

COUNTRY STRATEGIC PLAN REVISION

REVISION

Myanmar country strategic plan, revision 6

Gender and age marker code: 2A

	Current	Change	Revised
Duration	1 January 2018 -31 December 2022	N/A	1 January 2018–31 December 2022
Beneficiaries	2 806 400	N/A	2 806 400
Total cost (USD)	427 604 172	9 939 795	437 543 967
Transfer	341 732 466	9 482 397	351 214 863
Implementation	40 060 610	332 492	40 393 102
Direct Support Costs	19 859 444	0	19 859 444
Sub-total	401 652 521	9 814 888	411 467 410
Indirect Support Costs	25 951 651	124 906	26 076 557

RATIONALE

1. This is the sixth budget revision to the Myanmar Country Strategic Plan (CSP 2018 – 2022).
2. The purpose of this revision is to include a new Activity 11 under Strategic Outcome 4 for On-demand Cash Transfer Services. Following the military takeover on 1 February, the security situation in the country continues to be of great concern. WFP continues to monitor the food security trends in the country. Rising food and fuel prices have been observed, as the current political unrest starts to impact supply chains and markets. These rising food and fuel prices are compounded by the near paralysis of the banking sector, slowdowns in remittances, and widespread limits on cash availability. WFP is facing major challenges sourcing cash to support our operations, but initial challenges have been overcome for now through partnerships with new and existing financial service providers. WFP is completing a mapping of all existing FSP presence across Myanmar, which will support the expansion of cash-based transfers (CBT) provision by humanitarian partners. As one of the largest humanitarian agencies on the ground with a significant CBT operation, WFP is uniquely placed to support other UN agencies with cash transfer services through WFP's local presence, mechanisms, and extensive networks.
3. Within this context several humanitarian partners have expressed interest in WFP's provision of cash transfer services using WFP's mechanisms in WFP's operational areas. The Budget Revision (BR) covers the initial anticipated demand for such services. The first opportunity is a transfer designed as a 'food security top up' to help households meet their basic needs following the impact of COVID-19.
4. The current revision will cover the period April 2021 – December 2022.

CHANGES

Strategic orientation

5. There are no changes to the strategic orientation of the CSP.

Strategic outcomes

6. In the current political situation in Myanmar, WFP continues to operate by ensuring the continuity of humanitarian supply chains and uninterrupted provision of urgently needed humanitarian assistance. As one of the largest humanitarian agencies on the ground with a significant CBT operation, WFP is uniquely placed to support other UN agencies with cash transfer services through WFP's mechanisms and extensive networks.

Despite the restrictions put in place by the current *de facto* government on cash withdrawals, WFP expects CBT operations to continue. A recent Note Verbale in response to the UN's request for the exemption of cash withdrawal limits stated that: provided the necessary documents are submitted, UN agencies may transfer their funds to receiving organisations [cooperating partners] for providing humanitarian and development assistance.

Due to the political situation in the country, the mobile network is unreliable and has in some areas been turned off. As a result, mobile money transfers may not be feasible. WFP plans to mitigate this through distributing via cash-in-envelope modality.

To date, the security situation in the areas of operation has been permissive for WFP to continue assistance to the most vulnerable people. But given the precarious political situation, access may become limited which can have an impact on the implementation of the CBT services. WFP will make every effort to continue operations when it is safe to do so.

While most recent data show that market prices for essential items are increasing, local markets continue functioning. WFP will share available data on market prices with other humanitarian agencies to help in setting the value of the transfer.

To deliver this CBT service, WFP will build upon the experience and structure of the existing crisis response CSP Activity 1 with its tested and proven methodology.

7. To accommodate the on-demand cash transfer services, WFP plans to add a new activity under Strategic Outcome 4: Humanitarian and development partners in Myanmar have access to reliable common services. This strategic outcome is under the crisis response focus area.

Under this Strategic Outcome, WFP pursues the following output:

Output: Affected population receive cash transfer services in order to meet their essential needs. (Output Category: K)

through the new activity:

Activity 11: Provide on-demand cash transfer services on behalf of UN and other partners to help affected populations meet their essential needs. (Act Category 10: CPA)

8. The provision of on-demand services delivered under Activity 11 will be supported by a full cost recovery mechanism. The addition of Activity 11 will allow for improved transparency and financial reporting on relevant collaboration between WFP and humanitarian partners on cash transfer services.

COST BREAKDOWN

9. The additional costs covered in this budget revision are all related to the newly added activity 11 under Strategic Outcome 4.

COST BREAKDOWN OF THE REVISION ONLY (USD)					
	Strategic Result 1 / SDG Target 2.1	Strategic Result 1 / SDG Target 2.1	Strategic Result 2 / SDG Target 2.2	Strategic Result 8 / SDG Target 17.16	TOTAL
Strategic outcome	01	02	03	04	
Focus Area	Crisis Response	Resilience Building	Resilience Building	Crisis Response	
Transfer	0	0	0	9 482 397	9 482 397
Implementation	0	0	0	332 492	332 492
Direct support costs					0
Subtotal					9 814 888
Indirect support costs					124 906
TOTAL					9 939 795

Annex 1: Revised Line of Sight

MYANMAR (CSP 2018 – 2022)

SR 1 – Everyone has access to food (SDG target 2.1)		SR 2 – No one suffers from malnutrition (SDG target 2.2)		SR 3 – Sharing of knowledge, expertise and technology strengthen global partnership support to country efforts to achieve the SDGs (SDG target 17.16)	
CRISIS RESPONSE	RESILIENCE BUILDING	RESILIENCE BUILDING	RESILIENCE BUILDING	CRISIS RESPONSE	CRISIS RESPONSE
STRATEGIC OUTCOME 1: Crisis-affected people in food insecure areas meet their food and nutrition needs all year round.	STRATEGIC OUTCOME 2: Vulnerable people in states and regions with high food insecurity and/or malnutrition have access to food all year round.	STRATEGIC OUTCOME 3: Children under 5 and other nutritionally vulnerable groups in Myanmar have improved nutrition in line with national targets by 2022.	STRATEGIC OUTCOME 3: Children under 5 and other nutritionally vulnerable groups in Myanmar have improved nutrition in line with national targets by 2022.	STRATEGIC OUTCOME 4: Humanitarian and development partners in Myanmar have access to reliable common services	STRATEGIC OUTCOME 4: Humanitarian and development partners in Myanmar have access to reliable common services
BUDGET SO 1: \$ 219,792,946	BUDGET SO 2: \$ 138,374,028	BUDGET SO 3: \$ 66,540,967	BUDGET SO 3: \$ 66,540,967	BUDGET SO 4: \$ 12,836,025	BUDGET SO 4: \$ 12,836,025
UNIQUE DIRECT BENEF SO 1: 575,600	UNIQUE DIRECT BENEF SO 2: 1,702,200	UNIQUE DIRECT BENEF SO 3: 651,500	UNIQUE DIRECT BENEF SO 3: 651,500	UNIQUE DIRECT BENEF SO 4: 0	UNIQUE DIRECT BENEF SO 4: 0
OUTPUTS: <ul style="list-style-type: none"> Crisis-affected women, men, girls and boys receive food and/or cash-based transfers in a timely manner to meet their daily food and nutrition needs (Tier 1). (A, B: Activity 1) 	OUTPUTS: <ul style="list-style-type: none"> Food insecure people benefit from strengthened national programmes to enhance access to food (Tier 3). (C, J, K, L, M, N: Linked to Activity 2, 3). Targeted girls and boys (Tier 1) receive school meals or snacks to improve access to food (A, B: Linked to Activity 3). Targeted women, men, girls and boys (Tier 1) receive health and nutrition education through schools, to improve nutrition knowledge (E*: Linked to Activity 3). Food-insecure women and men (Tier 1) receive CBTs or food transfers to meet household food and nutrition needs through asset creation (A, B: Linked to Activity 4). Community members (Tier 2) benefit from the creation and rehabilitation of assets to improve resilience to disasters and enhance livelihoods (D: Linked to Activity 4). Community members (Tier 2) benefit from health and nutrition education to improve nutrition knowledge (E, E*: Linked to Activity 4). PLHIV and TB patients receive food and/or CBTs to meet their food and nutrition needs (Tier 1). (A, B: Linked to Activity 5) PLHIV, TB patients and caregivers receive health and nutrition messaging and counselling to improve nutrition knowledge (Tier 1). (E, E*: Linked to Activity 5) 	OUTPUTS: <ul style="list-style-type: none"> Children under 5 and other nutritionally vulnerable groups (Tier 3) benefit from strengthened government capacity to improve the implementation of national nutrition interventions (C, J, K, M: Linked to Activity 6 and 7). Pregnant and lactating women and girls, children under 2 and adolescent girls (Tier 1) receive CBTs and food transfers to meet their nutrition needs (A, B: Linked to Activity 7). Women and men caregivers, adolescent girls, pregnant and lactating women and girls, and community members (Tier 1) benefit from SBCC in nutrition, care practices and healthy diets to improve their knowledge, attitudes and practices (E, E*: Linked to Activity 7). Malnourished girls and boys under 5 and pregnant and lactating women and adolescent girls (Tier 1) receive a comprehensive nutrition package to treat acute malnutrition (A, B, E: Linked to Activity 8). Girls and boys under 5 and pregnant and lactating women and adolescent girls (Tier 1) who are affected by crisis or at risk receive a comprehensive nutrition package to prevent acute malnutrition (A, B, E, E*: Linked to Activity 8). PLHIV and TB patients (Tier 1) receive food and/or CBTs to meet their food and nutrition needs (A, B: Linked to Activity 9). PLHIV, TB patients and caregivers (Tier 1) receive health and nutrition messaging and counselling to improve nutrition knowledge (E*: Linked to Activity 9). 	OUTPUT: <ul style="list-style-type: none"> Affected populations benefit from the humanitarian common services to humanitarian organizations in order to receive timely humanitarian assistance. (Output Category: H, K) Affected population receive cash transfer services in order to meet their essential needs (Output Category: K) 	OUTPUT: <ul style="list-style-type: none"> Affected populations benefit from the humanitarian common services to humanitarian organizations in order to receive timely humanitarian assistance. (Output Category: H, K) Affected population receive cash transfer services in order to meet their essential needs (Output Category: K) 	OUTPUT: <ul style="list-style-type: none"> Affected populations benefit from the humanitarian common services to humanitarian organizations in order to receive timely humanitarian assistance. (Output Category: H, K) Affected population receive cash transfer services in order to meet their essential needs (Output Category: K)
ACTIVITY 1: Provide unconditional food transfers and/or CBTs to populations affected by crisis (cat. 1; modality: food, CBT)	ACTIVITY 2: Provide technical advice, policy support and training for the government to improve delivery of national social protection, emergency preparedness and food systems programmes (cat. 9; modality: CS)	ACTIVITY 6: Provide implementation support, research-based advice and technical assistance for national policies and action plans to the government and partners (cat. 9; modality: CS).	ACTIVITY 6: Provide implementation support, research-based advice and technical assistance for national policies and action plans to the government and partners (cat. 9; modality: CS).	ACTIVITY 10: Provide on-demand services to humanitarian and development partners (cat. 10; modality: SD)	ACTIVITY 10: Provide on-demand services to humanitarian and development partners (cat. 10; modality: SD)
	ACTIVITY 3: Implement a comprehensive school feeding programme in targeted schools in support of the government's national programme (cat. 4; modality: food, CBT, CS)	ACTIVITY 7: Implement preventive nutrition interventions for adolescent girls, pregnant and lactating women and girls, and children under 2, and roll out community infant and young child feeding programmes, CBTs for mothers of young children, and SBCC (cat. 6; modality: food, CBT).	ACTIVITY 7: Implement preventive nutrition interventions for adolescent girls, pregnant and lactating women and girls, and children under 2, and roll out community infant and young child feeding programmes, CBTs for mothers of young children, and SBCC (cat. 6; modality: food, CBT).	ACTIVITY 11: Provide on-demand cash transfer services on behalf of UN and other partners to help affected populations meet their essential needs. (cat. 10; modality: SD)	ACTIVITY 11: Provide on-demand cash transfer services on behalf of UN and other partners to help affected populations meet their essential needs. (cat. 10; modality: SD)
	ACTIVITY 4: Provide conditional food or cash assistance in support of the creation and rehabilitation of assets, combined with nutrition messaging, to targeted populations (cat. 2; modality: food, CBT)	ACTIVITY 8: Provide specialized nutritious foods for the treatment and management of acute malnutrition among pregnant and lactating women and adolescent girls, and children under 5 (cat. 5; modality: food).	ACTIVITY 8: Provide specialized nutritious foods for the treatment and management of acute malnutrition among pregnant and lactating women and adolescent girls, and children under 5 (cat. 5; modality: food).		
	ACTIVITY 5: Provide unconditional food and/or cash assistance, combined with nutrition messaging and counselling, to PLHIV and TB patients (cat. 1; modality: food, CBT)	ACTIVITY 9: Provide unconditional food and/or cash-based assistance combined with nutrition messaging and counselling for PLHIV and TB patients (cat. 1; modality: food, CBT).	ACTIVITY 9: Provide unconditional food and/or cash-based assistance combined with nutrition messaging and counselling for PLHIV and TB patients (cat. 1; modality: food, CBT).		
				TOTAL BUDGET \$ 437,543,967	