

Two steps forward, one step back: Assessing the implications of COVID-19 on locally-led humanitarian response in Myanmar

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Throughout the report the following symbols are used to identify international and national actors



TABLE OF CONTENTS

1. Executive Summary	5
1.1. Key Findings.....	5
1.2. Opportunities.....	8
2. Introduction	9
2.1. The humanitarian context in Myanmar.....	10
2.2. COVID context in Myanmar.....	11
2.3. About the report.....	12
3. Methodology	13
4. How COVID-19 is Affecting Myanmar’s Humanitarian Sector	16
4.1. A locally led response	16
4.2. Reducing humanitarian access.....	18
4.3. Different ways of working	19
4.4. Increasing risk, shrinking rewards.....	20
5. Impact of COVID-19 on Localisation	22
5.1. Coordination.....	22
5.2. Partnerships.....	25
5.3. Leadership and Participation	27
5.4. Funding.....	28
5.5. Capacity	32
6. What does this mean for localisation in Myanmar?	34
Annex 1 – Acronyms	36
Annex 2 – Reference List	37

1. EXECUTIVE SUMMARY

International actors play a significant role in the humanitarian sector of Myanmar. Prior to COVID-19, progress on meeting commitments made by international actors to enable a more locally led humanitarian response, had been notably insufficient. With COVID-19, progress on some localisation aspect accelerated as increased needs and reduced international access during the pandemic meant local organisations became even more important as first responders to the crises. Despite these achievements, the opportunities presented by the COVID-19 context to make substantial shifts in the primarily internationally led humanitarian response model, was inadequately capitalised on. To date it has been a story of two steps forward, one step back; what happens next for localisation in Myanmar will depend on whether stakeholders take the opportunity to consolidate the gains brought about by COVID-19.

“It has always been about local as possible and international as necessary. But COVID has meant international is not possible anymore. You’re forced to work more with national actors, and that requires a mindset change.”¹

1.1. KEY FINDINGS

More responsibility is falling on local actors:

Government-imposed travel restrictions to minimise the spread of COVID-19 further squeezed shrinking humanitarian access (especially for international organisations), while precautionary repatriations reduced the presence of international staff on the ground. This meant that responsibility for continuing ongoing humanitarian support as well as mobilising to respond to COVID-19 fell

more heavily on local and national organisations (LNOs) – primarily community-based organisations (CBOs). For most of Myanmar outside the primary humanitarian regions (Rakhine, Chin, Northern Shan and Kachin States), international support was minimal, so the COVID 19 response in these states and regions were mostly managed by LNOs and grassroots organisations. LNOs have met these challenges head on – often with limited resources – highlighting their ability to play a larger role in the humanitarian sector in the country.

Local actors are shouldering more risks: COVID-19 has yet again highlighted that local and national actors take the greatest risks and receive the least compensation for managing these risks. LNO and CBO staff and volunteers took higher risks being on the front line of the community-level response for COVID-19 and continuing humanitarian support to people in need across the country. They have done so with significantly weaker safety nets than staff from international organisations. While international partners provided some support to help LNOs minimise these risks, overall, it was insufficient.

Grassroots organisations are not counted: Much of the COVID-related response has been led by grassroots CBOs and other informal social groups. They work within communities to ensure people are informed about COVID-19 and prevention measures and provide socio-economic support where possible. However, these grassroots organisations, as well as medium and smaller LNOs, usually receive little international aid; even if they do, it is after passing through intermediaries. Most of them rely on local donations and community contributions, which are now beginning to dry up. Grassroots organisations’ work is insufficiently recognised or captured in the international humanitarian sector.

¹ International organisation respondent

“International actors have once again missed the opportunity to understand how the local community, grassroots response works. These are alien to international actors simply because they are not in a format that conforms to the standard international models.”²

COVID-19 funds went to or through internationals:

While LNOs did see some increase in direct funding, the bulk of the additional or redirected aid for COVID-19 response was channelled to or through international partners. LNOs were then engaged as service providers. Despite this overall trend, during the pandemic, donors and international partners have shown some flexibility and desire to increase the funding they provide directly to LNOs (most often existing partners). Questions persist as to why the willingness to increase flexibility and direct support to LNOs did not take place prior to COVID-19, and why service provision remained a preferred model.

Larger national organisations are consolidating their advantages:

In Myanmar, there are a number of larger, national organisations who have benefited from long-term capacity strengthening support, increased funding, and ongoing partnerships with international organisations. These organisations are well recognised in humanitarian structures within Myanmar. The larger LNOs also received most of the direct and indirect funding, and international partners often use them as examples of their commitment to localisation. However, while existing relationships between international and LNO partners have deepened, the number of partnerships has not expanded sufficiently, leaving many LNOs and CBOs with inadequate funding to respond to needs on the ground.

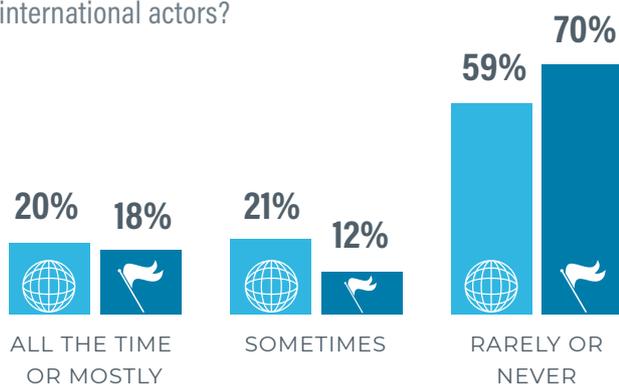
Promoting faster engagements does not mean new partnerships:

Some donors and funds have implemented their emergency procurement procedures or models during the COVID-19 pandemic and loosened certain rigid requirements for new engagements. While these are positive steps, they are only temporary measures. Moreover, emergency procurements do not lend themselves to creating meaningful and productive partnerships if there is no plan for how to progress them.

Coordination is international heavy:

Humanitarian coordination structures are dominated by international organisations. There is insufficient LNO representation at national-level meetings. Insufficient representation and inadequate opportunities to influence policymaking has meant interest in engaging with these structures has been reducing among LNOs. However, in regional coordination meetings, local participation improved during COVID-19, as the presence of international staff lessened, and meetings moved online. Nonetheless, there is little evidence of moves to reform this model, which has been in operation for some time.

Figure 1. Do you think that local and national organisations are receiving a fair proportion of funding during the COVID-19 response compared to international actors?



2 International respondent

“The humanitarian architecture hasn’t been ready to shift to a locally led response. It is a very much internationally led response. And local organisations are not sufficiently part of the coordination and decision-making process. There are very limited avenues for local organisations to engage in the international coordination [process].”³

Local actors are doing coordination their own way:

Outside the formal humanitarian coordination structures, LNOs and CBOs have continued to collaborate closely through a range of approaches. This includes using social media and online collaboration platforms for individual and group-level coordination, often informally and driven by need. Such approaches have been useful for faster information sharing as staff respond to changes on the ground. International organisations, while also moving online for their coordination, have mostly done so around the formal structures they have in place.

Existing projects and funds have shown flexibility:

Donors (and funds) have been supportive of existing projects seeking to realign their budgets to respond to COVID-19 needs. They have provided costed and un-costed extensions, changed deadlines and increased flexibility in order to support their existing partners. This flexibility has been comparable for international partners and LNOs. While only existing partners benefited from these schemes, it was a positive indicator that changes can be made if needed. They have given LNOs (especially) the opportunity to respond to needs on the ground while better managing competing timelines.

Remote working and remote monitoring have become critical: Moving meetings online has helped to increase the level of engagement for some LNOs, while disadvantaging those who

do not have the facilities necessary to connect. Remote meetings have made it more difficult to build personal relationships, while remote monitoring has meant more trust is required between partners. Long-term implications from a policy and compliance aspect are yet to be determined.

Capacity strengthening is challenging yet more inclusive:

Moving capacity strengthening online made it more challenging to deliver the practical topics usually managed in-person. While all partners were relatively unprepared for COVID-19 initially, international actors were able to build on their global resource base to support local partners with response planning and safety steps. LNOs were also noted to share learnings among themselves about operating within the COVID-19 context. Trainings moving online, in local languages or simultaneous translation, have increased LNO partners’ interest in participating. However, COVID-19 has highlighted a long-term gap in skills transfer to local organisations.

Figure 2. To what extent are international organisations helping to strengthen the capacity of local/national organisations?



While COVID-19 provided a compelling opportunity to elevate locally led humanitarian response in Myanmar, pre-existing challenges limited the potential for progress. There have been positive gains in all areas of localisation, while some areas have seen negative trends worsening. Overall, there appears to have been a net positive gain for localisation in the country, but a much smaller one than if these changes had been made from a position of strength.

3 International organisation respondent

1.2. OPPORTUNITIES

Opportunities to progress locally led humanitarian response emerging from the COVID-19 context as well as more broadly are presented below. These actions are aimed at driving long-term system-wide change to create a more inclusive and locally led humanitarian model. The implementation of these actions will require leadership, investment and commitment from the HCT in close collaboration with LNOs and donor community in the country.

Proposed Actions	Timeframe
Establish localisation commitments and accountability structures	
▶ In partnership with local and national actors, define localisation priorities and/or commitments for each humanitarian region to ensure contextual application	Short-medium term
▶ Build localisation commitments into all humanitarian response plans, clusters and regional-level plans	Short-medium term
▶ Track and regularly report on agreed localisation commitments. Integrate localisation reporting into regular humanitarian updates.	Short-medium term
▶ Set up a formal body under the humanitarian coordination structure that is locally led (with committed resources), and empowered to progress localisation priorities, as well as keep the Humanitarian Country Team (HCT) and others accountable to their commitments ⁴	Medium term
Increase local and national representation in coordination structure	
▶ Increase number of local and national organisation in the HCT, clusters and regional coordination bodies	Short-medium term
▶ Identify local or national partners who can formally become co-leads of clusters – both at regional and national level	Short-medium term
▶ Make coordination meetings more locally oriented and inclusive (such as simultaneous translations of meetings, designated national staff only meetings)	Medium term
▶ Support local and national organisations in accessing and contributing to coordination forums through resource allocation, and simplified and inclusive processes	Medium-long term
Increase opportunities for local and national organisations to better respond to humanitarian needs	
▶ Donors (directly or through influence) to encourage the increase of local and national organisations pre-selected by multi-donor funds and INGOs, for faster mobilising of resources to local organisations	Short-medium term
▶ Consider tiered layer for compliance (especially multi-donor funds) with different levels of partnership opportunities for local and national organisations, to help increase the number of local partners	Medium term
▶ Encourage the establishment of a minimum administration fee payment to local and national organisations – especially when funding is passed through international organisations	Medium term
▶ Utilise already compliant local and national organisations and networks to channel small grants to grassroots and local organisations, accompanied by locally led capacity support	Medium term
▶ Set up a funding platform (such as multi-donor fund) dedicated to funding local and national organisations.	Medium-long term

“Without localisation, sustainable development cannot happen at local and community level. So how can international organisations set up their plans for sustainable development without localisation built into their approach? This needs to be a fundamental change.”⁵

⁴ Taking in lessons from process undertaken by Bangladesh in setting up the [Localisation Technical Working Group](#)
⁵ National organisation respondent

2. INTRODUCTION



Aerial view of downtown Yangon during COVID-19 restrictions period. Hkun Lat, [Hkun Lat Photography](#)

Early on in the pandemic, the World Health Organization (WHO) praised the Myanmar government for its quick response to COVID-19.⁶ Yet, in September 2020, Myanmar's largest city – Yangon – was implementing a city-wide lockdown aimed at curbing a rise in COVID-19 cases.⁷ With potential for infection hotspots to develop in densely populated urban areas and internally displaced people (IDP) and refugee displacement sites, the Myanmar government is facing

challenges to get the virus under control as the country's health system comes under strain.⁸

COVID-19 has opened up many opportunities to progress localisation in Myanmar, but at the same time exacerbated existing challenges. This presents an opportunity to explore the implications, challenges and opportunities for greater locally led humanitarian response.

6 Phyo Tha, Kyaw, [WHO Country Chief Urges Myanmar to Sustain 'Amazing' COVID-19 Response](#), The Irrawaddy, July 2020

7 Al Jazeera, [Myanmar locks down Yangon region after record jump in COVID cases](#)

8 Reuters, [Myanmar's 'maximum containment' COVID plan pushed to brink as virus surges](#)

2.1. THE HUMANITARIAN CONTEXT IN MYANMAR

The humanitarian situation in Myanmar presents many complex and urgent needs.⁹ Prior to COVID-19 an estimated 1 million people were in need of humanitarian assistance. Ethnic and communal violence between armed non-state actors and the Burmese Armed Forces (the Tatmadaw) in Kachin, Rakhine and Shan states,¹⁰ the resulting displacement of civilians,¹¹ and disasters such as recent flooding,¹² are perpetuating the need for help from local, national and international actors.¹³ Improving the physical and mental wellbeing of people and protection from conflict and natural hazards are priorities for the humanitarian sector.¹⁴

Humanitarian context in Myanmar

 crisis-affected people experiencing critical problems related to physical and mental wellbeing

 Total population - **54,045,420**¹⁵

People in need (2020)¹⁶

 **960,861**

 **70%** crisis-affected people experiencing critical problems related to physical and mental wellbeing are women and children

 **326,225** Internally Displaced People (IDPs)

 **470,000** Non-displaced stateless people in Rakhine

 **60,000** Returning Migrants

 **95,034** other crisis affected people

Funding (2020)¹⁷

 **USD 223.5 m** in funding reported:

- **USD 143.2 m** funded through the Myanmar HRP
- **USD 80.3 m** funded through other avenues

Humanitarian Drivers



Armed conflict



Inter-communal violence



Natural hazards



9 Department of Foreign Affairs and Trade, 'Development assistance in Myanmar'

10 ACAPS: [Myanmar Country Profile](#)

11 Internal Displacement Monitoring Centre <https://www.internal-displacement.org/countries/myanmar>,

12 <https://reliefweb.int/disaster/fi-2020-000172-mmr>

13 Wunna, Sai. Myanmar Times, [Tatmadaw rejects call for ceasefire during pandemic](#) (2020)

14 UNOCHA, [Humanitarian Response Plan Myanmar 2020](#)

15 <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=MM>

16 UNOCHA, Humanitarian Response Plan Myanmar 2020

17 UNOCHA Financial Tracking Service

2.2. COVID CONTEXT IN MYANMAR

The first known cases of COVID-19 in Myanmar were detected on 23 March 2020.¹⁸ The current outbreak began in late August. As of 25 November 2020, there were 85,205 confirmed cases of COVID-19; and 1,846 confirmed deaths.¹⁹ The Ministry of Health and Sports (MOHS) is primarily responsible for Myanmar's COVID-19 response efforts.

COVID-19 context in Myanmar



As of November, 25 2020:



85,205 confirmed cases
First case reported: 23 March 2020



1,846 deaths
First death reported: 31 March 2020



Hospital capacity²⁰ (2018)



Number of hospitals - **1,134**



Number of available beds - **61,811**



Hospital bed occupancy rate - **65%**



Density of medical doctors²¹ (per 10 000 population)



Myanmar - **6.8**



Global average - **15.8**



South and East Asia average - **8.1**



Proportion of population using handwashing facility with soap and water²² (2017)



Myanmar - **79%**



Global average - **60%**



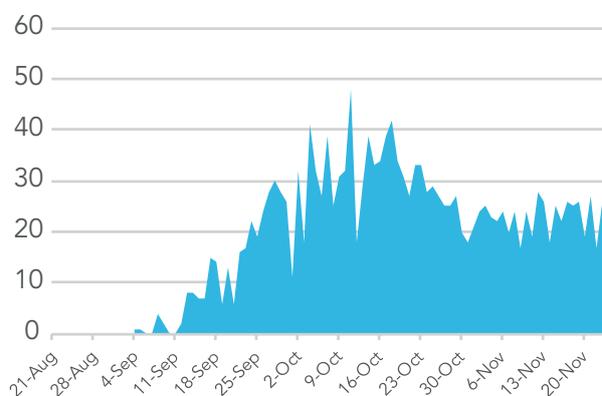
South and East Asia average - **60%**



Daily new COVID-19 cases in Myanmar (21 August - 25 November 2020)



Daily new COVID-19 deaths in Myanmar (21 August - 25 November 2020)



18 Ministry of Health and Sports, http://themimu.info/sites/themimu.info/files/documents/Situation_Report_-_Coronavirus_Disease_2019_COVID-19_MOHS_13Sep2020.pdf

19 Johns Hopkins University – [Coronavirus Resource Centre](https://coronavirus.jhu.edu/)

20 Ministry of Health and Sports: Hospital Statistics Report (2017-2018)

21 WHO: World Health Statistics 2020

22 WHO: World Health Statistics 2020

As the country's limited health capacities for testing and treatment must deal with rising case numbers, the government continues to also face challenges around how best to enforce public compliance with COVID-19 safeguards. To date, the Myanmar government has primarily relied on local governments and civil society to promote awareness and help implement control measures.²³ While the government initially resisted the option to rely on the Tatmadaw, rapid growth in case numbers has led the government to call on their help in enforcing some of the restrictions, including local lockdowns.

However, when Myanmar's second democratic election since the end of military rule in 2011 took place on 8 November 2020, health restrictions were eased to enable campaigning and voting. This is expected to increase case numbers, which is already showing.²⁴ The election is also taking place in a context in which people of ethnic minorities – especially Rohingya communities in Rakhine, as well other minority groups in Rakhine, Shan and conflict affected areas – have been disenfranchised.²⁵

The Myanmar government appears to have acknowledged the need for a more coordinated response to the pandemic, including in Non-Government Controlled Areas (NGCA).²⁶ As COVID-19 will affect all community groups indiscriminately, and the response efforts will benefit everyone in the country, the government (mostly through inaction) has been somewhat amenable for humanitarian actors to work with the Ethnic Health Organisations and other local organisations in NGCAs.²⁷

“During the 2015 Rakhine floods, about eighty per cent [of] the funding and response went to help Rakhine communities, so it was a good way to make it political. But the COVID response is benefiting everyone, so we are seeing less efforts to politicise it.”²⁸

2.3. ABOUT THE REPORT

Globally, COVID-19 and the challenges it has brought have increased calls for greater scrutiny of how the international humanitarian system operates. This includes reflection on what a [humanitarian system-wide response](#) (also known as a level 3 or L3 disaster response)²⁹ would look like in the era of COVID-19, how COVID-19 would [disrupt the status quo](#) of humanitarian aid, and how to [localise the response](#) to the pandemic. Within Myanmar, as with other countries, focus on the localisation agenda has gained momentum within the COVID-19 pandemic, with local organisations advocating for increased direct funding – and achieving some progress in this regard.³⁰

In August 2020, Humanitarian Advisory Group (HAG) partnered with Trócaire Myanmar to conduct a research project aimed at assessing the implications of COVID-19 on localisation in Myanmar. The research was a high-level rapid analysis designed to provide insight into emerging themes and issues from the perspective of operational actors in country.

23 The Diplomat – [Myanmar and COVID-19](#)

24 Johns Hopkins University – [Coronavirus Resource Centre](#); Frontier Myanmar – [Health officials brace for post-election COVID-19 spike](#)

25 ABC News – [Myanmar's upcoming election marred by voting cancellations and COVID-19](#)

26 Interview 6

27 Interview 7

28 International respondent

29 Inter-Agency Standing Committee – [Humanitarian system-wide emergency activation](#)

30 Kuno Platform, [Towards a risk-sharing approach in Covid19 response and beyond – Perspectives from a national NGO in Myanmar](#)

Defining Localisation

While there is no global consensus on how localisation should be defined, for the purposes of this report, the following definition was utilised.

Localisation is a process of recognising, respecting and strengthening the independence of leadership and decision-making by national actors in humanitarian action, in order to better address the needs of affected populations.

This definition is from [Going Local: Achieving a more appropriate and fit-for-purpose humanitarian ecosystem in the Pacific](#), completed by HAG and the Australian Red Cross. The definition was developed by Pacific leaders during consultations for the research, but it has relevance across other regions and contexts.

The next section of this report, section 3, outlines the study's methodology and limitations. Section 4 presents an analysis of the impact of COVID-19 on the humanitarian sector in Myanmar. In this context, the humanitarian sector is considered to include LNOs, international non-governmental organisations (INGOs), United Nations (UN) organisations, the Red Cross and Red Crescent movements, faith-based organisations, and networks involved in supporting communities in need of humanitarian assistance. Section 5 explains how the pandemic has affected key elements of localisation, enabling progress in some areas and causing setbacks or reversions in others. Section 6 considers the implications of these findings for humanitarian action in Myanmar in the short to medium term.

3. METHODOLOGY

Drawing on existing localisation work that has taken place in Myanmar and the region since the World Humanitarian Summit, the research built on the [Measuring Localisation Framework](#) developed by HAG and the Pacific Island Association of NGOs (PIANGO).

The research explored if and how the actions of key local and international humanitarian actors contributed to a change in localisation of humanitarian response in Myanmar during the COVID-19 pandemic. The study also explored systemic, pre-existing dynamics in the sector that limit the opportunities for locally led response. Unless otherwise specified, "regional" in this report refers to sub-national groupings in or across states or zones within Myanmar.

The research addressed the following questions:

- ▶ How has COVID-19 impacted the localisation of humanitarian aid in Myanmar?
- ▶ What opportunities and challenges in relation to localisation have emerged as a result of the COVID-19 pandemic conditions?
- ▶ How can the humanitarian coordination systems and processes in Myanmar more effectively build on and strengthen local capacities for locally led responses in the future?



Medical workers checking the COVID-19 result from a rapid antigen diagnostic test kit in Yangon, Myanmar.
Hkun Lat, [Hkun Lat Photography](#)

Data collection used a mixed methods approach, including a self-administered survey and key informant interviews with community level, local, national and international actors. The survey (made available in English and Burmese) captured quantitative data against key indicators in the Measuring Localisation Framework. Interviews (in English or Burmese) were conducted to delve into details of specific areas and capture context-specific examples. Data from all sources were

triangulated to extract findings and determine emerging trends.

Data collection and analysis was managed by the HAG research team and the national researcher from the Myanmar Development Network. The national researcher managed the translation of research tools, the conduct of relevant interviews in Burmese, and translation of data into English.



Measuring Localisation Framework

The Measuring Localisation Framework and Tools were developed when PIANO and HAG, together with national civil society organisation (CSO) umbrella bodies in the Pacific, collaborated to design and undertake a localisation baselining process in four Pacific countries.

The indicators and means of verification were drawn from the consultation process and previous work on localisation at multi-country regional and global levels, including HAG's Measuring Localisation paper, and work done by the START Network, the Active Learning Network for Accountability and Performance (ALNAP) and the Network for Empowered Aid Response (NEAR) Network. This framework provides a method for actors to measure progress on localisation in a holistic way, by contextualising it as needed.



The HAG and PIANO Measuring Localisation Framework has seven areas of measurement. For the purpose of this research, only Coordination and Complementarity, Leadership, Partnerships, Capacity and Funding areas were focused on.

Limitations

- ▶ **Interpretation bias:** The data may be influenced by differing interpretation of key terms used during the survey process. Translation between languages may also affect understanding.
- ▶ **Representation:** Most of the stakeholders involved in the research were from national and international NGOs. Input from government representatives and community members were not captured as part of the primary data collection process.
- ▶ **Level of evidence:** It is important to note that this was a rapid high-level analysis, so not all activities were captured. This research cannot be considered a comprehensive review of the COVID-19 response in Myanmar, which remains ongoing.

4. HOW COVID-19 IS AFFECTING MYANMAR'S HUMANITARIAN SECTOR



A volunteer disinfects a bus stop as part of the COVID-19 prevention process in Kamayut Township, Yangon. Hkun Lat, [Hkun Lat Photography](#)

Like most other sectors, the humanitarian sector was not prepared for the COVID-19 pandemic. The Myanmar government was quick to respond by putting in place strict border restrictions in March 2020.³¹ In March and April 2020, some international partners (mainly INGOs and donor offices/embassies) began to repatriate their international staff, in part due to fears about the health system capacity.³² The changing context meant that both international and local/national actors had to adapt rapidly to support the government and community in meeting emerging needs, while planning for long-term support.

4.1. A LOCALLY LED RESPONSE

It is evident that on the ground, LNOs have led the humanitarian sector response to COVID-19 in Myanmar. This is even more pronounced in areas that are outside the regions where there is a large international humanitarian presence.³³ Overall, 75% of the survey respondents felt that COVID-19 has helped to strengthen local leadership roles in humanitarian response. This sentiment was stronger among respondents from the LNOs, as shown in figure 3.

31 MOHS (14 November 2020): [Situation Report – No. 221_Coronavirus Disease 2019 \(COVID-19\)](#)

32 Interviews 2

33 Interview 1

Figure 3. How has COVID-19 impacted locally led response in Myanmar?



Local organisations were the first to respond, well before most of the international partners; they are part of the community and had a greater sense of responsibility and incentive to ensure the safety of their own people.³⁴ The locally led response has been able to meet the needs of the communities they work in – especially in terms of communication and awareness raising.³⁵

For international partners, COVID-19 created a set of challenges that LNOs do not face, including repatriation of staff, difficulties bringing staff in or back due to government restrictions, organising COVID-19 testing, planning medivac processes and navigating new visa conditions.³⁶ In this context, international actors have taken a more strategic approach to the response, by and large focusing on larger and broad-scale activities,³⁷ often leaving grassroot organisations with little support.

“If we want to support local partners, we need to be ready to be more flexible. Local partners look at the real needs at each moment and be flexible [in] response. Where[as] international partners tend to be more rigid and stuck to the plans they developed.”³⁸

The response on the ground by LNOs can be identified at two levels.

- ▶ **Grassroots structures and CBOs** that function at the community or village level and are often not registered. These include monasteries, churches and other informal or semi-organised groups within the community. They have been the primary source of support for most affected communities, both in COVID-19 prevention and ongoing socio-economic support as they navigate the impacts of COVID-19.
- ▶ **Formal, local and national organisations** that can operate at a town, regional or national level. These organisations responded quite rapidly and adjusted to the needs on the ground. They had existing partnerships with international organisations, enabling them to receive more direct or indirect funding.

“Outside the traditional humanitarian regions, the national and local actors have taken on the response and led it. UN and INGOs have played a limited role in these areas.”³⁹

There has been an increased risk of misinformation circulating within the communities around COVID-19. A Risk Communication and Community Engagement group has been meeting weekly, with the participation of MOHS. Part of this process has been to track and tackle misinformation on COVID-19 and ensure relevant official information is shared widely.⁴⁰ Local and community organisations have played an important role in getting the information released by the MOHS to communities, by working with town-level COVID-19

34 Interviews 12, 15, 18

35 Interviews 11, 13, 20, 23, 24

36 Interviews 1, 3

37 Interview 6

38 International organisation respondent

39 International organisation respondent

40 Interview 3

task groups, regional governments and informal networks.⁴¹

Most local CSOs and CBOs supporting the communities rely on volunteers.⁴² This is often done with resources that are sourced from within the communities and little or no external funding. These grassroots responses include significant roles for women and youth groups.⁴³ However, most volunteers and even staff of smaller LNOs do not have sufficient personal protective equipment (PPE) or medical safeguards.⁴⁴

“For our volunteers, we cannot provide a good set of PPE at some sites. They had to find relevant resources for their own protection. We cannot provide health insurance and guarantee for each volunteer. But we provide immediate medical care and supports to those infected by COVID.”⁴⁵

4.2. REDUCING HUMANITARIAN ACCESS

In April, the government issued a directive to humanitarian and development organisations to limit activities to COVID-related response work or lifesaving activities.⁴⁶ There is recognition that control measures were required to manage the spread of COVID-19.⁴⁷ However, some of the restrictions and guidelines have had the effect (inadvertently or intentionally) of reducing

humanitarian access, especially in Rakhine, where humanitarian access was already difficult.⁴⁸ Enforcement of these measures has also been subject to interpretation by local and regional government bodies in affected areas – leading to confusion and inconsistency of application.⁴⁹

Health-related travel restrictions meant that staff from international organisations were unable to travel to certain critical areas. Yet, LNOs that faced similar movement restrictions continued to support affected populations through staff and volunteer networks within the communities.⁵⁰ Access has also been much greater for organisations such as the Myanmar Red Cross Society (MRCS), which is still seen as an auxiliary to the government health response, given its history of association with the Myanmar government.⁵¹

“In some townships in Rakhine where they don’t have access to internet, it is very impressive to see how these small CBOs have put information boards to share the news with the communities about COVID-19 – these include information like how many positive cases, how many deaths, how many under treatment, and what people need to do.”⁵²

As access to already fragile areas of the country remains strictly controlled, calls for improved access from LNOs and international partners have grown. The LNOs have been quite active in seeking to increase access, advocating for it both publicly⁵³

41 Interviews 13, 21, 22, 24

42 Interviews 13, 14, 15, 18, 23, 24

43 Interviews 11, 13

44 National organisation respondent

45 National organisation respondent

46 Interviews 4, 6, 8, 15

47 Interviews 1, 12

48 Interviews 1, 2, 3

49 Interviews 2, 4, 6, 8, 14, 19

50 Interviews 18, 20, 23

51 Interview 4

52 International organisation respondent

53 Joint Statement by National and International Arakan Organizations on Humanitarian Aid Restriction Responses in Arakan State. September 30, 2020.

and through their direct engagements with government interlocutors at the ground level.⁵⁴

The spotlight on COVID-19 and the government's decision to only allow "lifesaving activities" is creating greater challenges for LNOs working in areas such as disability rights, rights of stateless communities, land rights, environmental protection and HIV prevention. They are trying to ensure focus on these topics is not lost.⁵⁵

4.3. DIFFERENT WAYS OF WORKING

While LNOs responded quite well to the initial wave of infections, it was more manageable because the case numbers were lower than in the second wave. A smaller first wave also provided both local and international organisations an opportunity to develop and deploy contingency plans and standard operating procedures to safeguard their staff. Some of the international organisations were also able to rely on their global technical knowledge to provide training and support to LNOs on how to prepare and respond better.⁵⁶ Some of this advice included business continuity planning, remote management and monitoring.⁵⁷

COVID-19 restrictions and safety precautions have meant that humanitarian workers need to identify how best to deliver the necessary support, while still safeguarding the wellbeing of their staff and community members. For example, LNOs responding to flooding in Mandalay and Kachin amid the COVID-19 crisis have had to provide support while ensuring physical distancing as much as possible.⁵⁸

One of the important changes required by COVID-related restrictions was to move to a remote working arrangement. International partners were able to adjust to this requirement relatively

quickly, because this was not a unique challenge for Myanmar and there was global (and donor) acceptance. Although facing different challenges, LNOs also adapted quite well to remote working and have used this opportunity to engage more in discussions and meetings where possible.⁵⁹ However, continuing online interaction has also affected relationship building between international partners and LNOs, because in-person engagement is a crucial part of establishing trust and creating a personal connection.⁶⁰ There have been additional impacts on people who do not have access to digital equipment and poor or no internet access, as well as people with disabilities.⁶¹

"COVID limited the physical monitoring of works – impacting quality control. So, there was lot of trust-based work required on maintaining quality of work."⁶²

Remote management and monitoring are now widely applied across projects.⁶³ With access restrictions, donors, international actors and LNOs have all had to move to remote management and monitoring. Some of the options undertaken by donors and international actors include:

- ▶ Video calls with partners to discuss updates and to "walk through" project sites
- ▶ Video calls with project beneficiaries
- ▶ Images and videos from partners to monitor progress and receive updates
- ▶ Using a combination of video calls and scanned documents to conduct finance spot checks
- ▶ Using other partners to cross-check reports from partners.

54 Interviews 10, 16

55 Interviews 16, 17, 19, 22

56 Interview 5

57 Interviews 3, 12, 18, 20

58 Interview 4

59 Interviews 12, 15, 17, 19, 20

60 Interviews 10, 12

61 Interviews 15, 17, 23

62 National organisation respondent

63 Interviews 6, 11, 12, 20

There has been widespread recognition from donors of the limitations and changes required during the pandemic. It will be important to observe if donors honour these accommodations when conducting project audits, evaluations and reviews in the coming years, and whether they raise any compliance concerns over previously agreed deviations from standard practice.⁶⁴

“We are adding more processes to ensure we meet the quality requirements. Most of our local partners we have worked [with] for a while, so we know where their weaknesses are and strengths. So, we can pre-empt some of the challenges. But they have continued to improve.”⁶⁵

4.4. INCREASING RISK, SHRINKING REWARDS

COVID-19 has again highlighted how implementation risks are transferred to the staff on the ground – a vast majority of whom are from LNOs.⁶⁶ While there is broad recognition of the risk that LNOs and their staff are taking on, and even that COVID-19 has significantly increased this risk, there is little evidence that donors and international partners have supported LNOs in managing these risks.⁶⁷ In some instances, LNOs which were allowed to use ongoing funding to support COVID-affected communities were not allowed to purchase PPE for staff because it was not included in the original contracts.

“We are transferring the risk to the local partners – but we also need to transfer skills, knowledge to help them with responding”⁶⁸

Local staff and volunteers who have mobilised to support their communities face the highest risk, including potential infection.⁶⁹ For example, volunteers with the MRCS, as well other LNOs and CBOs, have been supporting the government in managing quarantine centres upon request.⁷⁰ This contributed to staff members experiencing social stigma within their own communities as potential carriers of the infection.⁷¹ Some have opted to stay away from their families to minimise risk to their loved ones. Local volunteers and most staff members receive extremely modest compensation and other benefits compared to international aid workers.⁷²

Strict government controls meant that any COVID-19 cases among humanitarian staff or volunteers would lead to the immediate shutdown of the organisation’s offices and activities in that area for several weeks.⁷³ When staff (mostly from LNOs) came into contact with cases or their primary contacts, they were required to self-isolate or quarantine, which had unplanned capacity impacts.⁷⁴ LNOs also had to ensure their staff who were either infected or were in isolation received cash and material and psychosocial support.⁷⁵

“Our engagement and attention to directly funding local organisations has really increased due to COVID. In Rakhine with COVID positive cases, some international organisations were suspended. It increased

64 Interview 12
65 International respondent
66 Interviews 4, 6, 18, 19, 22
67 Interviews 18, 19, 20
68 International respondent
69 Interviews 4, 18, 19, 20
70 Interviews 4, 24
71 Interviews 2, 3, 4
72 Interviews 4, 9, 18, 19
73 Interviews 1, 4
74 Interview 18
75 Interviews 18, 19, 20

the already existing understanding that we can't continue this artificial lifeline through international organisations. So, we are now increasing the funding and support to local organisations, CSOs and self-identified IDP groups."⁷⁶

In NGCAs, and most of the humanitarian sites where international access is limited or restricted, local and community members of LNOs are responsible for delivering support to communities.⁷⁷ This inevitably increases the risk of these staff and volunteers being harassed and facing violence from both the Tatmadaw and ethnic armed organisations.

Managing Duty of Care

Duty of care became an even greater priority for all the humanitarian partners in the country as COVID-19 began. Both international and local organisations have implemented safe operating processes and business continuity plans.⁷⁸ International partners who have a close relationship with LNOs have supported their counterparts in some of these aspects.

However, there is an observable difference in how duty of care has been considered among the different groups. Repatriation or temporary relocation, as well the availability of global insurance schemes and medivac opportunities are benefits that LNOs' staff and volunteers rarely have, even though they are in the front line of the response.

"If staff become [COVID-19] positive how would you effectively support them in overcoming the illness? You can rely on the treatment of the government - but you need to support them more - finances for food, clothing, and also mental support."⁷⁹

One example of how international partners can support this duty of care process is the work done by International Federation of Red Cross and Red Crescent Societies (IFRC) with the MRCS to set up insurance and safety nets for MRCS volunteers. IFRC has implemented two main programs to support MRCS, in line with its global practices:

- ▶ **Set up private local insurance** for MRCS staff and volunteers for an initial period, with ongoing reviews to ensure adequate cover is in place without any discrimination based on the circumstances of the volunteers.⁸⁰
- ▶ **Setting up of a volunteer solidarity fund** to enable self-insurance schemes that will come into place when the IFRC-supported insurance comes to an end. This is being implemented in Myanmar using an initial global investment from Lacoste. This fund will be managed by MRCS in the long term with IFRC supporting its establishment, including initial fundraising.⁸¹

76 International organisation respondent

77 Interviews 20, 23

78 Interviews 12, 18, 20, 22, 23

79 National organisation respondent

80 IFRC (October 2020): COVID-19 Outbreak Operational Update #20

81 IFRC (May 2020): Guidelines for National Societies—Options for ensuring coverage for uninsured Red Cross and Red Crescent volunteers impacted by COVID-19

5. IMPACT OF COVID-19 ON LOCALISATION

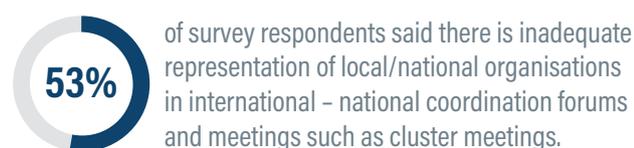
Building on the previous discussion of overall patterns and impacts, this section examines how the pandemic response has affected key aspects of the localisation process in Myanmar.

5.1. COORDINATION

There is a clear divide in how coordination takes place between and among LNOs and international actors. While they coordinate well among themselves, coordination between LNOs and international actors must improve.⁸²

Local and national organisations are under-represented in Myanmar’s humanitarian coordination structures. Overall, only 35% of survey respondents felt there was adequate representation of LNOs in coordination forums and meetings (figure 4). There are numerous platforms for international partners to coordinate and network, including through formal bodies.⁸³ The national HCT only includes four national organisations.⁸⁴

Figure 4.



Representation of LNOs is somewhat better in regional coordination bodies within Myanmar.⁸⁵ The regional coordination also varies based on context. For example, in Northern Shan state, some of the meetings happen in Burmese, which increases LNO participation, while in the international organisation-heavy Rakhine region, English is almost always used.⁸⁶ The international coordination structures also primarily focus on

the main humanitarian regions, leaving out a significant portion of the country.

International Partner Coordination Platforms

Formal coordination platforms in Myanmar allow international actors to share information, identify and explore common challenges and opportunities, and network and build relationships with each other and key donors. Two such platforms are:

- ▶ **Corporation Partners’ Group (CPG) Secretariat:** The secretariat, hosted by the United Nations Development Programme (UNDP), supports the CPG as the “main coordination mechanism for international cooperation partners” in the country.⁸⁷ It is made up of donor/ foreign mission representatives, multi-lateral agencies and the intra-governmental bodies (including the UN).
- ▶ **INGO secretariat:** With a membership of 122 INGOs, the secretariat and its dedicated staff support members in regular coordination activities, both at central and regional level. The secretariat also organises networking events for donors, UN and INGO staff.
- ▶ Some of these platforms mobilised during the pandemic to support their members to identify and develop guidelines and policies on safe operation, business continuity and remote and online coordination.⁸⁸

82 Interviews 1, 9, 20

83 <https://www.ingoforummyanmar.org/>

84 Myanmar Red Cross Society (MRCS); the Local Resource Centre (LRC); Metta Development Foundation; and Karuna Myanmar Social Solidarity (KMSS).

85 Interviews 1, 12

86 Interview 11

87 <https://www.mm.undp.org/content/myanmar/en/home/projects/cpg.html>

88 Interview 3

All LNO do not have a single central coordination structure but rely on their existing coordination platforms (such as the Myanmar NGO network and Joint Strategy Team (JST)), as well as one-to-one, informal and personal forms of networking. These have been quite successful in enabling them to coordinate responses on the ground and ensure lessons are shared between partners.⁸⁹

Reasons for the ongoing disconnect between LNOs and international actors include:

- ▶ **Expectations to integrate into pre-set structures:** LNOs have had no input in shaping internationally led structures which do not provide an equal platform for local and national voices. Yet there is an expectation that LNOs find ways to integrate themselves instead of adapting the structures to be more inclusive and meet LNO needs.
- ▶ **Less incentive to take part:** International partners dominate national coordination structures and provide insufficient opportunity for local voice and leadership. Participation from LNOs at regional coordination meetings is higher because there is greater opportunity for voice and input.
- ▶ **Time and resource commitments required:** With limited resources and increased delivery focus, LNOs often opt to forgo time-consuming meetings in which they feel they do not get sufficient exposure.
- ▶ **International leadership:** Very few coordination platforms have local co-leads. The only major platform that has local leadership is the Health Cluster, which is nationally co-led by the MOHS.

“We need to look at inclusivity in the coordination platforms such as HCT and clusters but need to make sure there is a value add in them [LNOs] investing their time. It shouldn’t be tokenistic. They are thrown into situations where they don’t have the voice, context, and ability to make change. Is there any value for them being there?”⁹⁰

International partners established additional coordination mechanisms to manage COVID-19 responses – including COVID-19 teams at national and regional level (for Kachin, Rakhine and Northern Shan).⁹¹ The frequency of these meetings usually ranged from weekly to fortnightly. This increased the workloads of international actors and added a further layer of coordination meetings for LNOs.⁹²

“At the beginning of COVID, I think as the international community, we came in with different frameworks and approaches. We heard from some local partners, ‘we don’t have time for this, you do what you need to do but we are out there doing the work’.”⁹³

89 Interviews 1, 13, 14, 18

90 International respondent

91 MIMU: [Country-wide COVID-19 RELATED Coordination Groups](#)

92 Interview 3

93 International organisation respondents

Nonetheless, to a degree COVID-19 has helped to increase opportunities for LNOs to participate and contribute to coordination meetings (figure 5). This could be in part because coordination meetings moved online, enabling more participation from LNOs.⁹⁴ Through the COVID task teams, the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) has been encouraging local CBOs to join the regional clusters so they can obtain technical support and link up with international partners.⁹⁵

Coordination meetings moving online also create a risk that people with disabilities can be left out if appropriate steps are not taken to ensure their participation. Moderators and event organisers often overlook this crucial aspect.⁹⁶

While there is quite a long way to go, there are signs that COVID-19 has helped to increase the representation of LNOs in coordination meetings. This is increasingly evident in regional clusters and coordination meetings. The repatriation of international staff and restrictions on travel to affected areas have meant that more local staff from international actors and LNO members have had greater space for participation and contribution. Survey findings showed that LNO staff members perceived this change more strongly than staff members of international organisations.

Figure 5. How has COVID-19 impacted the opportunities humanitarian organisations have to participate in coordination meetings?



Figure 6. The impact of COVID-19 has helped to increase the representation of local/national organisations in coordination forums and meetings



Local coordination tools

Local organisations have used various methods of communications to stay connected, share information and continue their advocacy work. These may not be as complex as the options used by the larger international actors, but these modalities were effective and enabled greater communication and coordination. Some of the most commonly used communication used platforms were:

 Facebook messenger

 Zoom

 WhatsApp

 Skype

 Viber

 Shortwave, VHF radio

94 Interviews 10, 11, 19, 20

95 Interview 11

96 Interview 17



5.2. PARTNERSHIPS

The challenging circumstances created by COVID-19 meant that there was insufficient opportunity for new partnerships to be created. This was more prominent for LNOs (figure 7), for whom pre-existing partnerships were key. LNOs that had existing (funding) partnerships with donors, funds and other internal actors – which were most often the larger national NGOs – had greater opportunity to access resources for response efforts.⁹⁷

Figure 7. How has COVID-19 impacted partnership opportunities for humanitarian organisations?



Donors and funds in Myanmar (as with other countries) have tried to be more flexible with their partnership processes, to enable faster engagement with international and local/national organisations during the COVID-19 pandemic.⁹⁸ This includes donors and multi-donor funds who have lightened minimum documentation requirements and put in place exceptional conditions for faster procurement.⁹⁹ However, these are very unlikely to continue beyond the pandemic.

“New local organisations were engaged through the emergency procurement process. For the bigger organisations we are running due diligence processes. For the smaller grants, we are being more

flexible. It is controlled in a way because we know what are funding them for and these things are very verifiable.”¹⁰⁰

For in-country donors, localisation has remained a focus because most or all of them have committed to the process globally. They have approached this process in three main ways¹⁰¹:

- ▶ Requiring international partners to put greater emphasis on localisation and supporting local partners: The Australian Department of Foreign Affairs and Trade is requesting their international partners (both INGO and UN) build localisation commitments into their project designs
- ▶ Encouraging multi-donor funds and pooled funds to provide more direct funding to LNOs: Funds such as the Myanmar Humanitarian Fund (MHF), Access to Health Fund (AHF) and Livelihoods and Food Security Fund (LIFT) have increased funding to local partners, either directly or through subcontracting via local and international partners¹⁰²
- ▶ Working through larger national organisations to increase funding flows to smaller LNOs and CBOs: The emergency response mechanism managed by Oxfam with the JST enables direct funding to local partners within 24 hours to enable immediate response in Kachin and Northern Shan states – which were among the first activities taking place on the ground during the pandemic.¹⁰³

Most international partners work with LNOs in Myanmar in some shape or form. The reasons for these partnerships can be historic or strategic, as well as based on operational necessity, given that LNOs have access and networks for implementation. Most often the relationships between international partners and LNOs are

97 Interviews 1, 6, 7, 9, 10, 18, 19

98 Interviews 9, 11, 12, 18

99 Interviews 1,

100 International respondent

101 Interviews 2, 5

102 Interviews, 7, 8, 21; <https://reliefweb.int/report/myanmar/no-covid-19-response-possible-without-civil-society-involvement>

103 Interviews 5, 12, 23; <https://myanmar.oxfam.org/what-we-do/responding-humanitarian-emergencies>

transactional in nature and are based on tight terms and conditions.¹⁰⁴ However, some strategic partnerships between INGOs and national NGOs can help frame future relationships – such as the long-term partnership between Trócaire and Karuna Mission Social Solidarity (KMSS).¹⁰⁵

INGO Partnerships

Implementation modes

- 88%** of organisations work in partnership with LNOs
- 66%** carry out direct implementation
- 26%** work with public and private sectors

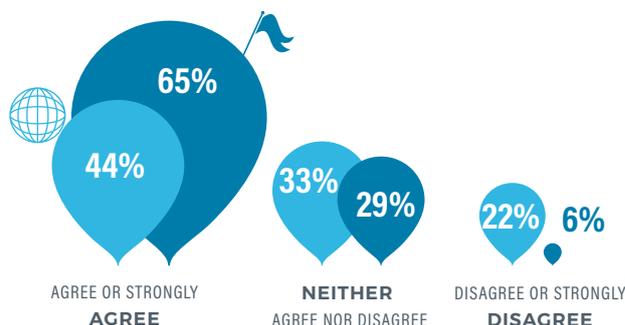
Partnerships with local and national partners

- 50%** have 3–10 local partners
- 15%** have more than 25 local partners
- 52%** have implemented projects with at least 2 private sector organisations

Information based on a mapping of its members by the INGO Forum in 2019¹⁰⁶ (current membership count stands at 122)

Given the increasing recognition of LNOs' role and capacity, there has been more flexibility and support from international actors to their existing LNO partners in the time of COVID-19.¹⁰⁷ Limits on access for international organisations created a greater need to partner with LNOs, or more frequently, expand existing partnerships. This was reflected in the sentiments shared during the survey (figure 8).

Figure 8. The impact of COVID-19 has helped to strengthen the quality of partnerships between local/national organisations and international organisations



During COVID, there has been closer collaboration between international and LNO partners in their project work. This is partly due to meetings and engagement activities moving online.¹⁰⁸ It has made it much easier for partners to connect more regularly as well as more informally, which is conducive to building stronger partnerships.

“COVID not only highlighted the existing inequalities of access to services, but also highlighted the need and role of local organisations. This shift of the international partners was already starting prior to it. But COVID accelerated it and increased the number of partnerships. Especially for the most remote areas outside the camps it was local organisations who were taking the lead. COVID has been more a catalyst than an eye opener.”¹⁰⁹

104 Interviews 1, 2, 9, 12, 18

105 HAG (August 2020): Localisation through partnership: Shifting towards locally-led programming In Myanmar. Phase 2: Navigating the transition.

106 INGO Forum (2019): [INGO forum members' collective impact in Myanmar](#)

107 Interviews 5, 6, 17, 21

108 Interview 12

109 International respondent

Investing in Partnerships

The UN-OCHA-managed Myanmar Humanitarian Fund (MHF) has continued to grow over the last five years, in terms of donors, funds and local partners. In large part, the growth in local partnerships is due to ongoing conscious efforts to engage with LNOs. After initially identifying some of the challenges, some of the key steps taken by MHF to increase LNO participation over a number of years include:



Engaging bilaterally:

Due to lack of clarity on the processes and requirements, LNOs had been hesitant to join the MHF. One-on-one meetings initially helped build trust and provided clarity on processes.



Ensuring meaningful engagement:

To ensure LNOs on the board have greater opportunity to input into key decisions and strategies, MHF national staff engage directly with LNO members (as is done with other groups). This ensures the MHF benefits from their input.



Investing in ongoing trainings:

Ongoing training activities help LNO participants to improve their compliance processes. Although focused on MHF, trainings also help LNOs to meet other donors' requirements. During COVID-19, the use of online platforms and local languages lifted participation.



National staff-heavy team:

Other than the fund manager, the MHF team is made up of national staff, which enables them to work closely with LNOs.



Bringing LNOs into decision-making structures:

The MHF board was previously made up of 4 representatives each from the UN, donors and INGOs. It has been revised to comprise 3 representatives each from UN, donors, INGOs and LNOs.



Support in meeting compliance requirements:

By closely working with LNOs, the MHF team was able to help them better understand and comply with due diligence requirements.



Building internal support:

Working with fund donors and the board of MHF to build support for greater LNOs engagement.



5.3. LEADERSHIP AND PARTICIPATION

With reduced international staff presence in key regions, and local organisations needing to take on greater responsibility for delivering aid to communities, there has been more opportunity for and recognition of local leadership in the COVID-19 response (figure 9). This likely corresponds to increased participation of LNOs in regional coordination meetings, at which reduced international staff presence meant more opportunities for LNOs to influence discussion and decisions.

Figure 9. The impact of COVID-19 has helped to strengthen the leadership role of local/ national organisations



As international partners faced further restrictions on access, they had to rely heavily on local partners to deliver their work. However, this does not necessarily translate into international partners respecting local and national leadership. As figure 10 shows, fewer staff at LNOs than international organisations believe that international actors respect and work with local/national leadership structures.

Figure 10. To what extent are international actors respecting and working with national leadership structures in this response?



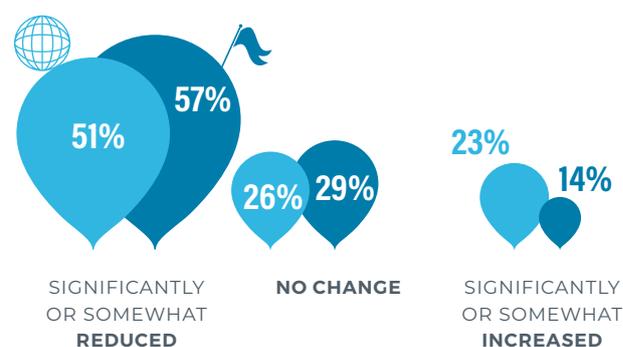
While COVID-19 has restricted direct access for some of the partners to engage with affected communities and people in need, it has also opened up opportunities for some of the communities to be more involved in their own response processes. Overall, 41% of survey respondents felt that the impact of COVID-19 provided more opportunities for communities to participate and contribute to decision-making. Among the 33% of respondents who felt the opportunity for communities to engage had reduced, the rate was lower for LNOs. This may be because the pandemic-related travel restrictions reduced their access to and engagement with communities less severely than for international actors.

“While access has been physically limited, it has also increased in a way. Our local partners organised a virtual call with IDPs in an area, where I would not be allowed to go to anyway. If not for COVID I would not have connected with these people.”¹¹⁰

5.4. FUNDING

While new funding was made available for different actors,¹¹¹ the needs created by COVID-19 have clearly outstripped the supply.¹¹² This is evidenced by more than half of the survey respondents (from both local/national and international actors) indicating reduced availability of funding during the pandemic. Most donors and funds, while offering some additional funding, mostly provided greater flexibility to realign existing projects or programs to ensure COVID-19 response was prioritised. With donor countries also facing economic challenges due to COVID-19, reductions in funding are likely to follow.¹¹³

Figure 11. How has COVID-19 impacted the funding availability for humanitarian organisations?



Donors have retained their standard practice of funding international partners. In figure 11, the 9% of funding channelled directly to the Myanmar government reflects medical equipment and health supplies provided.¹¹⁴ However, the vast majority of funding went to UN agencies and other international organisations. Of more than USD211 million, only USD4.9 million (that is, 2%) was directly transferred to LNOs and MRCS. This is also reflected in the self-administered survey responses (figure 12). From USD3.5 million provided directly to LNOs, 63% went to three of the large national NGOs in the country.

¹¹⁰ International organisation respondent

¹¹¹ Interviews 1, 2, 4, 7, 9

¹¹² Interviews 4, 14, 15, 18, 22

¹¹³ Interviews 21, 22; <https://www.independent.co.uk/news/uk/politics/humanitarian-aid-development-cuts-b746818.html>

¹¹⁴ OCHA Financial Tracking Service

Figure 12. Distribution of funding recorded for Myanmar in 2020 (OCHA Financial Tracking Service)

Recipient Organisation Type	Amount	% of funding
 UN agency	\$ 111,068,206	 53%
 International NGO	\$ 41,160,679	 20%
 IFRC/ ICRC	\$ 32,028,740	 15%
 National government	\$ 19,379,482	 9%
 National and Local NGO	\$ 3,540,491	 2%
 International foundation or private organisation	\$ 1,721,858	 1%
 MRCs	\$ 1,403,315	 1%
Total	\$ 210,302,771	

Most often donors defaulted under pressure to their standard practice of funding existing partners, which was seen as a safer and more policy-compliant option.¹¹⁵ While the donors were still bound to their own compliance requirements, those who contributed to multi-donor funds were of supportive these mechanisms increasing funding flows to LNOs.¹¹⁶ For example, Humanitarian Assistance and Resilience Programme-Facility (HARP-F) used its rapid response mechanism – used to fund pre-approved LNO partners directly – to channel a component of its COVID-19 scale-up funding to LNOs.¹¹⁷ Similarly, LIFT worked with already-identified LNO strategic partners to channel funding for immediate response during the first phase.¹¹⁸ However, multi-donor funds that are managed

by UN agencies mostly remain bound by their organisational regulations, which are not conducive to direct partnerships with smaller LNOs and CBOs.¹¹⁹ So, most of their direct funding still went to international partners, which then channelled a major portion to LNOs.¹²⁰

“Based on what they learnt from before, the funds knew that direct funding provided to local organisations is very quick, and also provides much broader coverage and access to restricted areas. This is very useful in mixed administration areas.”¹²¹

115 Interview 2, 18, 20

116 Interviews 2, 9

117 Interviews 9, 20

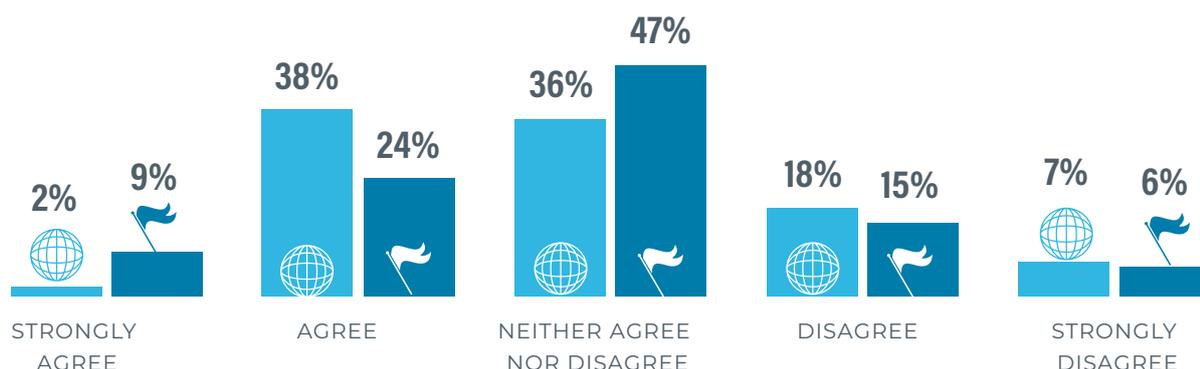
118 Interview 18

119 Interviews 6, 21

120 Interview 21

121 National organisation respondent

Figure 13. The impact of COVID-19 has led to an increase in the level of funding to local and national organisations



Although international actors continue to receive the bulk of direct funding, the amount of funding that international partners channelled to their local partners increased.¹²² This was primarily because access restrictions made it a practical necessity. However, the increase in funding did not necessarily translate to an increase in the quality of partnerships or opportunities to contribute to decision-making.¹²³ How long these changes will last is not yet known: one third of international organisations reported not having any targets to increase funding to local/national actors.¹²⁴

“Shift to national partners in COVID is not because of principle - more because of access issues. They are being used as services provided. Not clearly being engaged for technical decision-making. They are left out of most of the decision-making process.”¹²⁵

Most LNOs continue to face challenges in directly sourcing funding. While more than 50% of respondents from international actors said their respective organisations had five or more sources of funding, the corresponding proportion for LNOs

was only 21% (figure 14). Conversely, 41% of LNOs indicated they only had one source of funding. For the smaller LNOs and CBOs, local donations and community contributions provided a major component of funds to support their activities on the ground.¹²⁶ There are fears that LNOs who do not receive support from external partners risk running short of finances to continue their operations as the COVID-19 crisis continues.

Figure 14. How many different sources of funding does your organisation have?



There are some examples of donors directly working with local partners to locally source health items such as PPE and other medical equipment requested by the government. These were a deviation from the norm for such donors, potentially influenced by disrupted global supply chains, which could not guarantee timely delivery of requested items.¹²⁷

¹²² Interview 9

¹²³ Interviews 9, 18, 20

¹²⁴ Survey

¹²⁵ International organisation respondent

¹²⁶ Interviews 13, 14, 21, 23

¹²⁷ Interview 2

Donors, and the humanitarian funds such as MHF, AHF, LIFT and HARP-F, provided more flexibility to enable both local and international partners to respond effectively to COVID-19.¹²⁸ This includes flexibility in realigning funding, enabling shifting funding between categories.¹²⁹ Donors also provided some more flexibility in relation to reporting and review timelines, and providing no-cost extensions and sometimes costed extensions of work.¹³⁰

“We didn’t change the way we were funding specifically for COVID. We did really choose to fund through trusted partners.”¹³¹

Partners who had flexible funding even before COVID-19 were in a much stronger position to realign funding streams to prioritise COVID-19 response or update timelines with minimum risk of having to return money to the donor.¹³² This was however, more evident among international actors who were able to access flexible, multi-year funding. The fact that donors did not put undue pressure on international partners (who mostly received their funding directly), also helped to reduce the pressure on the LNO sub-grantees.¹³³

Using the bigger LNOs to channel funding to grassroots organisations is an option for donors to explore. Some donors and funds have done this already, such as the AHF issuing a USD1 million grant to the Local Resource Centre (LRC) to support CSOs’ COVID-19 responses with sub-grants of up to USD22,000.¹³⁴ This has the potential to be a faster and more cost-effective process than using international partners to funnel funding to LNOs.

Some LNOs – especially the medium to small organisations – reached their absorptive capacity for funding,¹³⁵ restricting (mostly) international partners from sharing more funding with them. One of the reasons for this is that few LNOs are engaged directly, and the majority of smaller LNOs and CBOs are not in a position to meet international partners’ formal requirements for direct funding.

Mobilising local funding

Local resource mobilisation occurred across all levels to support the COVID-19 response. Private organisations contributed to the national government COVID-19 response efforts, while diaspora funding arrived to support the community-level response.¹³⁶

Local donations were the most critical element for grassroots CSOs and CBOs at the forefront of the response. CSOs such as We Love Yangon and Ambulance Association relied on community and public donations to continue their efforts.¹³⁷

“People in the townships donated funds for ambulance car and basic operational cost for volunteers. Those [community] groups mobilised the human and financial resources to procure necessary items of PPE for the volunteers.”¹³⁸

128 Interviews 1, 6, 9, 20, 21

129 Interviews 1, 2, 6

130 Interviews 1, 6, 17, 21

131 International organisation respondent

132 Interview 4

133 Interview 12

134 Access to Health Fund: [COVID19 Response Dashboard](#)

135 Interviews 7, 19

136 Interviews 11, 14

137 Interviews 13, 14

138 National organisation respondent



5.5. CAPACITY

Repatriation of international staff meant an increase in the workloads of national staff – but this had some positive effects in allowing local staff to take on greater responsibility. Remote working was possible in many instances, although as figure 15 shows, almost 50% of respondents from international actors indicated they saw a reduction of human resource capacity within their organisations.

Figure 15. How has COVID-19 impacted organisational staff / human resource capacity?



“When international staff repatriated, they left a lot of weight on the national staff of these organisations.”¹³⁹

Months later, international actors continue to face challenges in relation to their international staff resourcing. The visa application process now requires a letter of approval from the partner ministries, permissions which ministries have been slow or hesitant to issue.¹⁴⁰ This has affected INGOs more than UN and donor governments. Returns have been restricted due to caps on arrival numbers, and international staff with existing visas have been denied extensions if they were outside the country at the time of renewal. This is also making it difficult for remaining international staff to go home due to the risk of being unable to return.

139 International organisation respondent
140 Interview 8
141 Interview 9
142 Interview 1
143 Interviews 1, 15
144 Interviews 1, 2

“A lot of the capacity issues we are facing at the moment would have been addressed if the process had been more localised from before.”¹⁴¹

As a result, international organisations have had to opt for repatriated staff to work remotely for the time being, and some have recruited locally to fill positions previously held by foreigners. Some INGOs have added new senior (and higher) local salary scales to attract experienced local staff to take over roles previously held by international staff.¹⁴²

Figure 16. The impact of COVID-19 has resulted in more investment in the capacity of local/ national organisations and local staff to manage response work



With the onset of COVID restrictions, international partners who provide capacity support to LNOs had to quickly shift them to remote training, managed via online platforms.¹⁴³ This was challenging for most technical trainings such as WASH, which required hand-on training with staff.¹⁴⁴ However, they have still been able to deliver most of the training and capacity-strengthening activities through various forms, including greater remote support (figure 17).

Figure 17.



“With travel not possible, we had to move our capacity support and training to be conducted remotely where possible. But some of the technical training that are practical training had to be cancelled.”¹⁴⁵

Most organisations (both LNOs and international partners) were not prepared for operating during a global pandemic and to put in place contingency and COVID safe operational plans. International partners often initially lacked technical resources on COVID-related measures to share with their LNO counterparts but shared them as these became available from their global networks. Some resources highlighted as useful were guidelines for conflict-sensitive and gender-sensitive COVID-19 response.¹⁴⁶ Through their coordination mechanisms, LNOs have also supported each other by sharing their experiences and knowledge on operating within the COVID context.¹⁴⁷

“Everyone was found short at the beginning – no one was really prepared on what to do. Local organisations did what they were able to do. What was missing was the technical support from international organisations because this was a new issue. Thankfully the first wave was not as bad as the second. So, it gave them some time to adjust and prepare better.”¹⁴⁸

Responses of interview respondents about the localisation challenges in Myanmar

I know that **LOCAL PEOPLE ARE VERY IMPORTANT IN A RESPONSE TO ANY KIND OF CRISES.** Because they have people who have ideas, concerns and they have voices. They know what the real needs are. But they may not have good English communication.¹⁴⁹ A lot of the initial work was about duty of care and how to continue services. Then it was about **adjusting to the emerging needs for COVID response.**¹⁵⁰ **[using local] language is such an important aspect.** We need to be able to listen to them.¹⁵¹ **Partnership model depends on the international partners....** They treat local organisations as vendors and as grantees. The terms and conditions in their grants are quite rigid. Only a few INGOs have set up strategic partnerships with some of the local and national organisations.¹⁵² **FOR EMERGENCIES, WE HAVEN'T OBSERVED DONORS OR EMBASSIES HAVING THE ABILITY TO RESPOND TO NEEDS.** They have a complicated process for contracting and evaluation of local organisations. In an emergency context, how can you manage all that and also respond fast.¹⁵³ **There is a higher risk for our staff without having health insurance and PPE. Local NGOs are not allowed to spend for insurance.**¹⁵⁴ **Internet connection in Myitkyina and other townships in Kachin State are not good enough to do online meetings.** So, we do not have big opportunities for virtual work. Some staff are able to use Facebook and Viber applications, but some are not.¹⁵⁵

145 International respondent

146 Interview 12

147 Interview 18

148 International respondent

149 National organisation respondent

150 International organisation respondent

151 International organisation respondent

152 National organisation respondent

153 National organisation respondent

154 National organisation respondent

155 National organisation respondent

6. WHAT DOES THIS MEAN FOR LOCALISATION IN MYANMAR?

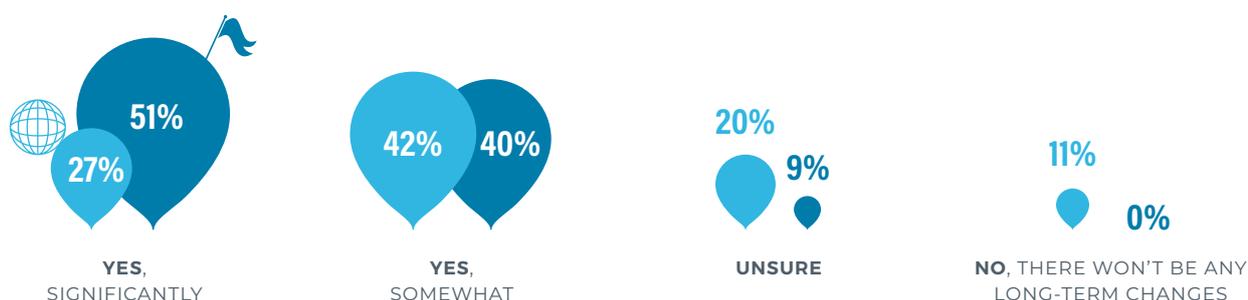
Considering the amount of funding that is channelled into Myanmar annually and the protracted humanitarian needs in the country, it is disappointing that progress on localisation has been so slow. This may be a result of the complexity of the humanitarian context, among other issues. Nevertheless, the consensus among research respondents was that the work done to advance localisation in the country was markedly insufficient¹⁵⁶ – especially in light of progress made in neighbouring countries such as Bangladesh¹⁵⁷ and Indonesia¹⁵⁸.

“Local actors help with better response, longer term support, durable solutions. But is there a political appetite to make substantial changes to this existing system?”¹⁵⁹

COVID-19 presents a chance for change. The pandemic and ensuing challenges faced by the humanitarian sector in Myanmar have amplified the focus on localisation. Even while the response continues, there has been increased discussion around the localisation process in the country and how it can be advanced. Seventy-eight per cent of survey respondents felt that the impacts of COVID-19 will lead to long-term change in the humanitarian system towards locally led responses. While this has the potential to be a pivotal point in relation to advancing the localisation agenda in Myanmar, any hopes of significant progress rest on a coordinated approach by all parties involved.

While it is positive that COVID-19 has amplified and catalysed existing interest in localisation, it is important to ensure that the momentum created as result of this work is not lost. However, it is equally important that localisation work in Myanmar is not approached purely from the perspective of the COVID-19 response.

Figure 18. Will the impacts of COVID-19 on localisation, result in long-term change on how the humanitarian sector operates in Myanmar?



¹⁵⁶ Interviews 1, 5, 9, 12, 18

¹⁵⁷ Bangladesh [Localisation Technical Working Group](#); HAG and NIRAPAD – [Elevating evidence: Localisation in the 2019 Bangladesh flood response](#)

¹⁵⁸ HAG and Pujiono Centre – [Charting the new norm? Local leadership in the first 100 days of the Sulawesi earthquake response](#)

¹⁵⁹ International respondent

“For us, it [localisation] is a much broader conversation that goes beyond COVID. Conceptually it is something we have been working on and need to do more work on. But COVID has made it somewhat better.”¹⁶⁰

There is currently no formal structure with a mandate to address the gaps, challenges and opportunities around localisation in Myanmar. The Localization and Partnership Platform (LP2) has been proposed as an independent initiative to support this process through dialogue and idea exchange.¹⁶¹ However, progress on forming the LP2 – led by some donors and UN agencies – has stalled under the pressures of the pandemic.¹⁶² In contrast, Bangladesh humanitarian community has set up a nationally led and owned localisation technical working group that has been funded and empowered to drive the localisation agenda forwards as part of the official humanitarian coordination system.¹⁶³ Myanmar may benefit from the lessons of this experience and process.

Despite this slowdown, the Myanmar humanitarian community’s adjustments to challenges posed by COVID-19 (and the associated global changes) have shown that work can be delivered with less travel, increased remote engagement and fewer international staff on the ground. It has also highlighted that for effective delivery, more money can be channelled to LNOs for implementation and that – if they choose to – donors and international partners can find ways to be more flexible with LNOs. While there is an inherent risk that international partners will seek to return to their standard modus operandi once pandemic conditions have subsided, there will be new obstacles to inhibit this return, and more avenues to promote further progress. It will be important for advocates of localisation to keep track of how donors and international partners change their approach with time.

“I think we are not going back. Maybe we can step a little backwards for the implementation, but not entirely to the same situation as before.”¹⁶⁴

COVID-19 has certainly pushed the localisation agenda forward in Myanmar – although not to the level that was possible given the opportunity. It has also been dragged back in some areas due to international partners defaulting under pressure. However, overall, there has been a net gain for localisation, and the momentum generated may be sufficient to drive the humanitarian sector in Myanmar towards a more locally led approach. Whether and how it continues to gather momentum will depend on the role each of the humanitarian actors decides to play.

160 International respondent

161 Draft Terms of Reference – LP2

162 Interviews 5, 11

163 Bangladesh [Localisation Technical Working Group](#)

164 International respondent

ANNEX 1 – ACRONYMS

AHF	Access to Health Fund
CSO	Civil Society Organisation
CBO	Community-Based Organisation
CPG	Corporation Partners' Group
HAG	Humanitarian Advisory Group
HARP-F	Humanitarian Assistance and Resilience Programme-Facility
HCT	Humanitarian Country Team
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
JST	Joint Strategy Team
LIFT	Livelihoods and Food Security Fund
LNOs	Local and National Organisations
LRC	Local Resource Centre
LP2	Localization and Partnership Platform
MOHS	Ministry of Health and Sports
MHF	Myanmar Humanitarian Fund
MIMU	Myanmar Information Management Unit
MRCS	Myanmar Red Cross Society
NEAR	Network for Empowered Aid Response
NGCA	Non-Government-Controlled Area
NGO	Non-Governmental Organisation
COVID-19	Coronavirus Disease 2019
PIANGO	Pacific Island Association of Non-Governmental Organisations
PPE	Personal Protective Equipment
USD	United States Dollar
UN	United Nations
UN-OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

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