to the upcoming monsoon season will be one of the main challenges, prompting the cluster to</p>	EQ.5	8

⁹² Sitrep No.3 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>update the emergency response plan and contingency stock for the first quarter of the year. In addition, cluster members were still affected by restrictions on movements and permits, creating challenges for operational staff, both national and international, to obtain travel authorization access to areas where they were needed. In some locations, cluster members were using a low-profile approach to implement interventions, although most partners were still grappling with the problems of limited access, delays in the transportation of supplies, and insecurity in reaching affected populations.</p> <p>The cluster system was activated nationally in mid-2021, because of the large displacement due to the military takeover. The WASH Cluster extended its coordination beyond the five Humanitarian Response Plan locations targeted for 2021, to include northern Chin, Kayah, South Shan states, Magway, Sagaing and the southeast region of Myanmar. However, due to limited funding, the coordination in some locations was covered by the WASH programme team and other cluster team members.⁹³</p>		
<p><u>Commitment 2:</u> Water supply Affected populations have safe and equitable access to, and use a sufficient quantity and quality of water to meet their drinking and domestic needs</p>	<ul style="list-style-type: none"> • Quantity of water meets an initial minimum survival level of 7.5 litres, to at least 15 litres per person per day (Sphere) • Drinking water supply services meet at least “basic” level, as per Joint Monitoring Programme (JMP) standards • Quality of water meets WHO or national standards 	<p>UNICEF delivered clean drinking water to 150,343 people affected by the conflict in Chin, Kachin, Kayah, Kayin, Rakhine, northern Shan, and Yangon. This includes 28,145 people in the martial law townships receiving purified bottled drinking water through partnerships with Terre des Hommes, Water Aid and the engagement of private companies.⁹⁴</p> <p>Onset of water shortages was concern especially in Rakhine. To ensure an uninterrupted water supply to the IDPs and host communities, UNICEF initiated its scarcity response to meet the daily water needs of 28,078 internally displaced people in</p>	EQ.2 EQ.6	7

⁹³ Sitrep No.9 2021

⁹⁴ Sitrep No.3 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>Pauktaw (23,105 IDPs) in Sittwe, and at Ah Agnu IDP site (4,973 IDPs) in Meybon township. UNICEF WASH Humanitarian Action for Children appeal remains one-third funded although, as funding becomes available, priority will be given to life-saving WASH assistance for an additional 800,000 people living in protracted camps and temporary displacement sites and host communities.⁹⁵</p> <p>UNICEF continued to help people access water in Hlaing Thar Yar – Yangon peri-urban township. Since January 2022, more than 55,000 people have been reached with this water service. UNICEF and WaterAid Myanmar were jointly supporting the expansion of water production capacity of four water kiosks through the provision of generators, water bottles, and additional tanks with a sustainable business model and cost recovery mechanism.⁹⁶</p>		
<p><u>Commitment 3:</u> Sanitation Affected populations have safe access to, and use appropriate sanitation facilities; and excreta is safely managed</p>	<ul style="list-style-type: none"> • No-one is practicing open defecation • A maximum ratio of 20 people per functioning shared toilet, separated for men and women, with locks, child-friendly features and hand washing facilities, is ensured and adapted to people with disabilities • Sanitation service meets at least “limited” level, as per JMP standards • Excreta is safely contained, collected, transported, treated and disposed of in a way that safeguards public health 	<p>Temporary sanitation latrines were constructed in some IDP camps and host communities, for example; UNICEF partner KBC and KMSS built temporary sanitation latrines in new IPD camps in Kachin State, CFSI built 300 household latrines in Buthidaung and Maungdaw townships which covered a total of 2,976 conflict-affected host community members.</p>	<p>EQ.2 EQ.6</p>	<p>7</p>

⁹⁵ Sitrep No.4 2022

⁹⁶ Sitrep No.11 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 4:</u> WASH in health care facilities and learning environments</p> <p>Affected populations have safe access to, and use, appropriate WASH services in health care and learning facilities for children</p>	<ul style="list-style-type: none"> Health care and nutrition treatment facilities meet at least “basic” JMP service levels for water, sanitation and hygiene services Learning facilities/schools for children, child-friendly spaces and protection-transit centres have at least “basic” JMP service levels for water, sanitation and hygiene services Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information 	<p>UNICEF has expanded its humanitarian water, sanitation and hygiene (WASH) assistance, focusing on regions with the highest IDP populations, notably the northwest and southeast. Through new partnerships in Chin, Kayah and the southeast, UNICEF has begun expanding its WASH response with the generous support of donor partners. Four partnership projects including with KMSS, Ar Yone Oo and the Community Development Association have been initiated to deliver life-saving assistance to an additional 94,000 affected people in Chin, Sagaing, Kayin, southern Shan and Kayah. Four more projects were under development with Mercy Corps, Suwannimit Foundation, Relief International and Mi Organization for southern Shan and Kayin. The WASH response includes the provision of safe drinking water, gender-segregated sanitation services, life-saving WASH supplies, hygiene behaviour-change programmes and the provision of WASH services in the health care centres and temporary learning centres.⁹⁷</p>	<p>EQ.2 EQ.6</p>	<p>8</p>
<p><u>Commitment 5:</u> WASH system strengthening</p> <p>WASH national and local systems are equipped to assess, prevent and address risks and hazards at service delivery and user level</p>	<ul style="list-style-type: none"> Periodic risk assessments are conducted and inform sector policies and preparedness plans Capacity development and technical support are provided to all stakeholders at national and sub-national levels on linking humanitarian, development and peacebuilding 	<p>UNICEF WASH Sector has humanitarian response plan to collaborate with other inter-agencies, targeting HAC. WASH was not only humanitarian response but capacity building to other government and people but it was only focused on humanitarian response after the military takeover, target was also changed as a result, prolonged to semi-urban areas where most vulnerable communities live in the most affected areas, communities become to the WASH target, areas and targets have changed, more broad areas, modality has changed towards the direct intervention.</p> <p>Based on the HAC 2021, UNICEF was providing ongoing support to ensure continued delivery of needs-based lifesaving humanitarian WASH services for at-least 100,000 IDPs and</p>	<p>EQ.2 EQ.5 EQ.6</p>	<p>7</p>

⁹⁷ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>conflict-affected communities in Rakhine, Kachin and Northern Shan. UNICEF currently has six active partnerships with INGO and NGOs and two contractors in Rakhine, three INGO/NGO partners in Kachin and three partners in Northern Shan. While continuing to deliver a humanitarian response, UNICEF also worked closely with partners and field staff to put in place a preparedness and response plan to swiftly provide support and respond in the event of additional disruption of services. Critical supplies were procured for a target population of 116,000 people. These supplies will be prepositioned in Yangon and in field locations to ensure a swift response when needed. Long term agreements and contracts were being established in order to deliver clean drinking water by truck, in order to meet needs that may arise in urban areas including townships of Yangon such as Hlinethaya, Shwepyitha, Dagon Myothit (South), Dagon Myothit (North), Dagon Myothit (Seikkan) and North Okkalapa which were under martial law. Efforts were being pursued to coordinate with partners and vendors to explore various modalities of delivery of WASH services to populations in need.⁹⁸</p>		
<p><u>Commitment 6:</u> Hygiene promotion and community engagement for behaviour and social change At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information, services and interventions related to hygiene promotion, and adopt safe</p>	<ul style="list-style-type: none"> • Children, their caregivers and communities are aware of available WASH services and how and where to access them • Children, their caregivers and communities are engaged through participatory behaviour change interventions • Affected people receive key hygiene communication in a timely manner • At least 70% of target population is aware of key public health risks related to water, sanitation 	<p>UNICEF WASH Sector supported handwashing stations, handwashing soaps, hygiene kits, water storage buckets, water purification sachets and emergency latrines to IDPs and displaced people to practise the behaviour of hand washing and no one was practicing open defecation. 24 handwashing communal handwashing stations were installed and 9,590 people were reached with a handwashing behaviour change programme.⁹⁹</p> <p>Hygiene education sessions were provided in the camps and newly displaced people together with the distribution of hygiene</p>	<p>EQ.1 EQ.2</p>	<p>7</p>

⁹⁸ Sitrep No.1 2021

⁹⁹ Sitrep No.11 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
hygiene practices	<p>and hygiene and can adopt measures to reduce them</p> <ul style="list-style-type: none"> • Handwashing facilities are available as per the SPHERE standards • Affected populations have access to necessary hygiene items to adequately undertake essential daily personal and household hygiene activities • Affected populations benefit from hygiene awareness-raising activities and have access to hygiene and menstrual health information. Women and girls have access to menstrual supplies and facilities in the community 	<p>kits.</p> <p>WASH Cluster finalized the following key plans during 2021: the menstrual hygiene management guideline, the inclusion tool kit including a WASH assessment tool, the standard operation procedures, WASH designs, and a WASH Cluster and EiE guideline for reopening safe learning spaces in respect of the MoE COVID-19 school opening guideline.¹⁰⁰</p>		

2.3.8. Social protection

STRATEGIC RESULT:

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Coordination</p> <p>Effective coordination is established and functional.</p>	<p>Coordination between the social protection and the humanitarian cash coordination systems are established and functional.</p>	<p>UNICEF SPCRM Section collaborated with other sections, for example: humanitarian plus cash grants, gender, MHPSS. It was not included the coordination with other sectors when initial response plan has developed, however SPCRM learned from other countries experiences, for example, CP response was integrated with gender and disability and they are ongoing.</p>	EQ.5	7
<p><u>Commitment 2:</u></p> <p>Support social protection systems</p>	<ul style="list-style-type: none"> • Technical assistance is provided to existing social protection systems to maintain regular social protection programmes, including social transfer payments 	<p>Since April 19th, the enrolment of beneficiaries for the provision of emergency medical services in Hlaing Tharyar and Shwepithar has started. After enrolment, beneficiaries become immediately eligible to obtain services including i) receiving health</p>	EQ.2 EQ.7	7

¹⁰⁰ Sitrep No.9 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>Adequate support is provided for the effective functioning of social protection systems</p>	<ul style="list-style-type: none"> • Where appropriate and feasible, multisector humanitarian cash transfers are designed to strengthen and/or build nascent social protection systems • Where appropriate and feasible, technical and/or financial assistance is provided to adjust and/or scale up social transfers to respond to newly identified needs 	<p>information (health education material), ii) medical consultations with doctors on call, iii) outpatient referral and iv) cash subsidies to cover costs for hospitalization. At the end of the reporting period, a total of 191 households had been enrolled, with an additional 560 expected by the next reporting period.¹⁰¹</p> <p>UNICEF continued to provide the “Bright Start: Mobile-based health microinsurance” pilot programme for primary health care services in Yangon peri-urban area, Hlaing Thar Yar and Shwe Pyi Thar townships. As of the end of this reporting period, services have been provided to 10,091 participants, including 9,084 children under 7 and 1,007 pregnant women. To date, participants have received 65,034 follow-up and telemedicine consultation services together with 10,342 prescriptions, 2,599 investigations, 2,098 referrals, and 626 hospital cash grants. In addition, there were also 388 appointments for outpatient antenatal care for pregnant women and 1,356 outpatient appointments for early childhood care for children under 7.¹⁰²</p> <p>Brightstart (micro-health programme) started before the military takeover and it was quickly adapted to the new situation. End of 2021 there were 10,000 registered participants and now looking at 30,000, participants can dial a number for free (5000) and they get connected to a family doctor for consultation, costs will be reimbursed up to certain threshold for treatment in health clinics. UNICEF supported their income to use for their health, they were assessable to the Health Micro Insurance (HMI) program when clinics were not functioning. HMI provides hospital grant, 24 hours tele consultation so benefit for the affected communities.</p> <p>UNICEF was re-started to develop joint social protection</p>		

¹⁰¹ Sitrep: No.2 March 2021

¹⁰² Sitrep No.3 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>chaired by UNICEF to develop a joint strategy in Aug 2022 with WFP and UNOPS (LIFT), to produce in Dec/Jan, assuming the strategy will become a main funding vehicle.</p> <p>In addition, UNICEF involved with the Cash Working Group (CWG), provided training to them, shared information. CWG was chaired by WFP and Mercy Corps.</p> <p>UNICEF partner Tdh Deputy Country Representative explained that when health workers were in CDM, Tdh provided initial of post-natal care and nutrition tablets, de-worming tablets, cure innutritious kids, while the health system was not well functioning it was partially have supported the public health component. He expressed that 5,000 households were in Hlaingtharya township, Yay Oak Kan village was so hard to access purified drinking water, they supported quality drinking water (2021 sept to 2022 April) and that service supported the affected communities to save their income to use for other social services.</p> <p>The Bright Start microinsurance programme continued to provide mobile-based emergency health care services in Yangon's six peri-urban (Hlaing Thar Yar, Shwe Pyi Thar, North Okkalar, North Dagon, South Dagon and Dagon Seikkan) with the target of covering 27,500 programme participants. So far, the programme was able to reach coverage of providing health care services to 31,196 active participants including 30,480 children under 5 and 716 pregnant women. Participants have received 49,702 telemedicine consultation services, 1,351 investigations of antenatal care and 6 medications for pregnant women, plus 29 investigations and 6,247 medications for children under 5. In addition, the programme was able to provide 2,070 hospital cash grants for hospitalization of 1,420 pregnant women and 650</p>		

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		children under 5. ¹⁰³		
<p><u>Commitment 3:</u> Access to social transfers</p> <p>Support national systems to address financial barriers of the most disadvantaged and vulnerable families to meet their essential needs</p>	<ul style="list-style-type: none"> • Scale-up of social transfer programmes includes groups at risk of social exclusion when relevant and feasible • Links between social transfers and social services are promoted • Risk assessments are undertaken to implement safest access modality for at-risk groups, including girls and women 	<p>UNICEF conducted the needs assessment before humanitarian response and developed the programme based on needs assessment findings, targeted to the affected population from Hlaingtharya area those who less/ reduced jobs.</p> <p>Prior to the military takeover, UNICEF had been supporting the Government of Myanmar to conceptualize, design and deliver flagship social protection programmes, including Maternal and Child Cash-Transfer (MCCT) programme, which had been rolled out in seven States and Regions. The MCCT has provided pregnant women and lactating mothers with subsidies of 45,000 Kyats (approximately US\$ 30), paid on a quarterly basis, to contribute to improving mothers' and children's nutritional outcomes.¹⁰⁴</p> <p>After the military takeover, responding to the current humanitarian crisis in peri-urban area of Yangon, UNICEF Myanmar in partnership with Terre des hommes Lausanne (Tdh L) was implemented the Humanitarian Cash Transfers (HCT) for 5,075 pregnant women and mothers with children aged under two years in Hlaing Thar Yar Township, total 2,710 (527 pregnant women and 2,183 children under two years of age) have been registered in the programme. The registration process was supported by volunteer Mother Support Group (MSG) on KOBO collect registration platform. Due to the highly unstable nature of the political context, the registration process was being implemented steadily but cautiously.¹⁰⁵</p> <p>In collaboration with communication for development (C4D)</p>	EQ.2 EQ.7	7

¹⁰³ Sitrep No.11 2022

¹⁰⁴ Sitrep No.1 2021

¹⁰⁵ Sitrep No.4 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		officer, the assessment of the field situation was completed in order to plan effective and efficient communication. For humanitarian cash assistance and integrated data management, the Humanitarian cash Operation and Programme Ecosystem was deployed and started with the administrative and registration modules. ¹⁰⁶		
<p><u>Commitment 4:</u></p> <p>Community engagement and AAP</p> <p>Communities are consulted and informed on the planning, design and implementation of social protection programmes</p>	<ul style="list-style-type: none"> • Social protection system scale-up is informed by community consultation • Any changes to procedures and requirements for social transfers are communicated to the population • Mechanisms to seek feedback and redress grievances are functional 	<p>The Complaint Feedback Response Mechanism (CFRM) for all implementation, gave hot line numbers and taking action, mostly MCCT program beneficiaries have issues in terms of lost their phones, did not receive the cash assistance, cannot contact to doctors. Tdh did not put complaint box due to local context, they formed the Mother Support Groups with the community volunteers who informed the issues to take actions.</p> <p>For cash assistance Tdh informed to the beneficiaries when cash has transferred to them by SMS text messaging, Tdh worked at the Hlaingtharya since 2016 and recruited the community volunteers for Maternal and Child Health Program for advocacy and support to health workers, they were supported in kinds at first but later became Tdh paid staff (community mobilizer).</p>	EQ.2 EQ.7	6

2.4. Cross-sectoral commitments

2.4.1. Gender equality and empowerment of girls and women

STRATEGIC RESULT: Children, adolescents and their communities benefit from gender-responsive programmes and services

¹⁰⁶ Sitrep No.1 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Ending Gender-Based Violence</p> <p>GBV prevention and risk mitigation for all is included in programmes, with a focus on the safety and resilience of girls and women.</p>	<ul style="list-style-type: none"> Programmes are designed to prevent and mitigate the risks of GBV Coordination is established with GBV actors to ensure that GBV is mainstreamed in all sectors All sectors' frontline workers and personnel are trained and equipped with information on available GBV response services and referral procedures to support GBV survivors. 	<p>UNICEF CO developed the “Gender Action Plan” up to 2024, when military takeover took over the plan and strategy was unable to implemented. SPCRM Section conducted the “Gender Programmatic Review” just before the military takeover which was so useful as the Gender Action Plan was re-visited strategically, formed the working group with highest program management team. Gender Action Plan was approved, and UNICEF can provide gender awareness training to the volunteers, regional adviser involved in the implementation and considered the review program and capacity programs.¹⁰⁷</p> <p>GBV prevention was integrated in other sectors as a cross cutting, ensured all UNICEF partners and community volunteers were accessed to GBV awareness, training and have knowledge on referral system too.</p>	<p>EQ.2 EQ.7</p>	<p>7</p>
<p><u>Commitment 2:</u> Community engagement and AAP with girls and women</p> <p>Adolescent girls, women and their respective organizations are actively engaged in the design and delivery of programmes</p>	<ul style="list-style-type: none"> Organizations representing adolescent girls, women’s rights and youth are engaged in programme design, delivery and monitoring Women and adolescent girls are equitably represented in community feedback and complaints mechanisms Men and boys are mobilized to support and promote gender equality and the rights and engagement of women and girls 	<p>UNICEF IPs applied the gender equality principle, ensuring gender balance in recruiting staff/project volunteers, selecting participants for training and awareness raising sessions and women participation in project implementation.</p> <p>UNICEF IPs put gender mainstreaming in all their project activities such as gender balance in training, staff and volunteer recruitment, created spaces for persons with disabilities and persons who live with disabilities to participate in the Assessments. All project activities were based on long-term aspects, considering the children's future and individual development since they cannot live as Homeless and vulnerable status which can create high risk of harms.</p> <p>The grievance handling has been conducted via the hotlines set up by UNICEF partners for the cash transfer programme. A total of 269 complaints were received, recorded and resolved</p>	<p>EQ.2 EQ.7</p>	<p>7</p>

¹⁰⁷ KII Social Policy Specialist, SPCRM – UNICEF CO

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		under the Complaint and Feedback Response Mechanism. Most of the feedback and complaints were related to participants changing the way they can be contacted, to ensure they receive their cash transfer. ¹⁰⁸		
<p><u>Commitment 3:</u> Gender-responsive programming, including a lens on adolescent girls</p> <p>Analyses, needs assessments, programming and enabling environments (e.g. partnerships, communications) respond to the distinct needs and experiences of girls, women, boys and men</p>	<ul style="list-style-type: none"> • Context-specific gender analysis informs the design and delivery of programmes in all sectors • Planning, monitoring and evaluation of programmes, as well as reporting, include sex- and age-disaggregated data and strategic gender indicators, in accordance with the UNICEF Gender Action Plan • Programmes intentionally promote positive behaviour and social change toward gender equality, especially by empowering adolescent girls • Programmes and enabling environment services provided and/or supported are gender-responsive and address the different needs of girls, boys, men and women 	<p>SPCRM section developed the Gender Action Plan, formed the working group for that, provided several Gender trainings to its IPs ensuring gender principle was included in the intervention. SPCRM ensured the Gender mainstreaming to all UNICEF Sections intervention during the emergency response.</p> <p>UNICEF intervention with IPs against humanitarian responses ensured the gender equality, equity and disability inclusion in all their project designs. Emergency response mainly focus to link with long term project. Parents seemed to reduce harsh physical punishments to their children after accessing the CP awareness.</p>		7

¹⁰⁸ Sitrep No.4 2022

2.4.2. Disabilities

STRATEGIC RESULT: Children and adolescents with disabilities and their caregivers have inclusive and safe access to humanitarian services and programmes

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Inclusive needs assessments, planning and monitoring The needs of children with disabilities and their caregivers are identified and reflected in planning and monitoring.</p>	<p>Identification of risks and barriers faced by children with disabilities is included in needs assessments and analysis, and incorporated in humanitarian programme planning and monitoring</p>	<p>UNICEF CO SPCRM Section conducted a “Disability Assessment” with the trained volunteers, community members, CSOs and persons with disabilities by using the same tools, community volunteers were not paid staff, but just to help the UNICEF by their own commitments, however since UNICEF did not conduct the fully disability program and just added the disability inclusion in the cash transfer program, training days were short, did not proper for the community volunteers due to not enough budget and human resources.</p> <p>UNICEF provided the 15,000 kyat per under 5 children, however when the child was identified as disabled cash assistant has increased 20% more, added another 10,000 kyat. Other sections from the UNICEF CO conducted the disability inclusion with their own plan and Social Policy Specialist (Disability Inclusion) supported them when they asked.</p>	<p>EQ.1 EQ.2 EQ.6</p>	7
<p><u>Commitment 2:</u> Inclusive and safe access to information and services Children with disabilities and their caregivers have safe access to humanitarian programmes</p>	<p><u>Benchmark 2:</u></p> <ul style="list-style-type: none"> Physical accessibility for children with disabilities is included in planning and design of humanitarian services and facilities Accessibility of communication and information for children with disabilities is incorporated in planning and design of humanitarian programmes 	<p>UNICEF practiced a “Disability Inclusion” approach to try and ensure that persons with disabilities had access to humanitarian assistance, able to participate in all intervention activities, and no gender inequality in the implementation process.</p> <p>KMSS collected the data on persons with disabilities and identified their needs. Volunteer teachers were also trained on disabled rights awareness. KMSS made partnership with disabled supporting organizations, for example, Eden Center for Children with disabilities as their technical partner on persons with disabilities.</p>	<p>EQ.1 EQ.2 EQ.6</p>	6
<p><u>Commitment 3:</u> Participation Children with disabilities participate in the design of programmes and in the decisions</p>	<p>Community-based mechanisms/platforms exist for the systematic engagement of children with disabilities</p>		<p>EQ.1 EQ.2 EQ.7</p>	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
that affect their lives				

2.4.3. Early childhood development

STRATEGIC RESULT: Young children have equitable access to essential services and parents and caregivers are supported to engage in nurturing care.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Access to services Young children have equitable and safe access to essential services to fulfil their developmental needs</p>	Targeted interventions for young children are integrated into health, nutrition, WASH, child protection, education, early learning and parenting programmes	<p>Difficult access to many areas due to security and permit issues meant that access was limited, which was partially mitigated by increased partnerships with CSOs and CBOs.</p> <p>UNICEF, through its partner KMSS, provided three early childhood care and development kits and seven recreation kits to nine IDP camps in Mindat, benefiting 720 IDP children.¹⁰⁹</p>	EQ.2 EQ.6	5
<p><u>Commitment 2:</u> Support to parents and caregivers Parents and caregivers are supported to practice nurturing care</p>	Support to practice nurturing care is available, inclusive and gender sensitive and used by parents and caregivers with specific attention to adolescents and young parents	To alleviate some of the challenges from school closure, UNICEF's partners provided an orientation session to 209 (66 females) volunteer teachers, Early Childhood Care and Development (ECCD) caregivers, and No formal Primary Education (NFPE) facilitators on short term home-based learning. Additionally, 2,446 (1,211 girls) children of Grade-1 to Grade-4 were also provided with short term home-based learning by volunteer teachers. ¹¹⁰	EQ.2 EQ.7	5
<p><u>Commitment 3:</u> Capacity-building Capacity of frontline workers and partners in inclusive ECD and nurturing care is strengthened</p>	Training in ECD and nurturing care is conducted with health, nutrition, WASH, child protection and education frontline workers and partners		EQ.3	5

¹⁰⁹ Sitrep No.8 2021

¹¹⁰ Sitrep No.7 2021

2.4.4. Early childhood development

STRATEGIC RESULT: Adolescents have equitable access to services and programmes and are systematically and meaningfully engaged.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Access to information and services Adolescent girls and boys have safe access to gender-responsive and inclusive services and programmes that promote their participation and respond to their rights and needs</p>	<ul style="list-style-type: none"> Age- and gender-responsive services and programmes addressing the priority needs of adolescent girls and boys are available, accessible and used 	<p>U-reports were an effective way of engaging adolescents, although network connectivity did not allow access to all areas.</p>		5
<p><u>Commitment 2:</u> Capacity development Adolescent girls and boys have equitable access to capacity-building opportunities, including skills development to make informed decisions on issues related to their lives, and be effective agents of change within their communities</p>	<ul style="list-style-type: none"> Training and capacity-building for adolescent girls and boys, including skills development, are available, accessible and undertaken across sectors Adolescents are supported and promoted as agents of change 	<p>UNICEF gave life skill training to school dropout adolescents, achieving over 90% on project indicators, however it was not easy especially during the COVID19 period to set up the systematic strategy and approach.</p>	EQ.3	5
<p><u>Commitment 3:</u> Adolescent engagement and participation Adolescent girls and boys are engaged in the design and implementation of humanitarian programmes and peacebuilding</p>	<ul style="list-style-type: none"> Community-based mechanisms/platforms are functional for the systematic engagement of adolescents in the design and implementation of programmes 	<p>Adolescent girls and boys were consulted during the later phases of the L2 response. It was challenging to engage with adolescents, or indeed communities in general during the initial phases of the L2 response and continued to be challenging where access was difficult.</p>	EQ.1 EQ.2 EQ.7	5

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
initiatives				

2.5. Situation-specific commitments

2.5.1. Public health emergencies (PHE)

STRATEGIC RESULT: Adolescents have equitable access to services and programmes and are systematically and meaningfully engaged.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Coordination and leadership</p> <p>Effective coordination is established with governments and partners.</p>	<ul style="list-style-type: none"> • Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications • UNICEF led sectors are adequately staffed and skilled at national and sub-national levels • UNICEF core leadership and coordination accountabilities are delivered • Surge deployments and emergency procedures are activated on a no-regrets basis • In case of the activation of the IASC Protocol for the Control of Infectious Disease Events, response modalities and capacities are adapted and scaled up accordingly. 	<p>Challenging to engage, notably procurement and distribution of vaccines in the environment.</p>	EQ.5	3
<p><u>Commitment 2:</u></p> <p>Risk Communication and Community Engagement (RCCE) Communities are reached with targeted messages on prevention and services and are engaged to adopt behaviors and practices to reduce disease</p>	<ul style="list-style-type: none"> • Communities are reached with gender- and age-sensitive, socially, culturally, linguistically appropriate and accessible messages on disease prevention, and on promotion of continued and appropriate use of health services • Local actors are supported and empowered to raise awareness and promote healthy practices 	<p>UNICEF’s RCCE activities and work with community-based groups using formats tailored for specific groups, such as people with disabilities, should have been a trusted source that increased knowledge of COVID19. The restrictions on movement and reliance on other forms of information, including social media, which was often unreliable meant that it was useful.</p> <p>UNICEF and their partners communicated relevant messages</p>	EQ.2 EQ.3	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
transmission and its impact. They participate in the design, implementation and monitoring of the response for ongoing corrective action	<ul style="list-style-type: none"> Systems are in place to allow communities to guide the response and provide feedback for corrective action 	which helped to mitigate the effects of the pandemic.		
<p><u>Commitment 3:</u></p> <p>Strengthened public health response: prevention, care and treatment for at-risk and affected populations</p> <p>Populations in at-risk and affected areas safely and equitably access prevention, care and treatment, to reduce disease transmission and prevent further spread. Specific attention is given to women and children</p>	<ul style="list-style-type: none"> The risk of geographical spread of the outbreak and its potential impact are monitored, to inform early response and preparedness in at-risk areas Specific needs and vulnerabilities of children and women are considered in prevention and treatment protocols, including in the design of patient-centred treatment programmes Communities directly affected by the PHE are reached with Infection and prevention control (IPC)98 activities, including the provision of critical medical, WASH supplies and services at facility, community and households' levels and in public spaces Psychosocial support services contributing to reducing transmission and PHE-related morbidity are accessible to individuals and their families directly or indirectly affected by the PHE Children directly affected by the PHE receive an integrated package of medical, nutritional and psychosocial care Frontline workers at facility and community level are trained in IPC and provided with Personal Protective Equipment (PPE) as appropriate for each situation and role 	Multi-sectoral activities were mobilised to the extent possible in the context.	EQ.2 EQ.7	6
<u>Commitment 4:</u>	<ul style="list-style-type: none"> Needs assessments are conducted early and regularly to ascertain the impact of the outbreak 	As described above.	EQ.1	6

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>Continuity of essential services and humanitarian assistance Essential services and humanitarian assistance are maintained and scaled-up as necessary, and communities can safely and equitably access them</p>	<p>on the population, humanitarian needs, and underlying needs not yet addressed</p> <ul style="list-style-type: none"> • Essential services and humanitarian assistance in Health, WASH, Nutrition, HIV, are maintained and scaled-up as necessary, and communities can access them in a safe and equitable manner • Protection services, including case management and psychosocial support services are accessible to individuals and their families in a safe and equitable manner • Continued and safe access to education is maintained • Existing social protection mechanisms are maintained and expanded as necessary, including through establishing or scaling up humanitarian cash transfers 		EQ.2 EQ.6	

2.5.2. Large-scale movements of refugees, migrants and internally displaced persons

STRATEGIC RESULT: Children, their families and host communities are protected from violence, exploitation, neglect and abuse and have access to services and durable solutions

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Coordination and leadership Effective coordination is established with UNICEF's participation.</p>	<ul style="list-style-type: none"> • Interagency and intersectoral coordination mechanisms, including cross-border, are in place and allocate clear roles and responsibilities across sectors, without gaps nor duplications • In situations where the Humanitarian Coordination System and Refugee Coordination Mechanism co-exist, response modalities are adapted accordingly 	<p>UNICEF had difficulties in accessing all displaced populations, which saw a significant increase in the wake of the military takeover. UNICEF has increasingly relied on partners, notably local CBOs and local networks, that are able to access hard-to-reach populations to ensure that their limited assistance was distributed according to need. They have been increasingly successful in this quest by adapting their processes for smaller organisations that are</p>	EQ.5	5

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
	<ul style="list-style-type: none"> UNICEF led sectors are adequately staffed and skilled at national and sub-national levels UNICEF core leadership and coordination accountabilities are delivered. 	more flexible. However, UNICEF still faced obstacles in prioritising its assistance according to need, notably in assessing needs and responding in a timely way to meet needs amongst newly displaced populations and their hosts.		
<u>Commitment 2:</u> Best interest of the child The best interest of the child guides all actions concerning children, including status determination procedures and the identification of durable solutions	<ul style="list-style-type: none"> Best interest procedures are in place, appropriately resourced and monitored All service providers have mechanisms in place to identify vulnerable children and children at risk of violence, abuse and exploitation, and refer them to case management processes which include best interest procedures Personnel in direct contact with children are appropriately trained and skilled Child protection authorities/actors are involved in determining the best interest of the child as part of status determination procedures 	UNICEF's participation in interagency coordination, communication efforts and investments in capacity building of partners helped to ensure that children were a focus in displaced communities. People with disability were not sufficiently prioritised.	EQ.2 EQ.7	7
<u>Commitment 3:</u> Reception, accommodation and care Children and their families have access to safe and age-, gender- and disability-appropriate reception, accommodation and care	<ul style="list-style-type: none"> Child-friendly reception, accommodation and care arrangements are available that provide an adequate standard of living, and support families/ siblings to stay together Child safeguarding and child protection policies and monitoring systems are integrated in all reception centres and locations hosting children and families Unaccompanied and separated children have access to alternative care options that meet minimum standards 		EQ.1 EQ.2 EQ.7	6
<u>Commitment 4:</u> Access to information and meaningful participation	<ul style="list-style-type: none"> Children have timely access to information about their rights, feedback and complaints mechanisms, in a language and format that 	AAP systems were established by UNHCR and partners in IDP camps which were already existing and some that had been established after new displacements in areas controlled by the authorities. Coverage was more sporadic in areas where there	EQ.2 EQ.7	5

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
Children have timely access to child-friendly information on their rights, available services, public health information, legal and administrative processes and durable solutions	<p>children of various ages and backgrounds can understand and use.</p> <ul style="list-style-type: none"> Children are enabled and supported to meaningfully participate in all decisions affecting their lives 	was regular displacement, especially where access was difficult.		
<p><u>Commitment 5:</u></p> <p>Access to services</p> <p>Children have access to essential services, without discrimination, regardless of their legal status</p>	<ul style="list-style-type: none"> In line with UNICEF's sectoral commitments, essential services are provided to all children through supporting national planning processes and budgets; strengthening systems for service provision; and, where needed, directly providing services across all sectors Referral pathways and plans to ensure continued access to services during a crisis are established 	Services were non-discriminatory, though standards of assistance differed based on accessibility.	EQ.2	8

3. OPERATIONAL COMMITMENTS

3.1. Administration and finance

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Efficient use of resources</p> <p>Programmes are delivered through transparent and efficient use of resources.</p>	<ul style="list-style-type: none"> Financial accountability, internal governance, control mechanisms and risk management are in place and regularly updated Appropriate levels of authority are delegated within the CO to facilitate rapid and flexible response at field level 	While UNICEF has comparatively strong assessment (needs and risk) capabilities, their budget and financial management systems do not make it easy to accurately measure results based on costs. UNICEF handled two finance accounts: low value procurement (10,000 USD threshold-before USD 2,500) and Petty Cash. These accounts supported to purchase the program stocks in FOs warehouse, cash on hand for transportation cost, FOs can more managed the cash at the FO level, CO directly provide the supplies to our warehouse but during the covid FOs can procure locally.	EQ.4	7

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 2:</u></p> <p>Timely disbursement of funds Cash is disbursed to partners and vendors in a timely manner and in compliance with established procedures</p>	<ul style="list-style-type: none"> • Cash replenishment processes are in place and alternative options identified • Cash and funds transfer mechanisms are in place and cash availability is regularly assessed • Funds are disbursed in a timely manner, for intended purposes and in compliance with established procedures 	<p>Although the L2 declaration has given UNICEF Myanmar more flexibility in how they apply financial, administrative and project management rules, their application seems to be variable. Some partners complained that the financial rules for some activities (but not necessarily others) were not sufficiently flexible enough for a dynamic situation. Other partners noted that the administrative processes were not always adapted to small CBOs with limited capacity who were managing small grants.</p>	EQ.4	6
<p><u>Commitment 3:</u></p> <p>UNICEF field presence Safe and conducive working environments and appropriate accommodation are in place to enable UNICEF field presence and programme delivery</p>	<ul style="list-style-type: none"> • Staff are provided with adequate resources, office space, equipment, transportation, accommodation, security and logistics support which meet the duty of care principles and facilitate the delivery of programmes • Practical business continuity plans are in place and tests are conducted on a regular basis 	<p>UNICEF allowed to handle 2 finance accounts: low value procurement (10,000 USD threshold-before USD 2,500) and Petty Cash. These accounts supported to purchase the program stocks in FOs warehouse, cash on hand for transportation cost, FOs can more managed the cash at the FO level, CO directly provide the supplies to our warehouse but during the covid FOs can procure locally.</p> <p>For Health HPD local partners were allowed to buy locally except water purification tablets/water filter which were dangerous, for example chlorine, but basic hygiene items were allowed by the UNICEF supply section standard, UNICEF used 6 months SSFA type for the immediate response to the displaced population, abled to provide the cross border supports, provide some financial support in Thai baht.</p>	EQ.3	7

3.2. Human resources

This section covers UNICEF managerial commitments and priorities, for which all UNICEF Divisions and Offices (CO/RO/HQ) are responsible.

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Timely deployment Timely deployment of personnel</p>	<ul style="list-style-type: none"> • Experienced and suitable personnel are identified within 48 hours after the sudden onset 	<p>Due to restricted policy of DFA, visa for the international staff was delayed, resulted no international staff came to Myanmar as SURGE, Kachin FO team mentioned that international staff came to Kachin FO but only 3 to 6 months as CP coordinator.</p>	EQ.2 EQ.4	4

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
at the onset of emergencies enables rapid emergency response.	or deterioration of a humanitarian crisis and are deployed through surge mechanisms.	Most surge deployments were remote and staff faced challenges in understanding the context.	EQ.7	
<u>Commitment 2:</u> Planning ROs, COs and field offices are adequately staffed to enable ongoing humanitarian response	<ul style="list-style-type: none"> Human resource plans are established for immediate, medium- and longer-term needs, including scale-up, scale-down and exit strategies 	<p>Human resources was a critical issue for the ground context, in the CO there were many consultants whereas more locals need to be increased for the field offices, having more international staff was sometimes more burden instead of helpful, they have different terms of UN Agenda, national staff know the context in terms of what to do, where to go, workloads for all national staff (both CO and FOs) was triple as extend of new intervention areas followed by new displaced people and it was so exhausting for them.</p> <p>It needs more budget and human resources to implement of activities completely.</p> <p>On the other hand, UNICEF IPs discussed that UNICEF has sufficient human resources for external coordination, considered not to overlap the supports.</p>	EQ.3	6
<u>Commitment 3:</u> Well-being Duty of care for UNICEF personnel is assured	<ul style="list-style-type: none"> Duty of care measures are in place UNICEF personnel receive information on available care/support 	UNICEF established well-being mechanisms, including counselling, town hall meetings, HR support from an early stage.	EQ.5	9
<u>Commitment 4:</u> Capacity UNICEF personnel have appropriate knowledge of emergency preparedness and response	<ul style="list-style-type: none"> Personnel complete applicable mandatory training and have access to supplementary training/learning on emergency preparedness and response 	UNICEF, along with most of the international community, were not prepared for the military takeover and its subsequent aftermath. Most UNICEF field staff did not have the capacity to make decisions.	EQ.3	3
<u>Commitment 5:</u> Standards of conduct UNICEF personnel observe organizational	<ul style="list-style-type: none"> Standards of conduct are disseminated and UNICEF personnel complete applicable mandatory training 	The L2 response has greatly expanded capacity building opportunities for national CSOs and CBOs across all themes, sectoral, child protection and working in conflict affected	EQ.2 EQ.4	7

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
standards of conduct, both as an individual responsibility and an organizational commitment. These include standards on discrimination, harassment, sexual harassment and abuse of authority, child safeguarding and SEA	<ul style="list-style-type: none"> • Appropriate and timely action is taken in response to any breaches • Leadership promotes a culture that aligns with the organisation's standards of conduct • Complaint and feedback mechanisms are in place and accessible to affected populations and external stakeholders 	environments.		

3.3. Information and communication technology (ICT)

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u></p> <p>Timely deployment</p> <p>ICT infrastructure and solutions are deployed in a timely manner, supporting efficient programme implementation and staff security.</p>	<ul style="list-style-type: none"> • All high-risk COs preposition essential, ready-to-use emergency ICT kits • Core UNICEF information systems and associated infrastructure are in place, including secure corporate data connectivity • Platforms, tools and end-user devices are provided for data collection and analysis and for communication with the affected population • Shared telecommunications and data communications service delivery options are identified with partners 	<p>The challenge of weak or non-existent internet connectivity in the project areas was addressed through the installation of temporary ICT infrastructure to improve accessibility for beneficiaries. Efforts were also being made to address challenges around out-migration of enrolled beneficiaries, or inability to contact beneficiaries through a re-enrolment process.¹¹¹</p> <p>UNICEF Myanmar in partnership with Terre des hommes Lausanne (TdH L) implemented Humanitarian Cash Transfers (HCT) for 5,075 pregnant women and mothers with children aged under two years in Hlaing Thar Yar Township. To date, total 2,710 (527 pregnant women and 2,183 children under two years of age) have been registered in the programme. The registration process was supported by volunteer Mother Support Group (MSG) on KOBO collect registration platform. Due to the highly unstable nature of the political context, the registration</p>	EQ.2 EQ.4	6

¹¹¹ Sitrep No.4 2021

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
		process was being implemented steadily but cautiously. ¹¹²		
<u>Commitment 2:</u> Capacity ICT personnel have the capacity to respond to emergencies in line with Telecoms Security Standards and interagency standards	<ul style="list-style-type: none"> Field ICT personnel are trained and involved in emergency simulation exercises at interagency, regional and country level 	UNICEF used online platform to provide the several trainings to its partners including ToTs.	EQ.3	6
<u>Commitment 3:</u> Data protection Data privacy and adherence to protection principles and standards are ensured while processing personal and sensitive data about affected or at-risk populations	<ul style="list-style-type: none"> Technical and organizational safeguards and procedures are implemented to ensure proper data management, data protection and privacy 	UNICEF practise the data protection policy even before the military takeover, for example, UNICEF CP Section has the information sharing and data protection SOP in terms of sharing data on case management.	EQ.2	6

3.4. Communication and advocacy

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<u>Commitment 1:</u> Communication Accurate information on the situation and needs of children,	In line with UNICEF's child safeguarding policy and ethical and safety standards:	UNICEF has put in place an Accountability to Affected Populations (AAP) framework for health, WASH, nutrition, child protection, education, and social policy, starting with partners in Rakhine State, AAP training module was developed, and training was provided some of its partners, for example	EQ.2	7

¹¹² Sitrep No.4 2021

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>women and their communities and UNICEF’s response are shared in a timely manner.</p>	<ul style="list-style-type: none"> • Communication strategies are implemented in a coherent manner at country, regional and global levels • Information is released rapidly and regularly in anticipation of, and during the immediate aftermath (within 24 hours) of new emergencies or new developments in protracted crises • Key messages and updated facts are regularly shared with external audiences through media, digital channels and multi-media assets supporting audience engagement and resource mobilization 	<p>KMSS and KBC in the Kachin State.</p> <p>UNICEF continues to co-lead the Risk Communication and Community Engagement (RCCE) Working Group, with the objective of sharing information related to COVID-19 and monitoring social media reports on myths, rumours and concerns around the COVID-19 vaccine. Frequently asked questions and answers, a factsheet for children and training modules for health workers were being prepared to support COVID vaccination. In partnership with Parami Development Network (PDN), SBCC interventions have been carried out through community mobilization activities in six townships of southern Shan, aiming to reach more than 40,000 people. The activities covered promoting awareness and good practices around Maternal, Newborn and Child Health (MNCH), nutrition, the expanded programme on immunization, COVID-19 prevention and promotion of vaccination. IPC trainings were also provided for three implementing partner organizations to strengthen their capacities in community mobilization activities around MNCH, nutrition, immunization and COVID-19.¹¹³</p> <p>In December 2022, UNICEF continued to disseminate life-saving messages on maternal and child health, nutrition, immunization, mental health and psychosocial support, mine-risk education, child protection and early childhood care and development through the weekly posts of the “Knowledge Talk” Viber channel. The channel also marked the International Day of Elimination of violence against women, World AIDS Day and International Day of Disabled Persons by creating user-friendly and interactive messages to raise awareness and encourage the public to take collaborative actions. The channel has gained more than 500 subscribers with more expected following the official launch in early 2023. Orientation sessions for partners were also</p>		

¹¹³ Sitrep No.4 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>being organized to boost the number of subscribers. Communication materials (pamphlets and posters) for maternal, newborn and child health messages were developed to support the community mobilization of UNICEF's implementing partners. 4,000 maternal, newborn, and child health (MNCH) handbooks and 13,000 MNCH and nutrition related materials have been printed. UNICEF partner PDN reached 478 mothers with information on good nutrition practices, including cooking demonstrations. In addition, 1,176 mothers and caregivers of children aged under 2 were reached through awareness, referral and dialogue sessions on the importance of routine immunization. A total of 1,084 mothers of children under the age of five, including pregnant women, were reached through mothers' group discussions on maternal, newborn and child health.¹¹⁴</p>		
<p><u>Commitment 2:</u> Advocacy Advocacy is conducted at country, regional and global levels to protect the rights of children, women and their communities, promote adherence to international laws and standards, facilitate principled humanitarian access and the delivery of programmes, and promote child-friendly policies and practices</p>	<ul style="list-style-type: none"> • Advocacy strategies are actioned in a coherent manner at country, regional and global levels to address priority child rights issues and critical programming or policy gaps • Reliable data and child-specific information are regularly collected and used safely and ethically to influence decision-makers 	<p>Seven separate COVID-19 prevention messages were translated into 16 ethnic languages, with a total of 564,800 posters printed and distributed in Kachin, Shan, Kayin and Chin states through implementing partners. These reached more than 4.5 million people. UNICEF also translated 11 separate messages promoting vaccination against COVID-19, into 22 ethnic versions. It also translated a home-care animation video into 18 ethnic versions which were shared with WHO, the United Nations Office for Project Services, UNOPS and risk communication and community engagement partners including ethnic health organizations. In addition, with partners' support, the social behaviour change communications (SBCC) activities were carried out at community level to increase awareness of COVID-19 prevention and promotion of COVID-19 vaccination in Special Region (2) in Wa Region and Special Region (4) in east Shan State, and reached nearly 50,000 people.</p>	<p>EQ.2 EQ.7</p>	<p>6</p>

¹¹⁴ Sitrep No.11 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
		<p>A similar project was being carried out in partnership with the PDN, in six townships of southern Shan. It aims to reach more than 40,000 people through SBCC intervention, with community mobilization activities to promote awareness of, and good practices on, MNCH, nutrition, Expanded Programme on Immunization, COVID-19 prevention and the promotion of vaccination.¹¹⁵</p> <p>However, it was found that advocacy was not enough for village communities since their education level was weak. Field Coordinator from the PDN revealed that Covid awareness activities were more effective since communities were so worried and scared so that they shared the information to others, other information was not shared that much due to weak education of local communities and short project period. He suggested the project period should be long term for effective advocacy since practice upon their skills was so less, only 50% effective.</p> <p>KMSS field staff discussed that UNCIEF can do a lot during the military takeover including advocacy, for example; UNCIEF conducted advocacy campaign, distributed pamphlets during the protest which reached to many people (10,000 to 20,000), could support to parents what to do when a child was being detained by military.</p>		

3.5. Partnerships with governments and civil society organizations for programme implementation

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<u>Commitment 1:</u> Preparedness	<ul style="list-style-type: none"> An up-to-date mapping of current and prospective government and civil society 	Due to Operationalization of UNCT engagement principles Guidance for Programme Review (08 March 2021), all activities with government have stopped. However, in some implementing	EQ.3	5

¹¹⁵ Sitrep No.1 2022

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
Humanitarian programmes and partnerships are identified in advance through contingency planning and preparedness measures	<p>partners is maintained at country, regional and global levels</p> <ul style="list-style-type: none"> Contingency planning and partnerships are established with governments and CSOs in higher-risk countries, with simple activation protocols for rapid operationalization 	<p>areas UNICEF FO and CO staff cannot avoid communicating with the government departments, for example; importing the health supplies for emergency assistance, to conduct the routine immunization for the affected communities including the children, visa application for the International staff, etc.</p> <p>On the other hand, UNICEF identified local CSOs on the ground who can work with them in emergency humanitarian assistance. UNICEF FOs worked closely with CSOs/ CBOs on the ground in assisting affected communities with supplies and technical awareness raising sessions.</p> <p>Good relationship needs at present in working humanitarian assistance. MoU of majority of the UNICEF partners will be expired soon so that there was possible risk. New partners need to register at the government office according to the “Organization Registration Law” enacted by the State Administration Council (“SAC”) on 28 October 2022.</p>		
<p><u>Commitment 2:</u></p> <p>Simplified procedures</p> <p>Simplified procedures are used to establish timely partnership agreements</p>	<ul style="list-style-type: none"> Humanitarian partnerships undergo fast-track review and approval procedures Humanitarian partnerships with CSOs are signed no more than 15 working days after submission of required documents 	<p>UN Partnership Portal (UNPP) allowed non-registered organizations to register online which was very useful and supportive to the CSOs/ CBOs. Compared to the past UNICEF gave more decentralization for emergency response and supply, identifying the partners on the ground for SSFA was very quickly. In addition, UNICEF practised Note for the Record (NfR) which supported to non-UNICEF partners and enhanced the private partnership.</p> <p>Lashio FO discussed about the partnership with local CSOs that Northern Shan State was diverse with different dialects and bigger area, they tried to work with local CSOs who understand the communities, would like to work with CSOs who have same culture and language with affected communities, they consulted a lot with local CSOs.</p>	EQ.5	7
<p><u>Commitment 3:</u></p> <p>Timely disbursement of funds</p> <p>Disbursement of funds to partners</p>	<ul style="list-style-type: none"> Funds are disbursed to governments and CSOs no more than 10 working days after request of funds 	<p>Timeliness of funding improved over time as UNICEF adapted to the situation. UNICEF also increased flexibility. However, UNICEF partners did not always arrive in time and they must spend their cash and activities were delayed as a result. They also</p>	EQ.4	6

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
was timely		indicated that UNICEF finance procedure was so rigid, so many processes and not effective for timely and effectively response. Partners requested to provide the one budget line for the emergency usage.		
<u>Commitment 4:</u> Technical assistance for quality and results-based programming Technical assistance and capacity-building are provided to partners to foster quality programming	<ul style="list-style-type: none"> • Appropriate capacity-building, tools and training are provided to partners to ensure results-based and quality programming • Opportunities for knowledge exchange are established to leverage the expertise and capacity of partners 	<p>During the L2 Emergency period, UNICEF identified local CSOs/ CBOs to work with. CSOs/ CBOs had little experience of working with UN Agencies and weren't familiar with UN Standards and Procedures. There was a language barrier, and the majority had no registration. UNICEF provided online and in-person training to them and empowered them.</p> <p>UNICEF gave opportunity to local organizations to work with them, shared technical knowledge was so grateful, it was good that resources from UNICEF will be left in the communities, they should work with local organizations more and should appoint enough UNICEF staff. He also discussed that UNICEF gave training for individual capacity development, and awareness, in addition UNICEF was fast in replying.</p>	EQ.3 EQ.6	7
<u>Commitment 5:</u> Monitoring Continuous improvement in programme quality, coverage and equity is driven by partner dialogue, feedback mechanisms, field monitoring and corrective actions	<ul style="list-style-type: none"> • Humanitarian partnerships include a monitoring framework, with a special focus on quality programming • Field monitoring missions are conducted to support programme implementation quality and identify areas for programme and partnership improvement in line with the UNICEF Field Monitoring Guidance 	<p>Before making HPD UNICEF made counterchecking on profiles of CSOs whether they have partnership with other UN Agencies. Some kind of information sources received from the communities on this, but UNICEF directly did the countercheck in terms of their reliability, how extent they can reach. UNICEF practised monitoring mechanism for supply distribution, for example, not only one time during the distribution but post monitoring mechanism of countercheck approach was practised too.</p> <p>UNICEF put in place the AAP framework for effective monitoring and feedback mechanism, ensured all of its partners were accessed to AAP training and well informed of the AAP principle.</p>	EQ.4	

3.6. Resource mobilization

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Mobilization of adequate and quality resources</p> <p>Adequate and quality resources are mobilized in a timely and predictable manner to support preparedness and response to humanitarian and protection needs, particularly of the most vulnerable populations.</p>	<ul style="list-style-type: none"> Multi-year, predictable and flexible funding is mobilized from private and public sectors to reduce the gap between humanitarian needs and the resources available to meet them Funding is secured to support preparedness for faster, timely and more cost-effective responses Internal funding mechanisms (Emergency Programme Fund and Thematic Funding) are used to rapidly respond and scale up programmes. 	<p>Given funding shortfalls and the urgent need to deliver critical emergency assistance to newly displaced populations in conflict-affected areas in the Southeast Region as well as affected urban and peri-urban areas in Yangon, UNICEF's own resources were mobilized [through Emergency Programme Fund (EPF)—an internal loan mechanism] and were being used for the urgent provision of critical health and WASH services to the most vulnerable.¹¹⁶</p> <p>The Nutrition Cluster was among the least funded clusters in Myanmar and efforts were continuing to mobilize more resources to support the urgently needed humanitarian response. To date, 9.3 per cent (US\$6 million) of the cluster's requirements have been mobilized.¹¹⁷</p>	EQ.4	6
<p><u>Commitment 2:</u> Linking humanitarian and development resources</p> <p>Integration of humanitarian and development resources is enhanced</p>	<ul style="list-style-type: none"> Strategic investments are made from UNICEF thematic pools to support preparedness, humanitarian response and activities related to system-strengthening and resilience-building Localization of humanitarian and development programming is supported through multi-year, predictable and flexible funding. Systems are in place to track, monitor and report on these investments 	<p>UNICEF MCO has included relief, recovery and longer-term programming in its strategy, but survey respondents and interviewees cautioned that there are significant limits imposed by the context and note the difficulty of taking a long-term programming perspective without engagement with government structures. UNICEF's response had greatly expanded capacity building opportunities for national CSOs and CBOs across all UNICEF sectors. This has the potential as an invaluable investment for Nexus programming once the situation improves.</p>		5
<p><u>Commitment 3:</u> Impartiality and risk-sharing</p> <p>Resources are allocated impartially, based on the needs of</p>	<ul style="list-style-type: none"> Available resources are allocated based on needs assessment Procedures are in place to manage donor conditions at CO level 	<p>UNICEF was perceived both by its peers and by its own staff a relatively risk-averse organisation but the evaluation team observed that following the military takeover, UNICEF was regularly updating their risk assessments via the risk register</p>	EQ.2	6

¹¹⁶ Sitrep No.4 2021

¹¹⁷ Sitrep No.10 2022

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
affected populations	<ul style="list-style-type: none"> Donors are aware of and understand UNICEF risk management policies 	where they identified key risks and proposed mitigation strategies. UNICEF trained of field staff to operate in complex, high-threat environments CHTEs along with the development of access action plans and a more systematic way of monitoring access constraints.		

3.7. Security management

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Security Risk Management (SRM)</p> <p>Security risks that could affect personnel, premises, assets or the ability to deliver emergency programmes are identified, assessed and managed, in compliance with the SRM policy</p>	<ul style="list-style-type: none"> SRM process is developed and supports valid, context-specific and timely risk management decisions SRM decisions balance security risks with Programme Criticality 	UNICEF was not prepared for the military takeover and its subsequent aftermath and international agencies spent much of the first few weeks focused on ensuring the safety and security of their staff. UNICEF expanded Third-Party Monitoring to other areas as their own access became more limited due to security constraints.	EQ.2	8
<p><u>Commitment 2:</u> Adequate resources</p> <p>SRM capacity is adequate to manage risks to personnel, assets and premises and enable the delivery of programmes</p>	<ul style="list-style-type: none"> Sufficient human, material and financial resources are allocated, in a timely fashion, to support the assessment of security risks and implementation of management measures 	Additional HR support was made available after the military takeover, including psychosocial counselling for staff. Senior management also organized regular town hall meetings with staff to inform and help manage trauma and stress.	EQ.2 EQ.5	7
<p><u>Commitment 3:</u> Coordination</p> <p>Active participation in interagency security fora at global and national levels ensures that SRM measures, policies and guidelines enable</p>	<ul style="list-style-type: none"> Collaboration with and support to partners on security matters is effective and is guided by the UN Security Management System (UNSMS) and the Saving Lives Together (SLT) framework Active participation to the following fora is ensured: Security Cell and Security Management Team at national level, Inter-Agency Security 	Immediately following the military takeover, the UNICEF Representative took on the additional role of acting Designated Official for UN staff security. UNICEF engaged with UN security system and followed guidance.	EQ.5	8

COMMITMENTS		NARRATIVE/FINDINGS	EQ	SCORE
programme delivery by UNICEF and partners	Management Network (IASMN) at global level, and Saving Lives Together (SLT) at global and national level			

3.8. Supply and logistics

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p><u>Commitment 1:</u> Preparedness</p> <p>Supply and logistics preparedness measures are in place at global, regional and country levels, including prepositioning of supplies and contractual arrangements for logistics services and more commonly requested goods</p>	<ul style="list-style-type: none"> Emergency supplies are kept available in Supply Division hubs and/or suppliers' premises, and/or at RO/CO level, including in some cases in governments' or partners' warehouses Long-term or contractual arrangements for procurement of emergency supplies and logistics services are in place at global, regional and country levels National and local capacity to segment and out-source supply chain services to the private sector is improved. 	<p>UNICEF's emergency preparedness in MCO focused almost exclusively on natural disaster events and significant unplanned adaptations were required by the new context. UNICEF CO usually provided the basic supplies, if CO has no supplies, it should be supply by the FO (contingency stocks). Before 2021 all Sections from the UNICEF CO has conducted the "Risk Assessment" and prepositioned the stocks for the emergency supplies. Yangon CO and other areas procure as needed, after the military takeover UNICEF used "Note for the Record" and able to distribute some supplies to UNICEF none registered partners.</p> <p>In terms of preparedness, UNICEF CO never considered about the Military takeover despite of considering many scenarios. It didn't think in the plan for the supplies whether it will be sustained or re-packed for the disabilities, access to most remote areas where most vulnerable groups were located.</p> <p>UNICEF prepared very well before the military takeover, but due to political crisis and covid 19 restrictions supplies were not able to provide in timely manner. For example; supplies cannot be reached during the crisis especially hard to reach area like Mone Koe – Northern Shan State where armed fighting were so severe.</p>	EQ.3	3
<p><u>Commitment 2:</u> Timely procurement, transport and delivery of supplies</p>	<ul style="list-style-type: none"> Financial, material and human resources are deployed to support timely delivery of supplies Supplies are delivered to country entry points within 72 hours for Rapid Response, and within 	<p>UNICEF identified several CSOs and NGOs who can distribute the emergency supplies to the affected communities in time.</p> <p>UNICEF Supply and Logistics Section faced huge challenges in</p>	EQ.4	3

COMMITMENTS	BENCHMARK	NARRATIVE/FINDINGS	EQ	SCORE
<p>Life-saving supplies for children and communities are delivered to partners and/or point-of-use in a timely fashion</p>	<p>14 days by air or 60 days by sea for humanitarian responses</p> <ul style="list-style-type: none"> Supplies are distributed to partners and/or point-of-use in a timely fashion and the end-user monitoring protocols are in place 	<p>first 3 months after the military takeover, SAC controlled all medical supplies importation strictly, asked UNICEF distribution plan, etc.</p> <p>Supply & Logistics faced an in country distribution issue, distributed the supplies low profile, UNICEF logo was not visible, sent the supplies up to the township level (points), secondary distribution was done by the local NGOs, end-users monitoring cannot be done due to security issue, only partners' reports have received, most supplies were distributed to the IDPs, TPM cannot go to the IDP camps as they need permission from the authorities,</p>		
<p><u>Commitment 3:</u> Sustainable procurement, supply and logistics arrangements</p> <p>Sustainable procurement, supply and logistics arrangements (contracts, agreements and/or plans) are made available at the onset or deterioration of a humanitarian crisis</p>	<ul style="list-style-type: none"> Local/regional sourcing is identified and prioritised Sea/road shipments are prioritised for offshore procurement following the first wave of deliveries In-country logistics service arrangements (customs clearance, warehousing, transport) are identified and established, including collaboration with partners 	<p>Supply timelines for international procurement were around 175-190 days, whereas lead times for local freight forwarders were reduced from over 280 days in 2021 to just over 100 days during 2022 by means of additional LTAs and more selective procurement. Except for staff who have worked in Rakhine and Kachin who were used to working in a highly restricted environment, most of the staff, national or international, had no prior experience of working in a context with severe restrictions on procurement. There was a progressive shift to local procurement in conflict prone regions where possible.</p> <p>UNICEF FOs can handle two budget lines such as Low Value Procurement allow USD 10,000 threshold (before USD 2,500 threshold), and Petty Cash for transportation cost. Although UNICEF CO directly provided the supplies to FOs warehouse, FOs can procure supply items locally during the COVID. Due to program stocks in the warehouse and cash on hand for transportation cost, supply distribution can manage at the FO level which was fast to deliver the affected communities.</p>	<p>EQ.2 EQ.1 EQ.4</p>	<p>5</p>

Annex 13. List of Persons Interviewed

Key Informant Interviews

Organisation type	Organisation name	Position	M	F
UNICEF	UNICEF Myanmar	Chief of Field Office (Taunggyi)		1
UNICEF	UNICEF Myanmar	OiC for Field Office (Hpa-an)	1	
UNICEF	UNICEF Myanmar	OiC for Field Office (Chin)	1	
UNICEF	UNICEF Myanmar	OiC for Field Office (Rakhine)	1	
UNICEF	UNICEF Myanmar	OiC for Field Office (Kachin)	1	
UNICEF	UNICEF Myanmar	Chief of Field Office (Lashio)	1	
UNICEF	UNICEF Myanmar	KII with UNICEF FO Lashio	5	1
UNICEF	UNICEF Myanmar	KII with UNICEF FO Myitkyina	3	3
UNICEF	UNICEF Myanmar	KII w UNICEF FO Hpa-an	4	4
UNICEF	UNICEF Myanmar	Former CD (until April 2021)		1
UNICEF	UNICEF Myanmar	Chief of Advocacy, Comms & Partnerships	1	
UNICEF	UNICEF Myanmar	Chief Field Operations	1	
UNICEF	UNICEF Myanmar	Deputy Representative	1	
UNICEF	UNICEF Myanmar	Deputy Representative Operations	1	
UNICEF	UNICEF Myanmar	Representative	1	
UNICEF	UNICEF Myanmar	Field Support Officer	1	
UNICEF	UNICEF Myanmar	CP Specialist (Policy, Advocacy & System Strengthening)	1	
UNICEF	UNICEF Myanmar	CP Specialist (Capacity Building of the Justice System)	1	
UNICEF	UNICEF Myanmar	SP Specialist (Disability Focal)		1
UNICEF	UNICEF Myanmar	SP Specialist (Gender Focal)		1
UNICEF	UNICEF Myanmar	Supply & Logistics Manager	1	
UNICEF	UNICEF Myanmar	Supply and Logistics	1	
UNICEF	UNICEF Myanmar	Procurement Officer	1	
UNICEF	UNICEF Myanmar	Social Change Specialist		1
UNICEF	UNICEF Myanmar	WASH Officer		1
UNICEF	UNICEF Myanmar	Section Chief		1
UNICEF	UNICEF Myanmar	CP Specialist (MRM International focal)		1
UNICEF	UNICEF Myanmar	CP Officer (MRM National focal)		1
UNICEF	EAPRO Bangkok	Education cluster		1
UNICEF	EAPRO Bangkok	Regional Advisor Planning		1
UNICEF	EAPRO Bangkok	Regional Chief HR		1
UNICEF	EAPRO Bangkok	Regional Advisor Emergency	1	
UNICEF	EMOPS, UNICEF HQ	Emergency Specialist (Asia Desk)		1
UNICEF	EMOPS, UNICEF HQ	Chief, EMOPS' humanitarian field support section		1
International IPs	Suwannimit Foundation (SNF)	1.Project Manager (Emergency Response), 2.Project Coordinator (Emergency Response), 3.Staff for Mae Daw Clinic (Women & Children Health	2	2

Organisation type	Organisation name	Position	M	F
		focus), 4.Staff for Women & Children Protection)		
International IPs	Chai	1.Project Lead (Lab Accex, Electronic system for early infant diagnosis & viral load testing), 2.Project Lead (OpenMRS - Electronic medical record system for ART patients)	2	
International IPs	Wateraid	1.M&E Manager, Programme Quality Assurance, PME focal, 2.Programme Officer, 3.M&E Officer	1	2
International IPs	Terre des Hommes	Deputy Country Representative	1	
International IPs	World Vision Myanmar	N/A	1	
International IPs	Community and Family Services International (CFSI)	WASH Officer, Education Officer, Protection Officer	3	
National IPs	KMSS	1.Project Manager (Health), 2. Project Manager (Nutrition), 3.Project Manager (Livelihood), 4.Child Protection Case Officer, 5.Project Coordinator, 6.Director	5	1
National IPs	METTA	1.Branch Humanitarian Coordinator, 2.Project Coordinator, 3.Area Coordinator, 4.Kutkai Area Coordinator	1	3
National IPs	METTA	National Director	1	
National IPs	KMSS	1.Project Manager (CP), 2.Project Officer (CP)	1	1
National IPs	Myanmar Health Assistants Association (MHAA)	Project Manager, M&E Officer	2	
National IPs	KMSS	Project Manager	1	
National IPs	KMSS	CP Project Manager	1	
National IPs	KMSS	Project Manager	1	
National IPs	KMSS	Client's Caregiver for Mindat Township (Volunteer)	1	
CBOs / CSOs	JS	Project Officer, Justice Society		1
CBOs / CSOs	LCM	1.Head of office&Lawyer, 2.Senior Lawyer, 3.Lawyer	1	5
CBOs / CSOs	Parami Development Network (PDN)	Programme Coordinator	1	
CBOs / CSOs	Parami Development Network (PDN)	Field Coordinator	1	
CBOs / CSOs	Bawinu	Director	1	
CBOs / CSOs	Aryone Oo	1.Project Manager, 2.Admin staff, 3.WASH Technician, 4.Project Officer	3	1
CBOs / CSOs	KMSS	1.CP Consultant, 2.WASH Officer, 3.CP Assistant	1	2
CBOs / CSOs	Thazin Legal Group	Legal officer, Project manager, Project officer		3
CBOs / CSOs	Community Development Association (CDA)	Project Manager, Project Officer	2	
CBOs / CSOs	KMSS	1.CPG member, Spiritual Representative), 2.CPG member,	1	2

Organisation type	Organisation name	Position	M	F
		Mothers' Representative), 3.CPG member, Fathers' Representative)		
Other partners	UNHCR	Senior Field Assistant	1	
Other partners	USAID BKK	Programme team	2	1
Other partners	ECHO	Myanmar technical team	2	2
Other partners	UNOPS	Former Head of UNOPs / acting HC	1	
Other partners	Mekong Economics	N/A	1	
Other partners	N/A	Consultants - UNICEF Myanmar Mgmt Review		2
Other partners	Japan Embassy	Economic Cooperation Coordinator		1
Other partners	DFAT	Policy Officer		1
Other partners	DFAT	First Secretary	1	
Total			72	52

Community Focus Group Discussions

FGDs	Location	M	F
FGD with Camp Community	KBC 1 Camp, Kut Kai, Shan North	3	4
FGD with young adults who contacted with Law	Myitkyina, Kachin State	1	4
FGD with Village Community (Aryone Oo Project)	Insein village, Kalay township, Chin State	6	5
FGD with Parents (KMSS Project)	Shukhinthar village, Kalay township, Chin State	8	1
FGD with Village Community (KMSS Project)	Letpanchaung village, Kalay township, Chin State	3	2
FGD with Village Community (KMSS Project)	Cing Khua village, Hakha	4	5
FGD with Village Community	Hopong township, Shan South	3	2
FGD with Village Community	Taunggyi township, Shan South	1	2
FGD with Village Community	Farrawn village, Hakha, Chit State	2	4
FGD with IDP Community	Thet Kae Pyin Camp, Sittwe		8
FGD with Host Community	Taung Pue Village, Pauk Taw township, Rakhine State	9	4
FGD with Village Community	Paya & Line Htaung Villages, Hpa-an township	2	4
FGD with Village Community	Pan Kone Village, Kyeikmaraw township, Kayin State	4	3
FGD with Village Community	Sakta Village, Hakha, Chin State	1	4
FGD with Informal Settlements Community	Hlaing Thar Yar Township, Yangon, Ward 20	2	4
FGD with Informal Settlements Community	Hlaing Thar Yar Township, Yangon, Ward 2 & 5	2	5
Total		51	61

Annex 14. Evaluation Ethics

Principle	Explanation	Considered in the RTE design
Independence	Evidence that is objective and credible. Independent from programme design, management and implementation. Evaluations carried out by knowledgeable experts with high integrity who are independent of those responsible for the design, planning and implementation of the intervention.	The Team Leader is an independent consultant and with full overall editorial control within the parameters of quality standards. The transparency and traceability of evidence will be ensured - within the boundaries of ethical standards, below. Stakeholder engagement to promote utility will be balanced with maintaining independence.
Optimize transaction costs	To reduce pressures on busy staff, the evaluation needs to maximize coordination and information sharing.	The design makes efforts to ensure that data is shared/made maximum use of, and that field time spent with busy field staff adds value.
Transparency	Evaluations will be made publicly available for sharing lessons more widely and for accountability purposes. Disclosure will also allow review and test of the analysis and the methodologies used by other evaluators and researchers.	The evaluation team will develop a communication plan for the evaluation and will engage in its implementation as required.
Participation	Where possible the evaluation and the evaluation process must be designed to ensure that direct beneficiaries (women, girls, boys and men) of the intervention being evaluated are consulted and have opportunity to bring forward views and suggestions for improvements.	Different categories of affected populations will be engaged in the evaluation process, principally through focus group discussions.

Interviews/Discussions with children/ minors

The evaluation team used the following approach when interviewing children:

- With support from UNICEF & partners, modalities for engagement with children were agreed prior to any discussions or meetings with the children themselves;
- The evaluators complied with national legislation regarding age of a child and any other circumstances that allow for informed consent;
- Assent from the child and consent from his/her parents, guardians or teachers was sought. The child/minor was given a choice to agree or disagree to participate; and
- The data collection tools were reflective of the children’s capacities and were clearly explained.

Annex 15. Interview Guides

The interview guides below are based on EQs in the Evaluation Matrix.

Guidance for team members: This interview guide is not intended to be a questionnaire, rather to be used as a “**checklist**” during semi-structured interviews and FGDs to ensure that we are collecting relevant data as we will need this to build an evidence base to support our conclusions and recommendations under each key question. It is often useful to ask high level questions such as “*tell me about the evolution of the response? What were the key events/milestones?*” and “*what have been the particular achievements and challenges with interventions supported by UNICEF?*” and guide the discussion by probing with relevant sub-questions. It is often useful to ask for concrete examples that help illustrate points made by key informants.

Please also use Table 5 (cross-cutting issues) in this Inception Report as a key reference and ask relevant questions to ensure that we are paying appropriate attention to important cross-cutting issues, notably AAP, conflict sensitivity, gender in emergencies, humanitarian principles, persons with disability, youth and adolescents, and ECD.

We should not expect that key informants will be able to respond to all sub-questions. The main reasons for first trying to understand the background and experience of the key informant is to give you an idea of which sub-questions that they should be able to answer. During the latter part of the data collection phase, we should also be prioritising those questions/sub-questions where the data is still inconclusive.

It is of course essential to respect evaluation norms, ethics and standards and clarify our commitments at the start of each interview relating to our independence, respect of confidentiality, etc. and ensure that those being interviewed understand the purpose of the evaluation, how we propose to use the data we collect and where they will be able to see the report once it is finalised. We should periodically check that we are following protocols that were designed to assure the individual’s protection and safety and that we are not violating their privacy or discriminating against them in any way. Please take time to read the United Nations Evaluation Group (UNEG) Norms and Standards at <http://www.uneval.org/>, particularly those sections directly relevant to evaluators.

At the start of each interview or FGD, team members should ensure the individuals being interviewed understand:

- The purpose of the study.
- Their participation is voluntary and ensure their agreement to informed consent prior to their participation.
- Their observations and notes we take will not be shared with anyone outside the evaluation team and they will not be quoted in the report.

The following interview guides, one for key informants and another for community FGD, are based on the questions in the evaluation matrix.

Table 12. Interview Guide for UNICEF staff and Implementing Partners

Key Question	Sub Question
<p>Key question 1: Relevance</p> <p>How relevant and appropriate was UNICEF’s response strategy and programme design in reaching the affected populations most in need?</p>	<ul style="list-style-type: none"> ⇒ How did the context and the UN programmatic engagement guidelines influence UNICEF’s strategy and approach? ⇒ Was UNICEF able to adapt its strategies and approach in a timely way? What steps did UNICEF take to mitigate bottlenecks and challenges? ⇒ How did UNICEF prioritise needs? Give examples. ⇒ To what extent were affected communities able to input during the design and implementation of UNICEF interventions? ⇒ To what extent did UNICEF’s strategy and programme align with the UN framework in Myanmar? ⇒ To what extent have UNICEF’s programmes reflected applicable standards (CCCs, Sphere) and compliance with human rights principles? How has UNICEF tried to mitigate difficulties faced in complying with these?
<p>Key question 2: Effectiveness</p> <p>How effective was UNICEF in responding to this L2 emergency?</p>	<ul style="list-style-type: none"> ⇒ To what extent has the UNICEF response met its program targets as specified in the HAC? What have been the major external and internal factors influencing programme results? ⇒ What examples can you cite of good practice and where could UNICEF have improved? Give examples. ⇒ How has the service/assistance delivery by UNICEF been received by affected communities? To what extent has their feedback been taken into consideration? ⇒ How effective have been the AAP systems for communication and to collect and use feedback? Have you used UNICEF’s AAP guidelines? If so, how have you used them? ⇒ To what extent was UNICEF’s delivery of services consistent with UNICEF’s Core Commitments for Children in Humanitarian Action? Give examples. ⇒ What influence did the declaration of a L2 emergency have on UNICEF’s response? What were the main advantages and/or disadvantages of the L2 declaration? Was the L2 emergency declared at the right time? ⇒ To what extent are human rights, equity concerns and gender equality have been consistently integrated? Give examples.

Key Question	Sub Question
	⇒ How effectively has UNICEF managed risk for communities, partners, and itself? Have there been any cases where UNICEF interventions have increased risk? What happened?
Key question 3: Coherence/ Connectedness 3. How coherent and connected has the UNICEF response been?	⇒ To what extent did the preparedness measures implemented prior to the crisis facilitate UNICEF's emergency response? ⇒ How has UNICEF aligned with UN engagement in Myanmar? ⇒ To what extent has UNICEF response linked with longer-term programming (triple nexus)?
Key question 4: Efficiency 4. Was UNICEF's response efficient?	⇒ How quickly did UNICEF scale-up its response? What factors influenced its efforts to scale up? ⇒ How quickly/efficiently did the transition from development to emergency programming take place? Could this transition have been improved and, if so, how? ⇒ How did preparedness play a role? What helped the response and where could it have been improved? ⇒ Are there examples where UNICEF used innovative approaches to increase the efficiency of the response? Did they work? Could they be improved? Were there other approaches they could have tried?
Key question 5: Coordination 5. How did UNICEF coordinate internally and externally?	<i>UNICEF role in leading clusters and other interagency groups:</i> ⇒ Did UNICEF allocate sufficient resources and staff to ensure that it could adequately perform its coordination role? ¹¹⁸ ⇒ To what extent did cluster leads comply with the responsibilities defined in the IASC and CCC ToR for cluster leads? <i>UNICEF external coordination:</i> ⇒ How did UNICEF coordinate with other humanitarian actors? ⇒ Did UNICEF's position itself within the international humanitarian system optimise its comparative advantage? <i>UNICEF internal coordination (UNICEF key informants only):</i>

¹¹⁸ We should not forget to ask about UNICEF's lead role in the mine action sub-group in the Protection Cluster. This is an unusual, if logical, role for UNICEF to fill since the usual lead actors such as UNMAS are not present in Myanmar.

Key Question	Sub Question
	<p>⇒ How did the internal coordinating tools and mechanisms facilitate UNICEF's emergency response?</p> <p>⇒ What measures were taken to coordinate multi-sectoral projects? Were these sufficient?</p> <p>⇒ Were there specific problems with internal coordination?</p>
<p>Key question 6: Coverage</p> <p>6. What coverage did UNICEF achieve during the L2 response?</p>	<p>⇒ To what extent did UNICEF assistance reach/was accessible to affected populations in different areas?</p> <p>⇒ How did UNICEF and partners decide to prioritise specific communities, groups and/or individuals?</p> <p>⇒ Was UNICEF's coverage adequate? If not, what else could they have done with the same resources (money, staff, etc.)?</p>
<p>Key question 7: Protection</p> <p>7. To what extent did UNICEF provide protection to the targeted community in line with its mandate?</p>	<p>⇒ To what extent did UNICEF assistance provide protection to its target population?</p> <p>⇒ To what extent is UNICEF has been able to protect children in conflict situations? Why or why not?</p> <p>⇒ What measures, if any, has UNICEF taken to prevent sexual exploitation and abuse (PSEA)? Have these been effective? Could PSEA be improved and, if so, how?</p>
<p>8. Recommendations for additional reference materials or key informants.</p>	<p>⇒ Can you suggest any other people to speak to?</p> <p>⇒ Are there any documents you can share that would be particularly useful to the evaluation team?</p>

Annex 16. Ethics review approval letter



Research Ethics Approval

24 August 2022

Jock Baker
Team Leader
Lattanzio KIBS
Via Domenico Cimarosa, 4
20144 Milano MI, Italy

RE: Ethics Review Board findings for: *Real-Time Evaluation of UNICEF's response to L2 emergency in Myanmar* (HML IRB Review #604MYAN22)

Dear Jock Baker,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 15 – 24 August 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Catalina Salazar Silva, Koorosh Raffii, Juanita Vasquez Escallon, Wassana Kulpisitticharoen, Penelope Lantz, JD

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Annex 17. Terms of Reference

INTRODUCTION

UNICEF Myanmar Country Office (CO) is commissioning the Real-Time Evaluation of UNICEF's response to L2 emergency declared on 1st July 2021 and triggered by the military takeover on February 1, 2021. The L2 emergency evaluation will replace the current Country Programme Evaluation which has been paused due to non-engagement with *de facto* authorities and change of programme from mostly upstream to humanitarian.

The Country Programme Evaluation (CPE) which is a part of the Costed Evaluation Plan of the Myanmar Country Office had started in December 2020. The evaluability assessment and an inception report were drafted by the consulting firm, but the evaluation was paused following the event of February 2021 due to following main reasons: first, the need for the office to focus on life saving priorities; second, non- engagement with *de-facto* Authorities based on UN non-engagement guidance; third, the need to cease or delay implementation of many Country Programme activities (mostly upstream) and evidence generation due to current crises. The CPE focused on systems strengthening and, assessing the programme implementation during the period of the CP which required engagement with government counterparts, various other implementers, and beneficiaries as respondents of the Evaluation Questions (EQ), and engagement of govt as member of the reference group.

With the declaration of state of emergency and L2 corporate emergency, UNICEF's ongoing programmes have been heavily affected and diverted towards a humanitarian response. Thus, the office is considering redirecting CPE efforts to conduct L2 Real- Time Evaluation. The L2 Evaluation would cover one¹ year of implementation of the emergency response by Myanmar Country Office (MCO). The L2 Evaluation would also meet the requirements of the revised evaluation policy where it is mandatory to undertake an evaluation of the protracted emergency responses (L1) every 3-5 years.

The main purpose of the L2 Evaluation is to promote learning from the response and adopt a more integrated strategy, blending the strengths of MCO programmes being implemented during the emergency while taking into consideration the preparedness and response capacity of the MCO. The evaluation will also focus on providing a preliminary assessment of UNICEF's response to the Myanmar crisis regarding its relevance, effectiveness, efficiency, coverage, coherence, coordination, and protection, with a specific focus on its adaptivity to changing conditions and how it has responded to humanitarian needs within the framework of the Core Commitments for Children in Humanitarian Action whilst re-engaging on socio-economic resilience and recovery simultaneously.

These Terms of Reference (ToR) set out the purpose, objectives, methodology and operational modalities for an institutional contract to undertake this evaluation. The evaluation is expected to start in April 2022 and is expected to be completed by July 2022.

It will be supervised by an Evaluation Management Team led by the Regional Advisor, Evaluation (UNICEF EAPRO²) and the Multi-Country Evaluation Specialist (UNICEF Cambodia, Malaysia and Myanmar).

CONTEXT

UNICEF Myanmar Country Programme (2018-2022) is being implemented under significant political, economic, and social transition in Myanmar. The opportunities raised by the Nationwide Ceasefire Agreement in October 2015 and the victory for Daw Aung San Suu Kyi's National League for Democracy in the election of November 2015 are countered by continued military conflict in northern Shan and Kachin States, and the escalation of conflicts in Rakhine State, including reports of egregious human rights abuses and restrictions on access for humanitarian agencies.

Coupled with Myanmar's vulnerability to natural disasters, particularly earthquakes, floods, and cyclones³, the programming environment for UNICEF is highly challenging and complex. It is important to mention that the Country Programme was developed before the escalation of violence in Rakhine state, which led to around 700,000 Muslims fleeing across the border to Bangladesh in August 2017.

The country also witnessed exodus and massacre of Rohingya people even before 2017 as accounted in the Rosenthal Report that an estimated 130,000 Rohingya and Bangladeshis departed between boat; and in reprisal of a policeman killed in an incident in January 2014, 40 Rohingya were massacred by the army.⁴

¹ Counting the period from 1st February 2021 when the military took over.

² EAP Refers to East Asia and Pacific - EAPRO refers to EAP Regional Office

³ Some information on historical events can be found here:

<https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20A%20Country%20prone%20to%20a%20range%20of%20natural%20disasters.pdf>, <https://reliefweb.int/map/myanmar/myanmar-natural-disaster-risks-and-past-events-31-may-2016>, <https://reliefweb.int/map/myanmar/myanmar-recent-natural-disasters-overview-28-june-2017>

⁴ Gert Rosenthal, 2019. A Brief and Independent Inquiry into the Involvement of the United Nations in Myanmar from 2010 to 2018.

In November 2020, Myanmar's leading civilian party called the National League for Democracy, won 83% of the Parliament's available seat. In early 2021 the country's Parliament had been expected to endorse election results and approve the next government; however, the military refused to accept the results of the vote and took over the power announcing state-wide emergency on 1st February 2021.⁵

The military takeover of 1st February 2021 has worsened the situation in Myanmar. The humanitarian crisis is worsening as a direct consequence of fighting between armed groups spread across the country. Provision of assistance, in terms of supplies and services have been affected, specifically in Kayah, Kachin, Kayin, Shan, Chin, Sagaing, and Magway where heavy artillery and armed conflicts are ongoing between the People's Defence Forces (PDF) and the Myanmar Armed Forces (MAF). There have been frequent reports of people trying to escape the conflicts and associated risks, with OCHA estimating that more than 400,000 countrywide people have been displaced in those regions since May 2021. In the southeast region, displacements continue to take place in various townships as clashes and regular attacks between MAF, PDF and Ethnic Armed Organizations (EAO) are increasing according to field reports. The Office of the United Nations High Commissioner for Refugees (UNHCR) estimates a total of 166,700 people have been displaced across this area as of November 2021, including 84,300 people in Kayah, 20,800 people in southern Shan, 49,500 people in Kayin, 5,000 people in Mon and 7,100 people in Tanintharyi.⁶ The tactics employed by the Myanmar Armed Forces include aerial bombardments, artillery shelling of civilian populations as well as summary executions of non-combatant civilians including over 114 children.

The COVID-19 pandemic has also affected Myanmar. As of 30th January 2022,⁷ 535,080 cases had been recorded with 19,310 deaths and 513,101 recoveries. Measures taken by the government at the end of March to limit the circulation of the virus, such as movement and travel restrictions, have proven effective. Myanmar experienced second wave during June to Nov. 2021 and the number of cases has gone down with a daily number of cases to 172 on 29th January 2022. Furthermore, Myanmar suffer disproportionately from the socio-economic impact of the COVID-19 crisis compared to the actual spread of the disease in the territory.⁸

⁵ [Myanmar Coup: What to Know About the Protests and Unrest - The New York Times \(nytimes.com\)](https://www.nytimes.com/2021/02/01/world/asia/myanmar-coup-2021.html)

⁶ Myanmar-Humanitarian-SitRep-28-November-2021.

⁷ <https://www.worldometers.info/coronavirus/country/myanmar/>

⁸ UN Myanmar Framework for the immediate socio-economic response to COVID-19 in Myanmar.

UNICEF has been providing multisectoral response in the affected areas. UNICEF's response areas include health, nutrition, child protection, WASH, education, and social policy and has achieved important results so far⁹.

UNICEF's response is based on the guiding principles laid down in Core Commitments for Children (CCC) in Humanitarian Action. Following the military takeover on 1st February 2021, UNICEF initiated its response immediately based on the Emergency Response Plan (ERP). Following the declaration of L2 emergency on 1st July 2021, UNICEF Myanmar's regular programme was on hold and resources were diverted towards the implementation of the ERP. In August 2021, in line with the humanitarian need and HRP addendum, UNICEF increased its HAC appeal to US\$74.5 million from an original US\$ 61.7 million requested for 2021. For 2022, UNICEF has launched an appeal of 151.4 million¹⁰, an increase of over 200% from the revised 2021 HAC appeal to reach 1.75 million people in need including 1.15 million children.

The 1st February 2020 military takeover and the declaration of L2 emergency on 1st July 2020 has changed the focus of UNICEF programme from systems strengthening to humanitarian aligning it to Core Commitments for Children. During September to December 2021, UNICEF heavily invested in the preparation of Annual Work Plan 2022 focusing on 70% HAC activities and aligning 30% with UNCT framework called UN SocioEconomic Response and Resilience Framework (UNSERRF). While the outcome areas remain the same, some outputs have been modified to make it more effective and in line with humanitarian situation and needs.

Due to shifting priorities and engagement modalities and in the light of significant changes in the Myanmar country context and the operational environment, UNCT has decided to postpone the development of United Nations Sustainable Development Cooperation Framework (UNSDCF) by one year. To comply with the spirit of UN Reform and the UNCT commitment to ensure the sequencing between the completion of the UNSDCF and UNICEF CPD, the UNICEF Myanmar office has placed a request for extension of current Country Programme 2018-2022 until December 2023.

⁹ See [UNICEF Myanmar Humanitarian Situation Report for 1 January - 31 December](#) detailing progress on UNICEF's response and cluster's response.

¹⁰ Myanmar HAC Appeal 2022; <https://www.unicef.org/appeals/myanmar>

OBJECT OF THE EVALUATION

UNICEF Myanmar humanitarian response to the national emergency from 1st February will be the object of evaluation. UNICEF strategic priorities are consistent with inter- agency priorities outlined in the Interim Emergency Response Plan developed under the leadership of the Humanitarian Country Team (HCT) and focuses on 1) urban and peri- urban townships in Yangon and Mandalay which have seen dramatic increases in humanitarian needs due the impacts of the Covid-19 pandemic and the ongoing situations since 1 February, 2) scaling up of emergency response in Kayah State, Chin State and other areas where clashes have driven large-scale displacement, and 3) flexible inter- agency rapid response in other areas when new emergency needs related to violence, insecurity and displacement identified.¹¹ UNICEF Myanmar focuses its humanitarian responses on the following ‘sectoral’ programme components: Health, Nutrition; WASH; Education; Child Protection; Social Protection & communication for development. Coordinating role of UNICEF has been important component which will be part of the evaluation.

PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

Evaluation purpose

The main purpose of the L2 Evaluation is to **promote learning from the response** and adopting a more **integrated strategy, blending the strengths of a MCO programmes being implemented during the emergency while taking into consideration the preparedness and response capacity setup in the MCO**. The evaluation is also focused on providing a preliminary assessment of UNICEF’s response to Myanmar crisis regarding **its relevance, effectiveness, efficiency, coverage, coherence, coordination, and protection**, with a specific focus on its **adaptivity to changing conditions** and how it has addressed marginalization and deprivation.

Evaluation objectives

The evaluation will be formative in nature with primary aim to identify strengths and weaknesses in UNICEF response (Health, Nutrition, Child Protection, WASH and Social Policy and Child Rights monitoring) in order to assess the extent to which the preparedness activities have fed into the emergency response including recommendations for strengthening and adjusting UNICEF’s preparedness, ongoing emergency response, recovery, transition and development efforts. The specific objectives will be to:

¹¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20Interim%20Emergency%20Response%20Plan%202021.pdf>

- Determine UNICEF's response vis a vis issues of appropriateness/relevance, effectiveness, efficiency, coverage, connectedness and coordination / partnerships.
- Assess the extent to which UNICEF adhered operationally and programmatically, to the revised Core Commitments for Children in Humanitarian Action (CCCs);
- Assess the positive aspects of UNICEF response and areas requiring improvements.
- Inform the planning and direction of ongoing acute emergency response and transitioning to recovery and development efforts
- Identify lessons learned and develop recommendations for ongoing and future humanitarian response interventions Facilitate learning and strengthen UNICEF Myanmar's accountability and transparency towards partners and donors.

The evaluation aimed to answer these three overarching learning questions:

- How well has UNICEF responded to the Myanmar Humanitarian situation?
- What UNICEF approaches have had the most impact on identifying and addressing the needs of affected households and population and what are the barriers in the response so far?
- What actions and changes in strategy are required to develop a conflict-sensitive, medium-term programme for affected states of Myanmar?

Key Users and Intended use

The primary users of the evaluation are UNICEF Myanmar, UNICEF EAPRO, the Myanmar UN Country Team and development partners. First, UNICEF staff who are directly or indirectly involved in this emergency – including those at the field, national, regional and HQ levels – who will use the results of this evaluation to fine tune and calibrate UNICEF's humanitarian efforts. Secondly, the evaluation will also benefit UNICEF staff faced with similar emergencies in the future who may choose to use this evaluation as a reference document and use the results to inform their own strategies. Finally, a sanitized version of this evaluation will be shared with UNICEF's donors and implementing partners, and beneficiaries as a mechanism to strengthen accountability and transparency.

Evaluation Scope

Thematic scope: All thematic areas – health, nutrition, WASH, education, child protection, social protection, and communication for development (C4D) -of interventions will be covered in this evaluation. In addition, coordination role of UNICEF will also be covered.

Where: The geographic area will be whole country including the peri-urban areas where UNICEF is supporting humanitarian response programmes

Timeframe: The evaluation will cover the response starting from 1st Feb. 2021 to the end of March. 2022.

EVALUATION QUESTIONS AND CRITERIA

Evaluation Criteria

The L2 emergency evaluation prioritises the OECD/DAC evaluation criteria which includes relevance/appropriateness, effectiveness, efficiency, and coherence. In addition to OECD/DAC evaluation criteria, the evaluation will prioritize human rights, equity and gender equality as key criteria to be prioritized throughout.

Due to the nature of this evaluation, it will not focus on impact and sustainability criteria.

Evaluation Questions

Key evaluation questions and possible exploratory sub-questions under each criteria are described below. The questions that guide the evaluation are the leading questions, while the sub-questions are presented as a way to incentivize some key areas to be explored under each evaluation question. Please be aware that the evaluability assessment and inception phase will be the time to review and confirm feasibility and appropriateness of these questions, and the firm is able to propose alternative or refined questions that are meaningful and respond to the methodological approach and availability of data finally agreed upon.

The questions will be organized around the OECD/DAC criteria of relevance, efficiency, effectiveness and sustainability. Human rights, equity and gender equality will be lenses of analysis of all the questions and when appropriate will be appear as sub-questions.

Evaluation Criteria	Evaluation Questions and Sub-questions
Relevance	<ul style="list-style-type: none"> • Taking the emergency context into consideration and within the parameters of UN engagement, to what extent did UNICEF’s response identify and respond to the immediate needs of women, men, boys and girls of different ethnicities, risk of exposure to violence, disability status, and geographical areas? <ul style="list-style-type: none"> ○ To what extent were enablers identified and leveraged? <p>To what extent were bottlenecks identified and strategies to overcome them established?</p>
	<ul style="list-style-type: none"> • How were the humanitarian needs of the population prioritized and addressed. <ul style="list-style-type: none"> ○ The degree that the beneficiaries been involved in the identification of needs, the design and implementation of the L2 emergency interventions ○ How does the interventions align with UN framework prevailing in Myanmar. <hr/> <ul style="list-style-type: none"> • To what extent has the Country Office been able to respond and adapt to changes in national needs, rights, and priorities or to shifts caused by the crisis and the major political changes? <ul style="list-style-type: none"> ○ What was the quality of the response (including appropriateness, - being inline with the needs of the most vulnerable and marginalised)? ○ To what extent have UNICEF’s programmes reflected applicable standards (CCCs, Sphere) and complying with the relevant humanitarian action and human rights principles?
Effectiveness	<ul style="list-style-type: none"> • To what extent has the UNICEF response met its program targets as specified in the Humanitarian Action for Children? What could be done to accelerate response in future. <ul style="list-style-type: none"> ○ To what extent has UNICEF’s intervention contributed to an enabling environment for the human rights of women and children? ○ Was the ‘Do no harm’-approach thoroughly followed or have UNICEF interventions put people at additional risk? ○ To what extent was UNICEF’s delivery of services well-integrated and of high/acceptable quality as defined in the CCC? ○ To what extent have the services and goods provided been adequate, accepted and used by the affected population? ○ To what extent has UNICEF engaged with affected populations to collect their feedback on services and good provided and to what extent has their feedback being taking into consideration in adopting the response?

Evaluation Criteria	Evaluation Questions and Sub-questions
	<ul style="list-style-type: none"> To What extent have principles of Accountability to Affected Population (AAP) including UNICEF guidance on AAP been followed
Coherence/ Connectedness	<ul style="list-style-type: none"> To what extent have the linkages between relief, recovery, development and peacebuilding (the triple nexus) been integrated in the programming, planning of UNICEF's response? To what extent did the preparedness measures implemented prior to the crisis facilitate UNICEF's emergency response? To what extent have UNICEF's activities contributed to strengthening Myanmar's institutional emergency response capacity? How has UNICEF aligned with the overall framework of UN engagement in the country.? What are the major external and internal factors influencing the achievement (or not) of Emergency Programme results? What influence are these factors having on achievement (or not) of Emergency Programme outcomes? To what extent are human rights, equity concerns and gender equality consistently integrated in all aspects of emergency programming and implementation?
Efficiency	<ul style="list-style-type: none"> How timely have UNICEF's efforts to scale up the response capacity been? To what extend the preparedness activities (including supplies) have fed into the emergency response. What could have been improved and done differently? Were there any innovative approaches that improved efficiency (conversion of UNICEF inputs into outputs for the population) and to what extent? Is a transition from development programming & Implementation to emergency programming & implementation taking place? (Comment: This question needs to not only take the financial and technical transition into consideration, but also human resources, supply and other operational aspects into the assessment procedure.)
Coordination	<ul style="list-style-type: none"> Were UNICEF's resources and staff sufficient to ensure that it could adequately perform its role as cluster lead/co-lead during emergency response? To what extent did UNICEF cluster leads comply with the

Evaluation Criteria	Evaluation Questions and Sub-questions
	<p>responsibilities defined in the IASC and CCC ToR for cluster leads at the country level?</p> <ul style="list-style-type: none"> • To what extent did the internal coordinating tools facilitate the emergency response?
Coverage	<ul style="list-style-type: none"> • To what extent did UNICEF assistance reach/was accessible to affected populations in different areas (by gender, ethnicity, risk of conflict, age, socioeconomic, disability status, geography)?
Protection¹²	<ul style="list-style-type: none"> • To what extent did UNICEF assistance provided protection to the target population (such as protection from armed elements operating within the project area, or providing security within a displaced persons/refugee camp)? • To what extent were the MRM principles and obligations adhered to? • To what extent did UNICEF and implementing partners follow the PSEA guidelines and Child Safeguarding principles • Question on PSEA & Child Safeguarding

EVALUATION METHODOLOGY AND APPROACH

UNICEF’s Core Commitments for Children in Humanitarian Action¹³ will be at the centre of this evaluation. The evaluation will further focus on Humanitarian Performance Monitoring indicators derived from the CCCs. These two structures will provide an implicit logical framework of UNICEF’s emergency response.

The design of the evaluation is expected to be non-experimental, and formative and will focus on UNICEF’s overall response based on the OECD/DAC criteria (relevance, effectiveness, efficiency, and coherence sustainability) as well as other criteria specific to the evaluation of humanitarian action – connectedness, coordination, coverage¹⁴, with a focus on assessing the extent to which UNICEF’s emergency response and recovery efforts have contributed towards improving institutional capacities, services and wellbeing and rights of children in Myanmar. The evaluation will not evaluate ‘impact’ – neither in the OECD-DAC definition, nor in the sense of attributable change. Nevertheless, the evaluation will seek to assess the effectiveness of UNICEF’s response in achieving planned results. programme interventions.

¹² https://www.unicef-irc.org/publications/pdf/brief_3_evaluativecriteria_eng.pdf.

¹³ <https://www.unicef.org/media/59736/file/Core-commitments-for-children.pdf>

¹⁴ <https://www.alnap.org/help-library/evaluating-humanitarian-action-using-the-oecd-dac-criteria>

Mixed methods will be incorporated as far as possible. Discussions within Yangon and field consultations will be largely qualitative and is more likely to take place remotely. Quantitative data will be largely drawn from existing data sources, and to a lesser extent, from primary data collection. The evaluation team will need to draw on available quantitative data from recent evaluations, reviews, research, studies, progress reports, situation reports, national datasets and surveys and other sources. All data sources will need to undergo rigorous triangulation during data analysis and reporting. Bidders will be encouraged to propose any feasible stakeholder consultation approaches that could generate useful quantitative data on key issues and help form qualitative areas of enquiry.

Due to the high level of sensitivity vis a vis the parties to conflict and DFA in particular, the Evaluation Team will clear with the Deputy Representative – Programs all external meetings in advance including the questions which will be asked.

The methodology will be further refined in the inception phase, particular consideration of constraints posed by the country context.

The evaluation inception, draft and final report will comply with the UNEG guidelines: (<http://uneval.org/document/detail/608>) and the Humanitarian Action Guideline (<https://www.alnap.org/help-library/evaluation-of-humanitarian-action-guide>).

The evaluation inception, draft and final report should follow the UNEG report templates (<https://www.unicef.org/evaluation/media/816/file/UNICEF-Adapted-UNEG-Evaluation-Report-Standards.pdf>). In particular, the evaluation will include equity dimensions concerning the needs and level of participation of men, women, adolescents, children, socially excluded groups and marginalized groups and those living in geographically remote and protracted conflict areas.

In the proposal, the Evaluation Team will assess options and set out detailed methods suited to meeting the requirements of the purpose, scope and objectives of this evaluation.

The Evaluation Team will be expected to conform to guidance and standards set by UN and UNICEF. The team will be guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Ethical Guidelines for Evaluation](#) (2020), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017)

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Likewise, conventional ethical guidelines are to be followed during the evaluation. Specific reference is made to the **UNEG Norms and Standards and Ethical Guidelines**, as well as the [UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis](#) and [UNICEF's Evaluation Reporting Standards](#).¹⁵ Note that the standards cover the possibility of needing an ethical review of the inception report and evaluation tools, especially when vulnerable populations are included into the data collection. Ethical review from an IRB should be considered in the proposal and in the timeline and are the responsibility of the consultant. Good practices not covered therein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

Data collection methods

The evaluation team should consider mixed-methods and triangulate the data (both primary and secondary) obtained. It is expected that the team will use the following methods:

- Document review: Humanitarian situation reports, needs assessment, emergency response plan, periodic progress reports
- Key informant interview (KIIs)
- Focus group discussions (FGDs)

Due to the current conflict situation and the fourth COVID-19 wave (Omicron), field visits will not be feasible. KIIs and FGDs will be conducted remotely through use of phone interviews, Zoom meetings.

It is important to note that data collection might need to be done remotely in case of travel/ movement restrictions due to COVID-19 or state of emergency imposed by the government. Innovative and appropriate remote data collection methods need to be proposed and considered from the onset.

Data collection and analysis should be human rights based and gender sensitive. Data collected should be disaggregated by age, gender, state/region, disability, etc., as possible. Data triangulation will be of crucial importance. Data analysis should also include aspects of gender, equity and human rights into consideration.

A sampling strategy should be included in the Technical Proposal, setting out how geographic areas and populations, and different stakeholder groups will be sampled. This applies to both quantitative and qualitative data collection.

¹⁵ See: <https://www.unicef.org/media/54796/file>

Assessing and validating findings

- **Initial findings validation workshop:** Initial findings cleared by the Representative will be presented to a carefully selected number of stakeholders in a workshop to assess the validity/ accuracy of the findings and their relevance to the country context and UNICEF programming and strategy **at the end of the in-country visit/ data collection phase**, with feedback documented including where any divergent views, sensitivities, or lack of consensus on these findings arise. These will be based as far as possible on triangulation of evidence collected.
- **Final report/ Recommendations workshop:** Once data analysis is finalized, a final workshop with the reference group and management team will be conducted. Findings and conclusions will be presented. Conclusions should present reasonable judgements based on findings and substantiated by evidence and provide insights pertinent to the object and purpose of the evaluation and will be presented in the workshop. Stakeholders will then be asked at the workshop to help the evaluation team formulate and prioritise recommendations so that relevance, usefulness and actionability of these can be maximised. It is suggested that preliminary and well- thought recommendations are brought as inputs, although enough space should be given to co-creation of the recommendations in the workshop. It is to be noted here that versions of the two reports – an internal report with all issues openly articulated, and an external version for distribution to partners – will be prepared.

Limitations

Some limitations already foreseen should be taken into consideration in the proposal and in the design of the methodology and approach to be followed. Based on the non- engagement principles, the evaluation will not be considering interviewing the government officials. Another limitation will be challenges related to restrictions of movement to certain areas due to ongoing protest and armed conflict. COVID poses another limitation in terms of mobility and contact with people. Alternative scenarios and possibilities to ensure that the evaluation retains its high quality in the face of continued restrictions, as well as its participatory approach need to be considered and included in the proposal.

Tied to this are budget considerations as resources are being prioritized for the covid-19 response. Bidders are expected to offer the best possible services while being cost- conscious and looking for alternatives and innovations that can keep costs down while meeting the evaluation objectives.

Lastly, there might be limitations in terms of the available monitoring and cost-related information.

Bidders are encouraged to identify the limitations of the proposed methods and any risks related to evaluation conduct as well as mitigating measures for these limitations and risks in the proposal.

EVALUATION OUTPUTS AND DELIVERABLES

The language of all products will be in English only. Evaluation products expected for this exercise are:

- 1) **An Inception Report (IR)** of approximately 30 pages (and no more than 40) in English excluding annexes. The IR will be initially shared with the management team and after revision, will be shared with the reference group for clearance.

The Inception Report will be key in confirming a mutual understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage, evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives of the evaluation; ii) evaluation criteria and questions; iii) evaluation methodology (i.e., sampling criteria), along with a description of data collection methods and data sources (incl. a rationale for their selection), draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, data analysis methods and a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, the field visit approach, a description of the quality review process, a discussion on the limitations of the methodology and ethical considerations; iv) proposed structure of the final report; v) evaluation work plan and timeline, including a revised work and travel plan and deliverables timeline; vi) detailed evaluation budget; vii) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework); and vi) a summary of the evaluation (evaluation briefing note) for external communication purposes;

- 2) **A summary of initial evaluation findings from primary data collection of maximum 20 pages** excluding annexes, and a PowerPoint presentation to facilitate the initial findings consultation workshop. The report should include findings from the desk review and data collection (primary and secondary), with an initial attempt to triangulation of findings. The report should also present a matrix of quality of data collected for responding to each evaluation question and point to gaps that challenged the data collection phase. The report should include as annexes the notes and summaries made during the desk review, transcripts of qualitative data (KIIs and FGDs) as well as the anonymised datasets obtained from the online survey;

- 3) **A draft and final report** that fully conforms to the Global Evaluation Report Oversight System¹⁶ of ideally 40 pages but not more than 50 plus executive summary and annexes (in English and Myanmar) that will be revised until approved (incl. a complete first draft to be reviewed by the Evaluation Management Team and UNICEF; a second draft to be reviewed by the Reference Group, and a penultimate draft to be cleared by the Evaluation Management Team). It is to be noted here that versions of the two reports – an internal report with all issues openly articulated, and an external version for distribution to partners – will be prepared.

- 4) **A Power Point presentation of the final report** (in both English and Myanmar) to be used to share final evaluation findings and conclusions with the Reference Group in a validation workshop and updated to include final recommendations for use in subsequent dissemination events; and

- 5) **A four-page Evaluation Brief** (in both English and Myanmar) that is distinct from the executive summary in the evaluation report, and it is intended for a broader, non-technical and non-UNICEF audience, and should resemble an e-book or infographic as much as possible. The summary of findings and recommendations will also be shared with national and sub national level officials and will need to be produced using disability accessible and inclusive formats.

Reports will be prepared according to the UNICEF Style Guide, UNICEF Brand Toolkit and UNICEF Publication Toolkit (to be shared with the winning bidder) and UNICEF-Adapted UNEG Evaluation Reports Standards as per Geros guidelines (referenced before). All deliverables must be in professional level standard English and they must be language- edited/proof-read by a native speaker.

The final report as well as the four-page Evaluation Brief need to be accessible and inclusive of people with disabilities. This means specifically that:

- All images such as quotation boxes, tables and infographics in the design must be accompanied by Alt Text to enable a screen reader to detect and provide an audio description;
- Final publication must be delivered as an accessible PDF . The designer is expected to check the levels (and adjust accordingly) of accessibility in the

¹⁶ UNICEF has instituted the Global Evaluation Report Oversight System (Geros), a system where final evaluation reports are quality assessed by an external company against UNICEF/UNEG Norms and Standards for evaluation reports. The Evaluation Team is expected to reflect on and conform to these standards as they write their report. The team may choose to share a self-assessment based on the Geros with the Evaluation Manager.

document. They can do this using the “accessibility checker” in their design software and via the “Read Aloud” function on Adobe Acrobat Reader.

Other interim products are:

- Minutes of key meetings with the Evaluation Management Team and the Reference Group;
- Presentation materials for the meetings with the Evaluation Management Team and the Reference Group (if needed, in addition to the ones mentioned above). These may include PowerPoint summaries of work progress and conclusions to that point.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

PROPOSED SCHEDULE

An estimated budget has been allocated for this evaluation. As reflected in Table 1, the evaluation has a timeline of Three months from April to June 2022. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables, approximately 24 weeks on the part of the Evaluation Team. The proposal should consider alternatives for meeting the deadlines in the current Covid-19 scenario, including alternative ways of data collection and participatory validation.

Table 1: Proposed evaluation timeline¹⁷

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
1. INCEPTION, DOCUMENT REVIEW AND ANALYSIS		6 weeks	
1. Kick-off meeting	Meeting minute	Week 1	Evaluation Team, Evaluation management Team (EMT)
2. Inception phase (desk review; development of evaluation matrix,		Weeks 1-2	Evaluation Team

¹⁷ Please note that the timing of the data collection may change depending on the possibility of carrying out KIIs and FGDs and other contextual factors.

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
methodology and workplan, data collection material, drafting of the Inception Report)			
3. Draft inception report and present to evaluation manager	Draft Inception Report	Week 2	Evaluation Team, Evaluation Management Team
4. Evaluation management team provide feedback to the IR	IR commenting matrix	Week 3	Evaluation Management Team
5. Send revised inception report to reference group for their feedback and present IR to ERG	Revised IR and response to IR commenting matrix IR PPT	Week 4	Evaluation Manager, Reference Group Evaluation team
6. ERG to provide feedback to IR	IR commenting matrix	Week 5	
7. Send revised inception report integrating feedback from the reference group	Final Inception Report	Weeks 6	Evaluation Team, Evaluation Management Team, Reference Group
8. Review and approve final IR	Final Inception Report	Week 6	Evaluation manager
2. DATA COLLECTION AND INITIAL ANALYSIS		3 weeks	
1. Pilot data collection tools and conduct field-based data collection	-	Weeks 7-8	Evaluation Team
2. Prepare initial evaluation findings report and accompanying PPT	Initial evaluation findings report	Week 9	Evaluation Team, Evaluation Manager

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
presentation	PowerPoint presentation,		
3. Present preliminary findings PPT to ERG	PowerPoint presentation	Week 9	Evaluation Team, Evaluation Manager, Reference Group
3. ANALYSIS, REPORTING AND COMMUNICATION OF RESULTS		7 weeks	
1. Prepare and submit first draft of evaluation report(ER) to evaluation manager	Draft ER	Weeks 10-11	Evaluation Team
2. Feedback to Evaluation Team	ER commenting matrix	Week 12	Evaluation Manager
3. Prepare and submit second draft of evaluation report	Draft report Response to ER commenting matrix	Week 13	Evaluation Team
4. ERG to provide feedback to Evaluation Team	ER commenting matrix	Weeks 14	Evaluation Manager, Reference Group
5. Prepare and submit penultimate draft of evaluation report with accompanying PPT	Draft report Response to ER commenting matrix	Weeks 15	Evaluation Team
6. Validation workshop to prioritize and validate recommendations with the Reference Group and	PPT	Week 16	Evaluation team, Evaluation manager and Reference Group

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
Key stakeholders			
7. Submit and present final report to Reference Group, evaluation briefingnote and final power pointpresentation that can be used for dissemination purposes and other materials	Final report, executive summary, PowerPoint presentation, meeting minutes	Week 16	Evaluation Team, Evaluation Manager, Reference Group

MANAGEMENT AND COORDINATION

Evaluation management

The evaluation will be conducted by an external Evaluation Team recruited by UNICEF Myanmar for conduction of the CPE. The Evaluation Team will operate under the supervision of Regional Evaluation Advisor at UNICEF EAPRO, together with the Chief PME at UNICEF Myanmar. Together they will act as Evaluation Managers and therefore be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget. The Evaluation Managers will assure the quality and independence of the evaluation and guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, provide quality assurance checking that the evaluation findings and conclusions are relevant; and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. They will work in close collaboration with the Deputy Representative. The role of the evaluation management team is to provide feedback and oversight to every deliverable, including to its first draftversion.

A Reference Group will be established, including UNICEF staff from different sections of the Country Office, staff from the regional office, and up to two external experts (pending availability). The Reference Group will have the following roles: contribute to the preparation and design of the evaluation, including providing feedback and comments on the Inception Report and on the technical quality of the work of the consultants; provide comments and substantive feedback to ensure the quality – from a technical point of view
– of the draft and final evaluation reports; assist in identifying internal and external stakeholders to be consulted during the evaluation process; participate in review meetings organized by the Evaluation Management Team and with the Evaluation Team

as required; play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and participate in the drafting and validation of recommendations.

Quality assurance

Quality assurance plays a vital role in the evaluation and involves a wide range of people. Quality assurance must start from the evaluation team itself, and clear quality assurance considerations must be presented in the proposal and ensured throughout the evaluation. As a minimum, the UNICEF evaluation manager, together with the evaluation management team will also be the first layer of quality assurance. The reference group together with the Regional Office will add a second layer of technical and strategic feedback. Each deliverable will undergo a thorough process of quality assurance. Quality assurance will focus on the technical soundness of the deliverables, as well as on ensuring the deliverables meet the reporting standards set out by GEROS and other UNICEF and UNEG guidelines as mentioned above. The evaluation manager will make such guidelines available, as well as examples of highly satisfactory evaluation reports to guide the evaluation team.

Quality assurance turnaround times: The inception report and final report will go through various rounds of quality assurance, starting with a first review by the evaluation management team (1 week). After this review the evaluation firm will have one week turnaround time after which the report must be returned together with the comments matrix. This will then be shared with the reference group, who have two weeks to review the report and revert with comments. Power point presentations to the management team and reference group (in English and Myanmar) will also be given to provide interactive ways to get feedback.

EVALUATION TEAM COMPOSITION

The evaluation team should comprise of at least 2 members with one senior-level evaluation expert as Team Leader to lead the evaluation that will be supported by at least one team member with complementary (culturally diverse) backgrounds, skills and experience in the following. It is expected that the team is comprised by at least one Myanmar national to ensure presence in country even in case of current travel restrictions imposed due to Covid-19 and emergency in the country.

Team Leader

- A minimum of 10 years of evaluation experience in developing countries with excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, including

previous experience supporting evaluations involving national government partners

- Experience in conducting real time evaluations for UN agencies preferably including UNICEF or major bilateral donor for complex humanitarian emergencies response programmes, and familiarity with UNEG Norms and Standards and Ethical Guidelines and Core Commitments for Children (CCC).
- Previous experience of working in Myanmar is strongly preferred
- Experience in leading and managing emergency evaluation of UNICEF or other UN organizations preferably with good knowledge of UNICEF planning processes (CPD, AWP, HAC, HPM etc.).
- Diplomacy and tact in carrying out and presenting findings of evaluation processes in sensitive contexts
- Strong English report writing skills and a track record of producing high quality reports

Team member

- Having a multidisciplinary background, and understanding of key UNICEF technical areas – including health, nutrition / food security, WASH, child protection, humanitarian response,
- Experience of, and ability to design and factor in, essential cross cutting areas such as gender, human rights and child rights effectively into the evaluation process

Both members of the team should have:

- Strong inter-personal skills and ability to engage effectively with senior stakeholders
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions
- Commitment and willingness to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality
- The ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.
- Ability to write and communicate in Myanmar with professional standard is an asset

The Team Member(s) will play a key role in data collection, analysis and presentation, and preparation of the debriefings and will make significant contributions to the writing of the main evaluation report.

Mandatory Training Courses for UNICEF: All members of the team must have completed the mandatory training courses required by UNICEF evaluators at least once during past five years. These courses can be accessed through the following link to Agora Website (please search for them once at Website).

[AGORA \(unicef.org\)](http://AGORA.unicef.org)

- Ethics and Integrity at UNICEF
- Introduction to Ethics in Evidence Generation (Basic)
- Prevention of Sexual Harassment and Abuse of Authority
- Prevention of Sexual Exploitation Abuse (PSEA)

The Evaluation Team is expected to be gender and geographically balanced. Back-office support assisting the team with logistics and other administrative matters is also expected. **It is vital that the same individuals that develop the methodology for the RFPS will be involved in conducting the evaluation. In the review of the RFPS, while adequate consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (CV's and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.**

PAYMENT SCHEDULE

Payments are tied to key deliverables and will be as follows:

- Approved Inception Report: 30% of the contractual amount;
- Approved initial evaluation findings report: 20% of the contractual amount;
- Full and complete draft report for review of ERG: 20% of contract amount
- Approved validation workshop presentation; final report, final presentation, and other materials: 30% of contract amount;

APPLICATION PROCESS

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both **Technical and Financial Proposals**. The Evaluation Team first reviews the Technical Proposals followed by review of the Financial Proposals of the technically compliant firms. The proposal obtaining the highest overall score after adding the scores for the Technical and Financial Proposals together, that offers the best value for money, will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

1. Request for Proposals for Services Form (provided above).

a) **Presentation of the Bidding Institution** or institutions if a consortium (maximum two institutions will be accepted as part of the consortium), including:

- Name of the institution;
- Date and country of registration/incorporation;
- Summary of corporate structure and business areas;
- Corporate directions and experience;
- Location of offices or agents relevant to this proposal;
- Number and type of employees;
- In case of a consortium of institutions, the above listed elements shall be provided for each consortium members in addition to the signed consortium agreement; and
- In case of a consortium, one only must be identified as the organization lead in dealing with UNICEF.

Narrative Description of the Bidding Institution's Experience and Capacity in the following areas:

- Emergency programme evaluation or equivalent for UNICEF or other UN Agency
- Strategic evaluations of complex programmes for UN agencies or major bilateral donor Country Programmes
- Previous assignments in developing countries in general, but preferably in Myanmar
- Previous and current assignments using UNEG Norms and Standards for evaluation.

b) **Relevant References** of the proposer (past and on-going assignments) in the past five years. UNICEF may contact reference persons for feedback on services provided by the proposers.

c) **Samples or Links to Samples of Previous Relevant Work** listed as reference of the proposer (at least three), on which the proposed key personnel directly and actively contributed or authored.

d) **Methodology.** It should minimize repeating what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail.

2. Work Plan, which will include as a minimum requirement the following:

- General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any; and
- Detailed timetable by activity (it must be consistent with the general workplan and the financial proposal).

Evaluation Team:

- Summary presentation of proposed experts;
- Description of support staff (number and profile of research and administrative assistants etc.);
- Level of effort of proposed experts by activity (it must be consistent with the financial proposal); and
- CV of each expert proposed to carry out the evaluation.

The Technical Proposal will be submitted in hard copy and electronic (PDF) format.

Please note that the duration of the assignment will be from March to June 2021, and it is foreseen that the Team Leader and the Team Expert/Team Members will devote roughly half of their time to the evaluation. The presence of a conflict of interest of any kind (e.g., having worked for or partnered with UNICEF in Myanmar on the design or implementation of current will automatically disqualify prospective candidates from consideration).

The Financial Proposal should include but not be limited to the following:

- a) Resource Costs:** Daily rate multiplied by number of days of the experts involved in the evaluation.
- b) Conference or Workshop Costs (if any):** Indicate nature and breakdown if possible.
- c) Travel Costs:** All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the financial proposal.
- d) Any Other Costs (if any):** Indicate nature and breakdown.
- e) Recent Financial Audit Report:** Report should have been carried out in the past two years and be certified by a reputable audit organization.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that:

- b) travel costs shall be calculated based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals.

The financial proposal must be fully separated from the technical proposal. The financial proposal will be submitted in hard copy. Costs will be formulated in US\$ and free of all taxes.

EVALUATION WEIGHING CRITERIA

The proposals will be evaluated against the two elements: technical and financial. The ratio between the technical and financial criteria depends on the relative importance of one component to the other. Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this ToR is

split between technical and financial as follows:

- Weightage for Technical Proposal = 70%
- Weightage for Financial Proposal = 30%
- Total Score = 100%

Technical Proposal:

The Technical Proposal should address all aspects and criteria outlined in this Request for Proposal.

Table 1: Evaluation of Technical Proposal

Item	Technical Evaluation Criteria	Max. Points Obtainable
1	Overall Response e.g. the understanding of the assignment by the proposer and the alignment of the proposal submitted with the ToR	20
1.1	Completeness of response	5
1.2	Overall concord between RFP requirements and proposal	15
2	Company and Key Personnel	40
2.1	Range and depth of organizational experience with similar projects	5
2.2	Samples of previous work	5
2.3	Number of customers, size of projects, number of staff per project	5
2.4	Client references	5
2.5	Key personnel: relevant experience and qualifications of the proposed team for the assignment	20
3	Proposed Methodology and Approach e.g. Work plan showing detail sampling methods, project implementation plan in line with the project	40
3.1	Proposed work plan and approach of implementation of the tasks as per the ToR	15
3.2	Implementation strategies, monitoring and evaluation, quality control mechanism	10
3.3	Technologies used - compatibility with UNICEF	5
3.4	Innovative approach	10
TOTAL TECHNICAL SCORES		100

Minimum technical required score: 65

Financial Proposal

The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component.

All other price proposals will receive points in inverse proportion to the lowest price, e.g.,

Score for price proposal X =	\$Value of lowest priced proposal (Divided by) \$Value proposal X
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Annexes

Annex 1: Expected format for the final report

Executive Summary (up to 4 pages)

- **Acknowledgements**

Table of contents

- **Abbreviations and acronyms**
- **Map**
- **Introduction (6-7 pages)**
 - o Purpose of the Emergency Programme Evaluation
 - o Scope of the evaluation
 - o Methodology and approach to the evaluation
- **Country context and UNICEF’s Emergency Programme (6-7 pages)**
 - o Draw from the appropriate sections of the Inception Report, with relevant updates based on the subsequent field work and analysis
- **Findings (25-30 pages)**
 - o Answers to each of the evaluation questions
- **Conclusions (5- 6 pages)**
- **Lessons (3-4 pages)**
- **Recommendations (3-4 pages)**
- **Annexes**
 - o Terms of Reference
 - o Inception Report including Evaluation Matrix
 - o Bibliography

For further information, please contact:

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for every child