



UNITED NATIONS
MYANMAR



COUNTRY RESULTS REPORT 2021

UN IN MYANMAR

APRIL 2022



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Photo: UN Habitat



Photo: UN Women Myanmar

FOREWORD

During 2021 the people of Myanmar experienced an unprecedented political, socioeconomic, human rights, and humanitarian crisis. On 1 February the Myanmar Armed Forces detained elected political leaders, declared a state of emergency, and transferred all legislative, executive and judicial powers to themselves. Compounded by the impact of the COVID-19 pandemic, the military takeover unleashed a crisis that has resulted in significant human suffering and a reversal of many of the development gains made in recent years. On top of this, Myanmar experienced a severe outbreak of COVID-19 between June and August during which many people lost their lives and the economy was almost brought to a halt.

The events at the beginning of the year had significant implications on the work of the UN. As the member states contended with the legitimacy of the de facto authorities, overnight, UN's operating environment became much more challenging, while the need for UN assistance increased exponentially. To respond to the new and escalating needs, the UN undertook an extensive reprogramming exercise. Funds and programmes were refocused on meeting the humanitarian needs of people, supporting the COVID-19 public health response, and mitigating the impact on the most vulnerable people and communities. To complement the UN's humanitarian response, two new development programming frameworks were developed: the Health Response Contingency Plan (HRCP); and the Socio-economic Resilience Response Plan (SERRP). Despite the operational challenges, the UN disbursed a total of US\$453 million in programmatic expenditures under the two development frameworks and its humanitarian response.

Under the HRCP, the UN contributed to the COVID-19 response, promoted continued access to essential health and nutrition services for vulnerable groups, and strengthened logistics and supply chains for

immunizations, and reproductive health commodity security. Under the SERRP, the UN supported continued access for vulnerable populations to essential services in areas including social protection, food and nutrition, water, sanitation and hygiene, education, shelter, and gender-based violence and violence against children. In addition, the UN worked to promote gender-responsive employment, private sector resilience, and strengthen households, communities and micro, small and medium enterprises capacities to weather future shocks. To promote and protect human rights, the rule of law, and the democratic space, the UN supported civil society actors to hold decision makers to account, facilitated access to legal aid, and worked with communities to increase awareness of fundamental and democratic rights.

At the time of writing, the situation in Myanmar remains uncertain and the political, socioeconomic, human rights and humanitarian continues. Going forward the UN is determined to strengthen our efforts to serve the people of Myanmar. We will use the lessons learnt in 2021 to ensure that our support becomes increasingly impactful as we keep delivering humanitarian assistance, support the most vulnerable, build resilience, and promote conditions for an inclusive and sustainable recovery when the situation allows. I am confident that through the strength of the people of Myanmar, the country will find its way back on a brighter path.



Ramanathan Balakrishnan

UN Resident Coordinator a.i./ Humanitarian Coordinator a.i.



Photo: IOM

UN COUNTRY TEAM



22 Agencies Funds and Programmes operating in Myanmar



Key Development and Humanitarian Partners of the UN in Myanmar

Good donorship in a time of crisis

The UN's work in Myanmar is supported by a number of development and humanitarian partners. The main country-level donors are Japan, the United States, the United Kingdom, the European Union, Australia, Switzerland, Sweden, Norway, Finland, the Netherlands, Canada, Germany, Republic of Korea, France, and New Zealand, amongst others.

The UN agencies worked closely with donor partners to review and re-programme ongoing activities to enable a rapid response to the increasing and changing needs resulting from the multifaceted socio-political crisis that unfolded during the year. The multi-year funding provided by many donors and the flexibility shown in terms reallocation of funds to new needs and adjustments in operation modalities enabled the UN to rapidly respond TO the ongoing impacts of the COVID-19 PANDEMIC as well as the crisis that unfolded following the military takeover of Government on 1 February 2021.

Partnerships with global alliances including GAVI, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria were crucial in facilitating UN to support to the COVID-19 public health repose.

Multi-Partner Funds

Many of the UN's development partners channel funding for the UN and other organizations through thematic in-country multi-partner funds. The pooling of funds through these mechanisms allows for strategic allocation of funds towards key priorities and has contributed to increased effectiveness in development spending. The main Funds are the Livelihoods and Food Security Fund (LIFT), the Access to Health Fund, and the Joint Peace Fund, all

managed by the UNOPS Country Office. In 2021, the Multi-Partner Funds BECAME important sources of financing for the crisis and in total, the three funds disbursed. 7.8 million USD through programming by UN agencies and 198.2 million USD through programming by other organizations.

On the humanitarian side, the Myanmar Humanitarian Fund (MHF), managed by OCHA, pools humanitarian financing, which enables a coordinated emergency response and timely assistance to urgent or chronic humanitarian needs of people affected by crisis. In 2021, 13 donors provided financial support to the MHF, with total contributions reaching 20.9 million USD. These contributions played an important role in terms of allowing UN agencies to respond to the rapidly escalating needs of the most vulnerable communities in hard-to-reach areas. Projects supported by the MHF targeted 1.1 million people, of which 52 per cent were women and girls, 46 per cent were children, and 12 per cent were people with disabilities.

I/NGOs and Civil Society Partners

The UN has long-standing partnerships with INGOs, NGOs and CSOs. Cooperation ranges from information gathering and research to programme implementation and monitoring. Given the reduced functionality of state structures following the military takeover in February 2021, there was an increased reliance on I/NGOS and CSOs for programme implementation. More than 80 INGOs/CSOs were implementing partners of the UN in 2021. These partners played a critical role in the UN's crisis response. Additionally, partnerships with national NGOs, CSOs and local community-based organizations proved particularly valuable in reaching populations affected by crisis in areas where the UN had no presence prior to 2021.

Partnerships with International Financial Institutions

The UN cooperated closely with the World Bank and the IMF, with both organizations also having attended the UN Country Team meetings and other inter-agency coordination groups. In the context of the sociopolitical crisis, regular exchange of information across the institutions contributed to mutually enhanced situational awareness, which in turn improved decision-making on safety and security and the programmatic response.

While the IMF and the World Bank halted most operations in Myanmar in 2021, collaboration between the UN and the IFIs on research and analysis continued. Collaboration took place around assessing socioeconomic impacts of the crisis, as well as on sector specific research, for example on digital agricultural technologies. Joint policy work on issues around nutrition was conducted between the UNCT and the Asian Development Bank.

Government Partners

The military takeover had significant implications on the UN's partnership with national authorities. UN agencies continued to engage with the *de facto authorities* on humanitarian assistance and the public health response to COVID-19 in line with humanitarian principles, but engagement in other areas was limited. Therefore, programmes and activities with Government partners that would usually be reported in the UNCT Annual report did not take place from February 2021 onwards.





Photo: Relief International

Key developments in the country

Population (million)	GDP growth rate (FY20/21)	People estimated to live below the poverty line (end of 2021)	People in need of humanitarian assistance	People estimated to be severely food insecure (2021)
54	-18%	46%	14.4M	1.2M
People fully vaccinated against COVID-19 (end of 2021)	Kyat loss of value against the USD (dec. 2021 relative to jan. 2021)	People displaced by conflict in 2021	Decrease in hours worked in 2021 relative to 2020	
29%	-25%	>300,000	-18%	

During 2021 the people of Myanmar experienced an unprecedented political, socioeconomic, human rights and humanitarian crisis. On 1 February 2021, the day of the opening session of Myanmar's new Parliament elected in late 2020, the Myanmar Armed Forces detained elected political leaders, declared a state of emergency, and transferred all legislative, executive and judicial powers to themselves. Compounded by the impact of the COVID-19 pandemic, the military takeover unleashed a crisis that has resulted in significant human suffering. Over the course of the year there was a deterioration in fundamental human rights, an escalation in armed confrontations and armed conflict, a near economic collapse, and a reversal of many of the development gains made in recent years.

Following the military takeover, there were also consistent reports of widespread human rights violations. More than 1,500 civilians were reportedly killed by security forces and over 12,500 were arrested and detained, including children and young people. There were widespread reports and evidence of torture, sexual violence and forced disappearances.¹ The rule of law was undermined, and civic space significantly reduced. The political

opposition movement was declared a terrorist organization and several new laws that aimed to restrict political opposition and limit freedom of speech, assembly, and access to information were introduced. Numerous news outlets were banned and popular social media platforms such as Facebook and Twitter were blocked. Civil Society Organizations were closely monitored and journalists, human rights defenders, lawyers, trade unionists, and people participating in the opposition movement were systematically targeted by the military authorities.

Armed conflict and the occurrence of violent clashes increased across the country. Data on conflict related events show that the number of incidents increased in most STATES and REGIONS in 2021, with the increases particularly pronounced in the northern and central states.² The escalation in conflict was driven to some extent by resumption in fighting between the Myanmar Armed Forces and Ethnic Armed Organizations such as the Karen National Union and the Kachin Independent Army following the military takeover. In addition, new armed actors – so-called “People’s Defense Forces” – linked to the pro-democracy movement emerged.

¹ As of January 2022, Assistance Association for Political Prisoners, <https://aappb.org/>

² ACLED

These actors carried out attacks against military linked targets across the country, including in the main urban areas. Local militias aligned with the Myanmar Military Forces were formed in an attempt to quash these and numerous clashes took place. The increase in conflict had a devastating impact on the lives of people in the affected areas. There were credible reports of arial bombardments, burning of villages and killing of civilians. At the end of December 2021, an estimated 320,900 people (in addition to about 340,000 people living in protracted displacement) were internally displaced across Myanmar due to clashes and insecurity since the military takeover.³

The crisis following the military takeover combined with the continued impact of COVID-19 had a devastating impact on the economy and severe socioeconomic impacts on the population. Going into 2021, the economy was already weakened by COVID-19. GDP growth went down from around 7% in previous years to 1.7% in FY2019/20.⁴ The military takeover led to a further reduction in economic activity due to protests, security concerns, disruptions in critical business services including banking and logistics, and eroded in domestic and international investment confidence. In addition, Myanmar was hit by a devastating wave of COVID-19 cases in mid-2021.

ILO estimated that the total number of hours worked in 2021 compared to 2020 went down by an equivalent of the working time of 3.1 million full-time workers.⁵ Overall, the World Bank estimated that the economy contracted by a staggering 18 percent in FY2020/21.⁶ At the same time, the Myanmar Kyat depreciated against the US Dollar and the currencies of its major trading partners. As of the end of 2021, it had lost 25% of its value against the dollar compared to the year before. This, combined with trade disruptions and other factors, led inflation to increase to about 7.3%⁷ with significantly higher rates for some essential consumer goods including food and fuel.

The economic downturn and the increase in prices had a significant impact on household incomes and poverty. UNDP estimates that 25 million people are living on incomes below the poverty line in early 2022.⁸ This represents about 46% of Myanmar's population and an increase in the poverty rate by 20 percentage points relative to 2017 levels. The World Food Programme estimates that 1.2 million people were severely food insecure. An additional 12 million people were moderately food insecure, of whom 3.5 million are at high risk of falling into severe food insecurity. This has brought up the assessment of people in need for humanitarian assistance from less than 1 million in 2020 to over 14 million in 2022.⁹

The provision of basic services declined significantly in 2021. Following the military takeover, civil servants, including doctors and teachers, and other workers from key industries demonstrated their unwillingness to work for a public service under military rule by going on strike. This impacted significantly on public sector operations following the military takeover and indeed throughout 2021. At the same time, the willingness of people to receive services from the public sector also declined. Schools reopened again in November after having been closed due to COVID-19 since March 2020 (except for brief periods in July 2020 and June 2021). However, due to a combination of security concerns and opposition to the military, few teachers and students have gone back to the classrooms. While limited data on the provision of health services is available, an assessment by WHO in April 2021 suggested that routine health services were not available at 25% of townships.¹⁰ WHO further estimated that the gaps in service provision seen in 2021, if left un-addressed, could lead to over 47,000 preventable deaths in 2022. The reduced capacity of the public health system impacted on the country's response to the COVID-19 infection wave that took place between June to September and impaired vaccination efforts. At the end of 2021 only 29% of the population was fully vaccinated against COVID-19, leaving the population vulnerable to future outbreaks. Similarly, access to other basic services including nutrition, WASH, and Gender Based Violence (GBV) prevention and protection services had been reduced.

3 OCHA. January 2022. Myanmar Humanitarian Update No. 14

4 World Bank. [Myanmar Economic Monitor December 2020: Coping with COVID-19](#), December 2020.

5 ILO. January 2022. Employment in Myanmar in 2021: A rapid assessment

6 World Bank. [Myanmar Economic Monitor July 2021: Progress threatened; resilience tested](#), July 2021.

7 World Bank. [Myanmar Economic Monitor January 2022](#), January 2022.

8 UNDP. November 2021. Impact of the twin crises on human welfare in Myanmar

9 OCHA. December 2021. Humanitarian Needs Overview 2021

10 WHO survey data, April 2021.



Photo: UN Women Myanmar

The welfare implications of the crisis in 2021 were gendered and hit the most vulnerable segments of the population hardest, in particular those living with incomes under or just above the poverty line, those in vulnerable employment, and those in displacement and conflict zones, thereby compounding pre-existing marginalization, inequalities, and vulnerabilities. In 2021, the urban and peri-urban poor were disproportionately affected by the reduction in livelihood opportunities and access to basic services. Women livelihoods were disproportionately affected, as the reduction in working hours were greater for women than men.¹¹

Against this backdrop, the need for UN assistance increased significantly in 2021. However, at the same time the operating environment for the UN

and its partners became more challenging. Beyond COVID-19 related restrictions on movement, the de facto authorities limited access to beneficiaries in the many areas of the country in which political protests, civil unrest or armed conflict occurred. Obtaining permits from necessary authorities to operate, including travel authorizations and visas, became increasingly difficult. In addition, with the reduced functionality of the public sector, the UN had to find alternative ways to deliver its services, which often meant a reduction in the number of beneficiaries that could be reached. Disruptions in communication services and the lack of banking services and cash flow shortages presented major operational challenges. Despite this, as highlighted throughout this report, the UN continued to stay and deliver support to the people in Myanmar.

¹¹ ILO (2021) "Employment in Myanmar since the military takeover: A rapid impact assessment", July 2021⁵ WFP. Myanmar: Analysis of the Economic Fallout & Food Insecurity in Wake of the Takeover, March 2021.

Collective Results

To respond to the new and escalating needs of the people of Myanmar, UN Agencies, Funds and Programmes (UNAFPs) undertook an extensive reprogramming exercise in 2021. Funds and programmes were refocused on the immediate needs of people and on resilience building. In addition, UNAFPs redirected their development support away from working with or through the public sector to instead working directly with people and communities or delivering support and assistance to the people through non-governmental partners.

In addition to the Humanitarian Response Plan that guided the UN's humanitarian response, the UN developed two crisis response frameworks which guided its support throughout the year: the United Nations Health Response Contingency Plan (HRCP); and the Socio-economic Resilience Response Plan (SERRP).

The overarching goal of the HRCP is to increase access to essential health and nutrition services, through seven service packages covering: sexual, reproductive, maternal, newborn, child and adolescent health; immunization, including COVID-19 vaccination; nutrition; prevention and control of HIV, Tuberculosis, Malaria and other communicable diseases; emergency surgical care, including trauma; non-communicable diseases; and COVID-19 preparedness and response.

The SERRP aims to mitigate the socio-economic impacts of people, households and communities, and build their resilience to withstand the impacts of the ongoing crises as well as future socio-economic shocks, and create conditions for a sustainable, rights-based, and inclusive recovery when conditions allow. The UN-SERRP is structured around three complementary pillars: 1) social protection and basic social services; 2) economic resilience and recovery; and 3) human rights, rule of law and democratic space.



Complementarities between the HCRP, SERRP and the UN's Humanitarian Response

The support outlined in the HCRP, the SERRP, and the UN's Humanitarian Response Plan (HRP) is mutually reinforcing and complementary. The HRP for 2021 targeted a combined population of 3 million people both in areas with long-standing humanitarian need and new areas where people were particularly affected by crisis in 2021. Given the deterioration in the socioeconomic situation

and a deepening of vulnerabilities of people beyond those targeted by the HRP, the HCRP and the SERRP complemented the shorter term humanitarian assistance by expanding direct delivery of basic services to people not targeted by the HRP. In addition, the HCRP and the SERRP complemented and reinforced the humanitarian assistance by focusing on longer term resilience-building that reduces peoples' dependence on humanitarian assistance and prevents people from falling into acute humanitarian need as a consequence of the crisis and over time.

2.1 The Health Contingency Response Plan

Health Contingency Response Plan Budget

US\$ 233M

Under the Health Contingency Response Plan (HCRP), UN agencies contributed to the COVID-19 response, promoted continued access to essential health and nutrition services for vulnerable groups, and strengthen logistics and supply chains for immunizations, including COVID-19 vaccinations, and reproductive health commodity security. Key components of the support included procurement and distribution of COVID-19 medical equipment and essential health commodities and medicines, as well as investments in the capacity of civil society and private organizations to expand health services provision at the community level. The following UN agencies led the UN's health response: WHO, UNICEF, UNFPA, UNOPS, UNAIDS and IOM. Other organizations including UNHCR, UN-HABITAT, and UNDP contributed specifically to the COVID-19 response through awareness raising campaigns, distribution of personal protective items and medical equipment.

Response to COVID-19

715,000

PPE items and medical equipment distributed to IDPs and host communities

4

Oxygen plants under installation

Targeted Vulnerable Groups

- Women and girls
- People living in ethnic minority State and Regions
- Migrants and migrant sending communities
- Residents of informal settlements in urban areas
- Internally displaced people

1,400

Oxygen cylinders delivered

17M US\$

Worth of medical equipment procured and delivered

Under the COVID-19 response UN agencies delivered personal protective equipment (PPE) to 1,900 health care providers and procured 628 oxygen concentrators and 1,400 oxygen cylinders, which were distributed across the country. The UN further supported the installation of 4 oxygen plants, which will be operational in 2022. Funded through the multi-partner funds, the UN procured and delivered medical equipment, including ICU ventilators and ambulances, worth a total of 17 MUSD, to health care providers. The UN multi-partner funds also provided support for the installation and maintenance of 25 COVID-19 diagnosis facilities and 10 quarantine centres in conflict affected states and in Yangon.

In addition, UN agencies continued to raise public awareness around COVID-19 through risk communication activities and information campaigns and provide PPEs and hygiene kits to vulnerable communities. The activities targeted people living in States with large ethnic minority

populations, migrants and migrant sending communities, residents in informal settlements in urban areas, and internally displaced people. PPE was delivered to 2,000 vulnerable households in informal settlements, 22,324 schoolchildren, and 15 community health clinics across 8 townships in Yangon. 715,000 PPE items and medical equipment were distributed to community health centres serving displaced populations and host community.

Ensuring access to essential health services

The UN worked to ensure continued access to essential health services including sexual, reproductive, maternal, new-born, child and adolescent health and treatment of communicable diseases through community-based programmes. Interventions were targeted to conflict affected and hard-to-reach areas and focused on partnering with and strengthening the capacity of NGOs, community-based health volunteers, ethnic health organizations, and private clinics to deliver health services. In some areas the UN used mobile clinics to reach beneficiaries. Services provided covered antenatal care, safe delivery care, postnatal care, new-born care, childcare and childhood illness management, HIV services including antiretroviral therapy, tuberculosis treatment, and malaria diagnostic and treatment services, and emergency referrals.

Over 120,000 people directly benefited from health services provided by the actors supported by the UN. In the first six months of the year, the UN managed multi-partner fund covered 2,419

lifesaving emergency referrals to private sector hospitals across nine states and regions. In addition, 575 pregnant women and under-5 children requiring emergency care were identified and referred to public and private health facilities for lifesaving care. Specific interventions focusing on promotion of sexual and reproductive health, maternal and child health for internally displaced people living in camps or camp-like settings were also carried out.

The UN produced and delivered 367,100 couples years of protection of family planning commodities, clean delivery kits, emergency reproductive health kits, and female dignity and hygiene kits were distributed to women and girls conflict affected areas. In addition, essential medicines for management of 47,000 children with pneumonia and 31,000 children with diarrhoea were delivered in 58 townships across 11 states/regions.

In addition, the UN provided support to strengthen the Maternal Death Surveillance and Response system, which provides information crucial to reducing maternal deaths. The UN provided capacity building to non-governmental health service providers on the management of reproductive health commodity security supply chains and installed supply chain information management systems in 31 warehouses and 406 health facilities. To ensure access to comprehensive sexuality education to out of school young people, the UN supported the development and piloting of a comprehensive sexuality education curriculum and programme through implementing partners and other non-government actors.

>120,000

People directly benefiting from health services from UN supported providers

367,000

Couple years of protection through family planning commodities delivered

2,419

Emergency referrals to private hospitals covered by the Access to Health Fund

47,000

Children with pneumonia benefiting from medicine delivered by UN

Immunization

16

Pieces of ultra-cold chain equipment installed

9.7M

pieces of AD 0.5 ml syringes and safety boxes delivered

During 2021, the UN provided support to enable the resumption of routine immunization services, which

had stopped in the following the military takeover, and COVID-19 vaccinations. The support focused on establishing a functional immunization supply chain mechanism and expand storage capacity. In areas where health services are provided by Ethnic Health Organizations, cold chains were expanded through installation of cold-rooms and freezers. The UN delivered and installed 16 pieces of ultra-cold chain equipment at central and regional vaccine storage sites and facilitated delivery of 9.7 million pieces of AD 0.5 ml syringes and safety boxes. At the end of 2021, a total of 27,395 vaccine carriers for COVID-19 vaccinations were delivered to 22 sub-depots in 17 states and regions.



Photo: UNICEF 2021 Nyan Zay Htet

2.2 The Socio-Economic Resilience Response Plan

Socio-Economic Resilience Response Plan Budget

US\$192 million

The Socio-Economic Resilience Response Plan (SERRP) aims to mitigate the compounded socio-economic impacts of the military takeover of Government and of COVID-19 on the people, households and communities. It further aims to build resilience to withstand the impacts of the ongoing crises as well as future socio-economic shocks and

to create conditions for a sustainable, rights-based, and inclusive recovery when conditions allow.

The SERRP cover a timeframe of 18 months and includes a six-month rapid response phase focusing on addressing immediate needs and priorities and a twelve-months mid-term response phase focusing on longer-term resilience building. In 2021, most of the UN's activities were focused on the immediate response. The SERRP is budgeted at a total of USD\$192 million. In 2021 about 85 million USD was spent under the plan.

The below section highlights key results under each of the SERRP's three pillars: 1) social protection and basic social services; 2) economic resilience and recovery; and 3) human rights, rule of law and democratic space.



Photo: UN Women Myanmar

Pillar 1: Social protection and basic social services

Outcome: Households and communities' resilience strengthened, and recovery supported through the provision of inclusive social protection measures and basic social services.

Main contributing UNAFPs: UNICEF, WFP, UNOPS, ILO, UN Women, FAO, UNFPA, IOM, WHO, UN-Habitat, UNESCO, UNDP, UNHCR, UNODC

Total pillar budget

US\$115 million

Under this pillar, the UN provided support in six areas: social protection, food and nutrition, water, sanitation and hygiene (WASH), education, shelter and resilience building for displaced populations, and gender-based violence and violence against children. Interventions targeted rural communities, urban poor, people living in informal settlements and newly displaced persons. Within these groups, activities focused specifically on women, children and adolescents, elderly people, people with disabilities, and those subject to discrimination based on citizenship status, ethnicity, and health status.

Social protection

The UN redirected funding to provide direct cash transfers to help vulnerable people withstand the immediate economic shock of the crisis. Cash transfers totalling more than 224,000 USD were provided to 3,800 low income farming households to allow them to rebuild livelihoods and strengthen their economic resilience. Cash assistance to meet basic needs was also provided to 2,500 returning migrants, migrant-sending and receiving households, and internally displaced people.

A child grant programme was implemented in the six townships with high poverty rates in Yangon. These townships include large informal settlements and are home to most of the city's domestic migrants. The programme reached 5,300 pregnant women and children under two years of age, including women and children living with disabilities. In the same townships a mobile-based micro-health insurance programme called "Bright Start" aimed at increasing access and utilization of health services by reducing

the out-of-pocket expenditures, was piloted. In the pilot phase, the programme reached over 10,000 children under six years of age, pregnant women and new mothers with provision of telemedicine, outpatient benefits, hospital cash and health education material. It has now been expanded to cover 20,000 participants.

3,800

Vulnerable farming households received cash assistance

2,500

Returning migrants received cash assistance

5,300

Low-income pregnant women and children under two received a child grant

10,000

Children, pregnant women and new mothers received micro-health insurance

Another US\$2.6 million was used to fund interventions reaching more than 200,000 people including internally displaced people, migrants, pregnant and breastfeeding women, children, women-headed households, factory workers and farmers with cash assistance, food support, legal assistance, psychosocial support, shelter and security related relocation transportation services.

In addition to the immediate cash-based support, the UN worked with a long-term view to build and strengthen systems and capacities for shock responsive social protection systems. To lay the ground for future implementation of an effective unemployment insurance system and strengthening the existing social protection schemes, research into technical elements of design was undertaken and technical reports to inform future social protection policies and regulations were developed.

Food and nutrition

Complementing the UN’s life-saving humanitarian food assistance, the UN delivered essential food and nutrition services to people and communities at risk of food insecurity, but not targeted for humanitarian assistance. The UN provided technical support to fortified rice producers and distributed 1,446,000 MT of locally fortified rice to 10,000 beneficiaries in Northern Rakhine State. School meals were provided to more than 344,000 students in conflict affected areas and rural communities.

10,000 **344,000**

Rice producers received fortified rice

School meals provided to students

18,000 **35,000**

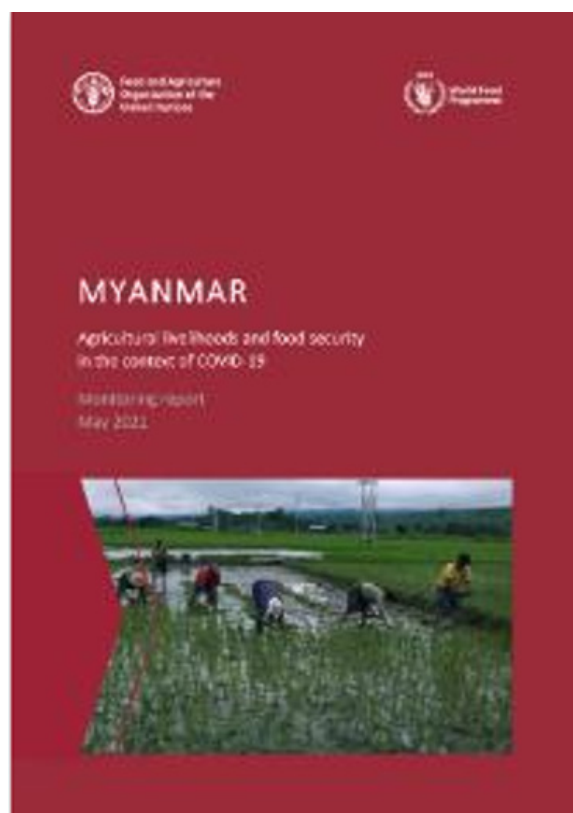
Children received Vitamin-A supplements

Caregivers received information on breastfeeding and nutrition practices.

Nutrition programmes, including treatment of moderate and acute malnutrition, prevention of acute malnutrition, and stunting prevention reaching more than 11,000 beneficiaries were implemented in areas affected by conflict. In addition, over 18,000 children aged 6–59-months were provided with Vitamin-A supplementation and an estimated 19,700 children aged under-5 received ready to use therapeutic food.

The UN further developed and provided information material on breastfeeding, complementary feeding, and maternal nutrition practices to an estimated 35,000 child caregivers. In addition, UNAFPs collaborated on developing food based dietary guidelines for pregnant and lactating women and children under 5 and produced other information materials to promote social behaviour change for improved diets.

UNAFPs undertook joint research to monitor the nutrition and food security situation in the country. An assessment called “Agricultural livelihoods and food security in the context of COVID-19” was conducted in nine states, and an assessment on “Status and Determinants of Food Insecurity and



Monitoring report conducted by FAO and WFP on agricultural livelihoods and food security in the context of COVID-19

Undernutrition” was conducted in 11 peri-urban townships in Yangon.

Water, sanitation and hygiene (WASH)

The UN worked to ensure delivery of water directly to communities not covered by humanitarian assistance in rural and urban communities facing acute shortages. The UN provided access to basic drinking water services to about 38,000 people, including more than 6,450 children, and access to basic sanitation services for about 10,000 people, including more than 3,400 children. When the Hlaing Tharyar township in Yangon – home to many of the city’s urban poor – was placed under martial law, the UN delivered over 10 million litres of drinking

38,000 **280**

People gained access to basic drinking water services

Handwashing stations installed in informal settlements

water to about 50,000 of its residents. In other poor urban townships suffering temporary drinking water shortages, the UN provided delivery of two bottles of 10 litres drinking water per week for a month to 3,030 vulnerable households.

In addition, the UN supported continued access to essential WASH services in informal settlements. Hygiene supplies including hand sanitizers and soap was delivered to more than 2,600 households, frontline medical workers in 15 clinics, and 22,000 schoolchildren in informal settlements. 280 units of handwashing stations were installed in public places. Preparatory work for the establishment of water supply systems in informal settlements was conducted. The systems are expected to be in place in 2022.

The UN also supported improvement of solid waste management in Yangon through the rehabilitation of a major final waste disposal site which was destroyed by fire in 2018 and supported the construction of a new landfill. The rehabilitation and new construction have improved waste management and reduced emissions of methane gas. The UN has also worked with partners to promote recycling and reduce waste generation through developing and disseminating information materials and awareness raising campaigns.

Education

During the crisis the UN worked closely with NGOs, CSOs and other development cooperation partners to ensure sustained safe and inclusive learning for children and adolescents, through community-driven and alternative education solutions. The UN led the development of a three-year, sector-wide education response framework with education partners aimed at ensuring re-engagement of children and youth in quality and meaningful learning.

Through CSO partnerships, in 2021 more than 277,000 children were reached with home-based learning materials, enabling children to re-engage in learning, regardless of their physical locations. Staff from 53 CSOs across the country were trained on the use of these materials and support was provided to children and their parents and families to assist

children’s learning. For children to be able to focus on their learning, care and support for their mental well-being was provided by NGOs to over 11,500 children in conflict affected states and urban areas. Additional learning materials and an online platform were developed and will be available in early 2022. In addition, online video lessons and flip cards on HIV/AIDS and Comprehensive Sexuality Education were developed, targeted at teachers and students of Education Degree Colleges, as well as youths through community resource centres.

Shelter for the urban homeless and support for durable solutions

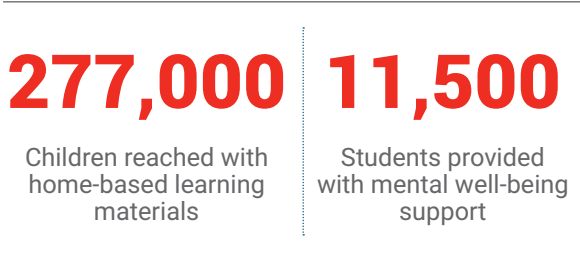
Urban homelessness has increased due to the socio-economic crisis and the urban homeless have become increasingly exposed to risks due to strictly enforced curfews. To be able to better support increased access to safe and durable shelter and settlement options for the urban homeless, the UN undertook a mapping of needs of the people evicted in Yangon. The findings will contribute to informing further support to this group.

In conflict affected areas and areas with high tensions among communities, quick impact community-based projects were implemented with the dual goal of improving livelihoods and bringing together communities to strengthen social cohesion. In Rakhine state, more than 40 such projects were completed. The infrastructure developed through these projects benefitted more than 20,000 people. In the South East, 23 projects were implemented.

Gender-based violence and violence against children

In 2021, the UN expanded its gender-based violence (GBV) service provision, especially in locations affected by conflict and displacement and where government social protection services were no longer functioning to ensure continued accessibility for affected women and girls. Expansion of services were enabled through partnership with local NGOs, CSOs, and women’s organizations. UN agencies, funds and programmes invested in and provided capacity building and technical support to local partners to ensure quality of GBV services. The UN also developed standard guidelines for safe houses and standards for hotlines for all partners to use. In various states, including Kachin, Rakhine, Shan, and Kayin, the UN supported increased access to livelihood opportunities and GBV referrals for women and girls susceptible to GBV.

The UN further provided targeted support to migrant women. Through partner women’s



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organisations, 376 women migrants received front-line services, such as counselling to survivors of GBV, cash assistance, dignity kits, and awareness raising on GBV and safe migration and facilitated repatriation of 47 Vietnamese women trafficked in Myanmar. Specific capacity building trainings were delivered to CSOs on migrant protection issues including legal and paralegal assistance, basic psychosocial skills and psychological first aid, and case management and reintegration of victims of trafficking, and GBV referral pathways. Psychosocial support materials such as colouring books were designed and distributed in migrant communities, reaching a total of 337,630 beneficiaries. The UN also developed standard operating procedures on the protection and reintegration of trafficking survivors in conflict-affected settings, focused particularly on Kachin State, as a model for further replication in other conflict-affected states/regions.



That afternoon, when receiving the food, I had mixed feelings of sorrow and happiness, said Ma Moe.

Photo: WFP Photo Library



For Ko Min, Ma Moe and their two children, who live in a neighborhood located in the outskirts of Yangon city, there had been a tangible struggle to even put food on the table since the 2021 February coup due to the rising prices for basic food items. But through the UN's increased efforts to deliver food assistance to affected population in both conflict-affected areas as well as urban areas, the young couple have been able to use the WFP food-assistance pack to feed the family of four.

<https://myanmar.un.org/en/151349-photos-rising-food-insecurity-hits-poorest-hard-myanmars-urban-areas>

Pillar 2: Economic Resilience and Recovery

Outcome: Households, communities and MSMEs are better able to withstand the adverse economic impacts of the crisis and recover when conditions allow, through the promotion of gender-responsive employment, private sector and climatic resilience mitigations.

Main contributing UNAFPs: UNDP, UN, Women, IOM, ILO, UNCDF, ITC, WFP, FAO, UNOPS, UN-Habitat

Total pillar budget

US\$69 million

Under the economic resilience and recovery pillar the UN has implemented interventions that promote gender-responsive employment, private sector development, build climatic resilience, and strengthen households, communities and micro, small and medium enterprises (MSMEs) capacities to weather future shocks. Support was provided in three areas: vulnerable workers and MSMEs; rural communities and the agricultural sector; and disaster risk reduction and climate change adaptation.

Vulnerable workers and MSMEs

The UN contributed to strengthen the economic resilience of the most vulnerable workers and MSMEs through gender-responsive capacity building and the promotion of access to services and capital.

>19,000 | 39,000

Vulnerable workers and small business owners received skills and business development trainings

vulnerable garment workers received cash-transfers

To increase opportunities for decent work among women and men that lost their livelihoods due to the crises, the UN implemented cash for work programmes that in addition to employment opportunities, generated much needed small-scale community infrastructure. The UN provided short-term employment in construction for about 1,920 remittance-dependent and conflict affected households in Mon and Kayin States. The programme generated a total of 12,500 workdays (women worked 43% of those). In addition, cash

Targeted Vulnerable Groups

- Vulnerable workers
- Women small business owners
- Smallholder farmers
- Migrant workers
- Rural communities
- Conflict affected communities

and in-kind assistance was provided to vulnerable workers who had lost income. The UN managed multiparter funds provided US\$1.7 million worth of cash transfers to over 39,000 vulnerable garment workers, overwhelmingly women, and to 3,324 pregnant workers and workers with children aged ten or younger.

To improve income generating capacities among vulnerable workers, especially women and migrants, skills development and capacity-building trainings were provided. The UN provided skills development trainings to 1,446 members of migrant-sending and receiving households and micro-enterprise coaching to an additional 830 migrant-sending and receiving households. Among the former, 60% started new employment or new small businesses after the training and among the latter 67% launched businesses. More than 3,880 vulnerable women, including internally displaced and those returning from migration, received livelihood skills and business development trainings, in-kind support, and cash for work opportunities. Business advisory networks were created to support women entrepreneurs.

Trainings specifically targeting small business owners were also provided to help the businesses survive the crises. 13,000 entrepreneurs benefited from these trainings. In addition, the UN worked with small businesses in the tourism sector to help them apply sustainable tourism principles to enhance their business resilience. Among those that participated, 60% increased sales. The UN further supported an accelerator programme for 50 women-led business, through which the participants gained business

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COLLECTIVE RESULTS

skills, negotiation skills and access to financial institutions.

To ensure continued access to finance for micro and small businesses, support was provided to the micro-finance sector. Loan repayments to microfinance institutions were rescheduled and support to the opening of new branches was provided. Notably, the UN contributed to increased access to finance in conflict affected areas by supporting microfinance institutions to open branches in these areas. Without the UN's support, risk exposure and transaction costs would have been too high for these branches to be viable.

The UN further contributed to enhancing the evidence base on the impact of the crises on employment through conducting a rapid assessment focusing on estimating job losses through the decline in working hours.

Rural communities and the agricultural sector

The UN provided support to rural communities, including farming households, to maintain their productive assets, gain access to inputs, enhance agricultural supply chains, and strengthen agricultural practices and food processing methods.

To mitigate the immediate strain on rural communities, the UN provided cash and agricultural inputs to vulnerable farming households. Women-headed households and key agricultural value chain agents including food vendors and traders were prioritized. Planting material including paddy rice, vegetable seeds, fertilizers, and hoes, were provided to more than 7,760 vulnerable farming households. In addition, the UN managed multi-partner funds

disbursed cash grants to over 1,200 tenant and smallholder farmers for the monsoon and winter cropping seasons.

Cash for assets projects were implemented in rural communities to create employment and to support the creation and rehabilitation of productive assets and community infrastructure, which in turn supported further livelihood opportunities. 403 acres of farming land for vegetable and pulses were developed through the rehabilitation of irrigation infrastructure and 97 fishponds were constructed or rehabilitated to improve aquaculture production and food security. 13,468 people benefitted from community driven construction or rehabilitation of irrigation systems and fishponds in Shan, Rakhine, Kayin and Kayah states. An additional 6,205 smallholder farmers in these states benefitted from UN supported land development, cash crop production, home gardening, irrigation, and water management projects. In the Dry Zone, cash-for-work activities funded through the UN managed multi-partner funds reached more than 500 landless farmers.



Photo: FAO Myanmar

Man releasing fish fingerlings in one of the rehabilitated fish ponds in Kyauk Phyu Taung village, Buthidaung Township of Rakhine State.



Photo: FAO Myanmar

Daw Oo Than, 38, lives with her family in Ywar Thar Yar Village, Maungdaw township received paddy seeds, cash and fertilizer. Her family includes her husband, U Aung San Nu, who is unemployed, their two sons and one daughter, who has disabilities and is deaf. The family owns a small plot of farmland, which is 1 acre in size.

Daw Oo Than said her family is fortunate to be included as a beneficiary of FAO project because they do not have any source of income, and it is challenging to acquire enough food to feed her entire family. She also shared that their economic situation worsened as a result of the COVID-19 pandemic as income earning opportunities became scarcer due to the restrictions of movement for people and goods.

7,760

vulnerable farming households received agricultural inputs

20,000

people in Rakhine benefitted from community-infrastructure project

11,000

people in Rakhine benefitted from climate resilient dyke renovations

3,336

People benefitted from installation of solar powered water systems

120

fisher communities benefitted from early warning systems

3,900

eco-stoves were distributed to forest using households

Longer-term resilience-building projects aimed at developing climate resilient agriculture, improving farming systems and the use of natural resources, were also implemented through community-based training initiatives and upgrades of equipment. The UN developed standards for climate smart good agricultural practices for oil seed, pulses and rice/paddy for 35,000 small scale farming households. Along with the standards, a training manual for implementing them, integrated pest management packages, and crops specific Farmers Field Schools curriculums were developed. The UN further supported the development of a community based early warning system for 120 fisher communities and provided capacity building trainings on disaster

risk management for fishing communities. In addition, a digital peer platform for fisherpersons including updated market price information and early warning notifications was launched. To enhance sustainability in the use of forests, 3,900 eco-stoves were distributed to forest using households. The stoves reduced the household's monthly consumption of wood-based fuel by 50%, which reduced the need for cutting of trees and reduced emissions.

Disaster risk reduction and climate change adaption

Through technical support and investments in infrastructure, the UN contributed to enhance the resilience of communities and critical public infrastructure to climatic and human-caused disasters. 3,336 people in seven communities benefitted from the installation of climate-resilient solar powered water systems and trainings on climate resilient water planning were provided to 75 communities. About 11,000 people benefitted from the construction of climate resilient dyke renovations in Rakhine State. In one of the largest low-income townships of Yangon, the UN worked to build awareness around potential disaster risks and mitigation measures.

The UN further supported strengthened disaster preparedness of health facilities and hospitals. Various tools, guidelines and SOPs were developed. Among other, a customized hospital safety index tool including disaster utility plan guidelines and SOPs for installing the new medical equipment. Capacity building support was provided to health staff on risk mitigation.



Photo: UNFPA Myanmar

Faced with increased operational challenges, the UN and its implementing partners have worked to ensure the continuation of essential sexual and reproductive health services to the vulnerable population in affected areas. With UN's support, one of the partner agencies introduced the Safe Pad Pilot Project in Kayah and Rakhine States to fulfil the menstrual health and hygiene needs of vulnerable women and girls in conflict-affected areas. This pilot project also creates income-generating opportunities for the local women.

Ma Wai, a young woman from the community who is supporting the project said that she is not only benefiting this project, but that as a local youth, feels empowered. Women in her community now also have income from safe pads production.

<https://myanmar.un.org/en/157675-empowering-local-women-and-safeguarding-their-livelihood-through-innovative-project>

Pillar 3: Human Rights, Rule of Law and Democratic Space

Outcome: Civil society actors are empowered and able to continue operating through mechanisms networks and programmes that promote access to justice, human rights, gender equality, and democratic and civic spaces.

Main contributing UNAFPs: UNDP, UN Women, ILO, UN-Habitat, UNICEF, UNFPA, UNHCR

Total pillar budget

US\$7.6 million

Targeted Vulnerable Groups

- Children in detention
- Internally displaced people
- Civil Society Organizations
- Media organizations and journalists

Under the human rights, rule of law and democratic space pillar, the UN has implemented activities that aim to support civil society actors to hold decision makers to account, provide spaces for people to collectively make demands on decision makers and express their interests, preferences and ideas. Support was provided in three areas: increasing accountability and access to justice; increasing awareness of fundamental and democratic rights, countering discrimination, misinformation and hate speech; and preserving the civic space and capacity of civil society.

The UN's interventions targeted civil society actors, especially CSOs, CBOs, women's organizations, media and labour organizations that work on the promotion of human rights, gender equality, access to justice, and the preservation of democratic space. Across the interventions, priority attention was given to assessing and addressing the violation of the rights of women, displaced and other vulnerable population groups.

Accountability and access to justice

The UN supported community-based approaches for legal aid and justice. A specific focus was on providing legal assistance to children that were detained following the military takeover, migrants and internally displaced people.

A total of 938 children (478 boys and 460 girls) and 1,037 youth under the age of 25 (651 male and 386 female) in detention received legal aid services supported by the UN. The UN also supported provision of post-release care. A "case management tip sheet for lawyers" was developed to help lawyers ensure that children assisted with legal aid were also referred to specialized social services post release. A Community of Practice for lawyers and some human rights experts was created to promote peer

exchange around the implications around new laws, challenges including those relating to accessing children in need of assistance and possible ways to mitigate these.

Legal assistance was also provided to migrant workers who had faced abuse and exploitation during their migration process. Through the UN supported migrant resource centres, a total of 50,940 people benefited from legal aid services (44% of whom were women). In addition, the UN managed multiparter funds provided critical information, counselling and legal assistance on housing, land and property rights and legal identity issues to more than 2,300 internally displaced and vulnerable people.

The UN further worked to promote full access to legal identity documentation, including birth registration, civil documentation, and citizenship for all. Support to people to access birth registration was provided, awareness raising and legal counselling focusing on civil documentation, freedom of movement and housing land and property was offered, and technical support to paralegals on citizenship legal/policy frameworks and application process for civil documentation was delivered. The UN also contributed to enhanced understanding of obstacles preventing people from obtaining civil documentation, through facilitating the sharing of research findings around citizenship and developing a glossary of terms.

1,970

children and youth in detention provided with legal aid

10,940

Returning migrants benefitting from legal aid

Increasing awareness of fundamental and democratic rights, and countering discrimination, misinformation and hate speech

The UN supported civil society actors to increase public awareness and access to information on fundamental and democratic rights. The UN further worked to counter discrimination, misinformation and hate speech.

With a view to sustain operations of independent media, the UN supported community media projects, including animated series and radio broadcasts that provides a platform for local community members to make their voices heard. Through community-based media and information literacy projects, the UN worked to raise awareness among young people on disinformation. The UN further conducted advocacy against the new policies that negatively affected freedom of expression and the right to information.

The UN also continued to manage a labour standard supervisory system through which Human Rights Organisations, workers, and employers may submit complaints on violations of the principles of Freedom of Association and Forced Labour. In the wake of the military takeover, this mechanism became a channel for workers to seek redress on issues of arrest and killings of trade union and labour activists. The UN also continued its monitoring and reporting work on forced labour.

Preserving capabilities of civil society

To promote the preservation of the civic space, the UN provided support to civil society actors to help them continue their work in an increasingly restrictive environment. The support provided included protection measures against attempts made to limit peoples' and organizations' freedom of expression as well as broader organizational support to help civil society organizations continue their work.

The UN increased the access of women human right defenders to decision-making platforms by facilitating their participation at high level stakeholder fora, which allowed them to provide their views on the situation in their country and resulted in increased resource mobilization for promoting fundamental human rights in Myanmar. The UN also worked with civil society actors to promote human rights reporting and provided trainings on digital safety and security. The UN further contributed to raising awareness of the human rights situation, in particular for women by issuing regular alerts and briefs among development cooperation partners.

To support access to independent information, the UN conducted monitoring and documentation of threats and attacks against journalists, media workers, and media houses. The UN further initiated the preparation of an action plan for the safety of journalists. UN managed multi partner funds supported training and protection of ethnic and women journalists across the country.

Support to Partnerships and Financing the 2030 Agenda

In 2021, the UN in Myanmar developed several new partnerships that were critical for the UN's ability to adapt to the new environment and deliver services in an effective way in light of the much changed operating environment.

Private Sector Partnerships

In the health sector, the UN mobilized financing from the Pharmaceutical company TAKEDA, which was used to support the work of Ethnic Health Organizations in Shan state. In the absence of fully functioning public health services in the wake of the military takeover, new partnerships with private hospitals were established. The UN and its partners used these hospitals for emergency referrals of cases identified through the health services supported at the community level. The UN and its partners further partnered with private hospitals to set up pro-poor charity clinics within them.

New partnerships with private companies were also formed in other sectors to help the UN deliver essential services. The UN partnered with Ongo Digital Payment Services to deliver cash transfers to vulnerable households. In the education sector discussions were held with Viber to use their messaging platform for online learning. A partnership the Global New Wave Technology Company was established to develop a communication, information, and notification app for fisher communities.

The UN further continued to partner with the private sector in areas including, improving labour conditions, female entrepreneurship and women's economic empowerment, strengthening MSMEs, access to export markets and trade. Amongst other areas, private business development service companies were critical partners in the UN's support to strengthen the resilience of micro and small business to withstand the ongoing crises.

South South Cooperation

With the political crisis unfolding in Myanmar, limited south-south cooperation took place during the year. However, some south south cooperation among private sector actors continued. Amongst others,

Engaging businesses to address malnutrition

11 new members were mobilized to join the Scaling-Up Nutrition Business Network. The network launched a business competition to raise awareness among local food businesses on healthy food production and business models focusing on nutrition. It further promoted workplace nutrition and facilitated a business match-making event between food producers and development-humanitarian agencies for potential partnerships on production of healthy food and hygiene products along with delivery and distribution in different settings and held consultation meetings on food safety.

the UN supported collaboration among private Technical and Vocational Education and Training providers in Cambodia, Lao PDR and Myanmar through a skills developing network.

3.1. Results of the UN working more and better together

UN coherence and collaboration

Led by the Resident Coordinator, UNAFPs demonstrated strong coherence and collaboration in their response to the crisis faced by the country in 2021. Immediately following the military takeover of Government on 1 February 2021, the UN Country Team came together and agreed on guidelines for the UN's engagement with stakeholders in the period that followed. The guidelines outlined a set of parameters for the UN's programmatic work that aimed to ensure that the UN could continue to deliver assistance to people in need, while not acting in a way that could be perceived as legitimizing the military led *de facto* authorities.

Specifically, the guidelines provided space for needs-based humanitarian assistance, protection services, and support to the COVID-19 public health response to continue engaging with all stakeholders as

Better coordination through information management

The Myanmar Information Management Unit – a project under UNDP – provides information management services to strengthen analysis and decision-making of the humanitarian and development commix in Myanmar. It maintains a database with detailed information on projects

activities of 163 agencies (UN, INGOs, NGOs) across the country as well as a repository of assessments and data. This information is made widely accessible to UN, NGO, donor and other stakeholders in the form of maps, databases and other tools which support the coordination, planning and implementation of humanitarian, development and peace-focused activities.

necessary in line with humanitarian principles, while programming outside humanitarian assistance and the COVID-19 public health response had to meet a set of criteria and pass a risk assessment before it could be implemented. In the months following the military takeover, the UN Country Team’s guidelines for engagement helped to ensure a coordinated and coherent approach by the UN in Myanmar. The initial guidelines were developed with the view that they would be regularly reviewed and revised as the situation evolves. In late 2021, the UN Country Team initiated a process to review and update the guidelines.

UNAFPs further came together in an extensive reprogramming exercise and quickly develop the two crisis response frameworks (the United Nations Health Response Contingency Plan and the Socio-economic Resilience Response Plan), which have been outlined in this report. To coordinate the development and implementation of the frameworks, a new UN coordination structure was developed. It includes a Deputies’ Group, which was responsible for ensuring coherence in the application of the UN’s engagement guidelines and address broader operational challenges relating to programming, and specific Results Groups for each of the pillars of

the pillars of the response plans. These Groups have contributed to enhance programmatic coordination by the UN in Myanmar at a critical period. In addition, the UN established a new thematic group in Youth, which supported stronger youth mainstreaming in the UN’s programmes.

Effectiveness and Efficiency

The crisis also called for enhanced cooperation on operational matters. Throughout the year, the UN’s Operations Management Team (OMT) put in place joint guidelines and standard operating procedures on issues relating to human resource measures to support staff safety and security during the unfolding crisis. The OMT also led the process of approaching banking and cash flow challenges through a whole of UN approach to resolving these issues.

>17,000
Personnel and dependents vaccinated through the UN led vaccination programme

Remarkable results were achieved by the OMT in terms of providing COVID-19 support to UN personnel and dependents and personnel of implementing partners. With limited COVID-19 vaccine availability through the national vaccine programme, the UN rolled-out its own COVID-19 vaccination programme for UN personnel, UN dependents and INGO partner personnel. By the end of 2021, the UN had vaccinated more than 17,000 people through this programme. The high vaccine coverage has significantly contributed to reducing the risk of severe illness among the UNs personnel and dependents, which in turn has facilitated

business continuity and allowed the UN to continue to deliver frontline services to the people.

In addition, the OMT, under the leadership of the COVID-19 coordinator, put in place a system to facilitate medical evacuation of personnel and eligible dependents from UN agencies and INGO partner personnel in the case of life-threatening COVID-19 illness. During the COVID-19 wave that hit Myanmar in July-August 2021, the system was used to evacuate six patients from the country for treatment in Nairobi, Kenya.

UN Medevac Programme

During 2021, Myanmar was hit by a devastating third wave of the COVID-19 virus between June and September 2021 which exposed the inability of the public health system to cope with an outbreak of this magnitude and left many patients struggling to obtain oxygen, medication and critical medical care. During this period, the UN in Myanmar registered over 600 confirmed/probable COVID-19 cases among UN staff and eligible dependents and INGO partner personnel. Among them, six seriously ill COVID-19 patients had to be evacuated using the UN COVID-19 medevac system due to the unavailability of ICU beds in-country. Sadly, a total of eight UN/INGO staff and/or dependents passed away due to COVID-19 during the year.

3.2. Financial Overview

Total Programmatic Expenditures in 2021

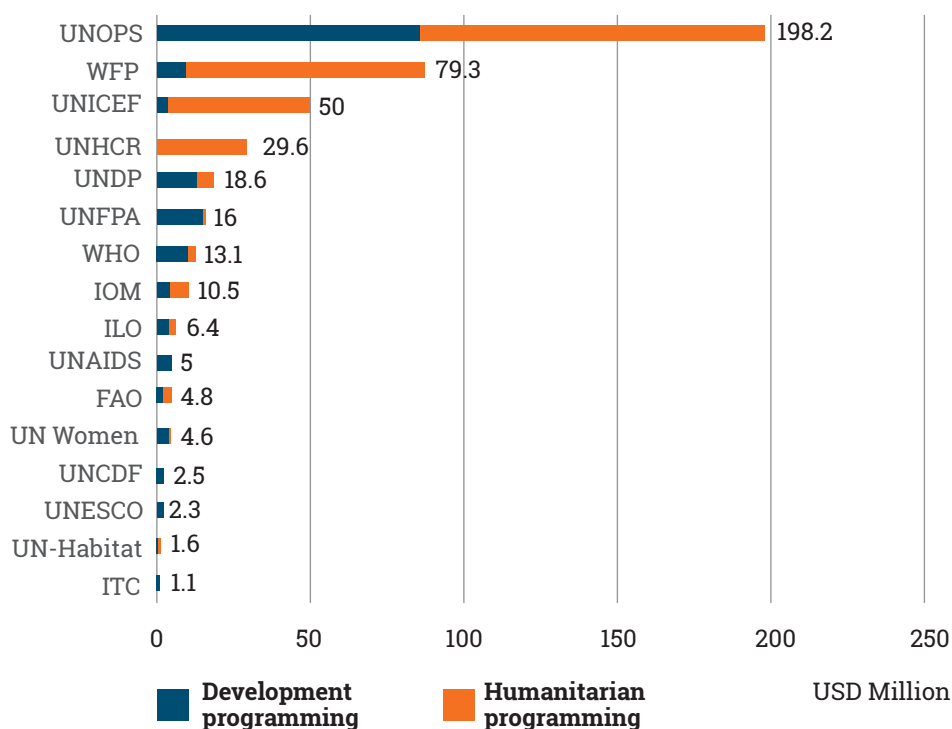
US\$453 Million

In 2021, the total programmatic expenditures of the UN in Myanmar were US\$ 453 million. Out of this, 44% (US\$ 198.2 million) was spent through the UN managed multi partner funds. With a

few exceptions, UNAFPs spent below envisaged budgets due to operational challenges following the military takeover. Compared to previous years, programmatic expenditures shifted from being primarily spent on development programming to humanitarian assistance. 36% of total expenditure was on development programming (compared to 77% in 2021) and 64% was spent on humanitarian assistance.

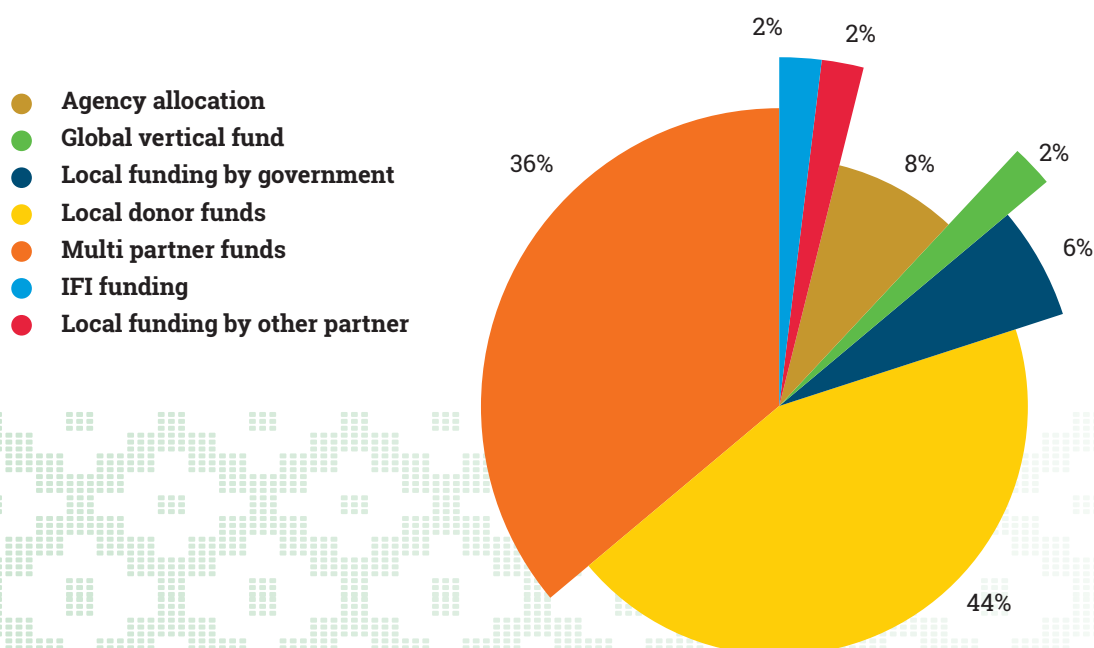
The by far largest funding sources were "local donor funds" (44%), multi partner funds (36%). The UN received US\$ 8.7 million in funding from International Financial Institutions.

Programmatic Expenditures by agency



Note: 7.8 million of UNOPS' expenditures went to other UN agencies. To avoid double counting this amount has been removed from UNOPS' overall expenditure figure.

Source of funding



Note: "Local funding by other partner" refers to grants received by a private sector partner, a foundation, and or other organizations for a specific programme or project.

UN Country Team key focus for next year

The UN expects the political, socioeconomic, human rights and humanitarian crisis to continue in 2022. The UN Country Team will use the lessons learned from the experiences in 2021 to operate more effectively within the complex operating environment to increase its response to the escalating needs for humanitarian assistance and essential development assistance. A key focus will be on ensuring effective implementation of the Health Response Contingency Plan and the Socio-economic Resilience Response Plan.

The UN will further continue to closely monitor the country situation through undertaking analytical and research work and to use information to update programmatic approaches and engagement strategies.

A key priority will also be to take forward work initiated in 2021 on ensuring an integrated approach to humanitarian and development programming through improving complementarity and strengthening linkages between the UN's Humanitarian Response Plan and the Health Response Contingency Plan and the Socio-economic Resilience Response Plan, and ensuring that the UNCT and partners have a clear roadmap for implementation of a nexus approach within the Myanmar context.

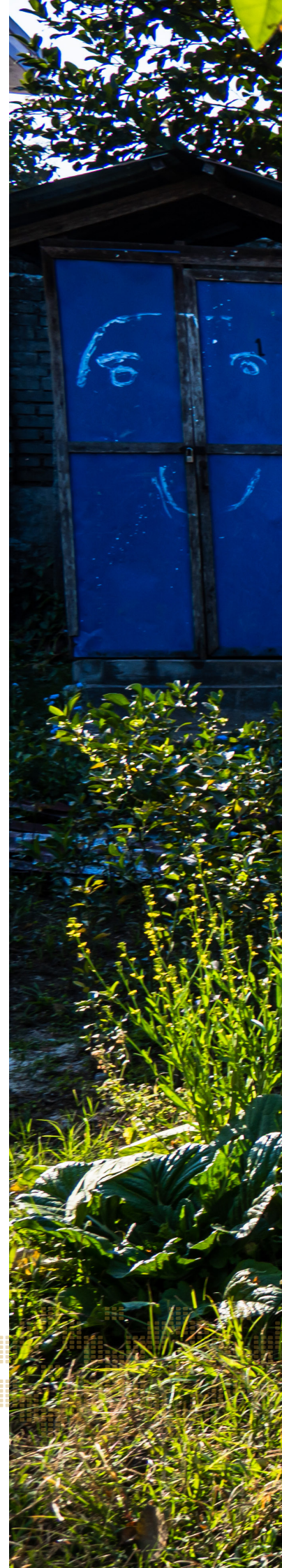






Photo credit: UN Women Myanmar



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