METTA’S STRATEGY UNDER COVID-19
MAY 2020—MARCH 2023
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On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a “public health emergency of international concern” (PHEIC) and follow on 11 March 2020, WHO announced the COVID-19 outbreak as pandemic. This global outbreak has impacted Myanmar from various dimensions and Myanmar government has responded with “Health Sector Contingency Plan” and COVID-19 Economic Relief Plan” and follow with formation of two committees at National level. Health impact is not fully visible yet in Myanmar compare to other part of the world, however, socio economic impact is visible and greatly affected to the most venerable group such as women, disable, migrant worker returnees, factory workers, small holder farmers, internally displace person and conflict affected people etc.

With this changing context, Metta has foreseen that responding to COVID-19 will dominate our personal and work lives, our programmes and our organization for coming 3 years. Everything will need to be reconsidered, and much will need to be re-worked. Therefore, Metta is committed and came up with its operation strategy under COVID-19 in line with the government and other stakeholder contingency plans to work together, with civil society organisations, community based organisations, faith based leaders, local leaders and multi-stakeholders across Myanmar in prevention, mitigation and response to the impact caused by COVID-19.

Metta’s revision of its strategies, has taken into account all these realities, and reconfirmed its priority for the most vulnerable groups within the most neglected communities, in the context of COVID-19: women, children, adolescents, people with disabilities, people living with HIV, drug users, urban poor, migrant workers, indigenous populations, minorities, sexual and gender minorities and displaced people. Metta is particularly concerned for people living in IDP camps as well as recent conflict affected area, as these populations already suffer from many vulnerabilities: poor nutrition, especially of children; overcrowding and sub-standard accommodation; poor access to clean water, sanitation and hygiene; health systems around them are very weak and most households in the camps are dependent on external assistance to cover their basic needs.

The new strategy states that, for at least the short-term phase (up to September 2021), Metta will prioritize COVID-19 response, as the main cross-cutting agenda for all programmes.

As Metta has come up with its new operational strategy under COVID-19 context, we will pay attention to social protection for vulnerable groups, humanitarian response, food sovereignty and livelihood aspect and Metta will work as much as possible through Civil Society Organisation under this news strategy. Metta will ensure rights to health and essential services for vulnerable groups and continue to provide a spectrum of social protection and essential services.

**SUMMARY**

**METTA’S NEW STRATEGY SETS THE FOLLOWING STRATEGIC OBJECTIVES**

1. Social Protection for Vulnerable Groups and Access to Essential Services
2. Humanitarian Response
3. Food Sovereignty and Livelihood
4. Supporting Civil Society
5. Institutional Strengthening
One of the Metta strengths is agro-ecological farming through a Farmer Field School approach and Metta will increase its focus on this area and pay even more attention to small holder farmers. All the work in the rural areas remains important in responding to the COVID crisis including sustainable agriculture, the rights to land and natural resource governance, addressing food insecurity in the community. Metta’s role of advocacy for small holder farmer at the sub-national, national and regional levels will also be critical to ensure that government policy during and after this COVID-19 crisis directly considers effects on farmers, their lands and natural resource as well as on their social organization and democratic processes.

Metta will establish a national Resource-Hub for civil society on financial, technical and material resources. By the end of 2020, The Hub will be providing strategic support including financial, material and technical resources to local civil society actors, groups and networks to assist in the response, mitigation and recovery from this crisis. Beyond 2020, the Hub will be providing similar resources for local civic actors to develop and accompany the development visions of the communities of their constituents.

COVID-19 has direct implication on Metta as institution and this new strategy is needed to mitigate and response to this changing context. Metta also came up with its Contingency Plan for COVID-19 on 3rd March 2020 and updated again on 18th May 2020. The Plan updates existing Metta policies and procedures and describes the specific actions that will be undertaken in Metta’s management, communications, working priorities and in the safety and security of staff. Working under the new normal context will require immediate additional investments in digital technology including field-level applications, and related capacity-building for Metta staff and the partners and communities. Metta will re-organise its structures and staffing. Essential functions and traditional levels of access to communities have already changed significantly.

Our main external relationships will continue with the Ministry of Social Welfare, Relief and Resettlement and the Ministry of Health and Sport at both Union and sub-national level as well as with State/regional government. Metta will remain part of Humanitarian Country Team Core Group for COVID-19 coordination and will work closely with Ethnic Armed Organisations’ Health Departments and IDPs and Refugee Relief Committee (IRRC) particularly in Kachin Independent Organisation (KIO) controlled area.

During the phases of this Strategy, Metta will aim for an annual programme budget of around USD 8 to 10 million.

Metta would like to appreciate and acknowledge to friends of Metta, individual, partners, donor community for your contribution as well as showing your great concern and solidarity with the people and with us in time of great suffering. We will continue to seek for your support, collaboration and contribution in time of this crisis.
1. INTRODUCTION AND BACKGROUND

VISION
Metta Development Foundation is a non-governmental organisation, established in 1998, to assist communities in Myanmar to recover from the devastating consequences of conflict and humanitarian emergency. The primary objective of Metta is the evolution of self-reliant ecologically sustainable and peaceful societies through social and economic growth. The driving force behind Metta is the concept the very word embodies — that of “loving kindness”.

CORE VALUES
Founded on the concept of “loving kindness”, Metta supports the most disadvantaged communities regardless of ethnicity, religion or gender striving to respect the diversity of peoples – their different cultures, values, customs and traditions.

Metta believes in the potential of all people and communities and builds on their available resources. We believe in the fundamental value of self-reliance and support initiatives that lead to an increased ability of people to develop their own resources and determine their own futures. These values are demonstrated through Metta’s commitment to teamwork in work-teams, with partners and other stakeholders, and with the host communities.

Metta upholds the principle of working independently of political, commercial and religious objectives. Where this generates dilemmas and difficult choices, we will deal with this openly, guided by our values and, where required, with qualified independent advice.

BACKGROUND
Metta Development Foundation (Metta) was founded as a non-profit organization in October 1998 under the Ministry of Home Affairs with the initial aspiration of complementing the peace processes of the various armed ethnic nationality groups and the government of Myanmar. Since 1998, Metta has expanded its work in Myanmar with geographical coverage that spans from northern to southern Myanmar reaching communities in five states (Kachin, Kayah, Kayin and Mon) and four regions (Ayeyarwady, Bago, Sagaing and Yangon). It has a staff of over 500 nationwide, headquartered in Yangon and has branch offices in areas where projects are operating on a larger scale: Myitkyina, Lashio and Taunggyi and project coordination offices in Loikaw, Bamaw, Laiza and Pathein. Metta has also established three training and research centres in Kachin and Southern Shan States and Bago region.

Metta has been known to work best in difficult operating environments, reaching the ‘putting the last first’ covering the neglected, disadvantaged groups in the border areas and in inaccessible areas. Participatory Action Research (PAR) is used as the primary entry point, as Metta’s development assistance is anchored on direct community participation, believing that local communities are best placed to determine and prioritise their needs and chart their own development. Metta has established strategic partnerships and engagement with multiple stakeholders, (national and local government, universities, non-state actors, private sector, international organisations and especially rural communities and a vast network of CSO partners) in Myanmar, supporting an extensive range of development projects. These include harm reduction, water and sanitation, crop-based sustainable and integrated farming practices, livelihoods, value chain and enterprise development and forestry and environment related interventions.

The impetus for Metta’s move into responding to humanitarian emergencies arose from the occurrence of natural disasters such as flooding in Kachin State and the tsunami in the Ayeyarwady Region (2004). The evolution of Metta has been dynamic since cyclone Nargis in 2008 where Metta played a major role in relief and rehabilitation supported by national
and international donors. In addition to natural disasters, Metta has engaged in responding to human induced conflict between ethnic armed groups and government military in Kachin and Northern Shan States (2011 to present). With the support of multi-stakeholders, Metta has taken a lead role in coordinating the Joint Strategy Team (JST) and leading humanitarian support for Internally Displaced Persons (IDPs) affected by armed conflict in Kachin and Northern Shan state. Metta also has a strong network with local CSO's working in Karenni and Rakhine with displaced communities.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a “public health emergency of international concern” (PHEIC). The Emergency Committee provided recommendations to WHO to all countries and the global community, on measures to control the outbreak. On 11 March 2020, WHO announced the COVID-19 outbreak as pandemic, affecting 123 countries and territories. Coronavirus has spread extremely fast around the world; with a death rate near 4%. The alarming situation has brought the attention of governments around the world and the WHO has alerted repeatedly on the importance to take preventive radical measures, before it becomes uncontrollable and health systems get blocked. The Ministry of Health and Sports (MoHS) of Myanmar has declared 161 positive cases in the country. COVID-19 is already in Myanmar, spreading fast and certain to have a big impact in IDP congested camps and vulnerable groups such as elderly people, daily labourers, migrants and returnees, drug users, pregnant women, urban poor etc.

Metta is extremely worried about the impact that COVID-19 is having and will have worldwide; especially to the most vulnerable communities. In order to mitigate and respond to the outbreak in Myanmar, Metta developed an internal organisational contingency plan on 3rd March 2020 and shared it with CSOs, UN agencies and donors. Metta also facilitated the development of a joint position-advocacy paper, together with the Joint Strategy Team (JST) and Kachin Humanitarian Concern Committee (KHCC) on 12th March 2020. Metta came up with its position and response to COVID-19 on 23rd March and has developed a framework for community engagement, public mobilizing and CSO engagement.

The Myanmar Government has acknowledged the virus outbreak and made a public announcement to avoid public gatherings as well as a Government Contingency plan providing details of operational responses. In almost all COVID-19 scenarios, the fragile health care system will not be able to cope with infected persons in addition to people with regular sickness.

With this given situation, Metta is committed to work and presents its operation strategy under COVID-19 in line with the government and other stakeholder contingency plans to work together, with CSOs, CBOs, faith based leaders, local leaders and multi-stakeholders across Myanmar in prevention, mitigation and response to the impact caused by COVID-19. Metta’s initial work on COVID19 was with JST on preparedness and response at IDPs camps in Kachin and Northern Shan States. This has contributed greatly to Civil Society in Myanmar and also informed this current operational strategy.

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1. JST is a group of committed, professional Humanitarian local NGOs providing comprehensive, strategic, principled humanitarian assistance to people affected by armed conflict in Kachin and Northern Shan States. JST has a long trajectory in strategizing and delivering principled humanitarian assistance in complex contexts and it is highly knowledgeable and exposed to the International Humanitarian System.

2. As per 4th May 2020: [https://mohs.gov.mm/Main/content/publication/2019-ncov](https://mohs.gov.mm/Main/content/publication/2019-ncov)


2. CONTEXT

2.1. PLANNING ASSUMPTIONS AND CONTEXT

Given the changing country situation in the pandemic context we have used the following planning assumptions.

a) Responding to COVID-19 will dominate our personal and work lives, our programmes and our organisations until the second half of 2023. Everything will need to be reconsidered, and much will need to be re-worked.

b) At a national level, COVID-19 laboratory-test data will remain unreliable and have insufficient coverage. The best immediate predictors of national infection rates and spread, serious illness and COVID caused deaths will come from the study of other countries’ experience. At local level, the best information will initially come from observation of sickness, recovery and death within and by communities themselves.

c) The effectiveness of tracing depends on the capacity to subsequently self-isolate or quarantine, and to test and treat where symptoms appear. Given the limited capacity for households to support self-isolation, government facilities will fill some of the gaps. However the main enabler will be communities through their willingness to care for their sick and prepare isolation spaces/huts.

d) The global consensus is that around 80% of the infected populations will have mild or no symptoms and will recover without any medical support. Given the very limited access to treatment, the 15% or so of infected people who would require treatment (oxygen and medicinal support) will see higher death-rates than in most other countries for whom we have some data. Prospects for the 5% that would require Intensive Care (mechanical ventilation) are grim.

e) The corona virus will not begin to burn out until an overall rate of over 60% immunity is achieved. In the short-term phase of our strategy, the only potential (but not proven) path to immunity is infection followed by recovery. If societal immunity were to be achieved with minimal or no controls, it could be accompanied by a death-toll of over 1 million in Myanmar, which cannot be contemplated. This “naturally-occurring” immunity would anyway be insufficient to prevent ongoing infections in the following years.

f) Even if a vaccine has been tested and approved by April 2021, a mass-vaccination programme in Myanmar will be subject to manufacturing, distribution, purchasing and implementation constraints. After it has commenced, it will likely require further months to take effect. Vaccination will not assist in building the immunity of the Myanmar population up to the required levels until, at the earliest, sometime between October 2021 and mid-2022.

g) In the absence of Test-Trace-Test (TTT) capacity, official and community controls/support will help slow the rate of infection. Controls include lockdowns of various degrees, curfews and other restrictions on movement, access to improved hygiene (clean water, soap, disinfectants, masks), enforced movement/displacement, bans on gatherings, reducing the need and opportunity for crowds, and border controls. Community support for official controls will determine their effectiveness or otherwise. Communities may often initiate support and controls in the absence of official action. Controls delay infection but do not prevent it. Myanmar’s future immunity remains reliant on a national vaccination programme.

7 It is still not scientifically established that infection creates immunity.

8 According to experts and industry, it will take at least a year to vaccinate the world from the moment vaccines become available.

https://www.theguardian.com/society/2020/apr/25/once-we-have-a-vaccine-how-will-it-be-shared-fairly-around-the-world?CMP
h) ODA grant-funding support to 2023 is unlikely to increase. COVID-response funding will often be re-allocated from existing donor commitments. It will be increasingly directed to government with more limited access by civil society organisations. In-kind support to the country will increase, particularly from Asian donors, as will loan-funding.

i) The above scenario suggests that a new (3 year) strategic plan will define timeframes as:

- **Short term.** May 2020 – September 2021.
- **Medium-term.** April 2021 – April 2022.
- **Long-term.** December 2021 – April 2023.

Metta has learned that in complex humanitarian emergencies, ‘sequencing’ is a myth and that we can't think about social and political issues in terms of ‘triaging’ – dealing with the most visible issues first. The deepest, least visible cracks are often the most damaging over time. The social and political impacts from Covid-19 aren't second order problems that can be dealt with once the urgent work on slowing the rate of infection and saving as many lives as possible is done: these impacts are being felt already. Our work for the medium-term and long-term phases of our strategy must also start now.
2.2. PROGRAMME IMPLICATIONS OF THE CONTEXT
The following trends and events have been identified to inform the strategy:

Political Implication and Trends
- Even without COVID, the national political context of Myanmar was becoming more fluid and unpredictable by late 2019. The lead-up to the parliamentary debates on constitutional reform was paralleled by a major Tatmadaw offensive across the west and north of the country and down the Thai border.
- We are likely going from a civilian-military government to a military-civilian one. It seems that military leadership would be content with another 5 years of quasi-civilian government and are positioning themselves for increasing control within it.
- There are no indications yet that any political actors would be well-served by postponing or limiting the general election in late 2020. This could change as the year progresses. The main political parties could seek justification on the grounds of cost, or the need to avoid large population movements and gatherings, or by declaring a sufficient number of constituencies as "virus-affected". The military could seek to postpone or limit the election because many constituencies are "security-affected". Failure to hold a national election in 2020 will reduce the legitimacy and public confidence in whatever government might rule in the interim.
- The COVID-19 Emergency Response Committee led by the Vice President is a control and security group while the National Central Committee for COVID-19 Prevention, Control and Treatment led by the State Counsellor is a health services coordination group. This dual Committee structure has the potential for reduced co-ordination, for parallel agendas, and is possibly the site of a military-civilian contest for power.
- Decentralization through COVID. This dual structure also reflects the division of responsibilities between the NLD government and the military since 2016. In the absence of a coordinated national leadership, we can expect to see more autonomous decisions being made at local levels. For most health-related decisions State and Regional leaderships will have significant resource constraints, but they may increasingly follow the lead of villages and towns in imposing quarantine requirements, movement restrictions etc.
- Increased control of media and information was an element of the military-civilian strategy before the outbreak of COVID, but the virus has given it an added urgency. No power holders or political parties not want bad news or critical comment to influence their public support. Internet blackouts, arrests of editors/journalists and blocking of media outlets have quickly become "normal" tools for controlling information. Despite the proven effectiveness of transparency in influencing public behavior, COVID information will suffer in this environment.
- The political moves of the Ethnic Armed Organisations (EAOs) will be influenced by the epidemic. Their access to hygiene and medical supplies will be important for protecting their own personnel, protecting people in the communities they administer, and probably for protecting their public legitimacy. There are few indications to date that either Naypyidaw or OECD donor-governments will properly engage directly to support EAO’s response to COVID.
- The Chinese government will absolutely seek to use its support (financial and material) to advance its relationship with government, its relationship with EAOs, and its acceptability to communities – especially those which are infrastructure and transit sites.

Social, Economic, Health and Other Implication and Trends
In comparison to the countryside, urban populations have both advantages and disadvantages in coping with COVID: Their advantages will often include better information, some access to health services especially at the early stages of the epidemic, smaller households/families, better infrastructure (telecoms, electricity, water). These advantages shrink in densely populated and under-serviced urban areas. We expect that the authorities may seek to clear
these areas if the rate of infection climbs steeply. Urban populations are disadvantaged by being further down many of the food supply-chains, weaker social support networks, little access to “commons” or public spaces, much denser populations outside the household, and they are very dependent on the cash economy/jobs.

**As a generalisation, rural populations have a higher degree of resilience:** Many have more access to “commons”\(^\text{10}\), they are closer to food sources, have a lower population density outside the household and often enjoy stronger social support structures. Their lower reliance on state infrastructure however includes less access to health services which will be critical for 15-20% of their populations. These generalisations apply less to many of the rural communities that have been displaced or relocated over the past 20 years. Resilience will also be weaker/stronger across States and Regions in line with external variables: proximity to international borders, significance to military actors, major infrastructure and transit sites, sustainability (self-sufficiency) of local economies, current level of political representation, and strength or weakness of local civil society.

**Economic impact of COVID19:** The current COVID-19 outbreak has already weakened the Myanmar economy and it could lead to a full-blown economic crisis. According to the World Bank, with travel and border trade restrictions in place, the impact will be felt in Myanmar’s tourism-related services, agricultural exports and in supply-chain disruptions to the manufacturing sector, particularly for garments, which account for 13% of exports.

The impact of short-term economic fluctuations related to the COVID-19 pandemic is likely to disproportionately harm poor and vulnerable households. 68% of the poor work in agriculture and can suffer from declines in production and prices associated with a reduction in exports. The country’s persistently high inflationary pressure and potentially higher food prices will hurt the poor the most, as poor households tend to be net buyers of food and to devote a higher share of their expenditures to food\(^\text{11}\). The COVID-19 outbreak has elevated global economic uncertainty and limited global demand, raising the likelihood of a global recession, which is likely to have a material impact on Myanmar through trade, foreign direct investment (FDI), manufacturing, tourism and commodity prices.

**COVID19 impact on Migrant worker and returnees:** The Ministry of Labour, Immigration and Population estimated that about 3.8 million Myanmar citizens have gone to work in foreign countries, 90% of them to Thailand. Thai authorities recorded 2 million legal migrants in their official statistics and about 1.3 million more with illegal status. Among the migrant workers less than 20 percent have any form of social protection, in time of this COVID-19 crisis migrant worker are the most vulnerable to health and socio-economic hazards\(^\text{12}\). Tens of thousands of migrant workers from Myanmar already have returned home from China and Thailand. Migrants who have returned face additional challenges that include: lack of prior information in regard to quarantine arrangements, limited facilities in quarantine centres, potentially unsafe travel arrangements to their home villages, practical needs during quarantine period for their family members and growing social stigmatization against returnees\(^\text{13}\).

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9 e.g. forced movement of Delta people from Hlaing Thar Yar etc. back to Ayeyarwaddy.
10 e.g. very few urban wards could construct their own isolation facilities that would help slow the rate of infection.
In 2018, the World Bank estimated that remittances from non-residents accounted for 4% of Myanmar’s GDP. Metta’s own fieldwork shows that this figure can increase to over 50% of household income in those areas which are heavily dependent on remittances. While it is unknown exactly how much of this income will be lost, the impact on household, area and national economies will be substantial.

**Most vulnerable groups in the context of COVID19:** Women, children, adolescents, people with disabilities, the marginalized including people living with HIV, drug users, urban poor, migrant workers, indigenous populations, minorities, sexual and gender minorities- LGBTIQ etc. and the displaced, all pay the highest price in conflicts and are also most at risk of suffering devastating losses from COVID-19 pandemic.

Very little has been done to provide people with disabilities with the guidance and support needed to protect them during the ongoing pandemic. Women make essential contributions as frontline responders, but are hit harder by the health, economic and social impacts of the outbreak. The pandemic will compound existing gender inequalities and increase risks of gender-based violence. Hundreds of millions of children will likely face increasing threats to their safety and wellbeing – including mistreatment, gender-based violence, exploitation, social exclusion and separation from caregivers.

The World Health Organization (WHO) states that the virus can infect people of all ages, with the risk of severe disease gradually increasing with age starting from around 40 years, especially for those with underlying conditions. Older people, especially those over 60, are at highest risk.

**Metta is particularly concerned for people living in camps.** These populations already exhibit many vulnerabilities: poor nutrition (especially of children); overcrowding and sub-standard accommodation; poor access to clean water, sanitation and hygiene; the health systems around them are weak or not functioning, and most in the camp communities are already dependent on external aid and assistance for their basic needs.

**Mental Health and Psychosocial needs during the COVID out-break:** Emergencies are always stressful, but specific stressors to COVID-19 affect the entire population. They will have significant impact on these most vulnerable groups. Frontline workers including nurses, doctors, social workers, ambulance drivers and others are working under additional stresses. Social stigma and discrimination associated with COVID-19 is also growing towards persons who have been infected, their family members as well as migrants and returnees.

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14 Over USD28b in 2018.
2.3. ORGANISATIONAL IMPLICATION OF THE CONTEXT

For the whole of the short-term period of this strategy (April 2020-Sept 2021) the COVID epidemic will have major impacts on Metta as an organization. These are summarized below, and more details are provided in Section 3.5 of this Strategy document.

The Metta Contingency Plan for COVID-19 was finalized on March 3, 2020 and updated again on 18th May 2020 and is attached as Annex A to this strategy as well as Metta way of working and SOP (Standard Operating Procedures) during COVID-19. The Plan updates existing Metta policies and procedures and describes the specific actions that will be undertaken in Metta’s management, communications, working priorities and in the safety and security of staff.

The new ‘Work from Home’ provisions will require immediate additional investments in digital technology including field-level applications, and related capacity-building for Metta staff and the partners and communities we work with.

We will re-organise Metta’s structures and staffing. Essential functions and traditional levels of access to communities have already changed significantly. A downsizing of the organization is almost certain in the short-term phase of this Strategy.

Under the Strategic Objective 3.4 Supporting Civil Society (see below) Metta will become a resource Hub for local Civil Society and its networks. The Hub will provide strategic support including financial, material and technical resources to local civil society partners, groups and networks to assist in the response, mitigation and recovery from this crisis. This new objective will also have strong implications for Metta’s structure and staffing.

Our main external relationships will continue with the Ministry of Social Welfare, Relief and Resettlement and the Ministry of Health and Sport at both Union and sub-national level. Metta will remain part of Humanitarian Country Team Core Group for COVID-19 coordination and will work closely with EAO Health Departments and IDPs and Refugee Relief Committee (IRRC) in our programme areas particularly in Kachin Independent Organisation (KIO) controlled area.

During the phases of this Strategy, Metta will aim for an annual programme budget of around USD 8 to 10 million.

Tree plantation for new generation
Southern Shan
Photo by Khun Lann Phyu
3. STRATEGIC OBJECTIVES AND MAJOR FOCUS AREAS

For at least the short-term phase (April 2020-September 2021), Metta will prioritize the COVID-19 response as the main cross-cutting agenda for all programming. This includes the phases of response, mitigation and recovery.

3.1. SOCIAL PROTECTION FOR VULNERABLE GROUPS AND ACCESS TO ESSENTIAL SERVICES

The pandemic has created a public health emergency with immediate and long-term health and economic consequences for society particularly impacting on the most vulnerable groups. Strengthening social protection is essential to mitigate these negative impacts. Social protection must include a strong focus on social vulnerabilities and seek to address the additional risks faced by vulnerable groups who are socially and economically vulnerable at the same time. Metta will work with grassroots communities, civil society as well as directly with vulnerable groups to strengthen social protection systems, including the ability to respond to both the short-term and protracted crises. At the heart of Metta’s social protection support is our people centered approach, and the communities’ own efforts to self-protect, self-organise and self-mobilise.

Our commitment to empowering approaches will focus on the barriers that people face to protect their health and the health of others in the COVID-19 context. Metta will ensure rights to health and essential services for vulnerable groups and continue to provide a spectrum of social protection and essential services including access to clean water, sanitation and hygiene (WASH), cash transfer programmes, basic healthcare services especially to drug users, response packages for quarantines, and basic facilities and materials for communities own response to COVID-19. These services will be led and managed by the communities themselves.

- Metta’s framework on Community engagement during COVID-19 will guide the public mobilizing, awareness raising, community contingency planning, community response that includes managing community quarantine facilities.
- Child protection will be a key focus area. Empower adolescents/youth to protect their rights and promote their initiatives during the COVID-19 outbreak.
- Support to the provision of health services. This could include Personal Protective Equipment for frontline responder, health workers, provision of essential non-prescription medicine (e.g. paracetamol); referral support to medical services; burial equipment.
- Access to harm reduction support for drug related problems; sexual reproductive health services and community managed health care programmes.
- Support for safer migration as well as for returnees.
- Addressing the vulnerability to gender-based violence, trafficking and associated forms of exploitation and abuse. Social Cohesion work needs to be part of this support through acknowledging and addressing social stigma, discrimination and other social tensions within the community.
- Access to WASH and other basic essential facilities.
- Provision of Food & Income Security such as food or cash transfer distributions for especially vulnerable groups; seeds and tools distributions; cash for work, including for unemployed migrant workers / factory workers.
- Specific support and attention to women and for women’s empowerment: e.g. to ensure that women have access to accurate information; access to reproductive health care; receive support in their household caregiver role; have access to domestic violence referral services.
- Support the urban poor (who are mostly migrants from the rural areas) through an initial assessment of their needs, risks and vulnerabilities, determining priority community-led interventions (such as improving security of tenure and access to basic services) and advocacy for government support.
3.2. HUMANITARIAN RESPONSE

As indicated in the 2020 Myanmar Humanitarian Needs Overview, Myanmar ranks 17th out of 191 countries in the Index for Risk Management and fourth highest in terms of exposure to natural hazards. This fragile situation affects in a most serious degree those population groups impacted by humanitarian crisis including displaced people, stateless people and other vulnerable people, namely in Chin, Kachin, Kayin, Kayah, Mon, Rakhine and Shan states. Many of these populations would likely face difficulties accessing basic services including health services. On top of this the conflict affected populations are most likely to become the most vulnerable groups during the COVID-19 outbreak. Therefore, to be able to provide essential services to affected populations, integrating COVID-19 responses into ongoing and future humanitarian programmes will be a major objective of Metta over the next three years. Our humanitarian mandate is to respond to any type of humanitarian emergency in any part of Myanmar while prioritising our ongoing project areas, proximity to our existing office bases, and presence of our partners.

Metta has become both a channel and a focal point for humanitarian response in Myanmar, being adept at dealing with natural and human induced conflicts for almost two decades. Metta will continue to lead in the humanitarian sector in Myanmar, taking active roles in the local, national and regional coordination. We will also be a champion of essential humanitarian values and...
eco-humanitarianism. Related to the anticipated return and resettlement of IDPs and refugee to their home communities in Myanmar, Metta will likewise take an active leadership role.

Metta’s Humanitarian Framework will guide our humanitarian work during the strategic period.

- To protect the life and dignity of those affected by disasters by providing timely humanitarian assistance and ensuring their protection, especially the most vulnerable.
- To ensure that displaced persons return to their homes or resettle with dignity and provide access to basic services and fulfilment of their rights; either by supporting IDPs directly, and/or advocating as appropriate in order to protect their rights.
- To reduce human suffering by preventing conflict and building resilience within communities.
- To ensure that the rights of affected people, especially the most vulnerable individuals, are protected and fulfilled, including protection from all forms of gender violence;
- humanitarian support is accessible to all, covering all the components of the humanitarian cycle for each sector. All partners will observe Metta’s humanitarian values and principles, and avoid any negative impact of humanitarian interventions; Metta adopts and strictly follows the humanitarian approach which is Rights based; Eco-humanitarianism; People-centered, community based participation; Do no harm; Conflict sensitivity; Gender equity understanding; Relief, response, recovery and rehabilitation, development and resilience building; Partnership approach; and Protection and empowerment of vulnerable groups.

Women and Food preparation at Rakhine IDP’s Camp
Photo by San Wai
3.3. FOOD SOVEREIGNTY AND LIVELIHOOD

There is a need for radical change in the food systems. Looking at the big picture, the underlying cause of this pandemic is linked to industrialised food production and its associated depletion of natural resources, poisoning of the food chain, and crossing of eco-system boundaries. Some of the ways forward are what Metta has been advocating for a long time: localised food systems, national food sufficiency, programme and policy support to smallholder food producers and indigenous communities as the backbone of national food sufficiency.

For Metta, economic growth must not come at the cost of social inclusiveness and must directly address poverty and inequality. Metta’s long-standing focus on these fundamental issues has enabled us to build expertise in specific areas which are now and will be important in future. One of the Metta strengths is agro-ecological farming through a Farmer Field School approach and Metta will increase its focus on this area and pay even more attention to smallholder farmers. All the work in the rural areas remains important in responding to the COVID crisis including sustainable agriculture, the rights to land and natural resource governance, addressing food insecurity in the community. Metta’s role of advocacy for small holder farmer at the sub-national, national and regional levels will also be critical to ensure that government policy during and after this COVID-19 crisis directly considers effects on farmers, their lands and natural resource as well as on their social organization and democratic processes.

- Build and promote the food security and food sovereignty of communities through the programme approach of agro-ecological farming, kitchen gardening, urban gardening, agro-forestry, bio-diversity, conservation of traditional and neglected or underutilized species, local seed promotion and natural resource management to be able to cope with COVID-19 crisis. Support communities to develop and promote their own policies (agricultural, labour, fishing, food, land use, forestry etc.) which are ecologically, socially, economically, and culturally appropriate to their circumstances as well as to be able to protect their rights under COVID-19 crisis. Promote people-led development and local knowledge. Initiate and support the local seed and traditional food culture movement and uphold customary practices (land reform, redistribution, restitution, access.) both for long-term development and in the short-term as COVID-19 coping mechanisms.

- Enhance the roles of women and youth in the sustainable development of communities, agro ecological farming, social enterprise and entrepreneurship.

- Invest in research and development as well as link up with research institutions which are paying attention to the rights of the marginalized farmer in their practice and policy work.

15 In a global crisis like this, countries from where we import food will prioritise the needs of their own populations.

Local seed exchange at farmer forum Southern Shan Photo by Akar
3.4. SUPPORTING CIVIL SOCIETY

Civil society has a critical role to play in the response to this pandemic. This is all the more so because drastically reduced international travel and supply lines make large scale international mobilization impossible. Many international actors are also dealing with their own operational disruptions and domestic COVID-19 crises.

Myanmar’s civil Society is well aware that this will be not only a public health, but also an economic and social crisis. We predict a rise in ethnic, gender based and domestic violence. We foresee social unrest among daily wage earners and people working in the informal sector who will face loss of jobs, income and food security. All local and national capacities need to be mobilized to mitigate these impacts.

The greatest challenge is whether Myanmar society will respond to this threat by largely turning inwards, or will mainly look outwards. The choice we as CSOs collectively make will be mirrored at all levels: from the village to regional and international relations. The role of civil society is key. If Myanmar manages to maintain an outward-looking perspective it will be because of the leadership of civil society. This choice, this year, will shape the next two decades.

While the choice will be powerfully influenced by social, cultural and religious forces, these forces and their symbols can be mobilized for either isolation or for social solidarity. Defending civil society, democratic rights, and our fundamental freedoms can be challenging, let alone having to do it while under “lockdown” practicing social distancing in the midst of a global health crisis spreading rapidly across the world. In times like these, solidarity and social compassion play the most important role.

The primary objective of Metta’s social and civic support in the short-term phase of this strategy will be “to slow the rate of COVID infection”. The short-term purpose of slowing infections is not to avoid overloading the health systems, but to maintain at least a sustenance economy and community-support systems in the communities where we work. The medium-term purpose is to reduce infection, sickness and death in anticipation of a national vaccination programme. Thirdly, the COVID response provides Metta with the window to progress its longer-term vision of becoming a national Resource-Hub for Myanmar’s civil society.

The main measures we know so far that can support reduced or slowed infection are: proper hand-washing; social distancing, wearing of masks, no crowding or gathering, and extra special protection for the elderly and the sick. None of these can be implemented on a wide-scale by the government, the health system, the police or the military: they must be implemented by communities themselves.

Therefore, awareness-raising amongst the public and within local communities underlies all these “containment measures” and is the starting-point for our support to civil society and CSOs.

Awareness-raising and support for community-initiated containment and mitigation at village and township level will be critical. The more that communities understand about the virus and its lifecycle, the more effective and equitable will be their maintenance and management of protective equipment and material, quarantine spaces, and their coordination and communication with external stakeholders.

Establishment of a national Resource-Hub for civil society on financial, technical and material resources. By the end of 2020, The Hub will be providing strategic support including financial, material and technical resources to local civil society actors, groups and networks to assist in the response, mitigation and recovery from this crisis. Beyond 2020, the Hub will be providing similar resources for local civic actors to develop and accompany the development visions of the communities of their constituents.

This strategic decision is partially influenced by our forecast of falling international funding and by the COVID operating environment. However, it is primarily driven by our belief that Metta’s acquired expertise will have most impact for disadvantaged communities when Metta acts as a broker, a convener, a resource and as an umbrella for local civic action.
3.5. INSTITUTIONAL STRENGTHENING

Short-term (April 2020-September 2021)

Leadership
Select a multidisciplinary COVID focus-team from current Metta staff that will include Head Office Management Team. The team will closely observe and monitor the latest situation of infections and responses within and outside Myanmar. Team-members will dedicate up to 30% of their working time to this role and will provide a brief update report to SMT every two weeks. Their work will inform the whole Metta awareness-raising chain, from management and staff to partners to communities, and will be used to continually update the responses and interventions of Metta under each of the other Strategic Objectives. The team will be Metta’s main link to other COVID-related civil society networks.

Strengthening Metta capacities
Metta will pay special attention to strengthening the capacities of its teams to work effectively in the COVID context. These capacities will vary across different positions and roles including: information technology and digital literacy, data security, finance and accounting systems, psychosocial support, counseling, coaching and related expertise to support the development of the local CSOs Metta works with.

Metta will initiate a special capacity building programme for all staff on COVID-19 related information and its application to their area of work. This will be based on a new, organization-wide Skills Framework. Metta will enter a strategic partnership with Community Partnership Initiative (CPI) for technical backstopping and this capacity building for Metta staff and its network partners under COVID19 response.

We will support the upcoming leadership training programme for civil society leaders. By providing resources for leadership, management and technical training materials, and supporting on-the-job training, coaching and mentoring for both Metta and partner CSOs staff.

Re-organization
As Metta develops a CSO Hub (3.4 above), our direct implementation work will decrease. The organisational implication is a smaller and differently-skilled Metta Development Foundation.

In 2020, Metta will develop and implement an overall Re-organization Plan based on the following initial parameters:

- We will continue to be guided by a strong core organisational management team at head office, with proven systems for the administration of large institutional donor funded projects. At the same time, Metta will actively adapt these systems where they create (often unintended) obstacles for responsiveness, community partnership, localised response to needs, downward accountability, or costly and overly-bureaucratic diversion of development resources.
- Metta will promote itself to donors as an alternative to off-shore fund-administrators through its added value of local citizenship, history, networks, access and cultural knowledge.
- We will have eight area teams, whose work will increasingly focus on Hub-based support for local networks, groups and organisations. The teams will be based in five branch offices in Myitkyina, Lashio, Taunggyi, Yangon and Loikaw and three coordination offices in Pathein, Bamaw and Laiza.
- By January 2021, Metta will have a total staff establishment of around 300 16.

16 Currently 480.
Over 20 years, Metta has built up a large pool of experienced and committed staff. Where their commitment is to community development practice, management will encourage and support them to either join or form constituency-based organisations in their home-areas, or to stay with Metta and use their skills as accompaniers and enablers of local groups. Where their expertise is in support-services (finance, HR, administration, logistics etc.) management will also support and encourage them to join local organisations, or to stay with Metta if their interest is in using their expertise to support local actors to develop their own systems that support local objectives and needs.

- Metta will limit self implementation as far as possible and will continue to implement some projects directly. This is absolutely necessary and value added as other CSOs do not yet have capacity take on programmes such as Harm Reduction, Food Sovereignty etc.

**Metta Systems.**

We will review and simplify our own Standard operating practices (SOP) and our Monitoring, Evaluation and learning (MEAL) practices to best fit the changing context. We will retain and strengthen all aspects that clearly enhance programme quality.

In the short-term phase of this strategy, we will revitalise our Human Resources (HR) function to prioritise the HR priorities of staff and partner welfare, motivation and career development. By January 2021, our internal HR team will provide pro-active leadership within the Foundation on each of these priorities.
## 4. STRATEGIC RISKS

Seven primary risks to the full implementation of this strategy over the three-year period have been identified. The table below shows Metta’s risk assessment as of April 2020. This assessment will be updated monthly during the crisis situation and six-monthly after that.

<table>
<thead>
<tr>
<th>THREAT</th>
<th>Vulnerability</th>
<th>Probability</th>
<th>Net Risk</th>
<th>MITIGATION MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elections 2020, reduce humanitarian access and communications to the area</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Regular monitoring</td>
</tr>
<tr>
<td>2. Armed Conflict increases leading to disruptions in programme implementation</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>Programme hibernation might be done temporarily</td>
</tr>
<tr>
<td>3. Government Camp Closure Strategy, forces IDPs to resettle in other areas. Increasing confusion &amp; difficulties to implement programme</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Metta will continue to influence positively Return and Resettlement Government Policy</td>
</tr>
<tr>
<td>4. COVID-19: impacts Metta’s managerial capacity limiting programme implementation</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Metta has specific COVID-19 contingency plans, and will implement it.</td>
</tr>
<tr>
<td>5. Market and services severely disrupted, goods and materials not available. Communications disrupted, making implementation of programme difficult</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Metta will work with contingency approach, advancing purchases, and getting monthly plans agreed to avoid disruptions</td>
</tr>
<tr>
<td>6. Government target CSOs leaders, rights defenders and journalists under COVID-19 context</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>CSOs leaders must prepare contingency plans for security that include data and communication</td>
</tr>
<tr>
<td>7. Metta’s reputation with government or donors damaged by allegations of fraud, non-cooperation, etc</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Continuing reinforcement of internal check and balance systems.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follow Metta’s fraud management guidelines.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Maintain open lines of communications with all partners and stakeholders.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adhere to Metta’s principles of accountability &amp; transparency conducting independent investigations immediately.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Communicate independent findings to relevant partners/ stakeholders and coordinate accordingly.</td>
</tr>
</tbody>
</table>
5. FINANCING STRATEGY

5.1. CORE FUND POLICY

Metta incurs two different types of costs to deliver its programmes and services. These are:

- **Direct costs**: directly related to project activities or services; they are mainly project activity costs, but also salaries for project staff, materials and operating costs identified as contributing to a single project only.
- **Indirect costs**: associated with running the organization, frequently referred to as “general overhead administration costs or core costs”. These costs are not directly allocated to particular activities and are shared across revenue-sources.

Indirect costs have various names – Metta uses the term core costs. Metta records all core costs in a centrally maintained budget called “Core Fund”, which contains accumulated funds set aside for expenses not covered by direct funding from grants.

The Core Fund aims to provide organisational sustainability and independence as well as accountability and responsibility to stakeholders, thus ensuring professionalism and programme quality.

- Metta will charge a percentage lump sum as core cost from donor grants to cover general overhead management and administrative costs. This 7% standard core charge is over and above the project’s direct expenditure. The percentage is negotiable in some cases, (e.g. large grants with reduced administrative work and/or for a humanitarian emergency). A lower rate will be the exception and not the norm.
- Unless it is clear how the project’s full costs will be covered, Metta will not accept grants that do not cover indirect costs.
- The Core Fund is not subject to restrictions from funding sources. It is instead governed according to Metta’s own policies and guidelines for expenditure and/or retention as approved by the Board of the Metta Development Foundation.

5.2. ETHICAL FUNDING POLICY

Funding support will only be accepted from organisations, companies and individuals that Metta considers ethical. Metta, therefore, will not accept any of the following:

- Funding or support from organisations/parties directly involved in activities that run contrary to our values, vision, mission and overall aims. These include organisations whose activities harm the environment and/or work against social justice and community empowerment.
- Funding or support from any organization/parties whose activities and business practices are demonstrably unlawful or unethical.
- Funding or support from any organization/parties whose activities are demonstrably harmful to health, wellbeing or the public good.
- Funding that would help further a donor’s or supporter’s personal objectives which conflict with or are opposed to those of Metta.

Simple life of women farmer
Southern Shan
Photo by Ko Oo
ANNEX

METTA’S CONTINGENCY AND ADAPTATION PLAN FOR COVID-19
(updated on 18th May 2020)

1. Introduction

This COVID-19 Metta’s Contingency and Adaptation Plan is an updated version from the Contingency Plan approved on the 3rd March 2020. This new version has been updated based on experience and current context, and including a new approach of adaptation, not just reactive contingency measures.

COVID-19 (corona virus disease), is transforming Metta’s reality, in the content of the work it does, its priorities and the ways of working. This is affecting Metta as an organisation, its staff and partners, therefore, Metta needs to transform, adapt and react to these radical contextual changes.

This Contingency and Adaptation Plan reflects some of the organisational processes and mechanisms to adapt and react to the current situation and in case of extreme disruption of the management systems due to the pandemic, (such as key staff getting sick, etc.).

For the elaboration of this plan, some international preparedness planning principles are observed, such as:

- Expect the worst
- Plan simple solutions

- Plan for what you can control
- Communications systems are essential, and should be protected

This Plan focus on how to adapt and how to maintain the operational capacity of key services within Metta, and minimal essential services in case of severe disruption of the ways of working; keeping Metta’s institutional resilience as high as possible.

Depending on the evolution of different scenarios and realities this plan will be adapted and reviewed by the Crisis Committee.

2. Preventive measures

All Metta staff must apply the recommendations provided by WHO (https://www.who.int/home) and Myanmar Ministry of Health and Sports (MoHS), mainly:

- Washing hands regularly.
- Avoiding touching your face and particularly the mouth, eyes and nose.
- Clean surfaces regularly.
- Keeping social distancing.
- Avoid interacting with people that may show any symptom of the disease, particularly coughing and fever, and if so, keep a distance of at least 1 meter from the person.

- Wearing mask when going out of the house and when interacting with people
- As well as following imposed restrictions of movements.

3. Crisis scenario

This scenario is foreseen for 2020, and it is based on the accumulated experience that Metta has achieved since February 2020, and under the following assumptions:

At National Level:
COVID-19 continues active as a pandemic at least during all 2020.

- Myanmar Government keeps the stage of emergency, for several months, and restrictions of movements are maintained.
- Strict limitations on international and national travels continue to be imposed.
- Public transportation restrictions and disruption of the economic system will continue during 2020.
- Shortage of food and basic commodities in the market may happen in certain periods of time.
- Quarantine of people is done regularly across the country (at home and in some quarantine centres).
- Medical services won’t be able to cope with the numbers of people affected during the pick of the pandemic. Many Hospitals refuse to treat affected suspected COVID-19 patients.
Disruption of livelihood activities and unemployment increase drastically, due to closing down of businesses, factories, companies, etc.

Disruption of financial services such as banking, ATM machines, mobile money transfer, may happen occasionally.

Information on COVID-19 in KCA and other EAO Controlled Areas, is very limited, and the capacity to respond in those areas is very limited too.

Rakhine Situation will become very complex if the pandemic spread largely in Cox’s Bazar in Bangladesh.

At Metta’s Level:
Metta maintains the telework modality for most of its staff at least until September 2020.

Some Metta staff are affected by COVID-19 and several staff are working on areas with people affected by COVID-19 and therefore with high exposure to the virus.

Some breakouts of Metta’s on-line communication systems may happen occasionally.

Reduction of Metta’s funding:
— Metta’s donor partners might reduce or cut their funding due to reduction from back donors and private donations of citizens; (may be between 20% to 40% cut).

Existing project activities may not be able to be implemented and/or resume fully up to September 2020, due to restrictions imposed.

Due to limited funds, the existing contracted projects’ funding could be diverted to support the COVID-19 response.

There could be increased funding opportunities for health and WASH related services for COVID-19 programmes.

Metta’s social enterprises and centres will be seriously affected (e.g.: Bago Centre, Alam Centre, shop in Yangon, etc.), and will require to reconvert their activities and services.

4. Crisis Committee and Monitoring Team

4.1 COVID-19 Crisis Committee

This plan and any related decision will be managed by a COVID-19 Crisis Committee, led by Metta’s ED, with the assistance of Ding Rin Naw Ja, Saw Min Naing and Ja Nu. If any of them are affected in a way or another, they will be replaced by a Metta SMT members and some of the senior staff at head office following the list by this order: Nyi Nyi Zaw, Ye Lynn Htoo, San Wai, Awn Ra, Wutyi Soe, Thet Mar Soe and Saw Hsar Htoo and Thet Nwe Soe.

The active members of the SMT will act as the Crisis Committee and will support the ED or the delegated person that will act as the Crisis Manager. Similar subcommittees will be formed at Branch level led by the Branch Office Coordinator (BOC).

The Crisis Committee will regularly check and update the risks involved, based on reports available, from WHO, Ministry of Health and Sports, Health Departments of EAOs, and Metta Brach Offices.

This Contingency and Adaptation Plan should be part of the security management protocol, and will be integrated there.

During the crisis a command management system will be applied. In case of communication breakdown, Branch Offices have high degree of autonomy. That means: decisions will have a reduced consultation process and should be executed with minimal discussion on relevant issues only.

It is the responsibility of the crisis manager to declare how this plan should be implemented and when the crisis will be considered as overcome for the purpose of this plan.

The Committee will provide necessary timely instructions based on the situation.
4.2 COVID-19 Monitoring Team
A COVID-19 Monitoring Team has been formed in order to keep Metta and its partner organisations on track with changes with global trends regarding COVID-19 context. The team is led by ED, Gum Sha Awng with members including Saw Ming Naing, Ja Nu, Ding Rin Naw Ja, Nyi Nyi Zaw, Ye Lynn Htoon, San Wai and Awn Ra. The main role of the team is to monitor the national and global context of COVID-19 with particular focus on public health, economic and funding trends and update Metta's SMT, staff and partner organisations and CSOs.

5. Specific actions

5.1 Management
- As far as possible management areas of responsibility (departments) will be kept as normal, although depending on the evolution of the context some areas may require de-prioritisation while others should be prioritised.
- As a safety-net the SMT and senior managers will be organised in three subgroups of four/five members each, to ensure that each member will have a couple of peers to delegate the most essential part of her/his work in case she-he is affected by COVID-19. These are the groups:
  — **Group 1**: Gum Sha Awng, Saw Min Naing, Ja Nu and Awn Ra (General Direction, Advocacy, Programmes and Humanitarian response)
  — **Group 2**: Ding Rin Naw Ja, Nyi Nyi Zaw, Ye Lynn Htoon, Wutyi Soe, Thet Mar Soe, Thet Nwe Soe, Nay Lyin Phyo and Saw Hsar Htoo (Metta's General management, Finances and Funding, Human Resources, Internal management, Communications, Relation with donors)
  — **Group 3**: San Wai and Saw Min Naing and all Branch Offices coordinator (Communication and Coordination with stakeholders)
- Each manager should have developed and keep it updated a simple document (maximum 4 pages) indicating the key priorities of her/his area and share it with the rest of the SMT, with any additional relevant information that may facilitate the handing over of responsibilities in case of emergency, including key contact persons, partners, etc.
- In each Branch Office there must be an appointed deputy for the BOC and a short adaptation of this plan for the Branch Office.
- **All staff should have clarity of their working plan and priority activities, for at least one month ahead, so that in case of disruption of communications, all staff knows where to focus their work.**
- Finance department will continue developing the on-line financial management and on-line banking and mobile banking system with adequate security control measures.
- In every change on the regular management system, specific, regular and intense control management measures will be put in place to ensure proper control and accountability. This should be recorded and documented and reported to the Crisis Committee.

5.2 Working Priorities
- Depending on the severity of the crisis, priorities will be decided by the Crisis Committee if feasible, otherwise by the Crisis Manager.
- In case of severe emergency, the highest priority will be given to **maintaining lifesaving programmes** through:
  1. Communication across Metta’s Branch Offices and Head Office, and with partners and donors
  2. Support to Metta’s staff working on humanitarian and development programmes resourcing them in order to maintain the most priority programmes (particularly humanitarian programmes)
  3. Keeping donors’ relationship

5.3 Communications
- Communications is the most fragile area, it must be assumed that travelling will continue to be reduced significantly and communications should be based on regular Skype, media platforms, phone calls and emails and other on-line messenger options. Metta will limit travelling to risky areas during the crisis and the SMT members should authorize any international trip of her/his staff during the crisis, even once airports are partially open.
- Metta’s e-mail service and internet server may break down or have frequent interruptions, due to failures in the providers or sickness of technical staff. In this case alternative private emails should be used. All staff must provide personal phone numbers, email addresses, messenger, etc. to
their respective managers and those to the Crisis Committee in case of emergency.
- SMT will have weekly meetings and updates by phone-skype, during the crisis.

5.4 Staff Security and Safety:
- Staff security and safety is a major concern of Metta, the security protocol will be reviewed and disseminated to all staff. The basic guidelines produced by the WHO and MoHS will be distributed to all Metta staff in a simple format, and posters will be made and post in a visible place in all Metta’s offices and premises.
- Whenever advisable and feasible, staff will be required to work from home to reduce exposure of staff. These arrangements must be done by the respective managers for specific periods of time and could be cancelled at any time by the respective manager, with a previous notice of three days.
- Metta’s SMT members or their peer delegates will provide follow up in the implementation of these measures by their respective staff departments.
- Depending on the impact of the COVID-19 on Metta’s staff and their family members, Metta, through the Crisis Committee, will articulate different modalities to support those affected and their relatives, using the healthcare pooled fund (of approximately USD 50,000) that Metta currently has. General criteria for the use of this Fund will apply, plus specific rules that the Crisis Committee will approve on due time depending on the context. Taking into account that health services might not be available for COVID-19, part of this support could be used to mitigate the social and economic impact of Metta’s staff and their families affected by COVID-19.

6. Metta’s Guidelines and essential documents to respond to COVID-19

Metta has developed, and updated several strategic documents as well as operational procedures to guide Metta’s response to COVID-19. These are some of the documents that all Metta Staff should be aware, and have at their disposal.

Beyond these documents SMT or specific departments should have their own specific internal guiding documents.

3. Update of Metta’s Humanitarian Framework which include Policy, Strategy, Management and tools (2020-2022)
5. Metta Development Foundation’s response to COVID-19 (23rd March)
7. Major Activities and processes of COVID-19 Awareness Package Guidelines for Metta (23rd March)