

LOCALISATION: REVIEW OF EVIDENCE AND BEST PRACTICE TO INFORM THE MYANMAR NUTRITION SECTOR

REVIEW

A review by the HARP
Facility

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Executive Summary

Due to Myanmar's complex operating environment coupled with the coup d'etat in February 2021 and ongoing COVID-19 pandemic, strengthening localisation and increasing the roles of local actors in the nutrition response is even more vital now in order to scale-up nutrition programming immediately. COVID-19 has highlighted the important role of national/ local organisations in coordinating a more optimal response, especially in a context of increasing limited access and movement restrictions requiring approvals. Localisation is ever important for sustainability and continuity of service provision. This report was commissioned by the Humanitarian Assistance and Resilience Programme Facility (HARP-F) to review experiences of localisation to inform an immediate localisation strategy for the nutrition sector in Myanmar. This report was developed through a literature review as well as interviews with national/ local organisations, international non-governmental organisations (INGOs), and UN agencies. The best practices and recommendations were developed by the authors and informed by the literature review and key informant interviews.

Best Practices:

Current evidence on successful approaches to localisation are minimal and even more limited for the nutrition sector. While there is insufficient literature to draw definitive conclusions on best practices in localisation for the nutrition sector, there are case studies in other sectors, including from other countries, that are applicable to the Myanmar nutrition sector. Through the literature review, the authors have outlined the best practices for policy, partnerships, funding, coordination and capacity-building (Table A).

Recommendations:

Next steps and recommendations are identified for the nutrition cluster lead agency (UNICEF), INGOs, the Scaling Up Nutrition Civil Society Alliance (SUN CSA), national/ local organisations and donors in the nutrition sector in Myanmar (Table B).

Conclusion:

In order to advance localisation immediately within the Myanmar nutrition sector, the priority next steps include:

- The nutrition cluster to hold a series of **workshops to identify the main barriers** for national/ local organisations in implementing nutrition programming, engaging in coordination mechanisms, and increasing leadership roles within the nutrition sector, with the aim of finding solutions.
- The nutrition cluster or the SUN secretariat to develop a **localisation strategy** at the national and subnational level within the Myanmar nutrition strategy based on the workshop and findings included in this report.
- The nutrition cluster to **determine actionable next steps based on the barriers workshop to increase leadership and representation of national/ local organisations** (including smaller civil society organisations (CSOs)/ community-based organisations (CBOs)/ ethnic health organisations (EHOs)) within nutrition national and sub-national coordination mechanisms.
- The nutrition cluster to determine the **most appropriate modality to track the amount of funds distributed to national/ local organisations (directly and indirectly)** and frequency it should be updated.
- Nutrition sector **intermediaries/ INGOs to develop and implement a long-term localisation strategy with incremental milestones**, with the goal to build capacity of and to transition grant ownership to national/ local organisations and affected communities (such as women-led organisations).
- **Donors to simplify grant applications, translate funding guidelines in the Myanmar language, allow applications to be submitted in the local language, provide flexible longer-term funding, and adapt monitoring/ reporting expectations.**

Table A: Best practices identified to improve localisation in the Myanmar nutrition sector

Policy	<ol style="list-style-type: none"> 1. To ensure localisation is a priority, nutrition organisations should have policies or strategic objectives outlining their approach and intentions on localisation. 2. If localisation has not been successfully achieved or is not inherent to the organisation, international organisations implementing nutrition programmes should have targets towards localisation that they can be accountable to. These should be reflected in country-level plans and response strategies, as well as international policies for that organisation and across the nutrition sector. 3. Targets towards localisation in the nutrition sector should provide incremental support for the transition of resources and responsibilities over time. 4. Policies should outline the methods required to achieve targets towards improved localisation approaches in the Myanmar nutrition sector.
Partnership agreements, contracting and strategy	<ol style="list-style-type: none"> 1. A common strategy between and the roles and responsibilities of all parties in nutrition partnership agreements should be clearly defined to ensure a common objective, appropriate responsibility is identified from the outset of an agreement, and to build trust. 2. The participation of the affected population and national/ local organisations, especially women-led organisations, to lead their own nutrition response should be increased and they should be included in the entire project cycle including project design, implementation, and monitoring. 3. There should be a strategy to ensure incremental transfer of responsibility to national/ local organisations in the nutrition sector to help grow their ability to manage funds directly. Monitoring the transition of responsibilities is critical to ensure progress and accountability.
Funding	<ol style="list-style-type: none"> 1. Percentage of humanitarian and development funds allocated to national/ local organisations should be tracked in the nutrition sector to improve accountability. 2. Flexible multi-year funding should be provided to allow for meaningful investment in capacity-strengthening, systems and organisational governance, allowing national/ local nutrition organisations with fewer resources to adapt to unforeseen circumstances (Emmens et al 2018, Flint 2019, Caritas 2021). 3. Overhead costs should be provided to national/ local nutrition organisations instead of restricting contributions to project activities, to support institutional development with a longer-term goal of national/ local organisations being able to achieve donor compliance and manage risk (Metcalfe-Hough, V et al 2021). 4. Donors should have administrative capacity, a facilitatory structure and flexibility to manage direct funding to national/ local organisations (OECD 2017) in the Myanmar nutrition sector, to prevent creating excessive administrative burden for national/ local organisations and to facilitate provision of direct funding. 5. If direct funding is not possible, use of pooled funds, consortiums of national/ local organisations and country-based funds should be encouraged within the nutrition sector.
Coordination	<ol style="list-style-type: none"> 1. National/ local organisations should be included in Myanmar nutrition coordination mechanisms (national and/or subnational) and strategic discussions, which could be achieved by addressing identified barriers (power imbalances, language barriers, high turnover of sector coordination staff and lack of resources). 2. National/ local organisations should be a core contributor to the Myanmar nutrition coordination dialogue and their engagement facilitated by ensuring regular communication, technical and organisational capacity-building, using a mix of remote and in-person approaches, engaging bilaterally with national/ local organisations and ensuring they are part of decision-making structures.
capacity-building	<ol style="list-style-type: none"> 1. In addition to building nutrition technical skills, capacity-building should focus on building organisational systems such as operational, financial management, human resources, procurement and policy development. Capacity-building should be based on an assessment of the barriers to national/ local organisations receiving funding directly in the Myanmar nutrition sector (Lees et al 2021, Flint 2013, IRC Jan 2019). 2. There should be a clear strategy for capacity-building to allow the incremental transfer of responsibilities to national/ local nutrition organisations over time based on meeting predefined thresholds, if they are not able to commit to taking responsibility immediately. In particular, donors should incentivise shifting behaviours by including a specific budget line/ section for capacity-building/ organisational development (Christian Aid et al 2019; InterAction 2021). 3. Intermediaries should have the clear intention to only provide backstopping or secondary roles when adequate local capacity does not exist, to prevent duplication of effort or delays to achievement of localisation approaches for nutrition programmes. Ensure local staff are not poached from national/ local nutrition organisations by supporting them to develop retention strategies, acknowledging the work of national/ local nutrition organisations, and preventing unethical recruitment. 4. Open communication and mentorship allowing regular feedback should be facilitated to ensure effective capacity-building of national/ local organisations takes place in the Myanmar nutrition sector.

Table B: Recommendations and next steps

<p>Policy</p>	<p>Nutrition Cluster Lead Agency (UNICEF)</p> <ul style="list-style-type: none"> • Develop a localisation strategy at the national and then subnational levels (this could be based on the WASH sector's localisation note) and integrate it with the Myanmar nutrition sector strategy, to include: <ul style="list-style-type: none"> ◦ Key agreed and defined localisation terms in line with the Grand Bargain Commitments 2.0 to ensure a common understanding amongst stakeholders and address the power dynamics between international and national actors. ◦ Explicit commitments, targets and transition phases for transfer of responsibility when partnering with national/ local organisations. ◦ Monitoring and evaluation frameworks to measure localisation to assess progress (this could be based on the WASH sector frameworks (responsibility and participation matrices) to assess each nutrition activity in the nutrition sector strategy. • Create practical toolkits and step-by-step guidelines for INGOs, national/ local organisations, donors, private sector, UN agencies and other stakeholders on how to successfully draft and institutionalise policies which facilitate successful localisation in the Myanmar nutrition sector.¹ Ensure there is strong representation of national/ local organisations in the development of these toolkits. <p>INGOs</p> <ul style="list-style-type: none"> • Ensure policies or strategic objectives around localisation in Myanmar with associated targets are in place, in line with the nutrition sector strategy. These should be reflected in country-level plans and response strategies, as well as international policies. <p>National/ local organisations</p> <ul style="list-style-type: none"> • Advocate for the inclusion of national/ local organisations in the development of Myanmar nutrition localisation policies and strategies to ensure national/ local organisations and affected populations have a participating voice. <p>Donors</p> <ul style="list-style-type: none"> • Fund the development of a localisation strategy for the Myanmar nutrition sector. • Extend funding timeframes to allow for the successful phased handover of responsibilities to national/ local NGOs in nutrition programmes. • Ensure there are explicit commitments and targets included in grants to support localisation of nutrition programmes and that grantees are held accountable to those targets.
<p>Partnership agreements, contracting and strategy</p>	<p>Nutrition Cluster Lead Agency</p> <ul style="list-style-type: none"> • Increase the role of national/ local organisations, including women-led organisations, in direct implementation of nutrition programming by: <ul style="list-style-type: none"> ◦ Identifying national/ local organisations that are already implementing nutrition-sensitive activities who can add on nutrition-specific activities which require less training, such as MUAC screening. ◦ Exploring opportunities for simplified approaches² to be used. This may include the use of low-literacy tool prototypes to enable national/ local organisations to more easily implement wasting treatment. ◦ Including national/ local organisations in the nutrition sector 4W's and coordination platforms. • Encourage greater participation of affected communities in community-led approaches by stating their needs and participating in nutrition project design through encouraging national/ local organisations to facilitate their involvement. • Conduct a workshop to determine how to address identified barriers to implementation of nutrition programming by national/ local organisations, to increase their engagement moving forward. <p>INGOs and the SUN CSA</p> <ul style="list-style-type: none"> • SUN CSA to conduct a mapping of active CSOs/ CBOs/ EHOs, especially women-led organisations, to facilitate partnerships with national/ local organisations across nutrition-specific and -sensitive programming. SUN CSA to empower and support national/ local organisations by providing support in strategy development and sharing information on INGOs, to enable CSOs/ CBOs/ EHOs to establish partnerships. • Ensure there is due diligence conducted, by all parties in an agreement, prior to nutrition partnerships commencing to ensure they are impartial to the relief they provide. • Develop partnerships markers and indicators to ensure incremental transfer of responsibilities, such as funds management, to national/ local organisations and the affected population³ in nutrition projects and monitor indicators accurately. • For nutrition organisations who have fewer partnerships with national/ local organisations, reach out to networks such as the SUN CSA and the Local Resource Centre to nominate national/ local nutrition partners. Consult with localisation champions such as Christian Aid for guidance. • When partnering with national/ local organisations, ensure roles and responsibilities are agreed at the outset of the nutrition project. Involve national/ local organisations and affected populations at all stages of the nutrition project cycle, from the design phase to the evaluation phase. Ensure strategy and objectives are jointly agreed upon with national/ local organisations. • Work with national/ local organisations, especially women-led organisations, to address identified barriers to their greater involvement in direct implementation of nutrition programming. <p>National/ local organisations</p>

¹ Resources include: *Localisation in practice: Seven Dimensions Framework for Localisation GMI, June 2018*; *Global Localisation Framework by Accelerating Localisation through Partnerships Accelerating Localisation through Partnerships t al, 2019*; *NEAR Localisation Measurement Performance Framework*; *Measuring Localisation: Framework and Tools Humanitarian Advisory Group Dec 2019*; *Approaches to Partnership Measurement: A Landscape Review 2021*

² <https://www.enonline.net/fex/52/communityhealthworkerssam>

³ Resource: *Approaches to Partnership Measurement: A Landscape Review (Niel, R. 2021)*.

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- When partnering with an INGO, ensure roles and responsibilities are agreed at the outset of the nutrition project and ensure participation through the whole nutrition project cycle from design to evaluation, and ensure roles and responsibilities are accurately monitored. Ensure joint agreement of the nutrition strategy and project objectives, including the incremental transfer of responsibilities to national/ local organisations and the affected population.
- Ensure participation of affected populations through community-led approaches and CSOs/ CBOs and be their voice through the whole nutrition project cycle, from design to evaluation.
- Communicate identified barriers to implementing nutrition programmes faced by national/ local organisations and work with international organisations and the Nutrition Cluster Lead Agency to address these.

Donors

- Ensure nutrition grants have a clear strategy for the incremental transfer of responsibilities from international organisations to national/ local organisations and affected populations for all stages of the nutrition project cycle, including funds management, and that this is accurately monitored. Encourage open dialogue regularly between all parties in the nutrition project to discuss progress and challenges and provide flexible nutrition funding to allow adaptations as required.
- Fund technical (nutrition) and operational capacity-building of national/ local organisations as required, to ensure the capacity exists to increase responsibilities of national/ local organisations through the grant period. This should involve training and capacity-building for grant administration processes to build confidence in applying and managing funds (examples exist through LIFT and HARP-F funding).
- Be aware of the specific challenges and barriers faced by national/ local organisations (especially women-led organisations), CBOs/ CSOs and affected populations in implementing nutrition project activities, and advocate for their safe ability to programme according to the [Humanitarian Charter](#).

Funding

Nutrition Cluster Lead Agency

- Strengthen the Myanmar nutrition sector 4W to track the exact amount of direct funding awarded to national/ local organisations and to track sub-granting, including to CBOs/CSOs.
- Facilitate the participation of national/ local organisations in the Myanmar nutrition sector in accessing funding through pooled, consortium and country-based funding mechanisms.

INGOs/ SUN CSA

- SUN CSA to play a larger role in assisting national/ local actors in writing nutrition grant proposals and translating donor guidelines into the Myanmar language.
- Ensure sufficient indirect (overhead) costs are provided to national/ local nutrition organisations subgranted through international organisations.
- Consider the use of the small grants approach, similar to the approach by the Thai Border Consortium, to increase funding to national/ local organisations.

National/ local organisations

- Seek flexible multi-year funding through highlighting the need for funds to strengthen organisational capacity and governance in the Myanmar nutrition sector, and the need to allow adaptations to programming in the case of unforeseen circumstances e.g. the COVID-19 pandemic.
- Advocate for provision for indirect (overhead) costs in all nutrition grants to allow for increased flexibility, agility and effectiveness as a national/ local nutrition organisation.
- Consider approaching nutrition sector funding opportunities in a consortium with other national/ local nutrition organisations to strengthen the application and increase the chance of successful funding.

Donors

- Allow flexible multi-year nutrition funding for national/ local organisations to allow for meaningful investment in capacity-strengthening, systems and organisational governance, and to allow for adapted programming in the case of unforeseen circumstances e.g. the COVID-19 pandemic.
- Include a policy on providing a set percentage on indirect cost recovery for overhead costs for national/ local organisations in the Myanmar nutrition sector to allow adequate capacity-building and organisational development.
- Simplify the nutrition grant application process and have a flexible, facilitatory structure so national/ local organisations can apply for funding, for example accepting proposals in Myanmar language, simplifying the administrative requirements, and allowing unregistered organisations to apply.
- Documentation such as donor nutrition policies and guidance should be available in the local language to enable more national/ local organisations to apply for funding.
- Where direct funding to national/ local organisations is not possible, facilitate their access to nutrition funding through pooled, consortium and country-based funding.
- Build donor capacity to enable direct funding to national/ local organisations in the Myanmar nutrition sector through achieving specific, agreed criteria in order for direct funding to occur.

Coordination

Nutrition Cluster Lead Agency

- Strengthen and systemise the approach to engaging national/ local nutrition organisations by identifying and addressing barriers to their participation in nutrition coordination mechanisms ([Caritas 2021](#)).
- Provide clear guidelines and steps, and revise policies/ set targets, for national/ local organisations to join decision-making structures in the Myanmar nutrition sector. Ensure there is consensus amongst members and support from external stakeholders to change the membership criteria ([InterAction 2021](#)).
- Identify and address barriers for national/ local organisations to actively participate in nutrition coordination structures (national and/ or subnational). Determine the most appropriate coordination approach (mix of in-person and online) and communication channel and ensure the local language is used in meetings/ provide translators as needed.
- Finalise the subnational coordination structures (such as the SUN CSA) and ToRs. Activate these structures so locally relevant platforms are available for local and national organisations to engage with.

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- Use the suggested questions from Campbell et al to examine how to better involve national/ local organisations in nutrition coordination mechanisms ([Campbell et al 2016](#)).

INGOs/ SUN CSA

- As an intermediary, implement communication strategies that create a safe space for national/ local organisations to take leadership roles and actively participate in nutrition coordination structures.
- Actively build the capacity of national/ local organisations to participate in Myanmar nutrition coordination mechanisms and encourage a regular dialogue between all parties to facilitate this.
- SUN CSA to play a larger role in nutrition coordination structures and include EHOs/ CBOs for a more integrated approach to improving nutrition outcomes in Myanmar.
- SUN CSA to connect with the newly developed localisation working group in Myanmar.

National/ local organisations

- Actively participate and take leadership roles in nutrition coordination mechanisms and provide feedback to donors, INGOs and the Nutrition Cluster Lead Agency on the resources needed to do this. MHAA, MAM and KMSS are large national organisations that are well placed to support nutrition coordination mechanisms in Myanmar but also encourage leadership from smaller national/ local organisations.
- Consider reactivating a CSO-led coordination mechanism, with active representation from national/ local organisation members, to facilitate the contribution of national/ local organisations in Myanmar nutrition coordination mechanisms.
- Participate in the LEARN (phase 3) initiative to improve capacity to facilitate involvement in nutrition coordination mechanisms.

Donors

- Ensure unrestricted funding for overhead costs are included in partnership agreements between all parties, including funding for internet costs and mobile phones for national/ local organisations, to ensure capacity and ability to engage in coordination mechanisms.

Capacity- building

Nutrition Cluster Lead Agency (UNICEF)

- Coordinate and track capacity assessments (including technical and also organisational/ institutional) of nutrition organisations to avoid duplication of effort and creating an extra burden on national/ local organisations.
- Ensure the nutrition cluster has a long-term strategy and seek funding for national/ local capacity-building.
- Finalise a code for ethical requirements related to nutrition staff recruitment, such as minimum notice periods and transitional support arrangements, to avoid unethical recruitment ([Featherston 2017](#))

INGOs

- If nutrition supervision is done jointly, ensure the mentor/ intermediary provides support instead of directly implementing, to support the development of local skills.
- Intermediaries should ensure there is a long-term strategy for capacity development of national/ local organisations, including developing phases or milestones which can match funding lengths, in order to hand over full responsibility to national/ local nutrition organisations when sufficient capacity has been built.
- Design training that is tailored to the needs, wants and capacity of national/ local organisations but is not limited to what is needed to deliver the nutrition project. Ensure training focuses on what is needed to overcome common barriers to national/ local organisations receiving direct funding. Training should include mentoring in human resources, financial management, logistics, procurement, grant writing and policy development.
- Provide equitable pay when partnering with national/ local nutrition organisations, ideally with one salary structure for international and national/ local nutrition staff, to reduce turnover of staff out of national/ local nutrition organisations.
- Facilitate an enabling environment for national/ local nutrition organisations to reach out for support (including technical) and mentorship by agreeing on a communication strategy beneficial to all parties.

National/ local organisations

- Review organisational operational policies and regulations and update them to match donor requirements (may need a consultant to support this or for it to be built into grants with intermediaries).
- Where national/ local nutrition organisations already have sufficient capacity and skills, provide institutional capacity-building for other national/ local nutrition organisations and CSOs/ CBOs.
- Focus on building national/ local capacity to ensure those nutrition organisations meet donor requirements and due diligence, to allow direct funding to be received.
- National/ local nutrition organisations should conduct their own capacity assessments where feasible to gain a greater understanding of their own strengths and weaknesses.

Donors

- Provide funding for capacity development beyond nutrition project activities by including a budget for organisational/ institutional capacity-building, training and mentorship of national/ local organisations.
- Ensure grantees include a long-term strategy for capacity development with phases and milestones which match funding lengths.
- To ensure capacity strengthening work is not a burden, consider combining trainings, such as monitoring and evaluation with policy development, to reduce the commitment demanded on national/ local nutrition organisations
- Provide longer-term funding to allow nutrition staffing gaps, staff salaries and other staffing costs to be covered as required, ideally with one salary structure for international and national/ local nutrition staff salaries, to reduce turnover of national staff.

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Acronyms

AGE	Action for Green Earth
BHA	Bureau for Humanitarian Assistance
COVID-19	Coronavirus 2019
CBOs	community-based organisations
CERA	Community Empowerment and Resilience Association
CERF	Central Emergency Response Fund
CMMDA	Chan Myae Mitta development Association
CSOs	civil society organisation
ECHO	European Commission's Civil Protection and Humanitarian Aid Department
EHO	ethnic health organisations
FAO	Food and Agriculture Organisation
FCDO	Foreign, Commonwealth & Development Office
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GMI	Global Mentoring Initiative
GNC	Global Nutrition Cluster
HAG	Humanitarian Advisory Group
HARP-F	Humanitarian Assistance and Resilience Programme Facility
HCT	Humanitarian Country Team
HR	human resource
HRP	Humanitarian Response Plan
IFRC	International Federation of the Red Cross
IMAM	integrated management of acute malnutrition
INGOs	international non-governmental organisations
IRC	International Rescue Committee
IYCF	infant and young child feeding
KBC	Kachin Baptist Convention
KBPHW	Kachin Back Pack Health Workers Team
KDB	Kachin Development Group
KMSS	Karuna Mission Social Solidarity
L2GP	Local to Global Protection
LIFT	Livelihoods and Food Security Fund
MAM	Medical Action Myanmar
MDF	Metta Development Foundation
MEAL	monitoring, evaluation, accountability and learning
MHAA	Myanmar Health Assistant Association
MHDO	Myanmar's Heart Development Organisation
MHF	Myanmar Humanitarian Fund
MNGO CPR	Myanmar NGO Consortium for Preparedness and Response
MNN	Myanmar NGO Network
MS-NPAN	Multi-Sectoral National Plan of Action on Nutrition
NGO	non-governmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PKNR	Paung Ku Nargis Response
PSEA	prevention of sexual exploitation and abuse
SSYCBC	Shan State Youth Capacity Building Centre
SUN CSA	Scaling Up Nutrition Civil Society Alliance
UN	United Nations
WASH	water, sanitation and hygiene
WFP	World Food Programme
WON	Women's Organisation Network
WPN	Wunpawng Ninghtoi

Introduction

Background

Myanmar has experienced multiple crises over several decades from natural disasters to political unrest. The operating environment is extremely complex with the coup d'état in February 2021 and ongoing COVID-19 pandemic. On the west side of the country lies the ongoing Rohingya crisis in Rakhine state. With security incidents and movement restrictions requiring approvals, humanitarian access is often limited. The most recent national survey in 2015 shows nationally wasting is 7% and stunting is high at 29% (DHS 2015). The current nutrition situation is likely worse given the multiple crises since the survey. With an anticipated increase in nutrition service needs due to the more recent conflicts, the role of civil society in Myanmar is crucial for an effective humanitarian response. While there have been several localisation initiatives, continued progress in the nutrition sector is needed.

What is localisation and the Grand Bargain Commitment?

In recent years, there has been increasing focus on the essential role of local/national organisations in humanitarian crises. Five years after the Grand Bargain Commitment⁴ was introduced in May 2016 at the World Humanitarian Summit, localisation has gained momentum but little progress on the commitments has been made. In 2021, a new proposed framework ([Grand Bargain Commitments 2.0](#)) was introduced to strengthen engagement with local actors by increasing their representation and influence. It also calls for a more equitable and complementary division of labour putting local knowledge and community needs at the centre of programme development. The Grand Bargain defines localisation through humanitarian action “as international as necessary, and as local as possible.”

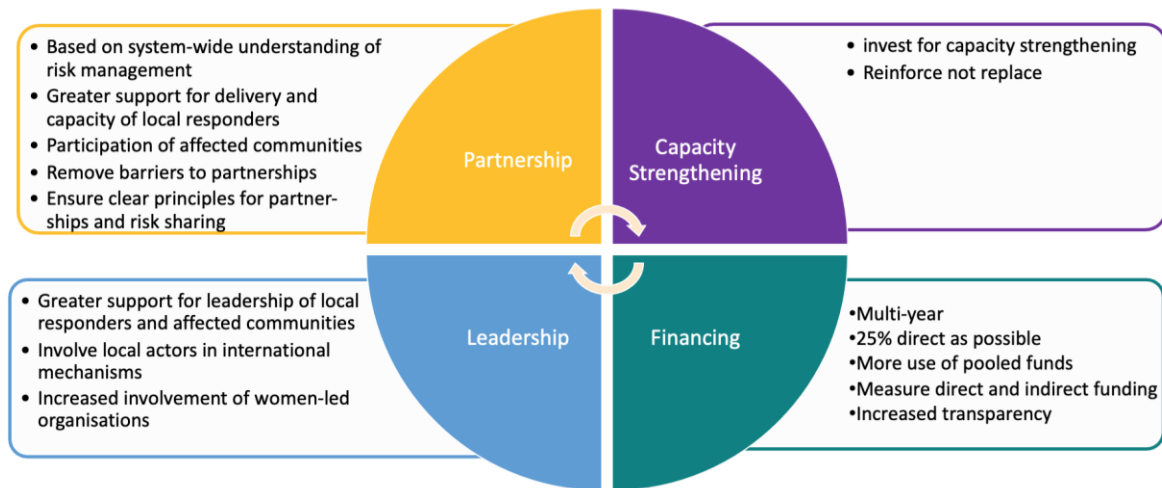
Figure 1 highlights the Grand Bargain Commitments toward localisation based on partnership, capacity strengthening, coordination and financing. Under the Grand Bargain Commitments 2.0 to contextualise humanitarian response, a commitment to channel at least 25% of humanitarian funding to local and national responders was made. The commitment also calls for multi-year funding, recognising that developing institutional capacity takes time.

The humanitarian and aid system has made little progress in advancing the localisation agenda. Pushback against involving local and national organisations is also present due to the systemic structure of the humanitarian and aid system. Degan Ali, Executive Director at Adeso, points out the inherent systemic structure of power, money and decision-making in the design of humanitarian and aid systems ([Cornish 2019](#)).

The stall in progress has also been attributed to a lack of a globally agreed-upon definition of localisation and a different understanding of what makes an actor “local” ([InterAction 2021](#); [IRFC](#); GMI [b] 2020). In more recent years, localisation (or localised response) is being used as a broader term to encompass a wide range of approaches to increase the number of local staff and support local organisations rather than to refer specifically to “locally-led” humanitarian action ([Local to Global 2016](#)). Often, these definitions are not in line with the intent of the Grand Bargain delaying progress in localisation (GMI [b] 2020).

⁴ The Grand Bargain Commitment is an agreement between some of the largest donors and humanitarian organisations who have committed to improving the effectiveness and efficiency of humanitarian action.

Figure 1: Grand Bargain Commitments towards a localisation agenda



Adapted from *IFRC Localisation External Brief 2018 and Grand Bargain Commitments 2.0*

Why is localisation important for the Myanmar nutrition sector and why now?

- **Traditionally humanitarian response is led by international non-governmental organisations (INGOs) and supported by national/ local organisations.** Often the treatment of wasting is particularly dependent on external funding and agency support and services tend to end when external financial and agency support ends.
- **For the sustainability and continuity of service provision, support and partnerships with local humanitarian responders is vital.** National/ local organisations have the ability to provide early response and access, increase acceptance within the community, increase cost-effectiveness of the response and increase accountability ([OECD](#)). Other strengths of local organisations include bringing contextual awareness, adaptability, trusted relationships, deeper knowledge of language and cultural and socio-economic knowledge to the humanitarian response. They often have access where international actors do not and so play a key role in securing access in hard-to-reach areas ([IRC 2021](#)). Thus, they are able to mobilise local networks and reach affected populations more easily.
- **While there are criticisms over localisation, there is emerging evidence to show programme delivery in partnership with local organisations compared to direct implementation by INGOs alone can produce better outcomes in achieving strategic goals** ([IRC Jan 2019](#); [Corbett, J et al April 2021](#); [L2GP May 2016](#)). In highly politicised environments there is a risk of politicising the humanitarian response ([InterAction 2021](#)). Criticisms from the wider humanitarian community have been that the quality of the programming and service provision is often limited when provided by national/ local organisations due to the lack of capacity. Meeting international standards to manage financial risk and reporting often prevents donors and international partners from trusting national/ local organisations. However, a review by IRC using secondary data analysis and conducting external consultations concluded that partnerships between national/ local and international organisations enhanced the relevance and appropriateness of humanitarian responses ([IRC Jan 2019](#)). While direct comparisons are difficult, IRC estimates that the Project for Local Empowerment (PLE) implemented by civil society actors in Thailand and Myanmar cost \$60 million over six years from 2011 to 2017; a much lower cost than if it had been carried out directly by INGOs ([IRC Jan 2019](#)). The reason for the success was attributed to staff of local organisations costing less, who were more easily deployed and who had good knowledge of the cultural context ([Manis 2018](#)). While there is

evidence to support the assumption that it is more cost-efficient to partner with national/ local organisations ([IRC Jan 2019](#); [Geoffroy et al 2017](#)), an evidence review of whether localisation of aid is cost-effective was inconclusive with insufficient evidence ([Manis 2018](#)).

- **Existing literature shows that community groups play a vital role in responding quickly to crises before the arrival of international organisations** ([IRC Jan 2019](#); [Corbett et al, 2021](#)). In Bangladesh during the Rohingya crisis in Cox's Bazaar and in the Philippines during the Typhoon Haiyan response, national/ local organisations were often the first to respond in the first few days or hours of the crisis ([IRC Jan 2019](#)).
- **With the COVID-19 pandemic, strengthening localisation and increasing the roles of national/ local organisations in nutrition response is even more vital now** in order to scale-up nutrition-specific and nutrition-sensitive programming. The COVID-19 pandemic has highlighted the important role of authorities and national/ local organisations in coordinating a more optimal response.

Purpose of Report

This report was commissioned by the Humanitarian Assistance and Resilience Programme Facility (HARP-F) to review experiences of localisation globally and in Myanmar, in the nutrition and other sectors, to identify key learnings to inform an immediate localisation strategy for the Myanmar nutrition sector. The findings and recommendations are intended for national/ local organisations, donors, United Nations (UN) agencies involved in the nutrition sector, the Scaling up Nutrition (SUN) network, the Global Nutrition Cluster (GNC), non-governmental organisations (NGOs) implementing nutrition programming and the nutrition sector at large in Myanmar.

Objectives:

- Define what localisation means for the nutrition sector in Myanmar
- Determine what has been done towards localisation of the nutrition (sensitive and specific) response globally and in Myanmar, across sectors, including to what extent local organisation and local communities participate in making decisions for nutrition programming from the design to the monitoring/ evaluation stage
- Identify what methods, strategies, and designs have worked/ not worked towards localisation of the nutrition sector globally and in Myanmar, including for subsectors within nutrition (nutrition-sensitive agriculture, wasting treatment, infant and young child feeding (IYCF), nutrition and water, sanitation and hygiene (WASH), coordination, monitoring etc.
- Determine what the enablers and barriers are to localisation approaches globally and in Myanmar
- Apply the lessons learned to provide recommendations and identify next steps to an immediate localisation approach for the nutrition sector in Myanmar

Box 1: Key Terms

The following definitions were used for the purpose of this report:

- **Humanitarian response/ action:** This refers to both development and emergency contexts
- **National organisations/ actors:** Organisations which operate nationwide in a country
- **Local organisations/ actors:** Organisations which operate across a specific geographically-defined area and not nationwide in a country

Methodology

This report was developed through a literature review of peer-reviewed papers/ research, grey literature, programme reports, Field Exchange/ Nutrition Exchange articles and briefers/ strategies from nutrition implementing partners. In Myanmar, a literature review of publicly available reports in English, Myanmar national and sub-national nutrition sector coordination meeting minutes, programmatic reports and relevant case studies on localisation were reviewed.

Search terms used were: localisation/ localization, decentralisation/ decentralization, decolonisation/ decolonization, national partners, national capacity, national response, national-led response, local partners, local capacity, local response, domestic capacity, and community-led/ community-owned response.

In Myanmar, 19 key informant interviews with UN agencies, international organisations, and national/ local organisations were conducted. A list of stakeholders interviewed is included in [Annex 1](#).

The snowball technique was used to identify both additional documents and stakeholders to interview. The report identifies the best practices for 1) Policy, 2) Partnership agreements, contracting, and strategy, 3) Funding, 4) Coordination, and 5) Capacity development. For each section, best practices were identified and recommendations were developed to inform the approach to localisation in the Myanmar nutrition sector.

Limitations

The findings of this report do not represent a comprehensive research exercise. Specific limitations include:

Literature review on publicly available resources: This report consisted of a high-level analysis based on a literature review of publicly available resources. Therefore, the scope of the evidence will be limited.

Limited to reports in English: Only documentation in English was reviewed.

Remote data collection: Due to the COVID-19 pandemic, interviews were held remotely. Due to insecurity, the consultant was unable to conduct in person interviews with affected populations/ beneficiaries.

Interviews held in English: Due to the unavailability of translators and resource limitations, interviews were conducted in English. Full interpretation of those who speak the Myanmar language was difficult.

Stakeholder interviews were limited and did not include ethnic health organisations (EHOs), smaller women's groups, beneficiaries or smaller community level organisations due to limited resources and lack of translators. Their views and perspectives may not be represented in the findings.

Limited documented reports: The qualitative interview information has been triangulated with available evidence and reports but is not always supported by it. To reduce bias, findings which are consistently found amongst the interviews were reported.

Findings

Localisation Initiatives in the Myanmar Nutrition Sector

- **Publications and initiatives focused on localisation in Myanmar, not specific to the nutrition sector, include:**
 - *A localisation working group* is in the process of being formed for the WASH cluster but discussions are being made on whether this should be multi-sectoral (interviews). Priorities include community engagement, sharing localisation experiences, active engagement with civil society organisations (CSOs)/ community-based organisations (CBOs), and community mobilisation.
 - *The 'Accelerating Localisation' consortium* with Christian Aid, Tearfund, CARE, ActionAid, CAFOD, and Oxfam was funded by the European Commission's Civil Protection and Humanitarian Aid department (ECHO) from 2017 to 2019. They developed a Myanmar Localisation Framework (2019) which shows that localisation is seen as the responsibility of civil society and progress on localisation will depend on the Government of Myanmar to create space for local and national NGOs to operate ([Accelerating Localisation through Partnerships 2019](#)). It also emphasises the need to include gender, inclusion and Prevention of Sexual Exploitation and Abuse (PSEA) as non-negotiable elements of localisation.
 - *The Humanitarian Leadership Academy*⁵ with the British Red Cross, Save the Children Sweden, and Saferworld and South's research is a global learning initiative set up to facilitate partnerships and collaborative opportunities to enable people to prepare for and respond to emergencies in their own countries. They have dedicated research on localisation documenting case studies and best practices.
 - *Charter 4 Change*⁶ has signatories from international organisations in Myanmar as well as the three Myanmar CSOs Airavati, Center for Social Integrity, Spectrum – Sustainable Development Knowledge Network, who commit themselves to deliver the changes identified in the Charter within their own ways of working so that southern-based national actors play an increased role in the humanitarian response.
 - The ToGether Consortium⁷ of four German INGOs, led by Malteser International in Myanmar, has a comprehensive 'State of Localisation in Myanmar Assessment' report which was completed at the end of 2020. The report provides insight into localisation and is highly valuable, with an extensive literature review and key informant interviews. However, it has yet to be published or circulated (interviews).
- The documents reviewed did not have a recent comprehensive mapping of Myanmar civil society networks in the nutrition sector. A literature review including a mapping of civil societies in Myanmar in 2015 revealed the following networks; however, it is unclear whether these are still functioning post coup d'état or how much they are involved with the nutrition sector ([ADP 2015](#)).

⁵ <https://www.humanitarianleadershipacademy.org/term/localisation/>

⁶ <https://charter4change.org/signatories/>

⁷ https://ngocoordination.org/system/files/documents/resources/together_programme_summary_mar2020.pdf

- *Myanmar NGO Consortium for Preparedness and Response (MNGO CPR)*⁸: Local humanitarian NGO network which supports coordination and networking among Myanmar's governmental organisations on disaster preparedness and response.
- *Myanmar Consortium for Disaster Risk Reduction (MCDRR)*: A national NGO network set up in 2012 which unites 23 local organisations in response ([Malteser 2015](#)).
- *International NGO Forum*: Founded in 2007, the INGO forum has more than 110 international organisations. "The INGO Forum is committed to strengthening relationships, linkages and collaborative efforts with a range of existing NGO and local Civil Society networks/platforms. A recent survey demonstrated that the overwhelming majority of INGOs in Myanmar work in close partnership with national and local civil society actors. Through effective cooperation, INGO Forum members strive to work in a spirit of recognizing the critical voice of local and national partnerships and the centrality of ensuring local ownership and accountability of target populations that benefit from the project." (INGO Forum Strategic Plan 2019-2022).
- *Scaling Up Nutrition Civil Society Alliance (SUN CSA)*⁹ was formed in 2015 and is based in Yangon with a subnational committee in the Ayeyarwaddy Delta Region. The alliance has 70 members with 19 INGOs and the rest national/ local organisations (CBOs or national NGOs). The steering committee chair includes national NGO / CBO including Karuna Missions Social Solidarity (KMSS).
- *Myanmar NGO Network (MNN)*¹⁰: At the Yangon level, the Myanmar NGOs including small, medium, and large NGOs, CBOs and self-help groups meet regularly among themselves to meet, share and update their work, experience and information.
- *Women's Organisation Network (WON)*¹¹: This is a network of 37 women's community based organisations formed in the aftermath of the Cyclone Nargis disaster in 2008. WON strives to improve the socioeconomic conditions of people in general and to empower and promote the role of women in society (WON Social Media).
- *Local Resource Centre (LRC)*: Formed in 2008 to support the increased coordination of relief after Cyclone Nargis. In 2015, there were over 600 civil society organisations as members. With offices in Yangon, Lashio, Mandalay, and Mawlawyine, the LRC aims to create a more enabling policy environment for civil society engagement in Myanmar ([ADP 2015](#)).
- *Paung Ku*¹²: A consortium of international and local NGOs to help strengthen local community and civil society organisations' capacity. There are local CSOs in Rakhine as members but not those working in the nutrition sector.

Current evidence on successful localisation in the nutrition sector is minimal. However, global case studies and findings from other sectors are applicable to this report. While there has been insufficient literature to draw definitive conclusions on best practices on localisation, there are preliminary key learnings available. The following findings are outlined in sections on policy, partnership agreements, funding, coordination and capacity-building, adapted from the seven dimensions of localisation developed by the Disasters & Emergencies Preparedness Programme.

⁸ <https://app.adpc.net/myanmar/>

⁹ <https://www.suncsamyanmar.org/>

¹⁰ <https://themimu.info/MNGOs>

¹¹ <https://www.facebook.com/WONMM>

¹² <https://paungkumyanmar.org/>

Table 1: Sections of the report

POLICY	PARTNERSHIP AGREEMENT, CONTRACTING, STRATEGY	FUNDING	COORDINATION MECHANISMS	CAPACITY
National/ local organisations have greater presence and influence in international policy debates.	Less subcontracting. More equitable relationships. Participation of crisis-affected communities. Roles, results and innovations by national/ local actors.	25% of funding provided as directly as possible to national/ local organisations. Funding is flexible, covering core and overhead costs.	National/ local organisations have greater presence, involvement and influence.	Institutional development. Prevent undermining local capacity.

Source: *Disasters & Emergencies Preparedness Programme 2018. Localisation in Practice. Seven Dimensions of Localisation. Emerging Indicators & Practical Recommendations*

Chapter 1 - Policy

Definition

Policy refers to the internal procedures, regulations and commitments of an organisation. Policy decisions are frequently reflected in national and international organisational strategy and resource allocations.

Key Findings:

Best Practice 1.1: To ensure localisation is a priority, nutrition organisations should have policies or strategic objectives outlining their approach and intentions on localisation.

- **Elements of localisation are included as an aim of most organisations in the Myanmar nutrition sector or are inherent to the organisation's footprint** (interviews, [Annex 2](#)). A review of the organisations in the Myanmar nutrition sector shows that organisations either have explicit localisation commitments such as IRC, have language around localisation which mostly sits under partnerships, or localisation is inherent to the organisation's footprint. Examples of approaches include partnering with national/ local organisations and community groups, strengthening national/ local capacity, and/ or increasing community partnership. Local /national organisations aim to partner with the community or aim to improve the capacity of their own institution and staff.

Best Practice 1.2: If localisation has not been successfully achieved or is not inherent to the organisation, international organisations implementing nutrition programmes should have targets towards localisation that they can be accountable to. These should be reflected in country-level plans and response strategies, as well as international policies for that organisation and across the nutrition sector.

- **While some organisations have concrete goals or commitments in incorporating localisation into policies at the global level, only a few organisations in the Myanmar nutrition sector have explicit targets or plans** ([Annex 2](#)). World Vision, the International Rescue Committee and the Foreign Commonwealth Development Office (FCDO) have committed to providing at least 25% of funding to local and national organisations, however specific targets for all organisations have not been set at the national level. Country-level commitments hold organisations accountable to translate behaviour change. HARP-F has committed to providing 33% of their grant budget to support localisation in Myanmar ([HARP-F 2021](#)). While funds like HARP-F, LIFT and Access to Health were created to increase funding to local organisations, they do not always have explicit targets established and/ or are not set specifically for the nutrition sector. While not specific to nutrition, the International Federation of

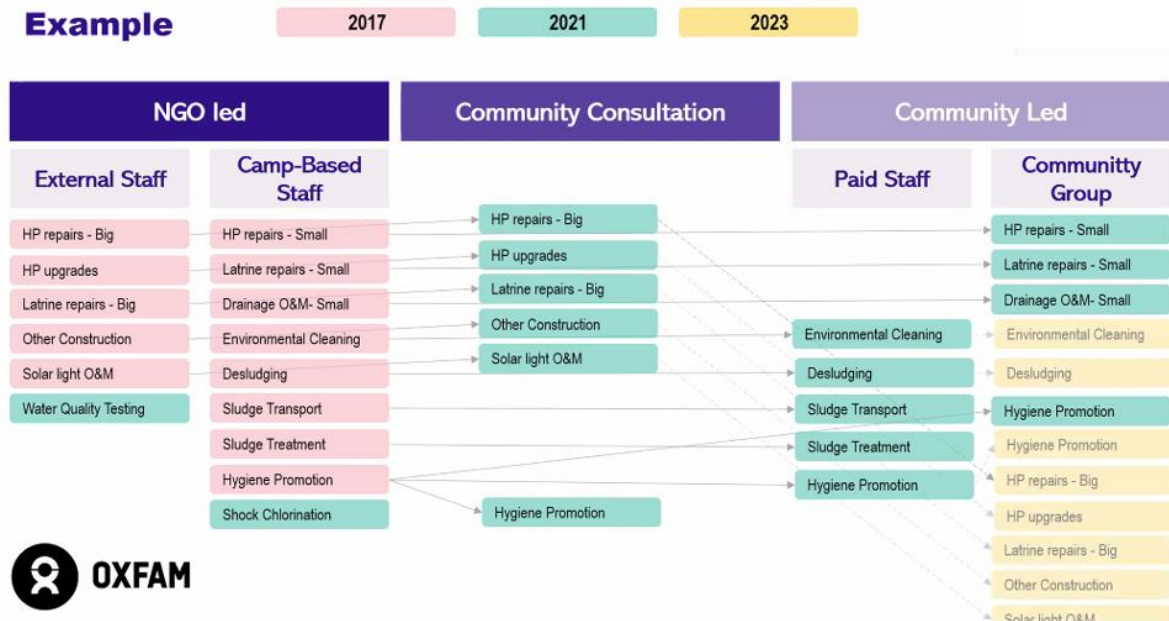
the Red Cross' (IFRC) localisation policy brief provides practical examples with specific actions for donors and partners to strengthen localisation (IFRC 2018).

- **To advance the nutrition localisation agenda, progress needs to be at different levels of the nutrition sector including system-wide, operational, organisational, and strategic** (Van Brabant et al June 2018). National regulations act as an incentive for strong shifts in behaviour. In Indonesia in 2019 and in the Philippines during multiple cyclone responses, governments implemented policies where coordination was limited to local actors and required international organisations who were in the country to mobilise resources instead (Vera et al 2021).
- **Local and national participation in developing national and international policies can be successful and should be facilitated in the Myanmar nutrition sector.** In three counties in Kenya, Shifting the Power partners contributed to the development of the County Disaster Management Acts and some are advocating to have at-risk communities also provide input into preparedness plans. In the Philippines, the Consortium on Humanitarian Action and Protection (CHAP) who participated in the Financial Enablers project intensified their advocacy and lobby efforts with the Committee on Human Rights in the House of Representatives, to achieve a Bill of Law regarding the rights of displaced persons. Regarding international and global standards, two Shifting the Power partners in Ethiopia and six in Bangladesh have been supported to become members of the Core Humanitarian Standard (CHS) Alliance. Similar efforts in the Myanmar nutrition sector would support a strengthened localisation agenda.
- **The WASH Sector in Myanmar developed a localisation note for the WASH response in Myanmar (2020) and developed monitoring and evaluation frameworks to track localisation; these should be adapted for the nutrition sector.**
 - The [WASH localisation strategy](#) aims to maximise the comparative advantages of both national/ local and international actors to increase the effectiveness of the humanitarian response. Included in this are coordination meetings to give space for national/ local organisations to provide feedback, and capacity-building priorities to increase community participation and ownership.
 - In the absence of a harmonised monitoring and evaluation framework to measure localisation, OXFAM and HARP-F developed and piloted two monitoring and evaluation frameworks to measure localisation in the WASH sector. The first framework maps the responsibility of each WASH activity based on who makes the decision, manages, implements, monitors and pays for the repairs to WASH infrastructure ([Figure 2](#)). The second is a participation matrix outlining whether the activities are NGO-led, led by community consultations, or community-led for each activity ([Figure 3](#)). Adaptations to these frameworks, based on the relevant aspects for nutrition, should be made by the nutrition sector to help track localisation efforts in the Myanmar nutrition sector.

Figure 2: Responsibility matrix in the WASH sector
Small Repairs to Water Points

		Decision	Manage	Implement	Monitor	Pay	
		Who flags that it is broken and that a repair is needed?	Who manages the repair?	Who carries out the repairs?	Who monitors the repair?	Who pays for the repair? (or provides the parts)	
KACHIN	Shalom	Community or WASH Committee	Community or WASH Committee	WASH Committee	Community WASH Volunteers, WASH Committee & NGO	WASH Committee	Community Led
	KMSS	Community or WASH Committee	WASH Committee or Community WASH Volunteers	WASH Committee or Community	Community WASH Volunteers	WASH Committee	Community Led
	WPN	Community	WASH Committee or WWG or CMC	WASH Committee or WWG or CMC	WWG, WASH Committee & NGO	NGO	Community Participation, NGO led
	anon	Community, volunteers or P2P group	Volunteers, WASH Committee, CMC & NGO	WASH Working Group	NGO & CMC	WASH Committee or CMC	Community Led
RAKHINE	Oxfam / SI	Community	Community	Community	Camp based staff	Camp based staff	Community Led
	anon	Community, Volunteers, CMC, or NGO	WASH Volunteers & NGO	Community, Contractor, CMC	WASH Volunteers & NGO, CMC, Community	NGO	Community Participation, NGO led

Figure 3: Participation matrix in the WASH sector to measure localisation



Best Practice 1.3: Targets towards localisation in the nutrition sector should provide incremental support for the transition of resources and responsibilities over time.

- **While there have been successful examples of setting targets for incremental support to support the transition of resources and responsibilities in Myanmar, this is currently not being done in the nutrition sector.** In the partnership with Karuna Mission Social Solidarity (KMSS) and Trocaire illustrated in Box 2, where Trocaire as the primary grant recipient shifted responsibility to KMSS, the partnership transformation model proposed a three-year transition model. In the third year, KMSS (the local organisation) received the grant funding directly, with Trocaire receiving a sub-grant from KMSS to provide technical support. This transition was also evidenced in Chin State with Catholic Relief Services shifting responsibility to KMSS for nutrition activities. However, a longer transition period where Trocaire continued to be directly funded by

HARP-F was implemented, indicating that the transition period could have been more incremental (Weijewickrama 2019). The following barriers to setting incremental milestones or plans in the Myanmar nutrition sector have been identified:

- *New activities for national/ local partners, coupled with a short funding cycle* (interviews): A three-year funding cycle, while considered to be one of the longer-term contracts, is too short to see overall changes in localisation, especially in contexts where the local/national organisation had recently taken over responsibility for nutrition activities.
- *Where project implementation is a priority over localisation targets* (interviews): With numerous indicators for monitoring and evaluation already, measuring project implementation is sometimes more important than setting localisation targets. Setting additional localisation targets may be cumbersome.

Best Practice 1.4: Policies should outline the methods required to achieve targets towards improved localisation approaches in the Myanmar nutrition sector.

- **Localisation is discussed in the nutrition sector but there is no localisation strategy within the nutrition sector to outline how this should be done.** Prior to the coup d'etat, the Ministry of Health and Sports with the SUN CSA developed the Multi-Sectoral National Plan of Action on Nutrition (MS-NPAN)¹³ whose aim was a multi-sectoral approach involving several different ministries at the national, regional, district, township and ward/ village tract levels, as well as international organisations, national/ local organisations, and academia. However, since the coup d'etat, the MS-NPAN has transitioned to an interim multi-sectoral plan. Under the Humanitarian Response Plan (HRP) Myanmar 2021, the Nutrition Sector is committed to strengthening the capacity of national/ local partners to engage in nutrition-sensitive actions ([Annex 2](#)).
- **The nutrition sector partners mostly define localisation in line with the Grand Bargain Commitments 2.0: “led and managed by affected populations” and “support and reinforce home-grown national and local organisational capacities.”** Most interviewed stated the need to involve communities in the development of programming, and most recognised that partnerships are often not equitable when power dynamics are not considered. It is recognised that localisation occurs at different levels, from community participation, to supporting and reinforcing national/ local capacities, to leadership (private sector, faith-based organisations, ethnic groups, community-based organisations and civil societies). Most organisations also highlighted the importance of involving affected populations from the beginning of the project cycle to ensure their needs are met. Other terminology used included “decolonisation,” “decentralisation,” and “to the people, for the people, with the people.”
- **Globally, including in Myanmar, policies lack practical guidance on how localisation should be done successfully which may be due to little peer-reviewed research on localisation and confusion over what localisation is.** A review of available guidance ([Annex 3](#)) such as the Grand Bargain commitments toward localisation provide an overview of what should be achieved but do not provide practical guidance on how it should be done. This may be due to:
 - *There has been little peer-reviewed research and lessons on localisation and even fewer lessons learned on how to make localisation work in the nutrition sector specifically.* Several organisations are involved in the localisation dialogue including Local 2 Global¹⁴, IRC, the

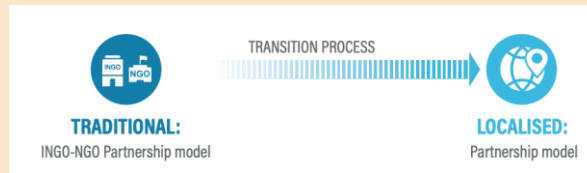
¹³ <http://www.mohs.gov.mm/ckfinder/connector?command=Proxy&lang=en&type=Main¤tFolder=%2FPublications%2FDPH%2FNutrition%2F&hash=a6a1c319429b7abc0a8e21dc137ab33930842cf5&fileName=Costed%20Action%20Plan%20for%20MS-NPAN.pdf>

¹⁴ <https://www.local2global.info/>

Grand Bargain (Inter-Agency Standing Committee - IASC), Action Aid and Christian Aid, who have published case studies publicly on the topic. However, further commitment to the localisation agenda is needed if a shift in approach is to be successfully and sustainably achieved, including in the Myanmar nutrition sector.

- *There is confusion around what localisation is - guidelines lack consistent terminology and frameworks and are not contextualised for the nutrition sector* (IRC Jan 2019; InterAction 2021; Patel et al 2017). Distinction between various actors is often confusing, with “local” (operating in one community or location in a country) often inaccurately used interchangeably with “national” (operating across the whole country) (InterAction 2021). The Global Mentoring Initiative (GMI) has noted that vague or misused interpretations such as decentralised decision-making fail to change the power dynamics between international and national actors (GMI 2020 [a]; [Van Brabant, K et al 2018](#)). Different definitions may lead to different outcomes. Therefore, there is a need for a common definition and practice around localisation within the nutrition sector, including in Myanmar, to ensure a common goal.

BOX 2: Shifting intermediary roles to support national/local organisations in Kachin and Shan state Myanmar



Trócaire, a technical INGO working through national/ local organisations in Myanmar since 1995, partnered with KMSS, a local organisation operating in the conflict crises in Kachin and Northern Shan state since 2006. At the beginning of the partnership from 2012-16, KMSS led the programme implementation consisting of food security, emergency shelter, water, sanitation and hygiene (WASH), protection and livelihood activities. By 2016-17, a consortium with the Danish Refugee Council was formed to design and implement programming in the food security, protection and WASH sectors.

Initially, the project was funded on an annual basis by the Department for International Development (DFID, formerly FCDO) spanning over eight funding phases from 2012-2016. In 2017-18, DFID created the HARP-F to manage the grants. This allowed KMSS and Trocaire to design a three-year proposal to continue humanitarian programming and to create a three-year strategy to handover the grant to be managed by KMSS. In 2018, Trocaire provided support for capacity-building. By the second year of the transition period, KMSS was directly managing the programmes only. In the third year, KMSS managed the grant directly.

Enabling factors:

- DFID’s eight phases
- Clear localisation outcomes with a localisation transition plan
- Joint programme design, proposal and monitoring with national/ local organisations
- Local organisation capacity-strengthening including training, technical support, development of systems and processes, and mentoring
- Donor incentives and support, with HARP-F supporting the Grand Bargain Commitment
- Open communication with face-to-face reflection, learning workshops, and performance reviews
- Joint priority to promote KMSS leadership

Source: Flint 2019 / Weijewickrama 2019

Recommendations for actors in the Myanmar nutrition sector

Nutrition Cluster Lead Agency (UNICEF)

- Develop a localisation strategy at the national and then subnational levels (this could be based on the WASH sector's localisation note) and integrate it with the Myanmar nutrition sector strategy, to include:
 - Key agreed and defined localisation terms in line with the Grand Bargain Commitments 2.0 to ensure a common understanding amongst stakeholders and address the power dynamics between international and national actors.
 - Explicit commitments, targets and transition phases for transfer of responsibility when partnering with national/ local organisations.
 - Monitoring and evaluation frameworks to measure localisation to assess progress (this could be based on the WASH sector frameworks (responsibility and participation matrices) to assess each nutrition activity in the nutrition sector strategy.
- Create practical toolkits and step-by-step guidelines for INGOs, national/ local organisations, donors, private sector, UN agencies and other stakeholders on how to successfully draft and institutionalise policies which facilitate successful localisation in the Myanmar nutrition sector.¹⁵ Ensure there is strong representation of national/ local organisations in the development of these toolkits.

INGOs

- Ensure policies or strategic objectives around localisation in Myanmar with associated targets are in place, in line with the nutrition sector strategy. These should be reflected in country-level plans and response strategies, as well as international policies.

National/local organisations

- Advocate for the inclusion of national/ local organisations in the development of Myanmar nutrition localisation policies and strategies to ensure national/ local organisations and affected populations have a participating voice.

Donors

- Fund the development of a localisation strategy for the Myanmar nutrition sector.
- Extend funding timeframes to allow for the successful phased handover of responsibilities to national/ local NGOs in nutrition programmes.
- Ensure there are explicit commitments and targets included in grants to support localisation of nutrition programmes and that grantees are held accountable to those targets.

Chapter 2 - Partnership agreements, contracting and strategy

Definition

This refers to the terms of the partnership between donors, international agencies and national/ local organisations, as well as the strategic direction agreed for an intentional localisation approach.

¹⁵ Resources include: *Localisation in practice: Seven Dimensions Framework for Localisation GMI, June 2018*; *Global Localisation Framework by Accelerating Localisation through Partnerships Accelerating Localisation through Partnerships et al, 2019*; *NEAR Localisation Measurement Performance Framework; Measuring Localisation: Framework and Tools Humanitarian Advisory Group Dec 2019*; *Approaches to Partnership Measurement: A Landscape Review 2021*

BOX 3: Who are the national/ local partners in the nutrition sector and what do they do?
(Analysis of the Nutrition Sector's 4W updated August 2021)



There are thirteen national/ local partners¹⁶ in the nutrition sector in Myanmar. These local organisations tend to implement nutrition activities in one or two states maximum. A limitation of analysing the 4Ws is that smaller EHOs¹⁷, CSOs and CBOs who are subcontracted by partners or those who do not report to UNICEF are not included in the 4Ws. The SUN CSA has membership from 43 CBOs/ CSOs, who mostly operate in the nutrition sector.

The majority of nutrition activities are implemented by INGOs ([Annex 4](#)). National organisations are involved with wasting treatment, screening and referral, IYCF, blanket supplementary feeding programmes and micronutrient supplementation ([Annex 5](#)). Medical Action Myanmar (MAM) is one of the main national nutrition partners which has nutrition activities in all states, except for Rakhine and Northern Shan. The Myanmar Health Assistant Association (MHAA) is the primary implementing national/ local organisation in Rakhine and is only present in this state. MHAA is the only national organisation which provides wasting treatment and macronutrient distribution to children 6-59 months of age and pregnant and lactating women in Rakhine. Outside of Rakhine, MAM is the only other national/ local organisation providing wasting treatment for moderately wasted children and women but they do not implement outpatient therapeutic feeding programmes for severely wasted children.

Key Findings:

Best Practice 2.1: A common strategy between and the roles and responsibilities of all parties in nutrition partnership agreements should be clearly defined to ensure a common objective, appropriate responsibility is identified from the outset of an agreement, and to build trust.

- **The most appropriate partnership approach between international organisations and national/ local organisations in the nutrition sector depends on the technical and organisational capacity of both parties.** National/ local organisations and international agencies both add value to the partnership ([Table 2](#)) and they rely on each other. Clearly defining the roles and responsibilities of all parties in partnership agreements in the nutrition sector is critical in building trust. [Box 4](#) highlights an example of the importance of working with national/ local partners in Myanmar. While the aim is to reduce subcontracting and provide bilateral agreements, where the national/ local organisation lacks the capacity to comply with donor criteria, there is still a role for an intermediary to absorb the risk and burden of project management and donor compliance, such as financial management and report writing. This highlights the importance of capacity assessments at the outset of a partnership to identify technical (nutrition) and organisational development needs that should be addressed within the partnership approach. Defining the role of intermediaries as well as national/ local organisations is important to ensure appropriate responsibility is identified from the outset of an agreement ([Metcalfe-Hough, V et al 2021](#); [Lees et al 2021](#)).

¹⁶ Action for Green Earth (AGE), Community Empowerment and Resilience Association (CERA), Kachin Baptist Convention (KBC Kachin), Kachin Back Pack Health Workers Team (KBPHW), Kachin Development Group (KDG), Karuna Mission Social Solidarity (KMSS), Medical Action Myanmar (MAM), Metta Development Foundation (MDF), Myanmar Health Assistant Association (MHAA), Myanmar's Heart Development Organization (MHDO), Nyein (Shalom) Foundation (Nyein), Wunpawng Ninghtoi (WPN), Shan State Youth Capacity Building Centre (SSYCBC)

¹⁷ Such as Kawthoolei/Karen Department of Health and Welfare (KDHW), YSDA, MTCC, KEHOC

Table 2. Example of value add of national/ local organisations and international agencies in Myanmar

National/ local organisations	Both	International agencies
<ul style="list-style-type: none"> ● Project design and planning ● Advocacy ● Coordination ● Logistics ● HR management where staff are from the affected communities ● Flexibility in adapting to evolving situations due to less bureaucracy ● Local and cultural knowledge of barriers to behavioural change including health seeking behaviours 	<ul style="list-style-type: none"> ● Monitoring, evaluation, accountability, and learning (MEAL) 	<ul style="list-style-type: none"> ● Fundraising ● Financial management ● Technical expertise ● Neutrality to discuss with authorities

Source Accelerating Localisation through Partnerships 2019; GMI 2020 [b]; interviews

- **The roles and responsibilities of all parties in partnership agreements in the nutrition sector are not always clearly defined but the relationships between national/ local organisations and international organisations have improved in Myanmar since 2015/ 2016.** Existing literature reports some mistrust between local CSOs and the international agencies within Myanmar due to insufficient communication and relationship-building ([Wake et al 2019](#); GMI 2020 [a]; GMI 2020 [b]). However, interviews with stakeholders reported this has much improved with mostly good working relationships within the nutrition sector. Political instability, the COVID-19 pandemic and restricted access for international organisations have created an enabling environment for an increased role by national/ local organisations and gives more space to ethnic health organisations (EHOs), CBOs and CSOs who are familiar with the barriers to behavioural change in nutrition (interviews).
- **Where relationships between international and national/ local organisations working in the Myanmar nutrition sector are reportedly strong, most organisations have attributed this to:**
 - *A shift from national/ local organisations volunteering to having paid positions in the nutrition sector (interviews).* However, further progress is required as screening for wasting in the community is conducted by community volunteers usually without pay.
 - *An ability to build trust with local/ national organisations and the affected community due to a long presence in Myanmar (interviews).*
 - *National/ local organisations understand the needs of affected communities, as they are often part of those communities themselves, and speak the local dialect (interviews).* This is also true for INGOs as they employ staff from their state of origin to work in the same state. However, some UN agencies with fewer local staff have more difficulty building relationships with national/ local organisations if they are more removed from the field (interviews).

BOX 4: International Rescue Committee (IRC) case study: Importance of working with national/ local partners

While IRC has been one of the newer partners in Myanmar, they have been able to implement multi-sectoral programmes, including integrated management of acute malnutrition (IMAM), in Rakhine and Kayah state almost solely through supporting national partners. IRC's first programme in Myanmar, funded by Access to Health, was implemented in 2017 in Rakhine state and included health programming, IMAM, mother to mother support groups and cooking demonstrations. A key

enabler to the programme was developing strong relationships with national partners as well as building their capacity, a key mandate for IRC (interviews). In this programme, the added benefit of building the capacity of national partners was that they were able to move more freely than INGOs, thus achieving greater coverage. Adaptations to the programme guided by key learnings from the Rakhine programme resulted in the expansion of the programme into Kayah state, where LIFT now provides funding.

Source HARP-F Nutrition in Myanmar: Focus on Rakhine State Baseline Report March 2021

Best Practice 2.2: The participation of the affected population and national/ local organisations, especially women-led organisations, to lead their own nutrition response should be increased and they should be included in the entire project cycle including project design, implementation, and monitoring.

- **The role of crisis-affected populations and national/ local organisations, especially women-led organisations, increases community ownership, reach, self-help capacity, and sustainability** (Corbett et al 2021; Wall et al 2016). Documented case studies in multiple countries¹⁸ across Asia, Africa, the Middle East, and South America show that community-led responses demonstrate a high degree of responsiveness, relevance and context-sensitivity despite the differences in types of projects (Corbett et al 2021). Microgrants to local organisations who may not be registered provides flexibility in responding to needs as they evolve. Interviews with communities in Northern Kenya of the microgrant recipients cited the most integral part of this approach was learning by doing. While these examples are not on nutrition interventions in Myanmar specifically, similar nutrition programming approaches for Myanmar could be determined.
- **All organisations in the Myanmar nutrition sector reportedly work with smaller local organisations, community groups and women-led organisations to a varying degree but this is not tracked in the nutrition sector 4Ws** (interviews). For example, the World Food Programme (WFP) reports that over 50% of its partners are local organisations. The main driver for this in Myanmar has been due to limited humanitarian access requiring partnering with CSOs/ CBOs and affected community groups rather than an explicit intention to do so; however, more recently donor requirements have encouraged partnerships with national/ local organisations (discussed in more detail in the funding section). There are examples within the nutrition sector of intermediaries involving national/ local organisations at the beginning of the project cycle including grant proposal writing, planning and monitoring, which was found to be a core capability important to partnerships (interviews; Christian Aid et al 2019). For example, Save the Children and Action Against Hunger consulted with KMSS from the beginning of designing a grant proposal for LIFT (interviews). Global experiences have highlighted the partnership practices relating to project design, planning, management and monitoring that are believed to be most conducive to localisation (Table 3).

Table 3: Practices conducive and not conducive to good partnerships

Practices conducive to good partnerships
<ul style="list-style-type: none"> ✓ Agreements on the full roles and responsibilities of both partners are documented (Myanmar). ✓ Transparency in all aspects of partnership including financials, roles and responsibilities of all partners involved (South Sudan). ✓ National/ local organisations select their own core capacities that are important to the partnerships.

¹⁸ Myanmar, Kenya, Philippines, Occupied Palestinian Territories, Sudan, Philippines, Ethiopia, Haiti

- ✓ An approach from INGOs that enables national/ local organisations' desire to lead on some aspects (Nepal).
- ✓ INGOs that are open to learn from the recommendations of national/ local organisations (Nigeria).

Practices not conducive to good partnerships

- X INGOs pursue their own visibility and systematically fail to mention the partner (Nepal, South Sudan).
- X INGOs do not share financial 'benefits' with their partners [such as unrestricted budget lines] (Myanmar).
- X INGOs demand exclusivity agreements (e.g. national/ local organisation is not allowed to partner with others for the duration of the agreement) (Nepal).
- X INGO staff with attitudes of authority that make unreasonable demands, such as demands for information in the middle of the night or other inconvenient times (Nepal).
- X Directive, controlling approach by INGO.

Source: Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam (2019) *Accelerating Localisation through Partnerships: Recommendations for operational practices that strengthen the leadership of national and local actors in partnership-based humanitarian action.*

- **There is consensus within the nutrition sector that there is a need to increase implementation of nutrition-specific and nutrition-sensitive programming by national/ local organisations, especially women-led organisations, to increase community ownership and sustainability, but the following identified barriers first need to be addressed:**
 - *Some nutrition-specific activities, such as the treatment of wasting, are seen to be medically heavy, requiring medical professionals to deliver treatment (interviews).*
 - *There are few local organisations with experience in implementing nutrition-specific activities.* There are few national/ local organisations (thirteen) in the nutrition sector in Myanmar ([Box 3](#)). MHAA, one of the larger organisations, is the sole national organisation that provides wasting treatment in Rakhine. MAM provides wasting treatment for moderate wasting in Kachin state.
 - *Community consultations take time.* In Rakhine state, CSOs reported that international organisations have tight timelines to deliver and often do not have time to build relationships with the affected populations in nutrition programmes (GMI 2020 [b]). However, community consultations are essential in nutrition to overcome key barriers to behaviour change such as improving breastfeeding rates, seeking treatment for wasting, compliance with proper use of micronutrient powders or preventing misuse of ready-to-use foods.
 - *The Rakhine CSOs/CBOs may be reluctant to work with or for Rohingya populations* (GMI 2020 [b]). Rakhine CSOs/ CBOs in the WASH sector have previously been reluctant to work in Sittwe camps, although now there are examples of progress (interviews). Working with Rohingya civil societies in camps has allowed for better partnerships with the Rakhine population (interviews). It is worth clarifying that the terms 'local' and 'community' can vary in meaning - for nutrition programming, many cultural and religious factors affect what appropriate and successful programming looks like, and these must be considered when planning an optimal nutrition response.
- **To ensure an increase of participation of affected communities, such as through mother support groups, to lead their own response, there is a need to mitigate the risks they face.** During the COVID-19 pandemic, national/ local organisations face more security risks being at the frontline of the community response as they have weaker safety procedures/ safety nets and receive the least compensation compared to international organisations ([Humanitarian Advisory Group \[HAG\] 2020](#)). Because national/ local organisations are often able to access areas of

conflict, they are more susceptible to being arrested ([HAG 2020](#)). This may be particularly sensitive when Rakhine CSOs work in Rohingya communities as they may be seen as a “traitor” to their community (GMI 2021). In camp settings, there may be increased competition between community members where there are fewer livelihood opportunities which can lead to increased tension and conflict (interviews).

Best Practice 2.3: There should be a strategy to ensure incremental transfer of responsibility to national/ local organisations in the nutrition sector to help grow their ability to manage funds directly. Monitoring the transition of responsibilities is critical to ensure progress and accountability.

- **If bilateral agreements are not immediately possible between national/ local organisations and donors for a nutrition project, a strategy to define and implement activities and milestones has been found to ensure ultimate transfer of responsibility to local organisations.** Partnership agreements which facilitate this transition helps the national/ local organisations grow their confidence and ability to manage funds directly ([Humanitarian Practice Network \[HPN\] 2021](#)). The following are global examples of practices that are conducive to shifting of power and responsibilities:
 - *Monitoring the transition of responsibilities is critical in ensuring progress and accountability. Multiple resources have developed monitoring indicators ([Geoffroy et al 2017](#)). The OXSI WASH programme in Myanmar provides an example of transitioning services to be managed by the community. The OXSI programme was developed with a longer-term vision of community-managed WASH activities with specific targets for handover to the private sector, civil society and/ or government to build the resilience of communities. A community engagement strategy for Sittwe Township was developed by Oxfam and Solidarites International to improve trust and ownership and facilitate behaviour change ([WASH Handbook](#)). Assessment is needed in the nutrition sector to determine whether the community-led approach is most appropriate, however this example illustrates one way that programming could be transitioned from international organisations to national/ local organisations to manage nutrition programming.*
 - *Local organisations reported that flexibility in the arrangement, with open dialogue to reexamine the partnership on an ongoing basis, allowed for better outcomes ([Emmens et al 2018](#); [GNC 2020](#); [InterAction 2021](#)). A consistent theme in the consultations with all actors (including national/ local organisations) in the Shifting the Power project was that setting up partnership markers where feedback on the partnership was systematically and predictably sought could help change the partnership as needed ([Emmens et al 2018](#)). This was also the case for KMSS and Trocaire in Myanmar ([Flint et al 2013](#)). See [Box 2](#) for more details on this case study.*
- **There are few examples within the Myanmar nutrition sector of the transition to national/ local organisation-led programming.** MHAA was able to transition from being a subcontractor for INGOs to receiving direct funding for nutrition programming, including treatment for wasting ([Box 5](#)). It highlights the various rounds of technical and organisational capacity-building required and the support required from various stakeholders, including donors and intermediaries, during the transition. MHAA is now the largest national organisation providing nutrition services.

BOX 5: Myanmar Health Assistant Association (MHAA) transition from subcontractor for INGOs to receiving direct funding

Founded in 1953, MHAA is a national organisation of public health professionals dedicated to providing accessible and equitable quality public health services through health promotion, disease prevention and control. In 2002, MHAA undertook adhoc health activities in Myanmar. With support from UNICEF, MHAA supported the Cyclone Nargis disaster response in 2008. In 2012, MHAA began implementing nutrition programming through subcontracting from INGOs with support from UNICEF. Through various capacity-building activities, MHAA now employs over 600 project staff and receives direct funding from Access to Health, Global Fund, USAID, GIZ as well as through UN agencies (WFP, UNICEF) and INGOs (SCI) for community based services in 89 townships across ten states focusing on nutrition, health, and WASH activities. These include:

- From 2015-2017, MHAA received funding from the Three Millennium Development Goal, former Access to Health, with support from PACT Myanmar to build a capacity-building strategy. This included organisational capacity assessments which enabled MHAA to make improvements to their HR manual, financial management, program management, monitoring and evaluation process, and proposal writing while implementing community-based programmes.
- in 2018, MHAA focused on increasing organisational capacity in their operations, programming, and monitoring and evaluation (M&E) teams in response to gaps and appointed a dedicated human resources (HR) team to oversee the organisation's new structure.
- In 2019, MHAA developed a five-year organisational strategic plan with a focus on five programmes including (1) Disease control, (2) Nutrition, (3) WASH, (4) Reproductive, Maternal, Newborn and Child Health, and (5) Health system strengthening and emergency response.

Presently, MHAA receives funding from GIZ for nutrition behavioural change programming, and funding from WFP to implement treatment of moderate wasting with WFP. The enabling factor for the transition is the extensive and varied support from donors and international organisations to develop technical and organisational capacities enabling donor compliance.

Source Interviews

Recommendations for actors in the Myanmar nutrition sector

Nutrition Cluster Lead Agency

- Increase the role of national/ local organisations, including women-led organisations, in direct implementation of nutrition programming by:
 - Identifying national/ local organisations that are already implementing nutrition-sensitive activities who can add on nutrition-specific activities which require less training, such as MUAC screening.
 - Exploring opportunities for simplified approaches¹⁹ to be used. This may include the use of low-literacy tool prototypes to enable national/ local organisations to more easily implement wasting treatment.
 - Including national/ local organisations in the nutrition sector 4W's and coordination platforms.
- Encourage greater participation of affected communities in community-led approaches by stating their needs and participating in nutrition project design through encouraging national/ local organisations to facilitate their involvement.
- Conduct a workshop to determine how to address identified barriers to implementation of nutrition programming by national/ local organisations, to increase their engagement moving forward.

INGOs and the SUN CSA

- SUN CSA to conduct a mapping of active CSOs/ CBOs/ EHOs, especially women-led organisations, to facilitate partnerships with national/ local organisations across nutrition-specific and -sensitive programming. SUN CSA to empower and support national/ local organisations by providing support in strategy development and sharing information on INGOs, to enable CSOs/ CBOs/ EHOs to establish partnerships.
- Ensure there is due diligence conducted, by all parties in an agreement, prior to nutrition partnerships commencing to ensure they are impartial to the relief they provide.
- Develop partnerships markers and indicators to ensure incremental transfer of responsibilities, such as funds management, to national/ local organisations and the affected population²⁰ in nutrition projects and monitor indicators accurately.
- For nutrition organisations who have fewer partnerships with national/ local organisations, reach out to networks such as the SUN CSA and the Local Resource Centre to nominate national/ local nutrition partners. Consult with localisation champions such as Christian Aid for guidance.
- When partnering with national/ local organisations, ensure roles and responsibilities are agreed at the outset of the nutrition project. Involve national/ local organisations and affected populations at all stages of the nutrition project cycle, from the design phase to the evaluation phase. Ensure strategy and objectives are jointly agreed upon with national/ local organisations.
- Work with national/ local organisations, especially women-led organisations, to address identified barriers to their greater involvement in direct implementation of nutrition programming.

National/ local organisations

- When partnering with an INGO, ensure roles and responsibilities are agreed at the outset of the nutrition project and ensure participation through the whole nutrition project cycle from design to evaluation, and ensure roles and responsibilities are accurately monitored. Ensure joint agreement of the nutrition strategy and project objectives, including the incremental transfer of responsibilities to national/ local organisations and the affected population.

- Ensure participation of affected populations through community-led approaches and CSOs/ CBOs and be their voice through the whole nutrition project cycle, from design to evaluation.
- Communicate identified barriers to implementing nutrition programmes faced by national/ local organisations and work with international organisations and the Nutrition Cluster Lead Agency to address these.

Donors

- Ensure nutrition grants have a clear strategy for the incremental transfer of responsibilities from international organisations to national/ local organisations and affected populations for all stages of the nutrition project cycle, including funds management, and that this is accurately monitored. Encourage open dialogue regularly between all parties in the nutrition project to discuss progress and challenges and provide flexible nutrition funding to allow adaptations as required.
- Fund technical (nutrition) and operational capacity-building of national/ local organisations as required, to ensure the capacity exists to increase responsibilities of national/ local organisations through the grant period. This should involve training and capacity-building for grant administration processes to build confidence in applying and managing funds (examples exist through LIFT and HARP-F funding).
- Be aware of the specific challenges and barriers faced by national/ local organisations (especially women-led organisations), CBOs/ CSOs and affected populations in implementing nutrition project activities, and advocate for their safe ability to programme according to the [Humanitarian Charter](#).

Chapter 3 - Funding

Definition

Funding is the provision of resources to support implementation of programming. In humanitarian and aid contexts, this has historically been provided by a donor to an international organisation, who may then choose to use a component of this funding to work with a national/ local organisation.

Key Findings:

Best Practice 3.1: Percentage of humanitarian and development funds allocated to national/ local organisations should be tracked in the nutrition sector to improve accountability.

- **The amount of funding awarded to national/ local organisations either directly or indirectly is not always transparent or reported in the Myanmar nutrition sector.** There are 12 donors²¹ who provide funding to national organisations for nutrition programming in Myanmar at varying grant lengths ([Annex 5](#)). The 4W managed by the nutrition sector to track nutrition programming activities does not include the amount of funding awarded. Although not specific to nutrition, several funding mechanisms including the Myanmar Humanitarian Fund (MHF) and HARP-F have reported the amount/ proportion of funds allocated to national/ local organisations ([Table 4](#)). Similar to the WASH sector, it is not transparent how much funding is passed on to national/ local organisations through intermediaries (HARP-F 2022).

¹⁹ <https://www.enonline.net/fex/52/communityhealthworkerssam>

²⁰ Resource: Approaches to Partnership Measurement: A Landscape Review ([Niel, R. 2021](#)).

²¹ Christian Aid, DRC, German Federal Ministry for Economic Cooperation and Development and EU, GIZ, HARP-F, Hope International Development Agency, KBC, LIFT, Myanmar Humanitarian Fund (MHF), UNICEF, WFP, WHH

Table 4: Pooled-funding mechanisms and their funding commitments to local/national organisations

Pooled-Funding Mechanisms	Localisation - proportion allocated to local/national organisations and nutrition
Myanmar Humanitarian Fund (MHF) (previously Myanmar Emergency Response fund)	In the first quarter of 2021, 0.4% of the MHF was allocated to nutrition. ²² As of 30 November 2021, MHF had 48 projects through 2020 and 2021 in Myanmar, with Rakhine having the largest share of projects (19/48). These projects provided USD\$5.7 million to five national NGOs as well as sub-partnering with other CSOs/ CBOs through international and national NGOs. However, these figures are not further broken down for the nutrition sector specifically (MHF Dec 2021).
Central Emergency Response Fund (CERF)	Provides funding to UN agencies to provide lifesaving assistance in response to large-scale displacement due to increased conflict. Globally, The Central Emergency Response Fund (CERF) provided \$58 million to NGOs and partners in 2020, with one third of all organisations who received funding being national/ local organisations (OCHA Feb 2021). Amount of provided to national/ local organisations in the Myanmar nutrition sector specifically is not publically available.
Access to Health Fund (UNOPS) ²³	During the COVID-19 pandemic when new emergency hotspots occurred, Access to Health supported small grants to 51 local organisations and CSOs to contain outbreaks through awareness campaigns and distribution of protective equipment (not specifically in the nutrition sector). Access to Health prioritised working with EHOs in conflict-affected areas as well as hard to reach areas, encouraging national/ local organisations to apply for funding. How much of this funding went to nutrition local/ national organisations specifically is not publicly available.
LIFT Fund (UNOPS)	LIFT provided 64% of its USD\$2.9 million funding to 260 national/ local organisations, consisting of 91% of all LIFT's partners and sub-partners, in 2020 in response to the COVID-19 pandemic (LIFT 2021). In 2020, 31% of LIFT's funding directly reached local CSOs (LIFT 2020). This is an increase from the previous years (16% in 2019, 21% 2018). However, the proportion going to local CSOs for nutrition activities is not publicly available.
HARP Facility (HARP-F)	As of December 2021, through 76 grants HARP-F has built a network of 55 partners, over half of whom are national/ local organisations. Over 33% of HARP-F's grant budget (approximately £23 million) directly supports localisation in Myanmar. This comes either as grants to local organisations, via a flexible CSO emergency response fund, or funding for the capacity-building of local organisations. HARP-F has supported local organisations focused on humanitarian response, resilience and disaster preparedness. The proportion of funding going to CSOs implementing nutrition activities specifically is not specified.

Best Practice 3.2: Flexible multi-year funding should be provided to allow for meaningful investment in capacity-strengthening, systems and organisational governance, allowing national/ local nutrition organisations with fewer resources to adapt to unforeseen circumstances ([Emmens et al 2018](#), [Flint 2019](#), [Caritas 2021](#)).

- **There are limited donors who have awarded direct multi-year funding to national/ local organisations in the Myanmar nutrition sector.** The length of funding to national/ local organisations ranges from one year to more than three years ([Annex 6](#)). However, subgrants to CSOs/ CBOs are not included in the nutrition sector 4W. Interviews mention the most significant contributors to direct multi-year funding to national/ local organisations implementing nutrition programmes are LIFT, HARP-F, and Access to Health (interviews).

²² <https://www.unocha.org/sites/unocha/files/MHF-Quarterly%20Update%20%281%29-Feb%20to%20May%202021.pdf>

²³ https://www.accesstohealthfund.org/sites/accesstohealthfund.org/files/publication_docs/access_to_health_fund_progress_report_2020_small.pdf

- **Multi-year funding has provided nutrition partners with the ability to plan for the future, build capacity, provide mentorship, and build trust with the community** (interviews). Short-term contracts are useful for distribution of goods but not in building technical capacity. In the WASH sector, organisations in Rakhine have reported that long-term funding has enabled a shift from an emergency focus to a protracted focus allowing for consultations with affected populations in programme design, development of activities and adjustments to better meet their needs. A strategic review of multi-year WASH funding highlighted that the multi-year approach allowed for consistency of staffing and community relationships, which led to improved efficiency and planning (HARP-F 2022). To ensure higher quality outcomes in multi-year programming compared to shorter-term funding, staff need to be supervised and supported appropriately (HARP-F 2022).
- **Progress on localisation is often limited by temporary or finite funding for nutrition** ([Emmens et al 2018](#)). Slow progress may be partly due to having unrealistic expectations on what can be achieved in five years, which is considered long-term funding ([Shifting the Power 2018](#)). Building partnerships and transferring responsibilities can take more than five years to achieve. For example, in the above mentioned case study in Myanmar ([Box 2](#)), it took KMSS seven years to take full responsibility from Trocaire ([Flint 2019](#)).
- **While flexible funding is useful for organisations to adapt to nutrition programming needs, there has been mixed feedback on whether this was provided successfully during the COVID-19 pandemic in Myanmar.** Access to Health created a Local Resource Centre to channel more and faster funding to CSOs, CBOs, EHOs and other national/ local organisations in light of the COVID-19 pandemic. Additionally, Access to Health partners were able to use unrestricted existing budget lines to pivot towards COVID-19 response activities ([Access to Health 2020](#)). Organisations state that HARP-F has helped facilitate the process to channel more funds to local actors (interviews). However, there is still an urgent need for donors to have a flexible process in place to engage with small local organisations and also Rohingya organisations. In a survey and interview with over 60 Caritas national organisations worldwide, it was found that during the COVID-19 pandemic, funding that allowed flexibility²⁴ allowed for efficiently adapted programming, whereas unflexible budgets have prevented such efficiency ([Caritas 2021](#)). Extensions and modifications of the budget allowed programmes to respond to the impact of the COVID-19 pandemic appropriately. Due to HARP-F's multi-year investments in national/ local and community-driven approaches in the Myanmar WASH sector, services continued during the COVID-19 (HARP-F 2022).

Best Practice 3.3: Overhead costs should be provided to national/ local nutrition organisations instead of restricting contributions to project activities, to support institutional development with a longer-term goal of national/ local organisations being able to achieve donor compliance and manage risk ([Metcalf-Hough, V et al 2021](#)).

- **Except for a few exceptions, overhead costs are not always provided to national/ local nutrition organisations; however, the importance of providing overhead costs has been recognised by several donors** (interviews; [Desmond et al 2019](#)). Short-term project-based funding which lacks support for overhead costs for national/ local nutrition organisations is a major challenge in compliance and risk ([Metcalf-Hough et al 2021](#)). LIFT changed its policy to ensure indirect cost recovery for national/ local organisations despite being subcontracted by intermediaries ([Box 6](#)). Other funds such as Access to Health, HARP-F, and the Joint Peace

²⁴ During the COVID-19 crisis, various flexible funding included no-cost extensions, budget modifications (adjusting budget category/ line item amounts), programme modifications, expansion of allowable costs (coverage of activities that did not take place because of COVID-19, cancelled travel, staff salaries during lockdown/ restricted movement, staff overtime etc.), purchase of PPE for staff or beneficiaries with existing funds, increased coverage of staff benefits, or additional costs associated with human resources (travel/ visas of staff, healthcare, additional sick leave/ time)

Fund have reported having policies or practices in place for indirect cost recovery ([Desmond et al 2019](#)). Consultations with CSOs report indirect cost recovery has been useful for unbudgeted project costs such as increased transportation and fuel costs, for unforeseen building and property costs, and in bridging funding gaps ([Desmond et al 2019](#)). However, national/ local organisations report that overhead funds are not always shared with national/ local organisations within the nutrition sector; often only activity-based funds are provided (interviews).

- **Where funding is available for nutrition organisations, direct grants are awarded to larger organisations with existing organisational capacity rather than providing overhead costs.** Because partnerships are based on capacity assessments, those who have more capacity are more likely to be partnered with, inhibiting partnerships with new, smaller organisations to further their development. Smaller nutrition organisations are often subcontracted by larger organisations such as INGOs, UN agencies, or larger national organisations and they do not receive funding for indirect costs as a result. For example, health facilities in the field managed by an EHO do not have electricity or much storage space for medication and nutrition supplies. For electricity, they need support for a generator or solar power, but due to funding regulations this cannot be provided. They therefore need to apply for additional funding. This shows that building capacity alone of smaller organisations is not enough. This is a limitation to scale-up of nutrition programming given the limited number of national/ local organisations within the nutrition sector.
- **The role of donors and how they fund nutrition programmes is critical in ensuring capacity-building and organisational development is prioritised.** Because capacity-building requires additional resources, the inclusion of a specific line/ section for capacity-building/ organisational development has been found to be an enabler ([Christian Aid et al 2019](#); [InterAction 2021](#)). Donor incentives have contributed to shifting behaviours particularly around quality funding. For example, the Netherlands Dutch Relief Alliance has established a range of default requirements including a minimum 25% direct funding target and clear budget targets (5-8%) to be allocated for institutional capacity-building ([Lees et al 2021](#)). There is still much resistance on the donor side however and intermediaries have reported that although they have set targets to increase funding to support capacity-building of national/ local organisations, they struggle to secure funds from donors ([Metcalfe-Hough et al 2021](#)). Finally, support for income-generating activities such as fundraising helps boost national/ local organisations' financial sustainability and is worth considering ([Christian Aid et al 2019](#)). Some of these approaches would ensure adequate funding for capacity-building and organisational development of national/ local organisations in the Myanmar nutrition sector.

BOX 6: LIFT's Rakhine Small Grant Fund and example of sharing overhead costs

In 2015, in response to intermediaries not always including overhead costs for national/ local organisations in their contracts, LIFT updated its operational guidelines with the following:

"In partnerships and consortiums, the six per cent indirect costs should normally be shared among implementing partner organisations, including local civil society organisations, proportionate to their implementation budget (six per cent of their total budget)".

Definition of indirect costs "may be overhead costs, do not require verifiable vouchers, and are calculated as a percentage against the total of incurred direct costs" (LIFT Operational Guidelines 2017)

In the following year, LIFT launched three small-grant funds at the township level to support national/ local organisations. All CSOs were consulted as to whether they recovered indirect costs and reported that they did, based on the rate of 6% ([Desmond et al 2019](#)).

In 2020, LIFT provided grants to 35 Rakhine-based organisations through Metta's Rakhine Small Grant Fund with CSOs to accelerate the COVID-19 pandemic response. While these were shorter-term grants running from three to six months, these grants enabled CSOs to provide emergency support including short-term food and cash assistance, delivery of hygiene kits and personal protective equipment ([LIFT 2020](#)). The Rakhine Small Grant Fund also contributed to developing organisational capacity by providing training on financial management and monitoring and evaluation, and CSOs were supported on administration and use of templates.

Best Practice 3.4: Donors should have administrative capacity, a facilitatory structure and flexibility to manage direct funding to national/ local organisations (OECD 2017) in the Myanmar nutrition sector, to prevent creating excessive administrative burden for national/ local organisations and to facilitate provision of direct funding.

- **While donors and funding mechanisms have initiatives to grant direct funding to national/ local organisations in the nutrition sector, not all donors have an understanding of the Myanmar context to allow this.** UNOPS, for example, requires partnerships with national/ local organisations through an equal power balance: they call for a common sharing of responsibility with at least 50% of the responsibilities lying with the national/ local organisation. However, this may not always be realistic due to the limited number of national/ local organisations in the nutrition sector. The main barriers to direct funding of local organisations in the Myanmar nutrition sector are consistent with global findings:
 - *Administrative and language barriers*, with most proposals and donor guidelines, are complicated and require extensive paperwork in English with short timeframes (interviews). Some funding mechanisms, such as LIFT and HARP-F, accept proposals in both English and Myanmar language but this is not common across funding mechanisms.
 - *Lack of human resource capacity* to take on the burden of the required reporting, including financial reporting (interviews).
 - *Unregistered organisations cannot receive direct funding and competition with INGOs for funding (interviews)*. Often small national/ local organisations compete against large, well-established INGOs who have streamlined their administrative and grant management processes. INGOs are also worried that a locally-led response will make them redundant ([Manlutac 2021](#); [Wall et al May 2016](#)).
 - *Perceived risks to donors* including lack of transparency on financial, political, and accountability elements ([Box 7](#)). Globally, there is a lack of transparency to track where funding goes and how much is channelled to national/ local partners ([Wall et al 2016](#); [IRC May 2021](#)).
- **The ability to use direct funding in the Myanmar nutrition sector is dependent on both the capacity of the donor and the national responders.** Donors in Myanmar often have limited ability to undertake due diligence of national/ local nutrition organisations and monitor their work, thus limiting their ability to directly fund them ([Featherstone et al 2020](#)). As a result, the Organisation for Economic Co-operation and Development (OECD) listed criteria which both the donor and national/ local organisation should meet in order for direct funding to occur ([Table 5](#)). If donors do not have these requirements, the responsibility of partner selection and risk mitigation measures may be transferred to trusted international partners that have appropriate contextual knowledge and oversight capacities ([OECD 2017](#)).

BOX 7: Risks to donors (interviews)

- *Concern over neutrality and impartiality (political).* International organisations and donors express a concern as to whether humanitarian principles will be followed as local CSOs, CBOs and EHOs may be politically linked ([Grunewald 2018](#); interviews; GMI 2020 [a]). In some instances in Myanmar, local organisations may be appointed by the government or engage with the defacto authorities. However, it is important to recognise the political environment and that national/ local organisations may provide impartial aid but not necessarily be politically neutral (GMI 2020 [c]). Therefore, a holistic approach to addressing these concerns should be guided by the principles of “do no harm” and non-discrimination. Conducting transparent communication with national/ local organisations and communities is important in deciding how funds can be allocated to ensure the response is optimal.
- *Cash flow and financial accountability:* National/ local organisations in Myanmar, including those in the nutrition sector, may not have a bank account or have difficulty withdrawing large sums of money since they require supporting documentation. To overcome this, cash transfers are used instead. In some cases, staff from national/ local organisations may need to open personal bank accounts in order to withdraw money increasing risk to the staff themselves (interviews). However, due to limited documentation on expenditure, this becomes vulnerable to fraud.
- *Weak logistics and transportation systems:* This can lead to poor storage of nutritional products and fraud, examples of which exist in the Myanmar context.
- *Decreased quality of programming:* This would be due to low technical capacities of the national/ local organisation implementing the nutrition project, in the absence of sufficient support for technical (nutrition) and operational capacity-building.

Table 5: Donor and national organisation requirements for direct funding

Donor Requirements	National Organisation Requirements
<ul style="list-style-type: none"> ● Capacity to interact with local responders including assessing partners financials, administrative and operational capacities. ● Donors need field staff. ● Grant flexibility: Allows for crisis modifiers.²⁵ ● Administrative capacity to adapt existing contractual arrangements so that they do not create an excessive administrative burden for local humanitarian responders or for donor humanitarian staff. ● Long-term investment. ● Addressing legal restrictions. 	<ul style="list-style-type: none"> ● Aid impartiality rather than political neutrality ● Functional operational systems (finance, HR, procurement, logistics etc.). ● Capacity to fulfil donor proposal and reporting requirements as per donor timeframes. ● Ability to achieve sufficient coverage and quality of programmes, often without the technical support (including training) INGOs can provide from the global/ regional levels. ● Ability to engage in national fora even when located subnationally, and to have confidence to engage in such fora.

Source: OECD 2017. *Localising the Response. World Humanitarian Summit Putting Policy Into Practice*

Best Practice 3.5: If direct funding is not possible, use of pooled funds, consortiums of national/ local organisations and country-based funds should be encouraged within the nutrition sector.

²⁵ Crisis modifiers are provisions in grant agreements that allow for funds to be moved to crisis response and/ or allow the donor to provide additional funds for a crisis response without modifying the grant agreement.

- **The use of pooled funding mechanisms such as MHF, has been beneficial for national/ local organisations in the nutrition sector in Myanmar** in terms of increasing direct funding, reducing the burden of fulfilling extensive donor requirements given limited resources, and building capacity (interviews). These funds and consortiums have adopted various adaptations to funding which have been useful for national/ local organisations to receive direct funding from them. This includes simplification of reporting procedures and templates, use of Myanmar language for grant proposals, and assistance with proposal writing.
- **While not active in the nutrition sector, the Paung Ku Nargis Response (PKNR) used an existing mechanism for disbursing small grants to local organisations and self-help groups in Myanmar** ([Wall et al. 2016](#)). PKNR developed a methodology that involved a four-page application form and a contract that would allow disbursement of funds within two hours of a proposal being agreed (Corbett 2010). This was particularly useful at this time as the majority of PKNR grantees were emergent self-help groups made up of self-organising survivors with no organisational history (or future, beyond their brief but crucial period of activity as a group) (Corbett 2010). This shows that country-level funding mechanisms in the nutrition sector, with national/ local organisations' leadership/ co-leadership, can provide the most timely funds for a nutrition response. More recently, LIFT rolled out a small grant funding mechanism in 2020 in Rakhine, Kachin and Northern Shan state for CSOs and CBOs to implement COVID-19 related work and to build institutional capacity of the CSOs and CBOs. The flexibility of the small grants allowed for a range of activities and projects to be implemented (interviews).
- **National/ local organisations as a collective in consortia have the power to choose intermediaries, create opportunities to build local systems and provide a better chance of winning grants** ([Lees et al 2021](#)). In Somalia, a consortium of local organisations could not directly access donor funding but as a collective were able to choose the international partner to work with. As a result, they were successful in their application ([Lees et al 2021](#)). This was because this approach gave local organisations more power to negotiate as a collective how they wanted the partnership to work ([Lees et al 2021](#)). This is an approach that could be useful for national/ local organisations in the Myanmar nutrition sector.

Recommendations for actors in the Myanmar nutrition sector

Nutrition Cluster Lead Agency

- Strengthen the Myanmar nutrition sector 4W to track the exact amount of direct funding awarded to national/ local organisations and to track sub-granting, including to CBOs/CSOs.
- Facilitate the participation of national/ local organisations in the Myanmar nutrition sector in accessing funding through pooled, consortium and country-based funding mechanisms.

INGOs/ SUN CSA

- SUN CSA to play a larger role in assisting national/ local actors in writing nutrition grant proposals and translating donor guidelines into the Myanmar language.
- Ensure sufficient indirect (overhead) costs are provided to national/ local nutrition organisations subgranted through international organisations.
- Consider the use of the small grants approach, similar to the approach by the Thai Border Consortium, to increase funding to national/ local organisations.

National/ local organisations

- Seek flexible multi-year funding through highlighting the need for funds to strengthen organisational capacity and governance in the Myanmar nutrition sector, and the need to allow adaptations to programming in the case of unforeseen circumstances e.g. the COVID-19 pandemic.
- Advocate for provision for indirect (overhead) costs in all nutrition grants to allow for increased flexibility, agility and effectiveness as a national/ local nutrition organisation.
- Consider approaching nutrition sector funding opportunities in a consortium with other national/ local nutrition organisations to strengthen the application and increase the chance of successful funding.

Donors

- Allow flexible multi-year nutrition funding for national/ local organisations to allow for meaningful investment in capacity-strengthening, systems and organisational governance, and to allow for adapted programming in the case of unforeseen circumstances e.g. the COVID-19 pandemic.
- Include a policy on providing a set percentage on indirect cost recovery for overhead costs for national/ local organisations in the Myanmar nutrition sector to allow adequate capacity-building and organisational development.
- Simplify the nutrition grant application process and have a flexible, facilitatory structure so national/ local organisations can apply for funding, for example accepting proposals in Myanmar language, simplifying the administrative requirements, and allowing unregistered organisations to apply.
- Documentation such as donor nutrition policies and guidance should be available in the local language to enable more national/ local organisations to apply for funding.
- Where direct funding to national/ local organisations is not possible, facilitate their access to nutrition funding through pooled, consortium and country-based funding.
- Build donor capacity to enable direct funding to national/ local organisations in the Myanmar nutrition sector through achieving specific, agreed criteria in order for direct funding to occur.

Chapter 4 - Coordination

Definition

Coordination involves bringing together humanitarian actors to ensure a coherent response to emergencies. This involves an inclusive membership including civil societies and other stakeholders working on nutrition.

Key Findings:

Best Practice 4.1: National/ local organisations should be included in Myanmar nutrition coordination mechanisms (national and/or subnational) and strategic discussions, which could be achieved by addressing identified barriers (power imbalances, language barriers, high turnover of sector coordination staff and lack of resources).

- **There is strong leadership and participation amongst large national/ local organisations within Myanmar nutrition coordination mechanisms.** KMSS, MAM, and MHAA regularly attend and contribute to nutrition coordination meetings (nutrition sector minutes; interviews). Additionally, two of the three SUN CSA steering group chairs are national organisations (KMSS and Chan Myae Mita Development Association [CMMDA]). MHAA is also a key focal point for the SUN CSA.
- **While efforts have been made to increase community participation and local leadership within nutrition coordination mechanisms, nutrition cluster coordination is predominantly led by international organisations, UN organisations and sometimes large national/ local organisations, with little inclusion for smaller CSOs/ CBOs/ EHOs.** Large national organisations attend both the national and sub-national sector meetings but smaller local organisations, including CSOs and CBOs, are usually not present or are represented by their intermediary partners (interviews, sector meeting minutes). When local organisations attend meetings, there is limited active participation. To increase community participation within coordination mechanisms, women-led organisations and CBOs were invited to action plan workshops and the nutrition sector meetings. However, due to the barriers listed below, they failed to return to the meetings thereafter. Invitation without addressing barriers to active participation is ineffective. The main barriers to increasing participation of national/ local nutrition organisations in Myanmar are similar to those found globally and include:
 - *Language barrier:* Nutrition coordination meetings and communication, including meeting agendas and minutes, are largely conducted in English, limiting involvement of local actors. While women-led organisations and smaller local organisations have been invited to coordination forums, their participation was often limited to one meeting due to language barriers. There are also many languages and dialects in Myanmar which adds to the challenge, even if the meetings are conducted in a Myanmar language (interviews).
 - *Power imbalance:* Better communication is needed to give more power to respected Myanmar nutrition community groups, such as mother leaders and support groups. Similar to the experiences in Pakistan and Afghanistan, in Myanmar smaller local organisations have fewer resources and therefore end up underrepresented in these spaces ([Ullah et al 2021](#); interviews).
 - *Lack of manpower:* Smaller local organisations tend to have less staff to send to meetings, so struggle to attend all Myanmar nutrition coordination meetings (interviews). In addition, global evidence shows national/ local organisations also have difficulty recruiting and

retaining senior level staff who are able to navigate the coordination spaces. As a result, they often fail to understand the importance of attending coordination processes or are not aware of the mandate of coordination fora ([Caritas 2021](#); [Ullah et al 2021](#)). This is also the case with national/ local nutrition organisations in Myanmar.

- *Connection challenges*: Difficulties with sporadic internet connections and lack of funds to obtain internet in Myanmar hinders availability of information to national/ local nutrition organisations.

Best Practice 4.2: National/ local organisations should be a core contributor to the Myanmar nutrition coordination dialogue and their engagement facilitated by ensuring regular communication, technical and organisational capacity-building, using a mix of remote and in-person approaches, engaging bilaterally with national/ local organisations and ensuring they are part of decision-making structures.

- **Various communication channels have been used by national/ local nutrition organisations in Myanmar since the COVID-19 pandemic to stay connected, share information and continue their advocacy work** ([Wejiewickrama et al. 2020](#); interviews). Some of the most commonly used communication platforms are Facebook Messenger, WhatsApp, Viber, Zoom, Skype, shortwave radio and Signal (interviews). These may not be as complex as the options used by larger international organisations, but these modalities are effective and enable greater communication and coordination in the nutrition sector.
- **There are several networks which facilitate communication and coordination amongst civil society organisations and with INGOs in Myanmar outside of nutrition sector coordination meetings** (listed under Localisation Initiatives in the Myanmar Nutrition Sector). There used to be active CSO-level coordination mechanisms which provided a potential venue for national/ local organisations, including those working in the nutrition sector, to actively participate. Reportedly there were CSO-level coordination mechanisms where a CSO representative joined national level coordination meetings in Myanmar to represent the CSO organisations, but this no longer exists. While this could be an effective way forward again, participation is highly dependent on the representative. More recently, the WASH sector in Myanmar has developed the localisation working group to facilitate community engagement and the sharing of localisation experiences: this could be an opportunity for the Myanmar nutrition sector to engage with and learn from.
- **The Leveraging Actions to Reduce Malnutrition (LEARN) initiative and SUN CSA²⁶ provides an opportunity to strengthen leadership and contribution of national/ local organisations in the nutrition sector (interviews).**
 - *SUN CSA*: This group has been active, even during the COVID-19 lockdown, to engage with national/ local and international nutrition organisations to provide support. It has 65 members (over 50% of which are national/ local nutrition organisations) and has the most potential to increase local participation. Currently it is not able to expand to the state level other than in Ayeyarwady region due to COVID-19 but there are plans to expand to the sub-national regions under the interim multi-sector plan. The Rakhine subcluster is also making efforts to join the SUN CSA to enable learning with other CBOs from other states (interviews). However, currently there are no local CBO/ EHO organisations represented in the network (interviews). Save the Children is currently a co-host and has received funding in mid-2020 to switch to a local host model whereby Save the Children provides support to a

²⁶ <https://www.facebook.com/SUNCSAinMyanmar/?ref=bookmarks>

nominated national/ local organisation to host the network. Currently capacity assessments are under way to evaluate five potential agencies.

- *LEARN (Phase 3) (LIFT 2020)*: LEARN is a technical service provider funded by LIFT to provide technical support to civil society actors. LEARN works closely with the SUN CSA and has developed nutrition programme design training and institutional capacity training. The next phase of LEARN is to engage partners operating in ethnic areas and determine how to best identify the roles EHOs have in supporting improved nutrition outcomes.
- **The following approaches have been found to encourage participation of national/ local organisations in coordination mechanisms globally, including within the Myanmar context:**
 - *Capacity strengthening and regular communication* have been found to help create more opportunities, increase visibility and build confidence. Garib Unnayan Sangstha (GIS) in Bangladesh who partnered with Oxfam found that by regularly participating in decision-making spaces and receiving support for capacity-building, it led to them chairing platforms and coordinating initiatives (HPN 2021). Three case studies from the nutrition sector on the humanitarian-development nexus examined by the GNC found that creating joint initiatives and activities was not enough to create a more inclusive coordination mechanism. Rather, creating regular dialogue between actors to identify common areas of work without creating another layer of process and meetings is critical (GNC 2020). Similarly, supporting focal points within local and national organisations were found to develop their leadership and coordination skills in CAFOD's PEOPLE project (HPN 2021).
 - *Use of remote or a mix of in-person and remote coordination approaches* by national/ local organisations since the COVID-19 pandemic helped them to stay connected, share information and continue their advocacy work (Weijewickrama et al. 2020; interviews). However, criticisms of the remote coordination modality were found in Afghanistan and Pakistan (Box 8).
 - *Engaging bilaterally with national/ local organisations* allowed MHF to increase national/ local organisation participation by providing clarity on the process to join the MHF (Humanitarian Advisory Group [HAG] 2020).
 - *Ensuring national/ local inputs are part of the decision-making structures*. The MHF board revised the representatives from international organisations (INGOS, UN and donors) to include three representatives from local organisations (Humanitarian Advisory Group [HAG] 2020).

BOX 8: COVID-19 and Localisation in Afghanistan and Pakistan

The COVID-19 pandemic provided an opportunity to increase localisation in Pakistan and Afghanistan. Interviews with local organisations, INGOs, UN agencies, donors and coordination bodies in both countries revealed that while national/ local organisations with the capacity to reach vulnerable communities achieved greater recognition and received more support, smaller local organisations rarely had access to increased funding. This was because intermediaries chose to work with larger organisations that they had worked with before due to established trust and capacity. In 2020, only 2.3% and 6.1% of humanitarian funding was distributed to national/ local organisations in Afghanistan and Pakistan respectively.

The use of remote or a mix of in-person and remote coordination approaches was found to help increase national/ local organisation representation in coordination forums since the onset of the

COVID-19 pandemic in Pakistan and Afghanistan. In the Humanitarian Country Team (HCT) in Afghanistan, digitisation enabled national/ local organisations to contribute to discussions, eliminating the need to travel and raise their hands where it is not culturally acceptable to interrupt. However, this was not the consensus amongst those interviewed, with some stakeholders reporting that the online format reduced interpersonal interaction useful for problem-solving. Other limitations included technological barriers.

Source: Ullah et al 2021

Recommendations for actors in the Myanmar nutrition sector

Nutrition Cluster Lead Agency

- Strengthen and systemise the approach to engaging national/ local nutrition organisations by identifying and addressing barriers to their participation in nutrition coordination mechanisms ([Caritas 2021](#)).
- Provide clear guidelines and steps, and revise policies/ set targets, for national/ local organisations to join decision-making structures in the Myanmar nutrition sector. Ensure there is consensus amongst members and support from external stakeholders to change the membership criteria ([InterAction 2021](#)).
- Identify and address barriers for national/ local organisations to actively participate in nutrition coordination structures (national and/ or subnational). Determine the most appropriate coordination approach (mix of in-person and online) and communication channel and ensure the local language is used in meetings/ provide translators as needed.
- Finalise the subnational coordination structures (such as the SUN CSA) and ToRs. Activate these structures so locally relevant platforms are available for local and national organisations to engage with.
- Use the suggested questions from Campbell et al to examine how to better involve national/ local organisations in nutrition coordination mechanisms ([Campbell et al 2016](#)).

INGOs/ SUN CSA

- As an intermediary, implement communication strategies that create a safe space for national/ local organisations to take leadership roles and actively participate in nutrition coordination structures.
- Actively build the capacity of national/ local organisations to participate in Myanmar nutrition coordination mechanisms and encourage a regular dialogue between all parties to facilitate this.
- SUN CSA to play a larger role in nutrition coordination structures and include EHOs/ CBOs for a more integrated approach to improving nutrition outcomes in Myanmar.
- SUN CSA to connect with the newly developed localisation working group in Myanmar.

National/ local organisations

- Actively participate and take leadership roles in nutrition coordination mechanisms and provide feedback to donors, INGOs and the Nutrition Cluster Lead Agency on the resources needed to do this. MHAA, MAM and KMSS are large national organisations that are well placed to support nutrition coordination mechanisms in Myanmar but also encourage leadership from smaller national/ local organisations.
- Consider reactivating a CSO-led coordination mechanism, with active representation from national/ local organisation members, to facilitate the contribution of national/ local organisations in Myanmar nutrition coordination mechanisms.
- Participate in the LEARN (phase 3) initiative to improve capacity to facilitate involvement in nutrition coordination mechanisms.

Donors

- Ensure unrestricted funding for overhead costs are included in partnership agreements between all parties, including funding for internet costs and mobile phones for national/ local organisations, to ensure capacity and ability to engage in coordination mechanisms.

Chapter 5 - Capacity-building

Definition

Capacity-building is the process of developing and strengthening the skills, abilities, processes and resources that organisations and communities need to survive, adapt and thrive, including organisational, institutional and technical capacity-building.

Key Findings:

Best Practice 5.1: In addition to building nutrition technical skills, capacity-building should focus on building organisational systems such as operational, financial management, human resources, procurement and policy development. Capacity-building should be based on an assessment of the barriers to national/ local organisations receiving funding directly in the Myanmar nutrition sector ([Lees et al 2021](#), [Flint 2013](#), [IRC Jan 2019](#)).

- **Donors and intermediary organisations have made strides in increasing capacity development for national/ local organisations within the Myanmar nutrition sector but there is still much more that needs to be done to enable national/ local organisations to secure direct nutrition funding.** Training in the nutrition sector, such as UNICEF's IMAM training, are usually conducted in Myanmar language. HARP-F provides training on organisational capacity-development in Myanmar language, such as for writing a policy on safeguarding, core humanitarian training covering the basics of project cycle management, protection against sexual exploitation and abuse (PSEA), and financial fiduciary (trust), to enable national/ local organisations to comply with minimum standards of due diligence processes (HARP-F consultations Oct 2021). Although there is training provided for elements of organisational development, current efforts are not enough to build capacity to overcome barriers to direct funding for nutrition (interviews). Areas of weakness with regards to capacity development include:
 - *Financial reporting and report writing.* Building financial management is one of the most difficult capacities to grow because formal training is inadequate and requires extensive experiential learning over a longer period of time (interviews).
 - *Implementation of policies.* While policy development and ongoing mentorship to support this was extremely beneficial, implementation of policies, including nutrition-related policies, was found to be difficult (interviews).
 - *Capacity-building efforts are often the first budget item cut from a proposal.* When intermediaries apply for funding and include organisational capacity-development for national /local partners, with limited funding, this can be the first item to be cut from the proposal depending on the intermediary/ donor (interviews).
 - *When provided, capacity-building is often project-based.* This means that capacity-building efforts stop when funding ends (interviews; [Accelerating Localisation Through Partnerships 2019 \[b\]](#)).
 - *High staff turnover within national/ local organisations.* This means training does not stay within the national/ local organisation (interviews). This can be because smaller organisations have less absorptive capacity for funding gaps to retain staff (interviews).

- *Insufficient resources for institutional development.* Training alone is not sufficient. Donors need to provide funding for human resources to build infrastructure, bridge funding gaps, and cover overhead costs (interviews).
- *Structural weakness and reliance on the director and leader as the sole decision-maker.* Organisational development is difficult when smaller organisations rely heavily on the director or leader who is the sole decision-maker (GMI 2020 [b]; interviews).
- **To build national/ local capacities, more experienced national/ local nutrition organisations such as KMSS and MHAA have begun to provide capacity-building for other smaller local organisations.** Recognising that only a handful of national/ local organisations can meet the standards of donors, KMSS has supported 30 CSOs using a systems-wide approach to help develop their management skills and improve their policies, procedures and governance. MHAA has plans to develop a nutrition development programme using a consortium method in collaboration with INGOs and other national/ local organisations, to support development of nutrition technical skills of other national/ local organisations.
- **Most organisations who partner with national/ local nutrition organisations conduct capacity assessments and in some cases these are conducted annually to build capacity** (interviews). Capacity-building should be tailored to the results of the capacity assessments to ensure that capacity-building is meaningful and does not become a burden. The LEARN initiative sets an example of this by ensuring capacity-building fits the needs of CSOs and not the priorities of INGOs or donors (interviews). INGOs and national/ local organisations writing a proposal together is an example of active, participatory, on-the-job training. However, national/ local nutrition organisations have reported that their voices have not been heard when they requested specific training in other areas (interviews).
- **Empowering national/ local nutrition organisations to conduct their own capacity assessment to assess their own strengths and weaknesses is beneficial.** World Concern has developed an organisational capacity assessment tool which allows organisations to take initiative in improving their capacity by requesting training for areas found to be a weakness for them (interviews).

Best Practice 5.2: There should be a clear strategy for capacity-building to allow the incremental transfer of responsibilities to national/ local nutrition organisations over time based on meeting predefined thresholds, if they are not able to commit to taking responsibility immediately. In particular, donors should incentivise shifting behaviours by including a specific budget line/ section for capacity-building/ organisational development ([Christian Aid et al 2019](#); [InterAction 2021](#)).

- **Capacity-building takes time and the shift of responsibilities needs to be incremental without undermining local capacities.** When required, the role of an intermediary needs to support national/ local nutrition organisations to enable organisational growth, including meeting thresholds on risk management required to receive direct nutrition grants ([Lees et al 2021](#); [InterAction 2021](#)). Building national/ local capacity takes time and requires the development of action plans and milestones to ensure success of the transition.
- **While there is an example of this in the nutrition sector, there are also examples of this in the WASH and health sectors.** Access to Health mentored the Local Resource Centre, a local organisation, to manage small grants to nine local organisations to respond to the COVID-19 pandemic ([Box 9](#)). Trocaire, with HARP-F funding, provided support to KMSS to transition to receiving direct funding and KMSS appointed a Localisation Coordinator to oversee the transition and capacity-strengthening process ([Box 2](#)). KMSS now receives direct funding from HARP-F to implement multi-sectoral projects in Kachin and Northern Shan, including implementing mother

support groups (Nutrition Sector 4W August 2021). In the nutrition sector, Catholic Relief Services provided similar support and transition of leadership to KMSS in Chin and Kachin.

Best Practice 5.3: Intermediaries should have the clear intention to only provide backstopping or secondary roles when adequate local capacity does not exist, to prevent duplication of effort or delays to achievement of localisation approaches for nutrition programmes. Ensure local staff are not poached from national/ local nutrition organisations by supporting them to develop retention strategies, acknowledging the work of national/ local nutrition organisations, and preventing unethical recruitment.

- **It is unclear in Myanmar whether the roles and responsibilities of intermediaries are consistently defined, including in the nutrition sector, to provide backstopping when adequate local capacity exists within all partnerships.** Global experiences in the nutrition sector show that parallel supervision structures are often created which undermine local capacity ([Donnelly et al 2021](#); [GNC HDN 2020](#)). Joint supervision activities were divided amongst the national/ local nutrition organisations and the INGO staff, instead of providing mentorship to local staff for efficiency. In the Myanmar nutrition sector, in inaccessible areas this is not as much of an issue since intermediaries are reliant on national/ local organisations due to restricted access. However in more accessible areas the extent to which intermediaries directly implement rather than backstop is not clear. Oxfam in the Philippines provides an example of how this can be addressed. Oxfam has a long-standing policy to not compete with local organisations for funding opportunities but to serve as a resource mobilisation asset for local partners ([Vera et al 2021](#)). The Myanmar nutrition sector could learn from this approach to strengthen the approach of intermediaries as temporary backstops.
- **Retention of qualified staff at national/ local nutrition organisations is a challenge** (interview). Within the nutrition sector, locally and nationally-trained people from Myanmar hold various positions including in UN agencies, cluster coordination, INGOs, and national/ local organisations. Often national staff trained in national/ local organisations tend to move to international or UN positions due to higher salaries, professional development opportunities, and a more stable income.
- **To address the high turnover of staff in the humanitarian nutrition sector, the following elements relevant to national/ local organisations have been found to improve staff retention:**
 - *Providing one salary structure for all positions:* The Thai Border Consortium, a faith-based organisation of local organisations, has one salary structure for all positions regardless of whether the position is held by international or national staff (interviews).
 - *Donors providing flexible and longer-term funding:* This allows organisations to provide salaries consistently which encourages staff retention ([Loquerico et al 2006](#)).
 - *Building a retention strategy with the following priority areas:* Ensuring pay is equitable and competitive, providing professional development and career paths, avoiding burnout, and reducing impacts on personal social life ([Loquerico et al 2006](#)).
 - *Avoiding unethical recruitment* ([Featherston 2017](#)). In surge responses, national/ local organisations consider unethical recruitment to include not honouring contract notice periods or allowing reasonable transition periods. To prevent this, Charter for Change suggests setting up a code for ethical recruitment which may include minimum notice periods, transitional support arrangements and making job advertisements public ([Featherston 2017](#)).

Best Practice 5.4: Open communication and mentorship allowing regular feedback should be facilitated to ensure effective capacity-building of national/ local organisations takes place in the Myanmar nutrition sector.

- **There are examples from the Myanmar nutrition sector where mentorship and open communication was helpful in ensuring capacity-building takes place.** The LEARN initiative, for example, offers support to national/ local organisations on how to improve nutrition components through mentorship on elements such as project design and technical support. This included Access to Health providing hands-on training to the Local Resource Centre, a local organisation, to manage COVID-19-specific funding grants ([Box 9](#)). However, UNICEF and other organisations report that on-the-job training in the nutrition sector has been limited in the last two years due to the COVID-19 pandemic. As a result, adaptations were made to facilitate continued mentorship, including online communication. UNICEF has developed checklists for field staff to use in the absence of face-to-face mentorship.
- **Building nutrition technical skills has been difficult in Myanmar, especially for nutrition behaviour change programming when success in nutrition relies on multi-sectoral programming.** Nutrition is usually deprioritised by health staff and volunteers when needing to provide services from multiple sectors including health (interviews). Attempts to tailor messages for IYCF have not necessarily increased adoption of IYCF best practices, likely due to other barriers. While mothers know a child is malnourished as indicated by MUAC measurements, they often do not seek treatment. This also highlights the importance of involving affected communities in not only identifying and addressing health seeking and IYCF behaviours, but also in the monitoring and evaluation stages of the project, to allow for integration of community feedback and thus greater contextualisation.
- **Capacity-building and capacity-sharing lends itself to strengthening nutrition networks and building organisational capacity ([CAFOD](#)).** Creating a safe space and regular dialogue without creating unnecessary additional workload is a delicate balance that enables stronger commitments and efficiency in the partnership with national/ local partners ([GNC HDN 2020](#)). By linking national/ local organisations in the Caritas confederation in Zimbabwe, they were able to support each other in developing an introduction package for new employees for a newly formed board of Directors ([CAFOD](#)). Such lessons could be applied to the Myanmar nutrition sector to strengthen nutrition networks and help build national/ local organisational capacity.

BOX 9: Example of capacity-building training for the Local Resource Centre in Myanmar

In response to COVID-19 and the importance of shifting tasks to local organisations, Access to Health set up a COVID-19 small grants programme in Rakhine to fund CSOs to provide community awareness, emergency food support, and delivery of supplies to Muslim/ non-Muslim populations. The fund awarded USD\$179,000 to nine national/ local organisations to respond in 12 townships.

To build the capacity of the Local Resource Centre, a local organisation, staff from Access to Health moved into the Local Resource Centre for the COVID-19 response for three weeks to help set up the new funding call system together with the fund manager. This included setting up the call for proposals and selection criteria. To ensure ongoing communication and backstopping, regular calls with the Local Resource Centre ensured problems were regularly discussed. The training for the fund manager role included orientation sessions, mentoring, formal training for complaint mechanisms, PSEA policies, monitoring and evaluation, simplified reporting and financial reporting templates and systems. This gave the power to local organisations to choose where funding went.

Source: Access to Health Annual Report January-December 2020; interviews

Recommendations for actors in the Myanmar nutrition sector

Nutrition Cluster Lead Agency (UNICEF)

- Coordinate and track capacity assessments (including technical and also organisational/ institutional) of nutrition organisations to avoid duplication of effort and creating an extra burden on national/ local organisations.
- Ensure the nutrition cluster has a long-term strategy and seek funding for national/ local capacity-building.
- Finalise a code for ethical requirements related to nutrition staff recruitment, such as minimum notice periods and transitional support arrangements, to avoid unethical recruitment ([Featherston 2017](#)).

INGOs

- If nutrition supervision is done jointly, ensure the mentor/ intermediary provides support instead of directly implementing, to support the development of local skills.
- Intermediaries should ensure there is a long-term strategy for capacity development of national/ local organisations, including developing phases or milestones which can match funding lengths, in order to hand over full responsibility to national/ local nutrition organisations when sufficient capacity has been built.
- Design training that is tailored to the needs, wants and capacity of national/ local organisations but is not limited to what is needed to deliver the nutrition project. Ensure training focuses on what is needed to overcome common barriers to national/ local organisations receiving direct funding. Training should include mentoring in human resources, financial management, logistics, procurement, grant writing and policy development.
- Provide equitable pay when partnering with national/ local nutrition organisations, ideally with one salary structure for international and national/ local nutrition staff, to reduce turnover of staff out of national/ local nutrition organisations.
- Facilitate an enabling environment for national/ local nutrition organisations to reach out for support (including technical) and mentorship by agreeing on a communication strategy beneficial to all parties.

National/local organisations

- Review organisational operational policies and regulations and update them to match donor requirements (may need a consultant to support this or for it to be built into grants with intermediaries).
- Where national/ local nutrition organisations already have sufficient capacity and skills, provide institutional capacity-building for other national/ local nutrition organisations and CSOs/ CBOs.
- Focus on building national/ local capacity to ensure those nutrition organisations meet donor requirements and due diligence, to allow direct funding to be received.
- National/ local nutrition organisations should conduct their own capacity assessments where feasible to gain a greater understanding of their own strengths and weaknesses.

Donors

- Provide funding for capacity development beyond nutrition project activities by including a budget for organisational/ institutional capacity-building, training and mentorship of national/ local organisations.
- Ensure grantees include a long-term strategy for capacity development with phases and milestones which match funding lengths.
- To ensure capacity strengthening work is not a burden, consider combining trainings, such as monitoring and evaluation with policy development, to reduce the commitment demanded on national/ local nutrition organisations

- Provide longer-term funding to allow nutrition staffing gaps, staff salaries and other staffing costs to be covered as required, ideally with one salary structure for international and national/ local nutrition staff salaries, to reduce turnover of national staff.

Conclusion

Evidence on localisation in the nutrition sector is rarely available but best practices from other sectors can be applied to the nutrition sector in Myanmar. With increasing difficulties with humanitarian access, increasing participation, leadership, capacity, and funding for national/ local nutrition organisations and affected communities is essential in maintaining and scaling-up nutrition services in Myanmar. This review builds on existing global findings on localisation and existing dialogue within Myanmar by highlighting what best practices are implemented and what challenges exist in the Myanmar nutrition sector. There is still more work to do to increase the capacity and leadership of national/ local nutrition organisations in the Myanmar nutrition sector, especially the smaller CSOs/ CBOs to build their nutrition technical skills. While there has been some increase in flexible multi-year funding in the nutrition cluster, grant applications and processes require simplification and submission should be allowed in Myanmar language to enable sustainable changes to localisation. Nutrition coordination systems require local leadership to increase participation of national and local actors. These learnings will hopefully aid a shift to more leadership by and direct funding to national/ local nutrition organisations moving forward. While these recommendations and findings may not be exhaustive, they are intended to facilitate further conversations and discussions on improving the immediate approach to localisation by the Myanmar nutrition sector.

In order to advance localisation within the Myanmar nutrition sector immediately, the priority next steps include:

- The nutrition cluster to hold a series of **workshops to identify the main barriers** (technical, operational, organisational) for national/ local organisations in implementing nutrition programming, engaging in coordination mechanisms, and increasing leadership roles within the nutrition sector, with the aim of finding solutions.
 - Consider holding a separate session for smaller CSOs/ CBOs/ EHOs where they would have the opportunity to actively contribute to discussions.
- The nutrition cluster or the SUN secretariat to develop **a localisation strategy** at the national and subnational level within the Myanmar nutrition strategy based on the workshop and findings included in this report. These should include:
 - Indicators and frameworks to monitor and track localisation within the nutrition sector.
 - Suitable approach to support funding for national/ local capacity-building.
 - Code for ethical nutrition staff recruitment across organisations in the nutrition sector.
- The nutrition cluster to **determine actionable next steps based on the barriers workshop to increase leadership and representation of national/ local organisations** (including smaller CSOs/ CBOs/ EHOs) within nutrition national and sub-national coordination mechanisms. This may be through encouraging SUN CSA to build capacity of national/ local organisations, supporting MHAA, MAM, KMSS to take on leadership roles, and reactivating CSO-led coordination mechanisms.
- The nutrition cluster to determine the **most appropriate modality to track the amount of funds distributed to national/ local organisations (directly and indirectly)** and frequency it should be updated. This may be through the 4Ws.

- Nutrition sector **intermediaries/ INGOs to develop and implement a long-term localisation strategy with incremental milestones**, with the goal to build capacity of and transition grant ownership to national/ local organisations and affected communities, including to women-led organisations, in existing and new partnership agreements.
- **Donors to simplify grant applications, translate funding guidelines in the Myanmar language, allow applications to be submitted in the local language and provide flexible longer-term funding** to allow national/ local organisations to implement nutrition programmes effectively.

References

- Abdullah, Saja, Rasha Al Ardi, and Rajia Sharhan. "Scaling up Nutrition Services and Maintaining Service during Conflict in Yemen: Lessons from the Hodeidah Sub-National Nutrition Cluster," no. Field Exchange 52 (June 2016): 57.
- Accelerating Localisation through Partnerships [a]. "Pathways to Localisation: A Framework towards Locally Led Humanitarian Response in Partnership-Based Action." C. Schmalenbach with Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam, 2019.
<https://interagencystandingcommittee.org/system/files/pathways-to-localisation-report-oct2019.pdf>.
- Accelerating Localisation through Partnerships [b]. "Recommendations for operational practices that strengthen the leadership of national and local actors in partnership-based humanitarian action in Myanmar." Christian Aid, CARE, Tearfund, ActionAid, CAFOD, Oxfam, 2019.
https://www.christianaid.org.uk/sites/default/files/2019-02/Accelerating-localisation-research-summary-myanmar_0.pdf
- Access to Health. "Annual Report Executive Summary. January-December 2020." 2020.
https://www.accesstohealthfund.org/sites/accesstohealthfund.org/files/publication_docs/access_to_health_fund_annual_report_2020.pdf
- ADB. "Civil Society Briefs Myanmar." 2015.
https://themimu.info/sites/themimu.info/files/documents/Ref_Doc_Brief_on_CS0_and_NGOs_ADB_Feb2015_0.pdf
- Desmond, Matt and Hmon, Shwe Wutt. "Civil Society Organisations and Indirect Costs in Myanmar A township-level survey." 2019. LIFT. <https://www.lift-fund.org/download/file/fid/4253>
- Campbell, Leah and Clarke, Paul Knox. "How can we better involve national actors in humanitarian coordination?" 2016.
https://www.researchgate.net/publication/322664745_How_can_we_better_involve_national_actors_in_humanitarian_coordination
- Caritas Internationalis. "Localisation in COVID-19 - Experience of Caritas National Organisations with Humanitarian Funding, Partnerships and Coordination in the COVID19 Pandemic," 2021.
<https://interagencystandingcommittee.org/system/files/2021-06/Localisation%20in%20Covid-19%20-%20EN.pdf>.
- Corbett, Justin. "Supporting community based emergency response at scale: innovations in the wake of Cyclone Nargis, Alnap Innovations Case Study no4." 2010. <https://reliefweb.int/report/myanmar/case-study-no-4-supporting-community-based-emergency-response-scale-innovations-wake>
- Featherstone, Andy. "Time for HR to Step up: National Perspectives on Transforming Surge Capacity. Policy-to-Practice Paper," 2017. [https://cafod.org.uk/content/download/41149/466719/version/6/file/Time for HR to Step Up.pdf](https://cafod.org.uk/content/download/41149/466719/version/6/file/Time%20for%20HR%20to%20Step%20Up.pdf).
- Flint, Josie. "Localisation Through Partnership: Shifting Towards Locally-Led Programming in Myanmar Phase 1 - The Partnership Journey." Humanitarian Advisory Group, August 2019.
https://www.harppfacility.com/media/filer_public/8e/69/8e69e248-d936-4692-8d3b-a9272cb27407/hag_trocaire_kmss_localisation_through_partnership_phase_1_final_electronic_iR0cBdS.pdf
- Global Mentoring Initiative (GMI) [a]. "From Eco-System to Self. Systems change in the international relief industry. Part I: Why, Why Now and for what Purpose?" 2020.
- Global Mentoring Initiative (GMI) [b]. "Supporting and Reinforcing Rather than Replacing and Undermining Local and National Actors. Literature Review Myanmar- Working Document". Unpublished. 2020.
- Global Mentoring Initiative (GMI) [c]. "Annex Interpretive framework on localisation". Unpublished 2020.
- Grunwald, Francois. "Myanmar: an innovation lab for localisation." 2018. https://www.urd.org/wp-content/uploads/2019/04/HEM19_EN_WEB_-2.pdf
- Humanitarian Assistance and Resilience Programme Facility (HARP-F). "Investing in Localisation of Aid in Myanmar." 2021. [media/filer_public/f2/a3/f2a35be2-c3e8-4676-a0dc-e01adab1a42c/investing_in_localisation_of_aid_in_myanmar-1.pdf](https://www.harppfacility.com/media/filer_public/f2/a3/f2a35be2-c3e8-4676-a0dc-e01adab1a42c/investing_in_localisation_of_aid_in_myanmar-1.pdf)
- Humanitarian Assistance and Resilience Programme Facility (HARP-F). "Nutrition in Myanmar: Focus on Rakhine State." 2021. https://www.harppfacility.com/media/filer_public/63/0f/630f4618-d397-4faf-9216-116b1fe8eb4c/nutrition_in_myanmar_focus_on_rakhine_state_-_harp_f_report.pdf
- HARP-F. "Multi-year WASH Funding Strategic Review" *initial draft*. 2022.

- InterAction. "NGO Coordination Structures and the localisation Debate Recommendations Paper," 2021. <https://www.interaction.org/wp-content/uploads/2021/01/NGO-Coordination-Structures-and-the-localisation-Debate.pdf>.
- Lees, Jessica, Jessica McCommon, Kate Sutton, Josie Flint, Leaine Robinson, Iris Low, Saeed Ullah Khan, Suman Ahsanul Islam, and Ziad Antonios. "Bridging the Intention to Action Gap: The Future Role of Intermediaries in Supporting Locally-Led Humanitarian Action," June 2021. <https://interagencystandingcommittee.org/system/files/2021-06/Bridging%20the%20intention%20to%20action%20gap%20-%20the%20future%20role%20of%20intermediaries%20in%20supporting%20locally%20led%20humanitarian%20action.pdf>
- Livelihoods and Food Security Fund (LIFT). "Lift Annual Report 2020." 2020. [es/lift-fund.org/files/publication/lift_annual-report-2020_en_final_16aug2021_compressed_0.pdf](https://www.lift-fund.org/files/publication/lift_annual-report-2020_en_final_16aug2021_compressed_0.pdf)
- LIFT. "LIFT's COVID-19 Response. One year of LIFT's COVID-19 response: stories that inspire hope." 2021. https://www.lift-fund.org/sites/lift-fund.org/files/publication/lift_covid-19_response_newsletter_2021.pdf
- Malteser International. "Mapping of Stakeholders and Initiatives on Early Warning Systems in Myanmar." 2015. https://www.preventionweb.net/files/42369_42369publicationmappingonnewsmyanmar.pdf
- Ministry of Health and Sports/ Myanmar, and ICF. "Myanmar Demographic and Health Survey 2015-16," 2017. <https://dhsprogram.com/publications/publication-fr324-dhs-final-reports.cfm>.
- Myanmar Humanitarian Fund (MHF). "September-November 2021. Quarterly Update N.3." 2021. <https://www.unocha.org/sites/unocha/files/MHF-Quarterly%20Update%20%283%29-Sep%20to%20Nov%202021.pdf>
- Neil, Rachel. "Approaches to Partnership Measurement: A Landscape Review." 2021. USAID MOMENTUM Knowledge Accelerator. <https://usaidmomentum.org/resource/approaches-to-partnership-measurement-a-landscape-review/>
- Van Brabant, K, and S Patel. "Disasters & Emergencies Preparedness Programme Localisation in Practice: Seven Dimensions of Localisation Emerging Indicators & Practical Recommendations." Global Mentoring Initiative, 2018. <https://reliefweb.int/sites/reliefweb.int/files/resources/Localisation-In-Practice-Full-Report-v4.pdf>.
- Wake, Caitin and Barbelet, Veronique. "HPG Commissioned Report. Localising emergency preparedness and response through partnerships." 2019. Humanitarian Policy Group, Islamic Relief, Overseas Development Institute. <https://cdn.odi.org/media/documents/12668.pdf>
- Wall, Imogen, and Kerren Hedlund. "Localisation and Locally-Led Crisis Response: A Literature Review." Local 2 Global, May 2016. https://usercontent.one/wp/www.local2global.info/wp-content/uploads/L2GP_SDC_Lit_Review_LocallyLed_June_2016_revisedJan_2017_online.pdf
- "WASH Handbook for Protracted Emergencies: The OXSI Experience in Myanmar." https://www.harpfacility.com/media/filer_public/03/a8/03a829d3-8cd9-411e-ae0-e4401d6e3c10/wash_knowledge-oxfamsi.pdf
- Wijewickrama, Eranda. "Localisation through Partnership: Shifting Towards Locally-Led Programming in Myanmar. Phase 2 – Navigating the Transition." 2020. KMSS, Trocaire, Humanitarian Advisory Group, HARPF, UKAID. https://humanitarianadvisorygroup.org/wp-content/uploads/2021/04/HAG-Trocaire-KMSS_Localisation-through-Partnership_FINAL_electronic_Phase-2.pdf
- Wijewickrama, E, Rose, N, and Tun, T. "Two steps forward, one step back: Assessing the implications of COVID-19 on locally-led humanitarian response in Myanmar." 2020. https://www.trocaire.org/wp-content/uploads/2021/02/COVID-19-implications-for-Myanmar_Final_electronic_101220.pdf?type=policy

Annexes

Annex 1: Organisations consulted

Type of Organisation	Organisations
Donors	LIFT HARP-F Access to Health
UN Agencies	UNICEF World Food Programme
International NGOs	SUN Network Oxfam Save the Children World concern Action Against Hunger IRC Community Partner International (CPI)
National/ local organisations	MHAA KMSS CSI Community Empowerment and Resilience Association (CERA) Medical Action Myanmar Thai Border Consortium (TBC)

Annex 2: Policies regarding localisation

Organisation	Strategy and localisation
United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Myanmar	<p>Collaboration with local and national organisations is streamlined within the Humanitarian Response Plan Myanmar 2021. It acknowledges the importance of localisation in the context of COVID-19 pandemic. The HRP commits to building on partnerships with national NGOs and local civil society actors. “The HCT will also reinforce its advocacy for unhindered access by humanitarian actors to all people in need. It will include consistent engagement with community-based organisations (CBOs) including women-led CBOs, local communities and affected people, to ensure transparency and accountability of humanitarian action. Local networks of first responders and other community-level safety nets will be supported to ensure that critical needs associated with short-term displacements in hard-to-access areas are addressed in a timely manner. Support will be provided to local actors and coordination structures to develop or strengthen inclusive, people-centred accountability and engagement mechanisms. In both recognizing and strengthening existing capacities, coordination structures will take positive steps to ensure that responses are led and owned by local first responders, the many local organisations implementing the HRP as well as affected communities themselves.”</p> <p>Under the HRP 2021, the Nutrition Sector is committed to strengthening local capacities through increased support to individuals and communities to take up their essential role in nutrition activities, understand and respond to the different nutritional needs of various vulnerable groups, and capacity building of local partners to engage in nutrition sensitive actions that will increase resilience and reduce the risk of malnutrition.</p>
Livelihoods and Food Security	One of the thematic areas in the LIFT Strategy 2019-2023 is nutrition. At the centre of the strategy is to support and strengthen civil society, government ²⁷ , the private sector, and

²⁷ The strategy was developed before the coup and supporting engagement with the government was a priority.

Fund (LIFT)	<p>Ethnic Armed Organisations (EAO). LIFT provides small grants funds to support township-level CSOs working to strengthen livelihoods systems); and learning and networking (to support the exchange of knowledge and ideas). LIFT's dedication to localisation is highlighted in the 2020 Annual Report with a section devoted to localisation.</p> <p>"EAOs are key stakeholders in Myanmar's development. LIFT will engage with EAOs, particularly in the conflict-affected areas and in the areas they control, to facilitate co-operation on interventions and support interaction between government and nongovernment entities for the delivery of services to the most vulnerable communities. The programme will ensure that the engagement does not disrupt organisations' responsibilities but rather sets a good example in dealing with power holders to support livelihood develop."</p>
HARP-F	<p>HARP-F developed a brief on "Investing in Localisation of Aid in Myanmar" which committed 33% of HARP-F's grant budget (£23 million) to support localisation in Myanmar. This may mean supporting local organisations through the CSO emergency response fund or funding capacity building of local organisations. These commitments can be further leveraged for the nutrition sector. It highlights key partnership and capacity building pillars including commitments to capacity building of local organisations, continuous mentoring and support on a daily basis, strengthening technical skills and providing opportunities for enhancing leadership skills.</p> <p>HARP-F have enabling grants intended for national and local organisations ranging from in length from six months to two years aimed to support organisations in delivering humanitarian services in conflict-affected communities.²⁸ HARP-F is funded by the Foreign Commonwealth Development Office (FCDO) which is committed to providing at least 25% of funding to local and national organisations. Documentation of successful shifts of responsibility from international organisations to local organisations have been documented.²⁹ More recently, HARP-F hosted a webinar on national leadership in humanitarian response in Myanmar to highlight local/national organisation's experiences on localisation.³⁰ Webinars are available in Burmese and English.</p>
Access to Health Fund	<p>Access to Health is committed to strengthening Myanmar's health system through collaboration and coordination with the Ministry of Health and Sports, private sector, civil society, EHOs and local organisations.³¹ Access to Health works with local organisations such as Myanmar Health Assistant Association (MHAA). The fund focuses on supporting EHOs to move through the ladder of autonomy through improved funding modalities, more direct funding and increased ownership over activities and plans.</p>
USAID/ Bureau for Humanitarian Assistance (BHA)	<p>In 2019 USAID launched a 5 year programme, Strengthen Civil society, the Media and Local Communities, in Myanmar to strengthen civil societies and help communities in Rakhine, Kachin and Northern Shan States to recover from natural disasters and conflict. While this project is not specific to nutrition, the Community Strengthening Project within this programme to train community leaders in dispute resolution, and conflict management. USAID/BHA funds INGOs and UN agencies.³² Globally, USAID's Multi-Sectoral Nutrition Strategy 2014-2025 commits to working with local governments, civil society organisations (CSOs), the private sector, and academia to strengthen their emergency nutrition preparedness and capacity to respond to early warning information and potential shocks. It has a specific goal to support local organisations to improve their nutrition financing.</p>
Food and Agriculture Organisation (FAO)	<p>FAO Country Programming Framework for Myanmar 2017-2011 is created in alignment with the main priority areas of the Government's social, economic and environmental development strategies and plans. FAO focuses on strengthening the Government's systematic and institutional capacity. This was developed prior to the coup.</p>
World Food Programme	<p>Myanmar country Strategic Plan (2018-2022) supports the Ministry of Agriculture, Livestock and Irrigation (MOALI) and aims to strengthen government institutions' capacities</p>

²⁸ <https://www.crownagents.com/project/humanitarian-assistance-and-resilience-programme-facility-harp-f/>

²⁹ <https://humanitarianadvisorygroup.org/insight/localisation-through-partnership-shifting-towards-locally-led-programming-in-myanmar-phase-3-outcomes-of-the-transition/>

³⁰ <https://www.facebook.com/HARPFacility/videos/1186214848492176>

³¹ Access to Health. <https://www.accesstohealthfund.org/en/our-works-in-2021/> / [2020 progress report](#)

³² [USAID Fact Sheet Burma and Bangladesh – Regional Crisis Response 2 December 2021](#)

(WFP)	to assure food safety across the food chain. However, this was developed prior to the coup d'etat.
United Nations Children's Fund (UNICEF)	In Myanmar, the Maternal, Infant and Child Nutrition (MICN) strategy for 2021-2025 developed with the Ministry of Health and Sports (MOHS) with UNICEF was endorsed by MOHS shortly before 1st February coup d'etat. It aims to work with community-based groups as well as local NGOs to provide nutrition programming in Myanmar. The global UNICEF Nutrition strategy 2020-2030 does not mention localisation but acknowledges UNICEF's decentralised presence and convening role at national and subnational levels fosters synergies and convergence among central and local governments, districts and municipalities. During emergencies, partnerships with local and international NGOs and CSOs are encouraged.
International Rescue Committee (IRC)	While the International Rescue Committee Myanmar: Strategy Action Plan does not mention aspects of localisation, globally, IRC is committing to increasing its resources to local actors by half in 2021; continuing to build partnerships with local actors, half of whom will be women-led/ focused; channeling 25% of funding to local and national responders by 2024; and working to reach a common definition and methodology for calculating that metric. ³³
World Vision	World Vision Myanmar works with communities such as training community volunteers on Maternal Nutrition & Child Health (MNCH) and WASH, forming new and strengthening existing village health committees, and collaborating with local health authorities to improve health systems. ³⁴ Globally, World Vision committed to providing at least 25% of humanitarian funding to local /national partners. ³⁵
Action Against Hunger	The Local Partnership Project (LPP) aims to strengthen and harmonise Action Against Hunger's approach to working with local partners and is implemented by an international working group made up of staff at both headquarter and country level. The project is situated within Action Against Hunger's broader localisation agenda, recognising that local partnerships are a fundamental pillar to localisation. ³⁶ However, in Myanmar, there are no specific commitments.
Save the Children (SC)	Partnership is one of SC quality framework components. The policy on localisation states: "as local as possible, as international as necessary." The SUN Civil Society Network, hosted by Save the Children UK, is a platform for civil society organisations to promote meaningful civil society representation and engagement, especially from the most marginalised, across the SUN Movement and beyond. ³⁷
<i>Local/National Organisations</i>	
Community Empowerment and Resilience Association (CERA)	Empowering the community (local, national, or international) and working with CSOs/CBOs is a pillar of CERA's strategy. "CERA believes that community empowerment, therefore, is more than the involvement, participation or engagement of communities. It implies community ownership and action that explicitly aims at social and political change. CERA's approach to resilience is to provide the communities with tools to enhance their adaptive capacity." Their vision is "in 2035, to be a leading local non-government organisation in reducing disaster risks and promoting community resilience in Myanmar."
Karuna Mission Social Solidarity (KMSS)	In KMSS's strategic plan 2019-2023 , their mission is to serve the local community especially the poor, needy, and marginalised by empowering them. They aim to partner with civil societies and grow CSOs capacities.
Myanmar Health Assistant Association (MHAA)	MHAA's strategy include improving national systems as well as strengthening its own institutional and staffing capacities as a national agency. 1. Evidence-based advocacy for better health system

³³ <https://www.rescue.org/sites/default/files/document/5942/ircgrandbargainbrieferuslv4.pdf>

³⁴ https://www.wvi.org/sites/default/files/2021-12/Impact%20Report%202020_0.pdf

³⁵ <https://www.wvi.org/disaster-management/our-partners>

³⁶ International Annual Report 2020 ([Action Against Hunger July 2021](#))

³⁷ <https://www.savethechildren.org.uk/what-we-do/policy-and-practice/our-policy-areas/nutrition>

	<ol style="list-style-type: none"> 2. Community-oriented equitable health services 3. Strengthening individual and institutional capacities of MHAA and its existing and potential members 4. Networking and collaboration with key state-and non-state actors 5. Integrated approach to improve operational efficiency
Medical Action Myanmar (MAM)	MAM has trained over 1,750 community health workers to provide community based health care, focusing on basic health care in remote and hard-to-reach villages.
Thai Border Consortium (TBC)	Based on TBC's strategy 2020-2022 , TBC's core involves community empowerment and partnerships with community leaders and promoting community ownership. One of the mandates is to strengthen civil society organisations to build resilience. Specific activities include programming adapts responsibility to changes in context, needs, and concerns of displaced and conflict-affected communities, promoting localisation and community ownership to strengthen leadership and organisational capacities of partners and civil society organisations.

Annex 3: Localisation frameworks and guidelines

Localisation frameworks and guidelines	Description	What it can be used for in Myanmar
Localisation in practice: Seven Dimensions Framework for Localisation (GMI, June 2018)	Uses the 7 dimensions and provides best practice/learning for funding, partnerships, capacity, participation evolution, coordination mechanisms, visibility and policy.	Provides emerging indicators for the seven dimension of localisation framework. Assessment can be done based on these 7 dimensions.
Global Localisation Framework by Accelerating Localisation through Partnerships (Accelerating Localisation through Partnerships t al, 2019)	Outlines 4 areas in four national localisation frameworks: partnership, capacity, financial resources, and coordination. Mentions the Myanmar Localisation Framework	Provides priority activities and corresponding indicators/results.
Survivor and community-led crisis response (Local to Global 2021) <i>Framework highlighted in the learning paper.</i>	Provides 6 day training material to design a SCLR. This way of working was evolved through experiences from crises including in Myanmar to enable external aid actors to connect with existing self-help groups among crisis-affected populations.	Training material can be useful when training community
Guidance note on the participation of local actors in humanitarian coordination groups (Grand Bargain Localisation Workstream May 2020)	Highlights the most common barriers to increasing the participation of local actors in humanitarian coordination groups and provides guidance on how to best overcome them. Developed by the Grand Bargain Localisation Workstream, the guidance is predominantly focused on non-governmental actors, however much may also be relevant for engagement of national and local government authorities, depending on context.	Can be used to assess risk as well as during the localisation strategy development.
Partnerships and Security Risk Management: a joint action guide for local and international aid organisations (GISF April 2021)	This GISF guide builds on previous research carried out by GISF, particularly the paper Partnerships and Security Risk Management: from the local partner's perspective. Its development was also supported by findings from interviews with experts as well as the results of a testing phase in which eight international and national/local non-governmental organisations trialled parts of the draft guide with their partner organisations.	Can be used for INGOs and local/national NGOs when developing partnerships or already working in partnerships to review risk management arrangements. Can be used to develop checklists for developing trust in partnerships.

Interim Guidance: Localisation and the COVID-19 Response (IASC May 2020)	This interim guidance note has been developed in response to the outbreak of COVID-19. This is developed alongside the Global Humanitarian Response Plan for COVID-19. It provides guidance as to how the international humanitarian community can adapt its delivery modalities in response to COVID-19 consistent with existing commitments on localisation of aid, 2 strengthening partnerships with local and national actors, and operating effectively in an environment affected by COVID-19. this guidance note focuses on responsible partnership practices that can be undertaken in the coming months between international organisations and local actors	Provides a list of best practices that can be integrated into the Myanmar Nutrition Localisation strategy.
Strengthening participation, representation and leadership of local and national actors in IASC Humanitarian coordination (IASC July 2021)	Developed to support efforts to strengthen the meaningful participation, representation, and leadership of local and national humanitarian actors (L/NAs) ¹ within IASC humanitarian coordination structures.	Includes indicators and best practice which can be included in the Myanmar Nutrition localisation strategy.
Localisation Measurement Performance Framework (NEAR)	Developed after the first World Humanitarian Summit (2016) to evidence progress made towards achieving localisation. Provides indicators for (1) partnerships, (2) funding, (3) capacity, (4) coordination and complementary, (5) policy, influence and visibility, and (6) participation	Can be used when determining indicators to monitor localisation.
Approaches to Partnership Measurement: A Landscape Review (Niel et al 2021)	A landscape review of different partnerships approaches including with national/ local organisations at different levels. Provides quantitative indicators for partnership measurement based on best practices. Useful figures such as defining different levels of partnerships that can be used to measure a shift of responsibilities. Also has partnerships monitoring and evaluation framework.	Can be used to develop evaluation framework for localisation and priority indicators to monitor localisation.
Measuring Localisation: Framework and Tools (Humanitarian Advisory Group Dec 2019)	This document outlines an approach, including a framework and some tools, that can be used to measure the activity and impact of localised humanitarian action. The approach draws upon previous work in this area by the START Network in 2018. Provides indicators for impact and progress for (1) partnerships, (2) leadership, (3) coordination and complementarity, (4) participation, (5) policy, influence and advocacy, (6) capacity and (7) funding	Can be used when determining indicators to monitor localisation
Social Mobilisation, Advocacy and Communication for Nutrition (Scaling up Nutrition, July 2014)	This briefing focuses on social mobilisation, advocacy and communications for nutrition. Stakeholders from six SUN Countries have contributed accounts of their experiences in raising awareness and mobilising public support to scale up nutrition. Key lessons have been identified in each of the country articles.	Tips for engaging with the community.
Effectively Engaging Multiple Stakeholders (Scaling up Nutrition, Feb 2014)	The briefing focuses on ways to bring people together so that they work effectively through functioning multi-stakeholder platforms (MSPs). This is the first of four strategic processes that underpin the SUN approach.	Can be used when developing guidelines on how to engage with national stakeholders.
Lessons learned and recommendations from the humanitarian-development nexus for nutrition case studies (GNC Sep 2020)	Provides key learning on the humanitarian-development nexus including localisation of response from 3 case studies (Myanmar, Afghanistan, and Niger).	Only guidance specific to nutrition. Ensure key learnings and recommendations are captured in the localisation strategic plan.

Annex 4: Number of activities by activities and types of implementing organisations in Myanmar

Sub-sector	Activity Details	United Nations	Donor	International NGO	National NGO	CBO
Wasting Treatment	TSFP both PLW and 6-59			344	211	
	OTP			586	66	
	TSFP 6-59			88	6	
	TSFP PLW			13		
Screening and Referral	Both passive and active			673	140	
	Active screening	378		1539	94	
	Passive screening			131		
IYCF	Support groups and nutrition awareness sessions (mother support groups, cooking demonstrations)	8	92	3303	216	
	Individual IYCF counselling			558	182	
	Mother Support Groups, Mother Leader Groups, Staff Lead Mother Leader Meeting' Mother Leader Lead Neighbour Meeting, Engagement session by CNC, Screening and referral					24
	Support groups (Nutrition awareness sessions, cooking demonstrations etc)			66		
BSFP	BSFP (both PLW and 6-59)			170	576	
	BSFP (PLW)			72	13	
	BSFP (6-59)				9	
Micronutrient	Both MNT PLW and MNP (<5)			1260	66	
	MNP (<5)			177	21	
	MNT PLW			856		

*There may be duplication of activities due to multiple funders for the same activities

Source: Nutrition Sector 4W (as of August 2021)

Annex 5: Number of nutrition activities by national organisations in Myanmar*

Sub-Sector	Activity Details	AGE	CERA	KBC (Kachin)	KBPHW	KDG	KMSS	MAM	MDF	MHAA	MHDO	Nyein	SSYCBC	WPN	Total
Wasting Treatment	OTP									66					66
	TSFP 6-59							6							6
	TSFP both PLW and 6-59							145		66					211
Screening and referral	Active screening		24	32	3	15								20	94
	Both passive and active							8		132					140
IYCF	Formation of various mother groups; engagement session by community nutrition champions and screening and referral												24		24
	Individual IYCF counselling			32	3	15				132					182
	Support groups and nutrition awareness sessions (mother support groups, cooking demonstrations)		24	32			52		14	44		14		36	216
BSFP	BSFP (6-59)													9	9
	BSFP (both PLW and 6-59)	69					111	145		44	207				576
	BSFP (PLW)													13	13
Micronutrient	Both MNT PLW and MNP (<5)									66					66
	MNP (<5)				3	15		3							21
Total		69	48	96	9	45	163	307	14	550	207	14	24	78	1624

*There may be duplication of activities due to multiple funders for the same activities

Source: Nutrition Sector 4W (as of August 2021)

Annex 6: Length of estimated project funding based on the 4W updated August 2021 for all national organisations in Myanmar

Length of Project Funding (Years)	Donors
<1	World Food Programme (WFP)
1	Christian Aid
	Hope International Development Agency
	Livelihoods and Food Security Fund (LIFT)
	WFP
	UNICEF
2	Danish Refugee Council (DRC)
	KBC
	Livelihoods and Food Security Trust Fund (LIFT)
	Myanmar Humanitarian Fund (MHF)
	WFP
3	Welthungerhilfe (WHH)
	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
	HARP-F
	Livelihoods and Food Security Trust Fund (LIFT)
	Myanmar Humanitarian Fund (MHF)
3+	WHH
	WFP

Source: Nutrition Sector 4W (as of August 2021)