United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS MYANMAR RAPID RESPONSE FLOOD 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Renata Lok-Dessallien**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

A national lessons learned exercise on the response was conducted within the Emergency Response Preparedness working group (cluster and sectors are part of this group) as well as humanitarian partners in Rakhine State. The national recommendations from the lessons learned exercise were shared with the Humanitarian Country Team (HCT) and recommendations included its preparedness actions for 2016. In addition, an After Action Review was also conducted in Yangon where national and international NGOs participated.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

The draft report was shared with all HCT members, as well as all sector and cluster coordinators for their comment on 30 June 2016. All comments have been integrated into the final document.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final version of the report has been shared with CERF recipient agencies, members of the HCT and cluster/sector coordinators.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 67,500,000		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	10,405,409
	COUNTRY-BASED POOL FUND (*if applicable*)	1,285,761
	OTHER (bilateral/multilateral)	31,553,775
	TOTAL	**43,244,945**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 5 August 2015			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	15-RR-CEF-084	Child Protection	286,493
UNICEF	15-RR-CEF-085	Water, Sanitation and Hygiene	2,304,994
UNICEF	15-RR-CEF-086	Health	478,515
UNFPA	15-RR-FPA-025	Sexual and/or Gender-Based Violence	366,668
UNFPA	15-RR-FPA-026	Health	379,251
UNHCR	15-RR-HCR-036	Shelter	480,289
IOM	15-RR-IOM-024	Camp Coordination and Camp Management	1,065,495
WFP	15-RR-WFP-051	Food Aid	2,999,245
WHO	15-RR-WHO-031	Health	544,459
Sub-total CERF allocation			8,905,409
Allocation 2 – date of official submission: 19 October 2015			
FAO	15-RR-FAO-031	Agriculture	1,500,000
Sub-total CERF allocation			1,500,000
TOTAL			**10,405,409**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	6,270,020
Funds forwarded to NGOs for implementation	3,286,294
Funds forwarded to government partners	849,095
TOTAL	**10,405,409**

HUMANITARIAN NEEDS

On 30 July 2015, Cyclone Komen made landfall in Bangladesh, bringing strong winds and heavy rains to neighbouring Myanmar. This brought widespread flooding across 12 of Myanmar's 14 states and regions (Ayeyarwady, Bago, Chin, Kachin, Kayin, Magway, Mandalay, Mon, Rakhine, Sagaing, Shan, Yangon). On 31 July 2015, the President of Myanmar declared Chin and Rakhine states, as well as Magway and Sagaing regions, as natural disaster zones. On 4 August 2015, the Government of the Republic of the Union of Myanmar welcomed international assistance for the flood response. Priority humanitarian needs included food, water and sanitation services, shelter and access to emergency health care. In the longer-term recovery phase, livelihoods support, education assistance, on-going health and other interventions were also identified as needs.

According to the National Natural Disaster Management Committee (NNDMC), 132 people were killed and some 1.7 million people were displaced by the floods and landslides. The NNDMC identified Hakha in Chin State, Kale in Sagaing Region, Pwintbyu in Magway Region, and Minbya and Mrauk-U in Rakhine as the five most affected townships where a total of 229,600 people were affected by the floods. According to the Ministry of Agriculture and Irrigation, more than 1.1 million acres of farmland was inundated, with more than 872,000 acres destroyed. A total of 495,000 acres had since been re-cultivated. Damage to crops and arable land disrupted the planting season presenting a risk to long-term food security. Additionally, 487,550 houses were heavily damaged by flooding and 38,951 houses were destroyed. Many roads and bridges were destroyed in the worst affected states and regions. The roads in Chin State were particularly badly damaged, presenting a major logistical challenge for assessments and relief delivery. Cold temperatures further exacerbated the situation for people living in tents and other temporary accommodation.

Multi-sectoral Initial Rapid Assessments (MIRA) were conducted in 317 locations across 34 townships in Ayeyarwady, Bago, Chin, Magway, Rakhine and Sagaing, covering close to 200,000 people. Other needs assessments were also carried out in areas not covered by the MIRA assessments in Chin and Rakhine states. In Magway Region, two of the worst affected townships were Pwintbyu and Sidoktaya. According to the Relief and Resettlement Department (RRD), Kale was the hardest hit township in Sagaing Region, with some 78,978 people affected. In Ayeyarwady Region, some 500,000 people were affected or displaced by floods. According to the Rakhine State Government (RSG), Buthidaung, Kyauktaw, Minbya, Maungdaw and Mrauk-U townships were the most severely affected areas in Rakhine State. In many parts of Rakhine State, floods and salt water intrusion severely damaged paddy fields. Water contamination was a major concern, as most villages use water ponds for drinking water and many of these were flooded and contaminated.

The majority of flood affected people were already vulnerable prior to the floods due to their weak socio-economic situation. Inequalities were evident across groups with some people particularly vulnerable on the basis of their location, income level, language, religious or ethnic group. Inequality within groups also made women, girls, minorities and persons with disabilities particularly vulnerable. Newly flood-affected communities included previously displaced people in Rakhine State. There, a total of more than 120,000 people remain displaced as a result of the violence that erupted in 2012. Flood affected communities also include some of the more than 100,000 people displaced by protracted armed conflict in Kachin and Shan States. This sudden onset emergency added to the complexity of the ongoing humanitarian action underway in these locations.

II. FOCUS AREAS AND PRIORITIZATION

The HCT's response strategy was based on the findings of initial assessments undertaken by humanitarian partners that were later incorporated with a joint analysis by OCHA, flood severity mapping and secondary data analysis. The HCT also undertook an assessment of the operational capacity of implementing organizations to deliver against assessed and evolving needs. The response covered all vulnerable groups, including displaced people, host communities, ethnic and indigenous groups and other affected communities. The response prioritized life-saving and protection programmes. The RC/HC a.i. advocated for the Government to ensure close coordination and cooperation on implementing the HCT's response strategy. The Ministry of Social Welfare, Relief and Resettlement (MoSWRR) activated the Emergency Operations Centre and called for a first joint coordination meeting with the HCT on 5 August. Based on the initial assessment results, the prioritized humanitarian needs per sector/cluster were:

Food Security: Covering basic food and nutrition needs and ensuring no further deterioration of the nutrition status of vulnerable people.
Shelter/NFIs: Emergency shelter and essential relief items given the extensive damage and destruction to the homes of 131,000 displaced people. This is in addition to the existing displaced population in Rakhine State.
Camp Coordination and Camp Management (CCCM): Tracking of newly displaced people to inform a multi-cluster joint response.
Water, sanitation and hygiene: Safe water, temporary latrines and bathing spaces were urgently needed for the 131,000 displaced people and for facilities such as schools and health centres. Promotion of hygiene in the wider affected population and some limited collection of solid waste was critical to reduce the risk of waterborne disease outbreaks, especially given that cholera is endemic to the area.
Health: Access to medical care through the re-establishment of life-saving health services, particularly for women and children.
Protection: Protection of the most vulnerable people was considered a priority with key systems and inputs needed to prevent and respond to violence and gender-based violence against women and children, particularly among displaced people. This included providing number learning activities for children in safe spaces and addressing psychosocial support (PSS) needs.

The response strategy targeted the following beneficiaries per cluster/sector.

Food Security	149,900 affected people
Shelter/NFIs	63,790 displaced people (UNHCR and IOM shelter components)
CCCM	33,000 displaced people
WASH	100,000 affected people
Health	150,283 affected people, including 97,608 children
Protection	49,500 children and 12,000 women of reproductive age

CERF funding complemented existing financing mechanisms such as the Myanmar Humanitarian Fund (MHF), formerly known as Emergency Response Fund (ERF), to ensure the most efficient use of available resources to meet life-saving needs.

III. CERF PROCESS

This CERF application closely followed the Government's response strategy. Based on lessons learned from previous natural disaster responses, the HCT discussed the strategic use of the CERF during the roll-out of the Emergency Response Preparedness (ERP) plan in 2014 and 2015. As a result, the HCT embarked on a rigorous strategic prioritization process, which allowed for joint and rapid planning. The HCT identified critical needs and ensured equity of access by involving vulnerable people in response activities in a respectful and dignified manner. This was critical to ensuring fair distribution of relief. The wealth of secondary data available in Myanmar allowed the clusters/sectors to move quickly with estimating overall damage and numbers of affected people in need of humanitarian assistance. In consultation with implementing partners and other humanitarian stakeholders, estimates were compared and triangulated with Government figures and with initial rapid assessment findings to ensure consistency.

Once the estimates were completed, the HCT, under the leadership of the RC/HC a.i., determined the following key priorities cluster/sectors for this CERF request: Food, Shelter, CCCM, WASH, Health and Protection. Protection issues, including gender concerns, influenced decision making and highlighted the need to ensure a fair and equal distribution of humanitarian aid and access to basic services. All cluster/sectors applied the same prioritization process and costing methodology in preparing the CERF request, with a

focus on time-critical and life-saving needs. The CERF activities were based on initial assessment findings and observation missions, guided by and refined through consultations with cluster/sector leads. The activities were aimed at building and complementing, rather than duplicating, the Government's response.

All cluster/sectors conducted coordination meetings and consulted members on the CERF application. OCHA also chaired an Inter-cluster Coordination Group (ICCG) meeting to ensure coordination of suggested activities. The decision of the RC/HC a.i. to request CERF Rapid Response funding was communicated to and agreed by the Heads of UN Agencies on the HCT and with the Regional Director in Bangkok. In order to jump-start life-saving and time-critical response activities, the HCT applied for a CERF Rapid Response grant of US$10.4 million (initially $8.9 million, plus an additional $1.5 million later requested for agriculture) to cover life-saving activities targeting 215,000 people affected by the floods and landslides. The 2015 HRP established that any prioritization of projects, including for the purpose of allocating CERF funds, would be based on a consideration of whether proposed projects were in line with one or more of the strategic HRP objectives. The key strategic objective of the flood CERF request of $10.4 million was clearly linked to the first objective of the 2015 Myanmar HRP:

- Ensure that life-saving protection and assistance of 215,000 people affected by the floods were met in the most affected states and regions, including Rakhine and Chin states and Sagaing and Magway regions.

Flood projects proposed in the Rapid Response CERF request were linked to the overall objectives and cluster/sector objectives and indicators in the 2015 Humanitarian Response Plan (HRP). The 2015 HRP appealed for US$190 million to assist more than 536,000 people, including $72 million to assist 416,000 people in Rakhine State. As of 30 June 2015, before the onset of the rain and flooding, the HRP had received contributions of $70 million (37 per cent). Several critical sectors were severely underfunded at this point, in particular Health (12 per cent) and Protection (14 per cent). The Food Security Sector was expecting a possible disruption in distribution of food aid in the country because of under-funding. The Shelter Cluster was facing significant gaps in Kachin. There was also a significant funding gap in the Nutrition and WASH sectors. As a result of this shortfall, Myanmar was identified as a beneficiary country under the Second Round of the CERF Under-Funded Window allocation in 2015.

The HCT agreed that the 2015 flood emergency be responded to as part of the 2015 HRP, which aimed to support the Government and local communities to ensure that the lives, dignity and well-being of persons affected by conflict/disaster were protected. The HCT expanded the scope of the 2015 HRP (initially limited to Rakhine, Kachin and northern Shan states) to also include the worst flood affected areas including Ayeyarwady, Bago, Chin, Magway, Rakhine and Sagaing. The overall financial requirement of the flood response was US$67.5 million, taking the total revised requirement for 2015 HRP to US$257.1 million.

Allocations through the Myanmar Humanitarian Fund (MHF) were also sought to further complement CERF and HRP funding. The CERF and the MHF used the same prioritization strategy and grant period. OCHA informed the HCT that both MHF 'Reserve' and 'Standard' allocations were available and encouraged HCT members, in particular NGOs, to apply for humanitarian activities funding in conjunction with the CERF. A Reserve Allocation of $1.3 million was issued through a call for proposals on 7 August 2015 targeting 160,000 affected persons in line with the prioritisation of the CERF Rapid Response window. It also complemented humanitarian efforts in the flood affected areas of Chin State, Sagaing Region, Magway Region and Rakhine State. This MHF assistance targeted the highest priority life-saving humanitarian needs in the health, protection, WASH, shelter and food security sectors, as well as the immediate needs of affected people returning to their homes/camps, while considering early recovery and rehabilitation activities. Furthermore, the first $2.5 million MHF Call for Proposals for 2015 was also issued on 4 August and was aligned with the CERF under-funded allocation process to enhance complementarity of the two funds and maximise the impact of the response by targeting the same priority geographical areas and people in need of humanitarian assistance. This met the overall aim of addressing the highest priority issues in a timely manner.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 1,676,086									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (below 18)	**Women** (above 18)	**Total Reached**	**Boys** (below 18)	**Men** (above 18)	**Total Reached**	**Children** (below 18)	**Adults** (above 18)	**Total Reached**
Agriculture	9,020	18,627	**27,647**	8,344	16,373	**24,717**	17364	35,000	**52,364**
Camp Coordination and Camp Management	17,601	32,919	**50,520**	16,166	30,264	**46,430**	33,767	63,183	**96,950**
Child Protection	37,294		**37,294**	36,069		**36,069**	73,363		**73,363**
Food Aid	83,606	173,149	**256,755**	85,090	152,865	**237,955**	168,696	326,014	**494,710**[1]
Health	59,136	103,358	**162,464**	43,200	69,332	**112,532**	102,336	172,690	**275,026**
Sexual and/or Gender-Based Violence	695	12,971	**13,666**	14	229	**243**	709	13,200	**13,909**
Shelter	44,375	47,637	**92,012**	48,718	39,082	**87,800**	93,093	86,719	**179,812**
Water, Sanitation and Hygiene	35,909	69,335	**105,244**	33,024	63,497	**96,521**	68,933	132,832	**201,765**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

Child Protection
Direct beneficiaries included child survivors of abuse and exploitation who received case management support, unaccompanied and separated children who received family tracing and reunification support, men and women who were trained to be in child protection groups, teachers, boys and girls who are members of children's groups, as well as participants of awareness raising events. Child Protection activities under the CERF funding had a multiplier effect across communities which extends beyond the number of direct beneficiaries outlined above.

Water, Sanitation and Hygiene
Beneficiary estimations were difficult to undertake in WASH and were based upon multiple assumptions. As such conservative figures are included here. Particularly problematic WASH calculations include:

- Beneficiaries of water purification tablets/sachets are difficult to estimate due to inconsistent product types, different levels of contamination, fluctuating water requirements, varying family sizes and length of clean-water supply interruption. For the purposes of these calculations the Sector has assumed an average provision of 5 litres per person per day, a household size of five, that each tablet treats 10 litres of water, that beneficiaries receive the equivalent of 30 days of water treatment and that kits were fairly distributed.
- Beneficiaries of bleaching powder are hard to estimate because the amount required depends on the depth of water per well, the degree of contamination, the product strength and use of the product for other purposes besides water treatment. For the purposes of these calculations the Sector has assumed an average of 1kg of bleaching powder is needed per well, that there is 45kg of bleaching powder in each drum and that 150 people are served by each well.

[1] WFP has reported the highest number of people reached with CERF and other contributions within one single month during the reporting period. Please refer to detailed explanation provided under beneficiary estimation for food aid.

Health

WHO-UNICEF

Most health beneficiary figures were based on data provided MoSWRR to avoid double-counting. Time and personnel constraints prevented the collection of primary data in flood affected regions.

UNFPA

For Sexual and Reproductive Health (SRH), the numbers of beneficiaries targeted were based on the updated data provided by the MoSWRR through their regular Situation Reports. In line with the Minimum Initial Service Package (MISP) for SRH in crisis settings, it was assumed that that the total proportion of women of reproductive age was one quarter of the total affected population, while the proportion of sexually active males was around one fifth of the total population. As projects were implemented, partners worked to verify numbers and adjusted estimates where necessary.

Sexual and/or Gender-Based Violence

The original target of 18,000 female beneficiaries was calculated based on one-third of the 57,000 affected women and girls. The Sector also faced challenges presenting beneficiary data because of the large numbers of beneficiaries reached by Gender-Based Violence (GBV) awareness raising sessions compared with the relatively smaller number reached by psycho-social counseling and case management. The total number of beneficiaries (male and female) reached by the GBV sessions was 172,316. Yet the numbers reached by psychosocial counseling and case management were only 2,408 men and women. Field reports suggest strong interest among IDPs in the awareness raising sessions, however, more time was required for case workers to establish the rapport required for more sensitive counseling/case management, particularly in terms of GBV against women and girls.

Shelter/NFIs

The estimation of affected individuals was developed using official figures provided by the Rakhine State Government. Beneficiaries were targeted with CERF-funded projects in coordination with other actors and on the basis of the support already provided by the authorities. A total of 8,300 people were targeted including 4,000 in IDP camps, 1,800 in the northern part of Rakhine State, and 2,500 people in the central part of Rakhine State. They were targeted for assistance based on specific eligibility criteria, such as the degree of damage to their house, their financial status, vulnerability and other humanitarian imperatives (women and child-headed households, disability, elderly people, medical needs, etc.). Many affected people had already re-constructed their houses with their own funds when the project started and as such the CERF grant focused on those people who were still living in either make-shift dwellings or were living with neighbours at the time of the in-depth assessment.

CCCM

Information on the gender breakdown of beneficiaries was not always available at the time of distribution of Emergency Shelter Kits and as such the figures provided only reflect a gender breakdown where this information was available. Some of the partners were not able to fully complete the distribution forms with most concentrating on Head of Household data and the size of household, without emphasis on the disaggregated fields that were also meant to be completed. Supplementary Displacement Tracking Matrix (DTM) data was also used to provide the most complete data on disaggregation and demographics possible. As part of the report process, IOM coordinated with its partners and reported the distributions on their behalf to the Shelter Cluster 4W in order to avoid double-counting.

Food Aid

The current CERF grant contributed to WFP's emergency flood response which was supported by multiple donors between August 2015 and February 2016. Mixed commodities purchased with CERF and other grants were jointly and/or separately distributed to flood affected populations contingent on different lead times for procurement and delivery, timings of financial contributions and other operational requirements. Therefore, it was not feasible to trace the exact number of direct beneficiates supported by CERF grant, as distinct from other multi-donor sources.

BENEFICIARY ESTIMATION

The total number of beneficiaries reached through CERF funding is estimated at 208,673 people, including 80,680 children and 127,993 adults. All CERF sectoral responses targeted flood-affected people. The sector with the highest number of beneficiaries in this case was food aid, and the activities of this sector were directed towards beneficiaries who had also been reached by other sectors and funding streams.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (below 18)	**Adults** (above 18)	**Total**
Female	43,384	72,438	115,822
Male	37,296	55,555	92,851
Total individuals (Female and male)	80,680	127,993	208,673

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

Child Protection
CERF funding enabled UNICEF and partners to quickly initiate a protection response and coordinate life-saving activities in flood-affected areas where there was no pre-existing humanitarian presence. Protection risks and needs identified early in the response included psychosocial support and family separation, as well as privacy for, and safety of, women and girls.

Based on lessons learned from Cyclone Nargis in 2008, the Government and protection partners highlighted additional risks related to exploitation, trafficking (especially with migration to urban hubs) and child labour, due to the depletion of family coping mechanisms and increased market prices after the floods.

Key outcomes from the protection response include:

- The creation of 76 Child Friendly Spaces & Psychosocial Support Safe Spaces with structured activities in displaced communities and evacuation centres.
- 27 Mobile teams deployed with 225 volunteers tasked with monitoring of:
    - Equity of aid
    - Hard to reach areas and accompanied return
    - Referrals
- 75 key protection messages were disseminated in affected communities
- Support for the dignity of women and girls through safety/privacy measures and the distribution of hygiene kits
- 90 per cent of registered Unaccompanied And Separated Children (UASC) reunified with their families

The response featured strong national ownership with the surge deployment of Government case managers as 'protection coordinators' who, with support from UNICEF, established seven new protection coordination hubs in the affected areas of Chin, Sagaing and Magway.

Water, Sanitation and Hygiene
A UNICEF-led WASH emergency response was already underway when CERF funding was initially announced in early August 2015. Early support was being delivered to more than 25,000 people at the time and a supply pipeline had been established with government and NGOs as implementing partners. Immediate assistance included emergency water treatment and storage, temporary latrines, hygiene kits and key hygiene messages.

The WASH application for CERF funding was made on 5 August and was designed to meet the needs of displaced populations, including a range of WASH services from water supply and chlorination to hygiene kits and sanitation facilities. As the flood waters receded however, the majority of displaced people returned to their homes. As a result, the WASH needs of the affected populations shifted to that of primarily water-point cleaning and rehabilitation, provision of hygiene kits/replenishment kit items (as appropriate) and targeted support for household latrine rehabilitation.

In four states/regions (Magway, Chin, Sagaing, Rakhine), UNICEF supported the government to lead the WASH sector response. The primary two government partners were the Department for Rural Development (DRD) under the (former) Ministry of Livestock and Fisheries and the Department of Public Health (DPH) within the Ministry of Health (MoH). From the start, these government agencies were proactive and made rapid requests for support from UNICEF. CERF allocations were made to the DRD, as well as multiple local and international NGO partners, including Save the Children (SC), World Vision Myanmar (WV), Plan, the International Rescue Committee (IRC), Solidarities International (SI), Metta Foundation, Myanmar Health Assistant Association (MHAA), as well as the Hakha Relief Committee (HRC). Additionally, supplies were provided to numerous local NGOs.

The re-establishment of access to clean and safe water, sanitation facilities and hygiene supplies was one of the highest priorities for WASH partners in the aftermath of the floods. In response, UNICEF mobilised water purification supplies to affected areas and cleaned contaminated wells and other water facilities. Through government and NGO partners, UNICEF distributed more than 31,000 hygiene kits to affected families and conducted hygiene promotion training to more than 52,000 people to reduce the risk of water/food-borne disease.

Due to rapid distribution of water treatment tablets/sachets, UNICEF was able to reach more than 162,000 people with safe emergency water supplies. This is 62 per cent above the target of 100,000 beneficiaries. Water point cleaning, pond rehabilitation, borehole repair and gravity flow system repair started soon after. However, due to capacity limitations among partners, not all communities were covered by the response. In Rakhine, pond cleaning activities ended in early October to ensure that pond water levels could be replenished ahead of the dry season. However, insufficient rain meant that many ponds ultimately did not sufficiently refill to sustain villages throughout the dry months.

As the majority of displaced people returned to their homes when the flood waters receded, CERF targets for communal sanitation facilities were not achieved. Instead, sanitation interventions were refocused on restoration of household toilets rather than the camp based facilities originally envisaged. However, it should be noted that household sanitation took longer to restore due to the prioritization of limited resources for food, healthcare and shelter reconstruction.

Beneficiary numbers for hygiene promotion activities surpassed targets as UNICEF was able to quickly distribute hygiene kits. IEC materials were distributed through counterparts along with key messages through different media channels, however knowledge of diarrhoeal diseases and their causes remained low.

Overall, CERF funding contributed to significant achievements in ensuring safe water access and support for household hygiene to those affected by the floods in 2015. However, sanitation-focused activities were more challenging due to programme design being based upon the needs of displaced people who ultimately returned home earlier than expected and had different needs. UNICEF attempted to re-programme funds and received approval for a four month extension, however this took some time which also impacted the ability of UNICEF and its partners to fully meet all targets for the WASH response.

Health

WHO

WHO supported the MoH to reduce avoidable morbidity and mortality among flood-affected communities by supporting primary health care services, as well as prevention and control of communicable diseases through the establishment of an Early Warning and Response Surveillance System (EWARS). Through the provision of primary health care services, 151,511 people directly benefited from preventative and curative emergency life-saving measures. Although the delivery of 10 Interagency Emergency Health Kits (IEHK), supplementary kits and 10 Interagency Diarrhoeal Disease Kit (IDD) kits could not be made to Myanmar health facilities during the project period due to procurement processes, these kits procured through the CERF grant were subsequently positioned in Rakhine, Ayeyarwaddy, Naypyitaw, Kachin, and Yangon through the MoH, Health Poverty Action (HPA) and WHO as contingency stock for future emergency needs. (See table below)

State/Region	Item	Organization
Rakhine	2 IEHK kits, 2 IDD kits	MoH
Ayeyarwaddy	1 IEHK kit, 1 IDD kit	MoH
Naypyitaw	2 IEHK kits, 2 IDD kits	MoH
Kachin	2 IEHK kits, 2 IDD kits	HPA
Yangon	3 IEHK kits, 3 IDD kits	WHO
Total	10 IEHK Kits and 10 IDD kits	

Other key achievements:

- A total of 40 government health facilities in Chin, Rakhine, Sagaing and Magway regions were supported with staff and supplies to provide emergency health care to the flood affected population. With WHO's support, 104 staff from the MoH were able to conduct supervisory visits to support nutritional management in 12 flood affected townships in Magway and Sagaing regions and Chin State.
- In order to identify damaged health facilities and to increase the number of health care workers available for the Special Diseases Control Units (SDCU) of the affected states and regions, 120 staff from the MoH were mobilized to the most flood affected areas of Chin and Rakhine states, as well as Sagaing and Magway regions. SDCUs conduct routine surveillance of communicable diseases and investigate potential disease outbreaks, conduct field investigations and when necessary, takes samples for laboratory confirmation at national level, as well as initiating early control measures to prevent the spread of diseases with epidemic potential.
- 12,000 Long Lasting Insecticide Nets (LLIN) were distributed in flood affected parts of Chin and Rakhine states, Sagaing and Magway regions.
- 240,000 sachets of water purification tablets were distributed to all state and regional health departments through the MoH.
- 250,000 tablets of Vitamin B1 and 300,000 tablets of ferrous sulphate were distributed to state and regional health departments in Magway, Sagaing, Bago, Ayeyarwaddy, Rakhine and Chin.
- These supplies were not included in the original project proposal but were all provided to the MoH due to unexpected need.
- A National Medical Officer was deployed by WHO in Rakhine State to coordinate the emergency response in collaboration with the MoH and health cluster partners.

UNICEF

With CERF funding, and in partnership with Myanmar Health Assistant Association and the Department of Public Health (DPH), UNICEF provided humanitarian health and nutrition services to flood affected people in eight of the worst affected townships in Sagaing and Magway regions and Rakhine State (Kale, Kalewa and Tamu in Sagaing region, Pwintbyu and Sidoktaya in Magway region, and Kyauktaw, Mrauk U and Minbya in Rakhine state). Health services included support for routine immunizations, Maternal New-born and Child Health (MNCH) including treatment of common childhood illnesses, e.g. diarrhoea and pneumonia, support for referrals, and dissemination of key health education messages, including hygiene. Moreover, UNICEF procured and distributed emergency supplies, kits and medicine to more than 11 townships in six regions and states (Sagaing, Magway, Bago, Ayeyarwaddy regions and Chin and Rakhine states). The main objective of the project was to prevent and reduce morbidity and mortality of children under five and women due to common childhood illnesses, neonatal and maternal complications, vaccine-preventable and communicable diseases in targeted, flood-affected areas.

A total of 57,162 flood affected people (37,008 women and 20,154 men) including 16,906 children under five (8,488 girls and 8,418 boys) received health services through MHAA's outreach activities. Additionally, an estimated 120,000 flood affected people, including neonates, children under five and pregnant women, were provided with emergency health services, supplies, emergency kits and essential lifesaving medicine through government health staff in six flood affected regions and states using CERF funds. The estimated coverage by the DPH is based on the volume of supplies procured and distributed to the DPH, as well as the potential reach based on the catchment areas for the state/regional and township departments which received the supplies. In all, the total number of people reached with assistance through MHAA and the DPH utilising CERF funds is estimated to be more than177,000.

A total of 384 children under five with diarrhoea received Oral Rehydration Salts (ORS) and Zinc tablets through MHAA. The achievement was 128 per cent of the target for MHAA, based on the estimated incidence of diarrhoea within the targeted population over the project period. More children under five with cases of diarrhoea were able to be treated than expected due to the partners' ability to access remote areas. There was also a higher than average number of cases due to a second wave of flooding within weeks of the original floods.

Further to the above, a total of 63 'basic' and 'complicated' delivery kits were procured and distributed to health facilities to support the work of skilled birth attendants in six flood affected regions and states. This exceeded the target by 53 kits, although 40 kits were factored into the proposed budget. The additional 23 kits were purchased through cost savings made by joint IEC production and printing with the CERF for the WASH project.

Moreover, 60 IEHK, 200 child survival kits, 1,100 packs (100 sachets per pack) of ORS, and 6,000 packs (100 tablets per pack) of zinc tablets were procured and distributed to health facilities in six flood affected regions and states. A total of 234 people (176 women and 58 men) including 65 children under five (33 girls and 32 boys) with severe illness and complications around maternal delivery received referral support for transportation to appropriate health facilities. This result exceeded the 200 patients originally targeted (117 per cent). Furthermore, a total of 368 children under two (211 girls and 157 boys) received measles immunization and 853 children under five (465 girls and 388 boys) with pneumonia received treatment with antibiotics through MHAA.

A total of 27 skilled staff from MHAA including eight female staff were deployed to eight of the worst affected townships in Sagaing, Magway regions and Rakhine State. In addition, six UNICEF staff from Yangon and field offices undertook monitoring programme visits and provided supportive supervision. A total of 26,100 information materials (posters and booklets on protection, health and hygiene) were printed and distributed to all flood affected areas. Through a minimum of two awareness raising sessions per village, all targeted households received key health and hygiene messages to increase their knowledge and help affect behaviour change for improved health through MHAA.

UNFPA
CERF funding saved the lives of affected pregnant women and their babies who were able to be delivered safely through timely referral and medical checks. In addition, women, men, boys and girls were able to get basic reproductive health services including treatment of STIs, prevention of HIV, management of sexual violence cases as well as referral to other services.The project was able to reach a total of 66,353 beneficiaries (19,681 men and 46,672 women) through mobile outreach and provision of basic services at six selected health facilities across affected areas in Sagaing Magway and Rakhine. This achievement exceeded the initial target of 45,000 beneficiaries (147 per cent). Among them, a total of 729 female and 79 male clients benefited from referral services. From the CERF fund, it was possible to refer them to higher level health facilities for further lifesaving treatment. A total of 118 pregnant women benefited from Emergency Obstetric Care services where they were referred for caesarean sections, safe blood transfusions and further treatment due to complications during pregnancy.

The CERF Fund was used to restore basic Reproductive Health services at the flood and cyclone affected health facilities. A total of six health facilities received medicines, equipment and emergency RH kits to ensure availability of RH services among the affected population. At the community level, a total of 9,792 clean delivery kits and 6,700 dignity kits were distributed to flood-affected populations. A total of 28,144 (9365 men and 17,779 women) participants attended emergency RH education sessions. According to pre and post-test surveys, 8,928 (2,471 men and 6,447 women) participants benefitted from increased knowledge on RH issues. As part of CERF funded projects, affected communities were able to access increased information related to sexual reproductive health and rights. Where government health staff and facilities were not available because they were also affected by the disaster, CERF Funds also enabled NGOs to bring in health personnel to cover gaps.

After the completion of this lifesaving project, the affected pregnant women delivered their babies safely, and affected communities continued had increased knowledge on health and reproductive health issues. During the implementation of this CERF funded RH project, UNFPA and its partners worked together with the authorities and oriented them on the importance of integrating the 'Minimum Initial Service Package on Reproductive Health in Crisis Settings' into their emergency response activities. This left health personnel and local authorities with increased knowledge and experience in this work.

Sexual and/or Gender-Based Violence (GBV)
These activities were primarily aimed at providing rapid GBV response services to 18,000 displaced women and girls in flood-affected regions. The project was also able to provide psychosocial and case management support to 2,166 women and girls and 234 men and boys. Some 11,500 of the affected women and girls received dignity kits to support their hygiene needs. Altogether, 13,666 women and girls benefited from the project (76 per cent of the target).

A major accomplishment of the project was the holding of GBV awareness raising activities by implementing partners, the Department of Social Welfare Relief and Resettlement and Marie Stopes International (MSI), which reached 172,316 IDPs in the four flood-stricken regions of Sagaing, Magway, Chin and Rakhine. The very high figures were reported by the Department of Social Welfare (DSW) who explained that many IDPs found the sessions to be interesting and useful, resulting in the high audience turnout. A total of 169,460 IDPs were reached by DSW through these sessions while 2,856 were reached by MSI.

Of this total, 107,289 were women and girls while 62,171 were men and boys. UNFPA, however, was unable to validate these figures. DSW fielded six teams while MSI deployed three teams.

Shelter/NFIs
CERF enabled UNHCR to repair 1,814 damaged shelter spaces in four townships in Rakhine State. This activity reached 9,993 beneficiaries (4,588 people in IDP camps in Sittwe Township, 1,135 people in Maungdaw and 1,476 people in Buthidaung townships, as well as 2,794 flood affected people in Kyauktaw Township). This exceeded the planned targets set out during the reprogramming of activities approved by the CERF Secretariat in October 2015. Details on the needs for reprogramming of activities planned in the initial submission are indicated in section 12 below. CERF contributed to addressing time critical humanitarian needs following the cyclone/flood-affected population in the severely affected IDP camps and affected host communities through the provision of cash based assistance.

CCCM
IOM as a member of the Shelter Cluster, distributed Emergency Shelter Kits to a total of 10,825 families (or 54,125 people based on an average family size of five) in the following geographical areas: Ayeyarwaddy Region, Chin State, Magway Region, Rakhine State, and Sagaing Region.

After the flooding and landslides following Cyclone Komen many villagers had to move, prompting IOM to roll out the DTM in places of displacement to assist national authorities and partners in defining people's needs and any gaps. IOM deployed 10 DTM teams to the evacuation sites in the most affected townships to assess the needs of those displaced. A total of 96,828 people received camp management information support services based on the number of people covered in all the roll-outs of the DTM across Rakhine, Chin and Sagaing. IOM produced five reports of the DTM which is a CCCM information management tool that collects updated information on IDPs including basic demographic composition and living conditions, as well as recording access to services in displacement sites. These reports were analysed and circulated widely to humanitarian actors in the field and contributed to delivery of timely and appropriate life-saving assistance to the most vulnerable groups of the cyclone-affected areas. The DTM was conducted by IOM in Rakhine State, Chin State and Sagaing Region. In Rakhine State, IOM conducted DTM assessment in 598 villages from Rathedaung, Pauktaw, Kyauktaw, Minbya, Mrauk-U, Maungdaw, Buthidaung, and Ann Townships. DTM was later expanded into Chin and Sagaing as field reports indicated a need in these areas.

In addition CCCM Capacity development learning sessions were provided to a total of 122 (74 men and 48 women) Committee Members/Camp Resident leaders (91), Service Providers (20), Government officials (7) and Camp Management representatives (4). The trainings took place in Hakha and Sagaing between 30 September to 23 October 2015.

Food Aid
Within 48 hours of the declaration of the state of natural disaster by the Government of Myanmar, WFP promptly activated its emergency flood response. Supported by CERF and other donors, WFP's life-saving food assistance provided rations of high energy biscuits and/or monthly food baskets, consisting of rice, pulses, cooking oil and salt, which met the most basic food consumption needs of the flood affected populations. WFP managed to assist 494,710 flood affected women, girls, men and boys in Ayeyarwady, Bago, Chin, Kachin, Kayin, Magway, Mon, Rakhine and Sagaing, exceeding initial targets within the first month and reflecting growing needs as access to all affected areas became possible and the operation progressed. From September, WFP started to incorporate early recovery through community asset rehabilitation and nutrition activities. Cash based transfers for relief were also employed in areas with accessible and functioning markets. As a result of WFP activities, supported by CERF, food consumption over the assistance period for targeted households and/or individuals was stabilized. Supported beneficiaries were able to restore their livelihoods and resume their routine activities. Rice and salt, which made up the bulk of CERF funded food, were purchased locally, supporting smallholder farming and contributing to local economies in times of crisis. WFP reported the highest number of people reached using CERF and other contributions within one single month during the reporting period.

Agriculture
The CERF funded livelihoods interventions in Sagaing Region implemented by FAO which successfully distributed emergency agriculture kits to flood affected communities to help the most vulnerable families to resume agriculture activities. The project also supported the most vulnerable groups within communities to diversify their source of livelihoods and increase availability of animal proteins through distribution of livestock and animal feed. Both results contributed to improved food production and dietary consumption in flood affected communities.

The main accomplishments under this project were:

- Distribution of agriculture kits to 7,513 households including fertilizers, agriculture tools (hand spade, trowel, fork, hoe and sickle), vegetable seeds (tomato, okra, radish) and crop seeds (sunflower, sesame, green gram and maize).
- Distribution of livestock kits to 3,002 households including piglets, poultry, goats, ducks and animal feeds (compound feed, minerals and feed molasses sufficient for 2/3 months).
- Animal treatment and vaccines were provided by Livestock Breading Veterinary Department (LBVD) to ensure animal health and productivity, as well as training on animal husbandry.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Child Protection
Funds were made available to UNICEF in-country in record time allowing UNICEF to establish new partnerships with Community Based Organizations (CBO) in less than two weeks. The component that relied on government cooperation was slower due to the centralization of the Government's financial procedures, even once a state of emergency was declared.

Water, Sanitation and Hygiene
UNICEF received CERF funds within days of its response being initiated, and backdated expenditures as approvals were received, allowing UNICEF to respond at a scale appropriate to the needs. All CERF funds were committed within one month and distributed shortly thereafter. This contributed to fast delivery of assistance to beneficiaries.

Health

WHO
Within a short period after receiving CERF funds, WHO provided primary health care, disease surveillance and response support through the MoH.

UNICEF
Before the floods UNICEF and MHAA had signed a standby agreement to allow a quick response to a sudden onset emergency. As soon as the floods occurred, this standby Project Cooperation Agreement (PCA) was activated. CERF funds reinforced the standby PCA concept for rapid response, enabling quick deployment of MHAA staff, provision of supplies and essential medicines and transportation of staff in flood affected target areas and ensuring humanitarian health assistance reached targeted affected people within a short period of time.

UNFPA
CERF funding resulted in the rapid delivery of life-saving reproductive health services to disaster-affected populations. UNFPA identified partners who had secured a MoU with the Ministry of Health to operate in the affected areas and were already doing so at the time of CERF funding allocation. This, combined with the timely allocation of funding to partners, enabled activities to be implemented very quickly after the flood.

Sexual and/or Gender-Based Violence
CERF assistance enabled the GBV Sub-Sector to address the psychosocial and hygiene needs of affected women and girls in disaster-stricken areas of Sagaing, Magway, Chin and Rakhine through the provision of a multi-sectoral prevention activities and responses to GBV. However, assistance was not able to be provided until two months after the disaster struck. There was a substantial delay in the transfer of funds from UNFPA to the implementing partners, DSW and MSI. This was because both partners still had substantial unspent funds under existing projects. UNFPA has a policy that it cannot give additional funds if implementing partners still have large balances.

Shelter/NFIs
The fast approval of this CERF grant allowed UNHCR to immediately start planning in coordination with the Government of Rakhine and other emergency actors. However, the delay in securing Government approvals and the request to re-programme the beneficiary population from the initial target group, delayed the start of implementation. As the Government was stepping forward to take the lead in the repair of flood damaged shelters in IDP camps, UNHCR requested some re-programming to assist flood affected communities beyond camps not targeted in the initial proposal.

This required a shift in the implementation modality, as well as in the number of beneficiaries reached. Households in camp settings tend to have a higher number of family members than in non-IDP communities, meaning the number of beneficiaries had to be reduced. In the end, the implementation modality selected – cash-based transfers for flood affected communities – proved itself to be very fast and was highly appreciated by the beneficiaries. UNHCR still implemented shelter reconstruction/repair in six IDP camps in Sittwe Township as initially planned.

CCCM
CERF funding was the first external resource made available for the rapid procurement of life-saving supplies, which was instrumental in the rapid delivery of Emergency Shelter Kits to affected communities. These kits provided much needed protection from the elements during the early phase of the response. The grant also facilitated the rolling out of the DTM, a system designed to regularly capture, process and disseminate information to provide a better understanding of the evolving movements and locations, numbers, vulnerabilities and needs of the affected population.

Food Aid
The well-timed grant from CERF contributed to the fast and uninterrupted delivery of assistance to affected people. Purchasing commodities locally allowed a rapid dispatch of food to flooded areas.

Agriculture
CERF funds provided to FAO allowed the implementation of livelihood activities in areas affected by the 2015 floods. The most vulnerable households experienced lower rice paddy harvests, seed losses of about 75 per cent, destruction of agricultural assets and food storage, as well as livestock losses. The implementation of this CERF funded project contributed to restoring rural livelihoods by preventing further degradation of the food and nutrition security situation of the affected population.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

Child Protection
CERF funding was critical to delivering immediate psychosocial support to affected children and to establishing mobile teams to reach the most vulnerable affected populations, many of whom were unable to access evacuation sites. Dedicated human resources for coordination and supervision as well as critical Non Food Items (NFI) were swiftly mobilised and delivered as a result of these funds.

Water, Sanitation and Hygiene
UNICEF utilised its own funding source to ensure a timely WASH response in anticipation of a CERF allocation. CERF funding was backdated to cover these critical initial costs and freed-up UNICEF resources to cover longer term needs and early recovery.

Health

WHO
CERF funds supported the MoH in mobilizing health care workers to the most flood affected areas in order to conduct routine surveillance of communicable diseases, investigate potential disease outbreaks and carry-out field investigations. The service delivery capacity of MoH was strengthened through an increase in the number of service providers in the flood-affected areas supporting fixed health facilities (where functional) and organizing mobile clinics for remote areas, as well as locations where health facilities had been damaged and could not meet the needs of the population. CERF funds therefore helped to prevent and reduce the risk of outbreaks of communicable diseases.

UNICEF
CERF funds helped ensure the timely provision of basic essential drugs and supplies to targeted flood affected people as part of free health care service to affected communities. CERF funding also supported systematic referrals of many serious cases to the nearest health facilities for further treatment by skilled health staff and the administration of quality care in a timely manner during

[2] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

the implementation period. The funds also helped to reduce the risk of outbreaks of communicable diseases such as diarrhoea, pneumonia and dengue.

UNFPA
CERF funds were made available at least one month after the disaster. At this time, many areas were still not accessible. The CERF fund helped UNFPA to provide and reach those who were isolated and had no access to basic RH services in Rakhine, Sagaing and Magway areas. Using CERF funds, UNFPA conducted RH rapid assessments in three locations in the Buthidaung Township of Rakhine State to better identify need for clean delivery kits, dignity kits, clean water, food and non-food items as urgent post-flooding priorities.

Sexual and/or Gender-Based Violence
CERF provided the initial start-up funding to help reduce the enormous risk of physical and sexual violence towards women and girls during emergencies. CERF enabled the mobilization of case workers who covered the case management and psychosocial support needs of affected women and girls, addressed their hygiene needs and raised awareness in communities of GBV. The CERF response, however, was not as timely as expected as it came two months after the disaster as a result of the above mentioned delays with UNFPA distribution of funds to implementing partners.

Shelter/NFIs
Without the funds provided by CERF, UNHCR would not have been able to implement any flood-related shelter repair activities in Rakhine State due to a shortage of funds and other priority commitments by UNHCR.

CCCM
CERF funding supported the procurement of much-needed Emergency Shelter Kit components in a timely manner after the cyclone. The provision of these Emergency Shelter Kits was life-saving. These kits contributed to providing protection from the elements while ensuring privacy, dignity and personal safety to those affected.

Food Aid
Using the timely contribution of funds from the CERF to complement funding from other donors, WFP was able to continue providing uninterrupted life-saving assistance to all targeted beneficiaries with immediate food needs.

Agriculture
Cyclone Komen affected many agricultural areas during the cropping season - a time when farmers could not immediately re-plant their crops. Farmers, therefore, had a critical and urgent need to resume their agriculture activities in time for the second planting season in February/March 2016. CERF interventions contributed to recovering farmers' livelihoods before the next monsoon planting season. After receiving the inputs supplied through the project, farmers were able to immediately use them on their farms as well as save some for later, depending on their type of cultivation system and crops. The production yield will be increased once they harvest their crops. Please also see section 12 for further information on changes to the agricultural inputs provided under the project.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

Myanmar Humanitarian Fund
Allocations through the Myanmar Humanitarian Fund (MHF) were also sought to further complement CERF and HRP funding. Both MHF 'Reserve' and 'Standard' allocations were available and HCT members, in particular NGOs, were encouraged to apply in conjunction with the CERF. A MHF Reserve Allocation of $1.3 million was issued through a call for proposals on 7 August 2015 targeting 160,000 affected people in line with the prioritisation of the CERF Rapid Response window. It also complemented humanitarian efforts in the floods affected areas of Chin State, Sagaing Region, Magway Region and Rakhine State. This MHF assistance targeted the highest priority life-saving humanitarian needs in the health, protection, WASH, shelter and food security sectors as well as the immediate needs of affected people returning to their homes/camps while considering early recovery and rehabilitation activities. Furthermore, the first $2.5 million MHF Call for Proposals for 2015 was also issued on 4 August and was aligned with the CERF under-funded allocation process to enhance complementarity of the two funds and maximise the impact of the response by targeting the same priority geographical areas and people in need of humanitarian assistance. This met the overall aim of addressing the highest priority issues in a timely manner.

Child Protection
UNICEF relied on internal UNICEF resources to complement CERF funding for the protection response. Despite efforts by UNICEF and the Department of Social Welfare (DSW) to ensure that protection was reflected in the Government recovery plan, as well as in the Post Floods and Landslide Needs Assessment Recovery Framework, no recovery-development related funding was allocated to protection or to the DSW.

Water, Sanitation and Hygiene
Funding from the Government of Japan was leveraged through CERF funds, but the CERF remained the most significant source of funding for the WASH response. Overall fundraising for the floods was substantially below need.

Health

WHO
In addition to CERF funds, WHO mobilized South East Asia Regional Health Emergency Fund (SEARHEF) support from its regional office.

UNICEF
In addition to CERF funds, UNICEF mobilized its own resources as well as other sources of funding to implement the project. MHAA was also able to mobilize its core funds for the relief response in project target areas. Most of the CERF funding was used for the procurement of life-saving medicines, supporting patient referrals and transportation of medicines and supplies from Yangon to flood affected target areas in six states and regions, as well as UNICEF staff costs and operational costs for the PCA with MHAA. UNICEF's core funds and other funding sources were used for printing of IEC materials for communication and the cost of UNICEF staff who directly or indirectly supported the PCA implementation with MHAA, as well as the provision of nutrition interventions.

UNFPA
The emergency response project in Rakhine, implemented by Malteser, enabled UNFPA to use the project as one of the platforms to mobilize resources from the Australian Government to continue interventions smoothly from the response into the recovery phase. This is an example of the kind of humanitarian–development transition planning advocated at the World Humanitarian Summit in Istanbul in May 2016.

Sexual and/or Gender-Based Violence
CERF provided the initial funding that eventually mobilized other resources for GBV. Additional funding in the amount of US$4,793 was raised from the Italian Government to support the multi-sectoral GBV prevention and response efforts of MSI.

Shelter/NFIs
Flood response assistance in general was not part of UNHCR's traditional core mandate and therefore other donors were not ready to provide additional funds for the flood response to assist people who had not been or were not currently displaced. More generally, UNHCR in Myanmar faced resource mobilisation challenges in 2015 due to the high financial needs in other parts of the world, namely Syria and Europe. The initial project focused on flood relief assistance for Internally Displaced People (IDPs) in various camps across Rakhine State. UNHCR was in an optimum position to respond to this type of activity given it is the Shelter/NFI/CCCM Cluster lead, its presence on the ground since 2013, its knowledge of the communities and the agency's operational capacity. The organization considered the Rakhine State Government's request to focus more on non-IDP flood affected communities in a principled manner. As the Cluster lead, UNHCR ensured that all flood affected IDPs received adequate shelter options.

CCCM
IOM was able to use the CERF funding to support the affected communities with the most urgent needs while awaiting additional resources from the Humanitarian Aid and Civil Protection Department of the European Union (ECHO).

Food Aid
Timely release of funds from the CERF, complemented by funding from 11 other donors (Canada, Czech Republic, Denmark, Germany, Japan, New Zealand, Norway, Republic of Korea, United Kingdom, United States and the private sector) allowed the cluster to meet 72 per cent of all resourcing needs for food aid.

Agriculture
Following the implementation of the CERF project, two more FAO initiatives were funded in the same geographical areas with similar objectives: 'Emergency assistance to support farmers affected by floods in Sagaing Region' funded by the FAO Technical Cooperation Program (TCP) and 'Emergency assistance for recovery of livelihoods of flood affected people in Chin State' funded by the Government of Belgium for a total amount of US$ 800,000. In addition, FAO was able to mobilize funds to help reduce risks and better manage natural disasters ('Improvement of Agricultural Livelihoods and Resilience for Conflict Affected Communities in Ethnic Minority Areas'). The Japanese Government funded an intervention worth US$ 4.5 million covering flood affected areas in Rakhine and Chin with the objective of improving household food security and increasing resilience to floods and cyclones in conflict areas prone to natural disasters.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Child Protection
CERF funding was critical in establishing seven coordination structures in affected areas where there was no pre-existing humanitarian coordination system for child protection, and where new actors with limited experience in protection and emergencies (mainly CBOs and Government) had to coordinate an immediate protection response with support from UNICEF.

Water, Sanitation and Hygiene
UNICEF's support to the coordination allowed continued participation of the WASH specialist and cluster coordinator at both national and local levels thus maintaining appropriate coordination within the sector. The budget submitted to CERF for human resources was inadequate to meet needs in the response.

Health
WHO

With this project, WHO deployed a national staff member to Rakhine State to carry out coordination among health cluster agencies who facilitated response activities. Due to this effective coordination and cooperation, implementing partners efficiently and effectively collaborated in their delivery of services to disaster affected people.

UNICEF
Relief responses were implemented in collaboration with UNICEF, MHAA, Department of Health (DOH), UNFPA, WHO and other health implementing partners who undertook flood response activities in affected areas. Regular coordination meetings (bi-monthly for the first two months and monthly thereafter) were held in Sagaing and Magway regions and Rakhine State These involved implementing partners, led by regional and state health directors and ensured that overlapping of activities was avoided, while quickly identifying gaps as well as lessons learned amongst the partners. Technical and material support was provided by UNICEF to MHAA and DPH. MHAA's ability and willingness to work on the ground created more space for improved humanitarian partner coordination.

UNFPA
Under the Health Cluster's umbrella, UNFPA and its partners coordinated the CERF-funded response with other organizations and the authorities in the area of Reproductive Health. The budget under the CERF project that was allocated for M&E, ensured that UNFPA was able to monitor the work of partners and other actors providing basic reproductive services, mostly members of Sexual and Reproductive Health Technical Working Group, on the ground and report the results to the health cluster and authorities.

Sexual and/or Gender-Based Violence
CERF helped improve coordination among humanitarian actors through the effective functioning of the cluster system. Under the Protection sector, the GBV Sub Sector Working Group was able to bring together the Government, INGOs and NGOs to mount a comprehensive and coordinated multi-sectoral prevention and response program to GBV.

Shelter/NFIs
Coordination between various actors with humanitarian and development backgrounds increased considerably as a result of CERF funding. This was especially true in areas where the more established humanitarian actors were less present such as Chin, Sagaing, Mandalay, etc. Within the national Cluster framework, UNHCR was the lead agency for the shelter flood response in areas covered by the Humanitarian Response Plan (namely Rakhine and Kachin states), while the IFRC took the lead in all other areas. The cooperation between the two agencies proved to be effective and fruitful across the board.

The integration of major development actors in the flood response and the improved relations between national and international actors can also be considered as a positive outcome.

CCCM
With the CERF grant, IOM worked closely with the National Shelter/NFI/CCCM Cluster and at the local level in Rakhine, Chin and Sagaing with INGOs, NGOs, CBOs and local authorities. These agencies contributed particularly to smooth and efficient distribution of Emergency Shelter Kits through socialization, identification and selection of prospective beneficiaries. The strong coordination mechanisms between partners also ensured sustainability in the longer term and nurtured a distinct sense of local ownership among the affected communities. It should also be noted that the conduct of consultations / meetings at the local level was effective in bridging partnerships.

Food Aid
The CERF funding application process provided an opportunity for the humanitarian community to better coordinate in order to provide the most comprehensive response possible to meet the various needs of flood affected people.

Agriculture
CERF funding stimulated the establishment of partnerships between FAO and INGOs, who led the formulation of joint proposals. It also helped catalyse the interest of other agencies in conducting similar livelihood interventions.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Health, Sexual and/or Gender-Based Violence
UNFPA has been able to successfully operationalize a model of integrated SRH and GBV service delivery, particularly to provide lifesaving management interventions for sexual violence cases. The CERF funding helped in making linkages between social workers who manage GBV cases and health personnel who clinically manage sexual violence cases. Strong referral pathways were created and brought into operation during emergency phase. In addition, UNFPA'S CERF project, focusing on the provision of SRH, services complemented UNICEF-WHO's rapid response project on the provision of primary health care services.

Case workers were recruited to become part of the established health services of MSI, UNFPA's local partner. They will provide case management and psychosocial support services. MSI has a current network of static hospitals and mobile clinics. The set-up provided integration and easy referral from the case workers to the health service providers for the clinical management of rape and other forms of GBV.

Food Aid
Most food funded with the CERF grant was procured locally, enhancing the humanitarian response and helping mitigate the devastating impact of disaster on the national economy.

Agriculture
The emergency response funded by the CERF helped reinforce and protect agricultural livelihoods (providing seeds, agricultural tools, live animals, animal feed and veterinary services) and underscored the importance and appropriateness of emergency livelihood responses in humanitarian contexts. It demonstrated that alongside food assistance—measures that directly address food consumption requirements—complementary measures are also vital, particularly when addressing the livelihood-related needs of specific groups (such as farmers and livestock keepers).

Finally, the CERF allocation demonstrated that effective integration of humanitarian and development assistance must be promoted, and helped to ensure that the international aid system operates consistently in addressing food insecurity and vulnerability.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The proposal amendment process was complex. It took UNICEF more than one month to meet CERF Secretariat requirements for the substantial changes proposed to its project. This resulted in project delays and disruption to the signing of new contracts.	Simplify the requirements for revisions to project designs. Consider having an open period following a declared emergency to allow for some changes to occur in the programme design while the full impact of the disaster is still being assessed.	CERF Secretariat
Release of CERF funding filled the financial gap and sustained health care service provision, significantly mitigating negative public health outcomes.	Provide sufficient funds to conduct life-saving interventions and establish more effective coordination among health actors. Consider providing complementary funds for addressing Disaster Risk Reduction Strategies.	CERF Secretariat
Close technical guidance from OCHA and an easy to fill-out template.	Continue the strong technical support.	CERF Secretariat
The updated version of CERF proposal template, that now has a simple logical framework, has helped UNFPA to better design and monitor the implementation of its project.	CERF Secretariat to develop a generic monitorng check list that could be adopted and used to monitor project implementation and for easy periodic monitoring reporting to OCHA.	CERF, OCHA and Clusters
Time-critical interventions began promptly, thanks to the rapid disbursement of CERF funds.	Keep up this momentum to promote early action and respond to time critical needs	CERF Secretariat
For disaster-prone areas such as Rakhine, pre-positioning and stockpiling is even more critical due to the regular occurrence of shocks. This will enable a more rapid response during the initial phase of the emergency.	Allow flexibility in using CERF funds for small contingency stockpiling of Shelter or other NFIs. Consider reviewing the policy with regard to funding response preparedness. Pre-positioning stocks would allow for a more timely response to immediate needs within the first few days of a disaster.	CERF Secretariat
Improvement in the harmonization of data collection and in timely information sharing with sub-offices.	Guidance should be provided to sub-offices at the onset of an emergency on data collection. Existing Standing Operating Procedure should be reviewed and Relief Operational Guidelines drafted.	WFP Country Office Emergency Preparedness & Response Unit
Paying more attention to vulnerable beneficiaries in the prioritization process.	A checklist on minimum requirements for protection and gender in emergency should be prepared.	WFP Country Office Emergency Preparedness & Response Unit as well as

		Gender and Protection Officers
Application/consideration of appropriate transfer modality (food and/or cash) in the event of disaster	Feasibility of cash injection to be analysed through sectoral assessments, i.e., market, cash, financial, security, supply chain.	WFP Country Office Emergency Preparedness & Response and Supply Chain Management Units, sub-offices, UN and partners
Humanitarian response in rural contexts should consider the main sources of livelihood for the affected population. Support to the affected population to restore their livelihood is not only one of the "CERF lifesaving criteria" for the grant allocation but is a fundamental practice in humanitarian responses.	The importance of food assistance (in kind and through vouchers / electronic vouchers or cash) represents the first necessary support during humanitarian crisis with acute problems of food security. It is equally important that in the rural context, resumption of agricultural activities can start at the same time as food assistance, and possibly in the same areas and covering the same number of beneficiaries, in order to increase food availability locally and reduce dependency on food aid over the months ahead. Although beneficiaries may not be able to use the agriculture inputs until the planting season after the crisis, the timely distribution of agriculture/livestock inputs will contribute to reduced need for food assistance after the harvest.	CERF secretariat (considering the amount allocated per country) HC /RC and Head of Agency (when planning the allocation per sector) FAO / WFP and FSC Coordinator when planning the FS sector interventions.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
(Programming) Scope of protection programming should be expanded beyond psychosocial support and should be included more systematically from onset of the emergency: - Prevention of family separation (after the onset and as a secondary risk when forced displacement is prolonged and parents go to find work opportunities) - Trafficking - Disability - Prevention of sexual exploitation	Revise and improve 'ready-material' on key protection issues to be used by surge teams for sensitization for communities/ families and other government counterparts. Harmonize content across different states/regions, and include this in the pre-deployment package	UNICEF
(Coordination) Protection coordination cannot be efficient in the absence of general coordination mechanisms in the affected areas. Village level actors should be better encompassed within coordination structures.	General coordination meetings in affected areas have to be organized at the onset of the emergency. Communication from township to village level should be channeled with General Administration Department (GAD) support. Protection hubs should take advantage of the monthly meeting called by the head of the township administration (TA)/GAD with all village tracts to	OCHA UNICEF DSW

	include a protection item in the agenda.	
Data gathering mechanisms were weak. Government had good data but methodology for 'affected' + 'damage and loss' was not clear and needs improvement.	Consider software packages that can provide IM functionality from a single system. This will increase institutional capacity for emergency response and recovery as well as planning, delivery and evaluation.	Government and partners OCHA
Limited use of satellite data to identify worst hit areas.	Team up with UNESCAP & RIMES to develop software, train the DMH and RRD on use of satellite immagery for preparedness and response.	UNESCAP, RIMES, RRD, DMH
Rapid needs assessment was a slow process and the same methodology not applied in all states resulting in statisics that wereunrepresentative.	Ensure the MIRA app gets a thorough review for field accessibility/feasibility and methodology revised.	OCHA with inputs from Cluster coordinators
Lack of capacity of CSOs in flood affected areas – UNICEF was able to work through government quickly to reach communities but a gap was identified.	Build capacity and preparedness of government counterparts and NGOs across the country. Support mechanisms to facilitate rapid redeployment of staff (both NGO and government) from other regions within Myanmar.	UNICEF
Mechanisms to rapidly purchase supplies were not in place	This has been addressed through long-term agreements for key emergency items as well as increasing emergency stock equipment.	UNICEF
Greater localized contingency stocks are necessary to facilitate localized responses.	UNICEF has increased localized contingency stocks. Shared warehouses for greater localized stocking should be researched. District level contingency stocks are being planned with government.	UNICEF & Government
Roles, responsibilities and accountabilities in the WASH sector were spread across many stakeholders. There were conflicting levels of influence.	RRD's lead role in emergency response should be reinforced and appropriate mechanisms established to facilitate their lead. In areas of the country outside of the established HRP there should be clear guidance on whether clusters should be informally activited. In cases where the cluster system is not activated, support should be given to the state/regional level government to strengthen the WASH sector coordination mechansims.	RRD/DRD
Several government departments have emergency funds and no common system for transmitting money. Delays in transmitting funds were common.	A single robust finance mechanism should be advocated that allows for prepositioning of funds, rapid allocation and re-allocation of funds. CERF partners should coordinate with the various government departments on funding mechanisms and provide support where needed.	RRD
Weak coordination among health implementing partners was observed at the start of the response. Coordination improved with activation of the health Cluster	Ensure that a coordination mechanism is in place at the earliest sign of an emergency impacting public health.	All implementing partners and cluster/sector leads

and regular coordination meetings with all partners.		
Contingency stocks of health implementing partners were not known.	Establish a database for contingency stock and ensure regular update.	Health partner agencies
Rapid assessment focal points in affected regions were not known.	Establish a list for rapid assessment focal points and a communication tree.	Health partner agencies
IEHK kits and IDD kits could not be delivered to health facilities due to delayed arrival because of slow procurement processes. The kits were nevertheless prepositioned for future disasters and emergencies.	Review and revise the procurement process.	WHO
Integrated service provision consisting of EPI plus MNCH, including immunization and nutrition intervention, led to cost effectiveness and better results. For provision of outreach services to some hard to reach flood affected villages, UNICEF's partner, MHAA, was required to travel by small boat in difficult conditions. This was both very dangerous and costly. However, one trip was able to produce tangible outputs through the above mentioned integrated approach. The effects of integrating EPI, MNCH and nutrition services were complimentary. Regarding immunization services, however, the government only allowed MHAA to assist basic health staff (BHS) to mobilize communities for immunization and dissemination of health education. For this, MHAA had to closely coordinate with TMO and BHS to set dates for outreach activity. Due to understaffing and the BHS response to flood affected victims, at times MHAA was required to wait for days to work with the BHS, which led to operational and time constraints. MHAA was able to adjust and adapt such constraints in the latter part of the project period.	Maintain good practice of an integrated service provision approach and expand integration of more services with other sectors such as food security and protection. Advocate to the MOH to allow immunization activities to an approved number of NGOs, based on participation of trainings for certain situations, such as acute crisis or disasters. Also advocate for redeployment of BHS to crisis affected areas from other non-crisis areas.	MOH, WHO, UNICEF, other UN agencies and health implementing partners

Weak data collection and information management	There is a need to strengthen data collection and information management systems for emergencies especially at the DSW. UNFPA can support a technical expert on information management who will assist the DSW in setting up or in strengthening this system.	UNFPA
Rethinking the strategy to improve demand generation for psychosocial support and case management	The current strategy involves the deployment of case worker teams who move from village to village. Another approach is to partner with grassroot NGOs who may be able to establish GBV watch groups of women in the community. These women would then be trained to help identify victims of GBV and refer them for psychosocial support and case management.	UNFPA and its implementing partners
Addressing the needs of the elderly and the disabled	During program implementation, a substantial number of elderly and disabled beneficiaries were identified in the affected villages. Specific programs of assistance must be developed to address their special needs in emergencies.	ICCG
Reporting requirements	During the initial acute phase of the flood response, it was suggested that implementing partners report updated data weekly. Some implementing partners did not have an information management focal point and couldn't report achievements on a weekly basis. In future projects, the appointment of one information management person per agency is recommended.	UNFPA and implementing partners
No reports on GBV in the targeted affected areas, although women discussed their experiences of domestic violence in information sharing sessions.	GBV remains a very sensitive issue. Time is needed to build trust between the beneficiaries and service providers. This will promote the seeking of confidential quality services among affected women. Continued discussions and analysis of these issues is needed during protection working group meetings.	UNFPA, UNHCR and other protection sectors
Educated flood-affected communities in Sagaing and Magway regions demand for long-term contraceptives from MSI	The CERF-funded project was implemented in partnership with Marie Stopes International, an organization which had an existing RH programme providing comprehensive RH services. Accordingly, the flood-affected communities could easily be referred to an MSI clinic for implant insertion. This contributed to objective 5 of MISP: the integration of emergency SRH services to comprehensive SRH services. This was an important lesson learned about the benefits of choosing an implementing partner which has an existing programe and the capacity to provide comprehensive SRH services whenever needed.	UNFPA and implementing parnters
Cash-based support needs longer preparation time for awareness raising to prevent fraud.	For the first time, UNHCR and its partner Lutheran World Federation implemented cash-based shelter assistance through this CERF grant. To mitigate some of the possible fraud cases, it is imperative that the local language is used to directly address people of concern. Using translators will distort the information and potentially create loop-holes for abuse by local authorities, religious leaders, etc.	UNHCR and LWF

Post distribution monitoring is crucial	Cash-based assistance is a highly appreciated means of implementation among beneficiaries , however close post-distribution monitoring and effective feedback and complaint mechanisms are absolutely crucial. Monitoring is time consuming for staff but essenital. Without close follow up of any abuse allegations, trust between beneficiaries, authorities and the organizations is not possible.	UNHCR and LWF
Improvement in the MIRA form	MIRA was last updated more than a year ago and should be reviewed by intra-sector and sector/cluster partners	Humanitarian partners, humanitarian sectors/clusters, and ICCG
Identification and agreement on the definition of 'disaster affected people'	Definition of disaster affected people to be agreed with the government and humanitarian partners	Government and humanitarian partners
The recurrence of floods in Myanmar requires detailed consideration of cross-cutting issues and sectors spanning the DRR management continuum.	In addition to further enhancing the impact of life saving activity, importance should also be placed on preparedness aspects including early warning and risk reducing practices/technologies for the agriculture and food security sector. This would help promote the transition from a reactive to a proactive DRRM stance.	HC /RC (to ensure DRR and Disaster Risk Management is prioritized when requesting agency to formulate their project document). Agencies (to formulate project documents accordingly)

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	04/08/2015 – 03/02/2016
2. CERF project code:	15-RR-CEF-084	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Addressing immediate protection needs of children affected by July and August 2015 flooding and landslides in Myanmar		

7.Funding			
	a. Total project budget:	US$ 1,035,422	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 342,493	▪ *NGO partners and Red Cross/Crescent:* US$ 87,719
	c. Amount received from CERF:	US$ 286,493	▪ *Government Partners:* US$ 26,623

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	25,245	24,255	49,500	37,294	36,069	73,363
Adults (above 18)						
Total	**25,245**	**24,255**	**49,500**	**37,294**	**36,069**	**73,363**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	49,500	73,363
Host population		
Other affected people		
Total (same as in 8a)	**49,500**	**73,363**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	As a result of establishing mobile outreach teams, significantly more children were reached through mobile Child Friendly Space (CFS) than those that were originally planned through static CFS only.	

CERF Result Framework			
9. Project objective	Addressing immediate protection needs of children affected by July and August 2015 flooding and landslides in Myanmar		
10. Outcome statement	Children in priority disaster-affected areas of Rakhine and Chin State, Sagaing and Magwe Regions are receiving psycho-social support, are reunified with their family and are protected from abuse, violence ,a and exploitation		
11. Outputs			
Output 1	Immediate psycho-social support for boys and girls through temporary and mobile Child Friendly Spaces (CFS) for a minimum of 11,250 children		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Provision of Child-Friendly Spaces (CFS) Kits and supplies	75	136
Indicator 1.2	# of DSW/MRCS/INGO staff and volunteers (M/F) being trained on operating a CFS	225	320
Indicator 1.3	# of CFS where key protection messages have been distributed	75	76
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Identification of suitable spaces in existing evacuation centres/monasteries/shelters	DSW, with support of UNICEF	UNICEF and DSW
Activity 1.2	Establishment of Child Friendly Spaces	UNICEF	UNICEF and 5 CBOs (Zomi Youth Foundation, Green, TBC, MANA, SCVG) and one NGO (CFSI)
Activity 1.3	Emergency Introduction of DSW/MRCS/INGO staff and volunteers on operating the CFS, providing PSS and identifying child protection cases	DSW, with support of UNICEF	UNICEF (with support from 2 consultants)
Activity 1.4	Monitoring of Child Friendly Space activities in accordance with Minimum Standards	DSW, with support of UNICEF	UNICEF and DSW
Output 2	Prevention of family separation, immediate care for unaccompanied and separated children and response to separated children, as well as child survivors of violence, exploitation and abuse		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Townships with mechanisms in place for registration and receiving information and for active tracing of immediate family members and relatives	In 80% of affected townships	90%
Indicator 2.2	# of unaccompanied and separated children identified (M/F)	tbc	14 F
Indicator 2.3	% of registered UASC reunified with their families that have been reunified	90%	100%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Supporting and coordinating with the Government Social Welfare (DSW) and Red Cross Volunteers (MRCS) to prevent and address family separation,	UNICEF	UNICEF with support from existing partner Save the Children for

	as well as to arrange and monitor alternative care arrangements		Chin and Rakhine
Activity 2.2	Provision of individual Child Protection Kits for identified unaccompanied and separated children as well as to support survivors of exploitation, abuse and violence	UNICEF, through DSW/MRCS/INGO partners	UNICEF
Activity 2.3	Individual Support (Case Management Response, Referrals, Transport) for child survivors of violence, exploitation an abuse	DSW (if not present INGO partners) with support of UNICEF	UNICEF, DSW and 5 CBOs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Joint efforts between UNICEF and the DSW enabled the establishment of CFSs and mobile outreach teams in four states, as well as the establishment of seven protection coordination hubs with dedicated personnel.
More precisely, coordination hubs were established in four states/regions where the Government declared a State of Emergency, as follows
2 hubs in Chin (Hakka and Tedim)
2 hubs in Sagaing (Kale and Kawlin)
1 hub in Magway (1 hub in Magway)
2 hubs in Rakhine (Minbya and Ann)

The project and the protection response during the floods promoted a strong component of government ownership that was supported with a dedicated budget for DSW to support surge deployment of Government case managers/surge protection coordinator. The role of the DSW Case Managers as protection sector lead proved critical in the floods response. The increased presence of case managers will continue to improve system-building as well as emergency preparedness and DRR.

UNICEF also established new partnerships with local CBOs - Zomi Youth Foundation, Green Social Development Organisation (Green), Tedim Baptist Church (TBC), Myanmar Anti-Narcotics Association (MANA), Social Care Volunteer Group (SCVG) - and one international NGO - Community and Family Services International (CFSI) - in affected townships in order to support the emergency protection programme. The reach of these local networks together with the support they provided in terms of mobility significantly increased the initially planned targets. Despite their initial lack of dedicated CP expertise, working through localised networks was positive and crucial to mobilising populations at the village track level and ensuring referrals of children took place. This increased capacity outside the usual humanitarian operations was a definitive added value for DRR and future responses.

Fewer separated children were documented thanks to the efforts of the government in issuing quick alerts to the public which helped prevent family separation. However, the protection project put additional effort on prevention of secondary separation as the emergency became protracted, particularly for affected the populations in Chin and Sagaing, where children were at increased risk of being left behind by parents compelled to find livelihood opportunities outside of camps/evacuation sites.

By the end of the project there was an unspent amount of $7,424. These funds were part of the allocation provided to UNICEF's Government counterpart, the DSW, at the Union level and were intended to support activities in Minbya and Ann townships in Rakhine State. However, the DSW in Rakhine could not commit to long term deployments of their staff to Minbya and Ann (abruptly reversing a decision that was made earlier and despite the fact that UNICEF had identified a potential CBO partner to work alongside DSW in these two townships.) It was then agreed with the DSW in Naypyitaw that UNICEF could not start any protection programming with a new CBO without close supervision by the Government (with some support from UNICEF). Slow communication and processes led to further delays and unfulfilled spending of $7,424.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
At the core of the protection response (and all protection responses) is Accountability to Affected Populations (AAP) beginning with a strong component on communication to communities. Pre-designed and field tested child protection messages were disseminated at the onset of the emergency, and new messages (on mine risks) were designed as per newly identified risks. In order to enhance the reach of these messages, UNICEF worked with the BBC Media Action - a radio lifeline programme - to widely disseminate life-saving messaging to affected communities. In addition, volunteers recruited to work as part of safe spaces for children received trainings and were briefed on their roles and codes of conduct, and were closely supervised by senior UNICEF Child Protection staff and Government case workers. Finally, the project had an equity focus with the setup of a mobile outreach team to ensure a protection presence and to facilitate the feedback mechanism from the most vulnerable communities, i.e. those unable to reach evacuation centres or in remote locations. The mobile teams were critical in ensuring the affected populations were informed about the Government reconstruction plan, and to advocate when some communities were left out from the reconstruction plan, such as in Chin and Sagaing.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
There was no formal evaluation however, a one-day lessons learned workshop was jointly organized by the DSW and UNICEF in Naypyitaw on 27 October 2015 to reflect the emergency protection response in the context of the floods, and to draw lessons based on challenges and achievements in order to close pending gaps in the response and improve preparedness for future emergencies. The discussion was articulated around four main thematic areas (Operation, Programming, Coordination and Capacity), some conclusions of which are reflected in Table 7, Observations for Country Teams under section IV. Lessons Learned.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	03/08/2015 – 02/05/2016
2. CERF project code:	15-RR-CEF-085	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Emergency Water, Sanitation and Hygiene Promotion for flood affected populations in Myanmar		

7. Funding

a. Total project budget:	US$ 8,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 2,715,153	▪ *NGO partners and Red Cross/Crescent:*	US$ 835,593
c. Amount received from CERF:	US$ 2,304,994	▪ *Government Partners:*	US$ 385,338

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	17,680	16,320	34,000	35,909	33,024	68,933
Adults (≥ 18)	34,320	31,680	66,000	69,335	63,497	132,832
Total	**52,000**	**48,000**	**100,000**	**105,244**	**96,521**	**201,765**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	15,000	18,566
Host population		
Other affected people	85,000	183,199
Total (same as in 8a)	**100,000**	**201,765**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of planned versus actual beneficiaries differs significantly due to two over-achievements towards Outputs 1 and 3. For output 1, targets were over-achieved due to the rapid start-up of the emergency response as well as pre-existing partner agreements which allowed UNICEF to rapidly distribute water purification tablets and bleaching powder. For output 3, the distribution of 31,788 hygiene kits assured that 158,940 people were reached (assuming 5 people per household).

CERF Result Framework			
9. Project objective	Provision of emergency water supply, latrines, and hygiene materials to 100,000 flood victims within 4 months		
10. Outcome statement	Flood affected people including children and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities		
11. Outputs			
Output 1	People have equitable and sustainable access to sufficient quantity of safe drinking and domestic water		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# target population with equitable access to sufficient quantity of water for drinking and domestic use	100,000	162,504
Indicator 1.2	# of children in schools and temporary learning spaces with access to sufficient quantity of safe water	14,500	19,817
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of water purification tablets and storage facilities	DPH, DRD, NGOs	DPH,DRD,NGOs
Activity 1.2	Emergency Water Supply at displacement camps	DRD, NGOs	DRD,NGOs
Activity 1.3	Water source cleaning and rehabilitation for communities	DPH, DRD, NGOs	DRD,DPH, NGOs
Activity 1.4	Repair of water supplies in IDP camps in Rakhine	NGOs	NGOs, contractors
Output 2	People have equitable access to safe sanitation and live in a non-contaminated environment		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of target population with equitable access to safe sanitation facilities	100,000	51,881
Indicator 2.2	# of children in schools and temporary learning spaces in target locations with access to child-friendly sanitation facilities	20,700	19,817
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of emergency latrines at displacement camps	DPH, NGOs	DPH,DRD,NGOs
Activity 2.2	Environment clean up through cash for work	DPH, DRD, NGOs	DRD,NGOs
Activity 2.3	Emergency latrines for most vulnerable households	DPH, NGOs	DRD, NGOs
Activity 2.4	Repair of latrines in IDP camps	NGOs	NGOs
Output 3	People adopt basic personal and community hygiene practices		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of target population with basic knowledge of diarrheal disease transmission and prevention	100,000	63,156

Indicator 3.2	# of hygiene kits distributed to affected communities	30,000	31,788
Indicator 3.3	# of information products distributed to the affected population through a variety of mechanisms on good hygiene practices	10	14
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Emergency Hygiene Message dissemination through multiple channels	DPH, DRD, NGOs	DPH, DRD, NGOs
Activity 3.2	Distribution of hygiene kits to flood affected communities	DPH, DRD	DPH, DRD
Activity 3.3	Distribution of hygiene kits to IDPs in camps	NGOs	NGOs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Indicator 1.1 More people were reached than originally planned and the need for clean water was greater than initially anticipated. As such greater quantities of bleaching powder and water purification tablets/sachets were distributed.

Indicator 2.1 Fewer people were reached than planned as a result of sanitation facilities being less damaged than initially expected. Furthermore, some communities proactively addressed the needs by leading their own re-construction/construction of sanitation facilities. Funding saved from this activity was reprogrammed to support extreme water shortages February to May as a direct result of flood damage to water systems.

Indicator 3.1 Few people were reached than anticipated as partners prioritised repairing of water supplies and sanitation facilities in most of the flood affected areas. Funding saved from this activity was reprogrammed to support extreme water shortages February to May as a direct result of flood damage to water systems.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The WASH response targeted entire affected communities with blanket distribution of supplies and supporting interventions to ensure rapid response, which ensured that girls, boys, women, and men, including older people and those with disabilities had access to appropriate and safe WASH services. As the response evolved partners were able to focus response onto those critically affected and address gaps in coverage. Where partners had capacity data was disaggregated by age, gender and disability but these data were not fully captured during the initial stages of the emergency. In addition, the needs of girls and women were met through the provision of hygiene kits with culturally appropriate feminine hygiene items. By ensuring access to clean water, this supported protection of women and girls as the duty bearers of household water supplies.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

UNICEF contributed to the Post Floods and Landslides Needs Assessment (PFLNA) led by the Government in October 2015, and thereafter undertook an internal Lessons Learned process to determine strengths and weaknesses of UNICEF's response, and to address gaps and help develop capacities for future responses. As the floods response was government-led, UNICEF will contribute to an evaluation of the CERF projects should a request be made However, to date no external evaluation is planned.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO	**5. CERF grant period:**	UNICEF: 14/08/2015 – 13/02/2016 WHO: 17/08/2015 – 16/02/2016
2. CERF project code:	15-RR-CEF-086 15-RR-WHO-031	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Addressing health needs in the flood affected population		

7. Funding

a. Total project budget:	US$ 4,500,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,022,974	▪ *NGO partners and Red Cross/Crescent:*	US$ 104,271
c. Amount received from CERF:	US$ 1,022,974	▪ *Government Partners:*	US$ 299,909

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	27,391	25,284	52,675	43,384	37,296	80,680
Adults (≥ 18)	50,795	46,813	97,608	72,438	55,555	127,993
Total	**78,186**	**72,097**	**150,283**	**115,822**	**92,851**	**208,673**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	150,283	208,673
Total (same as in 8a)	**150,283**	**208,673**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	**UNICEF** In addition to the reported beneficiary figures above, UNICEF reached an additional estimated 120,000 through its government counterparts. This figure is based on emergency and lifesaving medicines and supplies given to the DPH, channelled to regional, state and township health departments, factoring in conservative estimates for the respective catchment area populations.

CERF Result Framework			
9. Project objective	Reduce avoidable morbidity and mortality from floods		
10. Outcome statement	Essential medical services are made available to floods affected population in 4 declared areas natural disaster areas		
11. Outputs			
Output 1	Health facilities are strengthened through mobilization of essential resources such as medicines and human resources within three months		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health facilities supported with staff and supplies	35	40
Indicator 1.2	Number of Health staff mobilized	100	120
Indicator 1.3	Number of IEHK supplementary kits and diarrhoeal disease kits to be delivered	20 (10 of each)	20 (10 of each) prepositioned for future disasters/emergencies
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Identification of badly damaged health facilities	MoH, WHO, Cluster partners	The MoH and humanitarian partners identified the damaged health facilities in floods affected regions.24 rural health centres and sub rural health centres have been totally destroyed.
Activity 1.2	Provision of necessary human resources and supplies for providing treatment	MoH, WHO	The MoH deployed medical teams and provided medical supplies to the floods affected areas. The WHO provided medical supplies to the MoH in the floods affected areas.
Activity 1.3	Procurement of kits	WHO	WHO procured 10 IEHK kits and 10 IDD kits to be prepositioned for the future disasters/ emergencies.
Activity 1.4	Delivery of kits to health facilities	WHO	Procured kits were not delivered in response project term, but kits were prepositioned for the future disasters/ emergencies.
Output 2	Strengthen emergency surveillance system in affected townships		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Emergency surveillance system functioning in affected townships	20	Emergency surveillance system functioned in 54 affected townships in Chin, Rakhine, Sagaing, and Magway.

Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of necessary human resources and technical expertise	MoH, WHO	The MoH provided 120 staff for the emergency health care and the WHO provided operational costs for the MoH health staff.
Activity 2.2	Provide adequate supplies and logistical and operational support for addressing public health needs	MoH, WHO	The MoH provided medical supplies to the disaster affected areas. The WHO provided support for emergency operational costs to the MoH in the floods affected areas.
Output 3	Up to 150,284 persons, including 13,224 young children (<5 years of age) and 1,000 pregnant women and their new-borns, equitably access to critical life-saving services in flood-affected areas		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Percentage of children less than 5 years of age with diarrhoea episodes treated with ORS and Zinc.	95%	128%
Indicator 3.2	Number of basic and complicated delivery kits delivered to support delivery by skilled birth attendants	10	43 basic and 20 complicated delivery kits
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procurement of essential drugs (antibiotics, ORS/Zinc, IEHK basic kits, child survival kits) and supplies (basic and complicated delivery kits)	UNICEF and partners	60 IEHK 2011 basic kits, 200 Child survival kit A, 43 basic delivery kits, 20 complicated delivery kits, 1,100 pack (100 sachets per pack) of ORS, 6,000 packs (100 tab per pack) of Zinc tablets were procured for the worst flood affected 6 states and regions. (Health promotion materials were printed jointly with WASH).
Activity 3.2	Distribution of essential drugs (antibiotics, ORS/Zinc, IEHK basic kits, child survival kits) and supplies (basic and complicated delivery kits) to support delivery of MNCH (including iCCM/ IMNCI) interventions	UNICEF and partners	60 IEHK 2011 basic kits, 200 Child Survival kits, 43 basic delivery kits, 20 complicated delivery kits, 1,100 pack (100 sachets per pack) of ORS, 6,000 packs (100 tab per pack) of Zinc tablets were distributed to the 6 worst affected states and regions.
Activity 3.3	Provision of surge human resources, technical expertise and operational support	UNICEF and partners	27 skilled staff from MHAA were deployed to 8

	for delivery of MNCH interventions		townships in 3 regions and states for implementation of flood response activities and 6 staff from UNICEF from both Yangon and fields provided technical support, supportive supervision and monitoring and logistic support.
Output 4	All affected populations are exposed to key health education/promotion messages through multiple channels.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number and type of information products distributed to the affected populations	4,000 (one per household)	A total of 13,500 posters on 'Lets protect to survive'; 6,300 Poster on 'Tips for good health' and 6,300 booklets on 'protect and survive' as well as additional 6,300 booklets on '4 clean' with hygiene, health and protection information messages were distributed to more than 10,000 flood affected households in the targeted townships.
Indicator 4.2	Percentage of the affected population that report receiving a key health message	90%	100% of targeted households received key health messages through at least two awareness raising sessions during the project period.
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Printing and dissemination of health education messages to populations affected by floods, through multiple channels	UNICEF and partners	All planned posters and booklets with health and protection messages were printed.
Output 5	Children, women and other affected persons access life-saving interventions through emergency referral		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	Number of severely ill patients including children and women (e.g. emergency obstetric case)s who can access appropriate care at the nearest available health facility	200	234

Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Provide referral support to severely ill patients including children and emergency obstetric cases to seek appropriate care at health facility.	UNICEF and partners	A total of 234 people (176 female and 58 males) including 65 children under five year old (33 girls and 32 boys) received referral support through MHAA.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

WHO

- 40 health facilities were supported with staff and supplies which achieved 114% of target 35. This was due to a higher-than-expected number of health facilities needed to be supported.
- 120 health staff was mobilized to floods affected regions which achieved 120% of target 100. This was due to higher-than-expected needs to mobilize the health staff in floods affected regions.
- The WHO was unable to dispatch IEHK kits and IDD kits during the emergency response because of the delayed procurement process but 10 IEHK kits and 10 IDD kits were prepositioned for the future disasters/ emergencies.
- Emergency surveillance system functioned in 54 townships which achieved 270% of target 20. This was due to ability of the MoH and the operational support of the WHO to conduct disease surveillance in the floods affected regions.

UNICEF

- UNICEF reached 128% of the target for treatment of children under five with diarrhoea. Children received ORS sachets and Zinc tablets. More children were treated than targeted due to MHAA's ability to access remote areas. In addition, the over-achievement may have been due to a higher-than-expected occurrence of diarrhoea in children under five as a result of a second wave of flooding that occurred about three to four weeks after the massive floods in July/August.
- UNICEF procured a total of 63 'basic' and 'complicated' delivery kits (43 'basic' kits and 20 'complicated' kits). An additional 23 kits were purchased through cost savings from joint IEC production and printing with the CERF for WASH project.
- Support for referrals achieved 117% against the target of 200 patients, where 34 individuals received referral support than planned through outreach services. This was because some moderately ill patients from remote areas had to be referred to appropriate health facility/hospitals for care, and lacked the necessary transport and access to services otherwise.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WHO

The authorities at state/region, township and village level and the local residents assisted the health personnel in identification of damaged health facilities, provision of emergency health care and monitoring of the project. The emergency health services provided at all levels of government health facilities and temporary clinics were free of charge. The senior MoH officials conducted monthly monitoring visits (at minimum) to the places where emergency health care were provided. The WHO staff participated in needs assessments and monitored the project monthly in collaboration with respective health authorities.

UNICEF

The project target townships were selected based on the extent of the floods and the areas where health resources were affected the most, as well as areas where the pre-floods situation had higher morbidity and mortality of children under five and maternal mortality. As such, three townships (Kale, Kalewa and Tamu) in Sagaing region, two townships (Pwintbyu and Sidoktaya) in Magway region and three townships (Kyauktaw, Mrauk U and Minbya) in Rakhine State were selected as targeted areas. Qualified staff from MHAA were recruited and project orientation plus refresher trainings on immunization, MNCH, communicable disease control, nutrition and communication skills were given to MHAA staff before deploying to the project sites. At least one female MHAA staff member was assigned to each township to be able to provide and support maternal health to the BHS. Equipment, essential medicines and IEC materials for the project were provided through UNICEF.

UNICEF staff from field offices (Mandalay team for Sagaing and Magway and Sittwe team for Rakhine State) and UNICEF Country Office undertook monitoring of the project on a bimonthly (at minimum) to ensure proper and effective use of supplies and medicines for affected patients and proper registration of patients and stock taking records in the project areas.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation of project was planned and conducted as the project nature is a rapid response and project duration was only 4 months.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	03/08/2015 – 03/03/2016
2. CERF project code:	15-RR-FPA-025	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Immediate and Rapid Response to Gender-Based Violence through provision of mobile case management and psychosocial support to reach most affected areas		

7. Funding

a. Total project budget:	US$ 1,500,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 366,668	▪ *NGO partners and Red Cross/Crescent:*	US$ 29,532
c. Amount received from CERF:	US$ 366,668	▪ *Government Partners:*	US$ 96,591

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)				695	14	709
Adults (≥ 18)	18,000		18,000	12,971	229	13,200
Total	**18,000**		**18,000**	**13,666**	**243**	**13,909**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	18,000	13,909
Host population		
Other affected people		
Total (same as in 8a)	**18,000**	**13,909**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The project fell short of the main target output which is the number of women and girls provided with psychosocial support and case management services and dignity kits. Of the 18,000 women targeted, only 13,666 or 76% were reached. In terms of modality, the roving teams of case workers especially from DSW did not have sufficient time to develop good relationships with the affected women and girls in the community that would allow the women and girls to open up and share their concerns about such a sensitive issue as GBV. Moreover, the concept of GBV is fairly new and for most of the IDPs this was the first time they had ever heard of GBV so they might have a hard time understanding and internalizing the concept. Thirdly, it also appeared that the organization of the community groups of women could had been maximized to bring in more women in need of psycho-social counselling and case management. It is the community women who know whom among them are victims of GBV. They could have been organized by MSI as GBV watch groups ready to assist their peers who suffer intimate partner violence or other forms of GBV.

CERF Result Framework			
9. Project objective	To address the unmet needs of GBV survivors and women and children at risk in Sagaing, Magway, Chin and Rakhine state/region through the provision of a multi-sectoral prevention and response to gender-based violence within a four month timeframe		
10. Outcome statement	Displaced women and girls in flood affected regions provided with rapid GBV response services		
11. Outputs			
Output 1	18,000 women and girls have access to survivor centred response services for GBV		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of functional referral pathways	6	15
Indicator 1.2	Number of community based workers trained in identification of GBV survivors for referral	20	52
Indicator 1.3	Number of service providers providing psychosocial support	2	49
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and distribution of 12000 dignity kits	UNFPA	MSI and DSW distributed 11500 dignity kits
Activity 1.2	Case Management (including Clinical Management of Rape) and Psycho social support training	MSI (facilitated by UNFPA)	9 trainings conducted by MSI and facilitated by UNFPA with 231 participants
Activity 1.3	Establish safe spaces in evacuation centres	DSWRR	DSW established 6 safe spaces
Activity 1.4	Deliver mobile services for counselling and psychosocial support through a team of trained counsellors	MSI and DSWRR	MSI deployed 3 teams in 4 locations; DSW deployed 6 teams

			in 6 locations for a total of 9 teams
Activity 1.5	Provide mobile case management services	MSI and DSWRR	MSI provided case management for one rape survivor
Output 2	Improved access to services through increased safety and security of women and girls		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of community based protection mechanisms identified and provided with capacity to identify and refer cases of GBV	16	52
Indicator 2.2	Number of safety audits conducted in evacuation centres	16	45
Indicator 2.3	Number of community awareness sessions on GBV	16	78
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identification of and capacity building of community based women's groups through awareness raising to support identification of cases of GBV to refer to support services	MSI and DSWRR	52
Activity 2.2	Development and distribution of IEC material to ensure awareness of the availability of services	UNFPA, MSI and DSWRR	MSI distributed 1,200 flyers while DSW used posters for their GBV sessions
Activity 2.3	Conduct safety audits	MSI, DSWRR	MSI conducted 45 safety audits

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

It can be observed from the CERF Result Framework table that through CERF funding, the project was able to meet and even exceed all output indicator targets. Only the distribution of dignity kits was below target (11,500 vs 12,000). The project was able to put in place capable human resources and logistics to address the GBV needs of women and girls. Nine teams from DSW and MSI consisting of 49 case managers/workers were deployed to provide psychosocial support and case management. In addition, 52 community based workers and 44 volunteers were trained to support the case workers. Moreover, 6 safe spaces for women were set up; 15 referral pathways (instead of just 6) were established and 45 safety audits as against the 16 targeted were conducted. A total of 78 community awareness sessions on GBV were conducted (instead of only 16) reaching 172,316 IDPs.

However, the project fell short of the main target output which is the number of women and girls provided with psychosocial support and case management services and dignity kits. Of the 18,000 women targeted, only 13,666 or 76% were reached. In terms of modality, the roving teams of case workers especially from DSW did not have sufficient time to develop good relationships with the affected women and girls in the community that will allow the women and girls to open up and share their concerns about such a sensitive issue as GBV. Moreover, the concept of GBV is fairly new and for most of the IDPs this is the first time they have ever heard of GBV so they may have a hard time understanding and internalizing the concept. Thirdly, it also appears that the organization of the community groups of women could have been maximized to bring in more women in need of psycho- social counselling and case management. It is the community women who know whom among them are victims of GBV. They could have been organized as GBV watch groups ready to assist their peers who suffer intimate partner violence or other forms of GBV.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design,

implementation and monitoring:	
Accountability to affected populations has been ensured by enabling the participation of IDP women and girls in the project design, implementation and monitoring. Focus group discussions and interviews were conducted to ascertain that the needs of the affected population were directly addressed in a timely manner and that the services were of the desired quality. Case workers through their reports provide feedback from the affected population enabling the program to make the necessary adjustments.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Internal project evaluation was conducted for this project at Naypyitaw from 29 Feb to 1 March 2016. The evaluation workshop was conducted at the end of February 2016 participated by UNFPA with MSI and DSW to assess the effectiveness, appropriateness, quality and sustainability of the activities, to document lessons learned and to propose recommendations on how to improve the response to address the unmet needs of GBV survivors and women and girls for future emergencies.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	14/08/2015 – 11/03/2016
2. CERF project code:	15-RR-FPA-026	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of Life Saving Basic Medical and Reproductive Health Care Services (BMRHs) to peoples affected by floods in Sagaing and Magway Regions and Rakhine State of Myanmar		

7.Funding

a. Total project budget:	US$ 4,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 379,251	▪ *NGO partners and Red Cross/Crescent:*	US$ 315,146[3]
c. Amount received from CERF:	US$ 379,251	▪ *Government Partners:*	.

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	16,500	8,250	24,750	15,752	5,904	21,656
Adults (≥ 18)	11,250	9,000	20,250	30,920	13,777	44,697
Total	**27,750**	**17,250**	**45,000**	**46,672**	**19,681**	**66,353**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		33,187
Host population		
Other affected people	45,000	33,166

[3] The initial amount allocation for NGOs was USD318,240 and the actual transferred was USD315,146 [due to exchange rate from USD to MMK].

Total (same as in 8a)	**45,000**	**66,353**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	1. UNFPA's partners namely: MSI, MMA and Malteser are well known in those affected areas. Affected population trust them and therefore, most of them came to get SRH services. 2. Public information and good awareness raising sessions attracted people to come and get RH services. 3. People live surrounding affected areas were also accessing SRH services provided by the UNFPA's partners.	

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality by providing basic medical and reproductive health care services to people affected by flood in Sagaing and Magway Regions and Rakhine State of Myanmar		
10. Outcome statement	Availability of access to life-saving reproductive health services in order to prevent excess maternal and neonatal mortality and morbidity amongst the affected population		
11. Outputs			
Output 1	Basic medical supports and reproductive health care services to people affected by floods provided;		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women received RH services	25,000	46,672
Indicator 1.2	Number of men received RH services	15,000	19,681
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide basic RH services to affected males and females	MSIM, MMA, Malteser [and IMC]	MSIM, MMA, Malteser
Output 2	Emergency referral for patients who need for hospital care and management including management of sexual violence cases available		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of female clients referred to higher level of health facilities	750	729
Indicator 2.2	Number of male clients referred to higher level of health facilities	500	79
Indicator 2.3	Number of sexual violence clients referred to higher level of health facilities	75	0
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct outreach mobile clinic activity	MSIM, MMA, Malteser [and IMC]	MSIM, MMA, Malteser [and IMC as the sub grantee of Malteser]
Activity 2.2	Support revitalisation of existing health facilities	MSIM, MMA, Malteser [and IMC]	MSIM, MMA, Malteser [and IMC as the sub grantee

			of Malteser]
Activity 2.3	Establish referral mechanism including life-saving multi-sectoral approach [i.e.: protection and psychosocial support]	MSIM, MMA, Malteser [and IMC]	MSIM, MMA, Malteser [and IMC as the sub grantee of Malteser]
Output 3	Access to referral for emergency obstetric care (EmOC) clients established and restored		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of EmOC clients referred	50	118
Indicator 3.2	Referral mechanism available in three project locations	3	5
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Provision of EmOC services	MSIM, MMA	MSIM, MMA, Malteser
Activity 3.2	Establish emergency obstetric care referral mechanism	MSIM, MMA	MSIM, MMA, Malteser
Output 4	Affected community made aware with the importance of RH issues such as: safe delivery, STIs and HIV preventions and GBV during displacement and after return.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of women attended reproductive health education sessions on RH in emergency issues;	20,000	17,779
Indicator 4.2	# of women attended reproductive health education sessions raised knowledge on RH issues [i.e.: safe delivery, STIs and HIV preventions and GBV];This will be measured by providing pre-test and post-test. [At least 25% marked raised from pre-test to post test	5,000	6,447
Indicator 4.3	#men attended reproductive health education sessions on RH in emergency issues;	10,000	9,365
Indicator 4.4	# of men attended reproductive health education sessions raised knowledge on RH issues [i.e.: : safe delivery, STIs and HIV preventions and GBV];This will be measured by providing pre-test and post-test. [At least 25% marked raised from pre-test to post test	2,500	2,471
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Education sessions on RH in emergency issues	MSIM, MMA and Malteser	MSIM, MMA, Malteser
Output 5	Basic emergency commodities including emergency RH Kits and dignity kits distributed		
Output 5 Indicators	**Description**	**Target**	**Reached**

Indicator 5.1	# of RH Kits distributed	10	44 [4]
Indicator 5.2	# of Dignity Kits distributed	9,000	6,700[5]
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Distribution of Emergency RH Kits, including Clean Delivery Kits	UNFPA	MSIM, MMA, Malteser, UNFPA
Activity 5.2	Distribution of Dignity Kits	UNFPA	MSIM, MMA, Malteser, UNFPA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project reached a total of 66,353 [147%] of flood affected populations which well exceeded the initial target of 45,000. The number of female clients referred to higher level of health facilities reached 729 [97%] compared to the targeted 750 clients, whereas the number of male clients referred was 79 [15%] only compared to the target of 500. This was due to fewer numbers of male clients visiting the clinics and needs in advocacy and orientation of the mobile teams with the communities. The communities perceived that the mobile and static clinics were specifically targeted to the women and girls.

There were no reports on sexual violence against women in the targeted flood affected townships in Sagaing and Magway regions and Rakhine State during project period. Gender Based Violence (GBV) remains a very sensitive topic in the affected areas and it requires time to build trust in services where women can go safely for disclosure and receive confidential quality service. In Maungdaw and Buthidaung Townships (Northern Rakhine State, nRS) women were extremely hesitant to seek support but in women only information sharing session, they discussed experienced of domestic violence, confirming it is commonplace. There is no established and formal referral GBV pathway in northern Rakhine State, leaving few opportunities for referral despite activities conducted by other UN agencies like UNHCR and UNICEF. There is on-going discussions and analysis during protection working group meetings.

The 120 mobile clinics were conducted and The referral mechanisms in Kale Township (Sagaing Region), Salin and Sidoktaya Townships (Magway Region), Maungdaw and Sittwe Township (Rakhine State) were established.

There were total of 118 [236%] EmOC services provided to the affected areas which are exceeding the planned figures which was initially planned for only 50 clients. As there were more complicated pregnancy that needs to be referred to the referral centres in the flood affected areas.

The number of women attended reproductive health education sessions reached 17,779 women, where 6,447 (36%) marked raised knowledge from pre-test to post-test. For men, 2,471 (26%) out of total 9,365 health education session attendances raised knowledge on Reproductive Health issues including safe delivery, STIs, HIV and GBV etc. According to the implementing partners, this might have been due to the motivation of women to learn more about their health and so higher absorption of knowledge than that of men.

[4] Indicator 5.1.: The budget allocation for Emergency RH Kits [USD25,000] was enable UNFPA to procure more than initially planned [from 10 to 44 sets of kits]. The actual expenditure for the H Kits was USD26,578.20 due to exchange rates as well as freight costs. *Attached the Procurement of H Kits as well as the Distribution Plan/List.*

[5] Indicator 5.2.: Although this project does not budgeting procurement and distribution of Dignity Kits, the distribution of the items was captured as one of the key indicators since the RH project is complementing the GBV project. The Dignity Kits were procured under the GBV project interventions.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The funding was used to support life-saving reproductive health interventions in line with the CERF life-saving criteria in the selected areas of Magway, and Sagaing regions and Rakhine State. It was used specifically to provide basic reproductive health services to men and women; as well as to utilise Basic Emergency Obstetric Care [B-EmOC] services and its referral to Comprehensive Emergency Obstetric Care [C-EmOC] for pregnant women. The funds were also used for distribution of related reproductive health kits and commodities; as well as for health and reproductive health awareness issues among the affected population. UNFPA country office monitored the activities implemented by the partnered organizations. The project officers/project managers of implementing partners conduct monitoring visits regularly to the fields. The implementing partners also deployed information management officers for establishing reporting mechanism and weekly HIS reports. International Humanitarian Specialist, National Humanitarian Response Coordinator and Information Management Officer conducted monitoring visits and supportive supervisions to the affected areas. Information Management Officer worked closely with implementing partners to ensure the quality data flow and proper monitoring and evaluation mechanism. The systematic assessment was done to identify the real needs of the affected populations and they will also be requested to participate in the project evaluations in the coming months.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
There is no plan to evaluate this specific CERF funded project. An evaluation exercise of the overall UNFPA's humanitarian programme will be conducted in late second quarter of 2016. UNFPA will share the evaluation report after the completion of the exercise.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	01/08/2015 – 31/01/2016
2. CERF project code:	15-RR-HCR-036	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Shelter		☒ Concluded
4. Project title:	Support for shelter for internally displaced persons, recently returned IDPs, and communities affected by Cyclone Komen in Rakhine State		

7.Funding

a. Total project budget:	US$ 2,362,813	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 692,557	▪ *NGO partners and Red Cross/Crescent:*	US$ 154,602
c. Amount received from CERF:	US$ 480,289	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	2,758	2,758	5,516	2,357	2,759	5,116
Adults (≥ 18)	4,137	4,137	8,274	2,764	2,113	4,877
Total	**6,895**	**6,895**	**13,790**	**5,121**	**4,872**	**9,993**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	12,490	4,588
Host population	1,300	5,405
Other affected people		
Total (same as in 8a)	**13,790**	**9,993**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The targeted number of beneficiaries changed after the type of shelter repair was amended and therefore a project revision was submitted and approved in October 2015. The revised target population to be reached with the action was at 8,300 persons (4,000 in IDP camps, 1,800 in the northern part of Rakhine State, and 2,500 people in the central part of Rakhine State). The final number of people reached by the project has slightly overpassed the revised target number.

	The shelter repair activities reached 4,588 people in IDP camps in Sittwe Township, 1,135 people in Maungdaw and 1,476 people in Buthidaung townships, as well as 2,794 flood affected people in Kyauktaw Township.

CERF Result Framework			
9. Project objective	Humanitarian response to meet the immediate and live-saving shelter needs of displaced persons, host communities and other affected communities by the 2015 cyclone/floods		
10. Outcome statement	Address time critical humanitarian needs of the cyclone/flood-affected population in the severely affected IDP camps, host communities and other affect communities through the provision of shelter repairs and provisions of shelter materials		
11. Outputs			
Output 1	Reduce morbidity and mortality due to exposure through the provision of shelter support to the cyclone/flood-affected IDP population, host communities and other affected communities in Rakhine State		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Shelters units/rooms repaired in camps, host communities	2,500 damaged shelter space repaired	1,814
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Engagement of partners in agreements or direct planning by UNHCR to implement shelter support	UNHCR, partners	UNHCR, LWF
Activity 1.2	Provide support for shelter repairs for damage caused by cyclone/flooding (which will vary in cost and scale from replacement of walls, roof) to ensure safety of shelter for habitation	UNHCR, partners	UNHCR, LWF
Activity 1.3	Prioritisation of persons with special needs and other protection considerations (in parallel with activity 1.2)	UNHCR, partners	UNHCR, LWF
Activity 1.4	Monitoring of shelter support conducted by Shelter Cluster, in addition to information sharing with the Shelter Cluster regarding gaps and needs	UNHCR, partners	UNHCR, LWF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The initial planning of the project was focusing on mainly temporary shelter repair in IDP camps, however as a result of the Government stepping forward for repair in IDP camps after this proposal was submitted, UNHCR was requested to provide more emphasis on flood damaged shelter in non IDP flood affected communities. In addition, UNHCR opted to partly change the modality of shelter repair and focus on cash-based transfer for flood affected communities. Both changes were approved through a re-programming by CERF. As a consequence the number of beneficiaries was smaller than initially planned.

Once the reprogramming was approved in October 2015, the required government approval for the cash-based shelter support took longer than UNHCR has initially estimated and only on 11th December the actual cash distribution commenced for the 508 households in Kyauktaw Township in Rakhine State, with the distribution in the northern part of Rakhine State starting a few days earlier. The distribution was closely monitored by UNHCR and its implementing partner, the Lutheran World Federation, as it consisted a novelty in assistance delivery for UNHCR in Rakhine State. Close follow up monitoring allowed UNHCR to immediately identify irregularities in the distribution modality and take action to correct the situation.

Monitoring visits revealed that the beneficiaries regarded the cash grants as cost effective tools that give them the freedom to procure the quality shelter materials based on their actual construction needs in taking into account the materials available on the local market. The following points were highlighted by affected populations:

- shelter grants allowed them to allocate their regular financial resources to primary needs (food, clothes, restoration of their livelihood and food stock, etc.);
- avoided children to drop out from school, especially those in working age;
- ensured a minimum standard of shelter to the most vulnerable persons living in the open or in makeshift dwellings;
- prevented some family members on departing abroad for economic reasons.

The cash-based assistance in mixed communities was appreciated by the village elders and religious leaders from both communities as a way to demonstrate that the UN humanitarian assistance is provided to all communities based on needs.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The beneficiaries were selected according to specific eligibility criteria, such as the degree of damage to the house, their financial status, vulnerability and other humanitarian imperatives (women and child-headed households, disability, elderly person, medical needs, etc.). While many affected people re-constructed their houses with their own funds, the CERF grant focused on those persons of concern which still lived in either make-shift dwellings or were living with neighbours at the time of the in-depth assessment.

The goal of the project, to support the reconstruction of shelters through cash-based transfers, was explained through awareness sessions in the communities (see attached photo with awareness poster). Beneficiaries signed terms of reference/contract with the local authorities and UNHCR witnessing. The authorities asked the communities to rebuild the houses on the original plot with the pre-cyclone size and design. For those families who wished to build elevated houses, the re-building required prior government permits. Under normal times Muslim families need a permit from the authorities to repair houses, however this de-factor exemption for the cyclone Komen related repair had a positive effect in terms of timely response and meeting rather tight deadlines of implementation.

To enhance the transparency and accountability to affected populations, posters publishing the gratuity of UNHCR's assistance and how to access complaint mechanisms in case of fraud and abuse were disseminated and placed in public spaces in the targeted village tracts. UNHCR paid regular visits to the beneficiaries to monitor the progress of the construction and check on any possible protection concerns related to the use of cash. Further, UNHCR liaised closely with the authorities, such as Township and Village Administrators, Forestry Department and Border Guard Police to prevent and respond to reported cases of abuse and extortion of the cash assistance.

Despite mitigation measures put in place, extortions and fraud cases were reported by beneficiaries and other villagers. UNHCR also received a few complaint letters and phone calls. While some beneficiaries were reluctant to come forward with details due to fear of repercussions, others shared abuse cases openly. Allegations comprised fraudulent misappropriation through falsified or bogus beneficiaries and embezzlement of funds as well as straight forward extortion. UNHCR and Lutheran World Federation immediately followed up all allegations through reporting and seeking meetings with Township Administrators, which at their end were also informed by persons of concern of the abuses and as a consequence immediately started criminal investigations. The cases reported in Kyauktaw Township, as well as in Maungdaw and Buthidaung Township in the northern part of Rakhine State were solved with the reimbursement of the amounts and the actual beneficiaries receiving the full amount of money they were supposed to receive. In some cases shelter material purchased by beneficiaries was taken away by authorities, however also those cases were solved positively. The return of extorted money from the local authorities is unprecedented and can be considered as a significant success.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project has not been evaluated but regular monitoring visits were conducted during and after implementation. This aimed at ensuring that activities in progress were meeting the objectives as outlined in the CERF (re-programmed) submission and helped adjust implementation when needed to maximize the outcome of the project. Actions were taken against the recommendations from monitoring – particularly related to cash-based interventions - such as the strengthening of complaint mechanisms and post-distribution monitoring. These are also indicated in the lessons learned section of this report.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	03/08/2015 – 02/02/2016
2. CERF project code:	15-RR-IOM-024	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Camp Coordination and Camp Management		☒ Concluded
4. Project title:	Ensuring lifesaving support to the Myanmar Displaced Population affected by flood and cyclone through the Displacement Tracking Matrix and provision of Emergency Shelter Support		

7. Funding

a. Total project budget:	US$ 5,500,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,629,745	▪ *NGO partners and Red Cross/Crescent:*	US$ 31,444
c. Amount received from CERF:	US$ 1,065,495	▪ *Government Partners:*	.

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	16,600	16,600	33,200	33,091	31,083	64,174
Adults (≥ 18)	24,900	24,900	49,800	46,688	43,460	90,148
Total	**41,500**	**41,500**	**83,000**	**79,779**	**74,543**	**154,322**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	50,000 (Shelter) 33,000 (CCCM)	122 CCCM Capacity development 57,372* (Shelter) 91,675** people monitored in Rakhine State (CCCM) 5,153** people monitored in Chin & Sagaing (CCCM)
Host population		
Other affected people		
Total (same as in 8a)	**83,000**	**154,200*** **

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	*The total number of beneficiaries is based on the number of Shelter and NFI Kits distributed. **Represents the number of people directly and indirectly monitored by the DTM during rollouts in Rakhine, Chin and Sagaing. ***Represents the total number of beneficiaries which the CERF funding supported through Emergency Shelter Kits and the roll out of the DTM which monitored their movement and needs. Note: Information on the gender breakdown of beneficiaries was not always available at the time of distribution of kits; thus, the figures provided reflect only gender breakdown where this information was available.*

CERF Result Framework			
9. Project objective	Ensuring life-saving support to the Myanmar Displaced Population affected by flood and cyclone through the Displacement Tracking Matrix and provision of Emergency Shelter Support		
10. Outcome statement	Address time critical humanitarian needs of the cyclone/flood affected population in the severely affected areas through CCCM interventions and direct provision of emergency Shelter and NFIs		
11. Outputs			
Output 1	Reduce morbidity and mortality through the rapid, effective and secure delivery and distribution of emergency shelter and non-food items to the cyclone/flood -affected population		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of Shelter/NFI kits procured and distributed	10,000 Shelter /NFI Kits	10,825
Indicator 1.2	Number of individuals in evacuation sites and with damaged/destroyed houses benefitting from Emergency Shelter and NFI Support	50,000 individuals	57,372
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Coordinate distribution and target locations and household level criteria together with the Shelter Cluster, cluster partners, local authorities. Regular information sharing with the Shelter Cluster regarding areas reached as well as emerging gaps and needs.	IOM, partners	IOM, RRD, GAD, UNHCR (National Shelter/NFI/CCCM Cluster), IFRC (Co-Convenor Shelter Cluster), Sittwe Level Coordination Meetings
Activity 1.2	Procurement and distribution of shelter/NFI kits targeting the most vulnerable households.	IOM, partners	IOM, ACTED, Action Aid, ADRA,DRC, KMSS, Malteser International, Wan Lark Foundation, World Vision, Rakhine Women's Association,
Activity 1.3	Post-distribution monitoring conducted by mobile monitoring teams.	IOM	IOM staff accompanied

			during distributions when possible to reinforce accountability as well as gather any complaints by beneficiaries on the whole process.
Output 2	A minimum of 33,000 IDPs have their living conditions improved and priority issues flagged and addressed in a timely manner through the DTM		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% of sites with population > 25 HHs tracked and monitored regularly	80% (during initial phase, some areas may not be accessible)	90%
Indicator 2.2	DTM report published and shared on a BI-monthly basis with the humanitarian community	4	2 Rakhine 3 Chin (1 with Sagaing)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Population tracking, monitoring of needs and gaps	IOM	IOM
Activity 2.2	Site profiling, flagging of top humanitarian priorities with Humanitarian Clusters	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

After the flooding and landslides following Cyclone Komen many villagers were displaced and therefore IOM rolled out the DTM in the places of displacement to assist national authorities and partners to define needs and gaps for those displaced by floods. IOM deployed 10 DTM teams to the evacuation sites in the most affected townships in order to assess the needs of those displaced.

A total number of 5 DTM reports were produced that provided updated information on IDPs including basic demographic composition and living conditions and access to services in displacement sites. These reports were analysed and circulated widely to humanitarian actors in the field and contributed to delivery of timely and appropriate life-saving assistance to the most vulnerable groups of the cyclone-affected areas.

A total of 228,718 people received camp management information and support activities on psychosocial and counter-trafficking issues across the Haiyan-affected areas, based on the number of people covered in all the roll-outs of the DTM conducted in the project locations. In addition, IOM produced 56 reports of DTM, the CCCM cluster's main information management tool that collects updated information on IDPs including basic demographic composition and living conditions and access to services in displacement sites. These reports were analysed and circulated widely to humanitarian actors in the field and contributed to delivery of timely and appropriate life-saving assistance to the most vulnerable groups of the typhoon-affected areas.

The DTM was conducted by IOM in Rakhine State, Chin State and Sagaing Region. In Rakhine State, IOM conducted DTM assessment in 598 villages from Rathedaung, Pauktaw, Kyauktaw, Minbya, Mrauk-U, Maungdaw, Buthidaung, and Ann Townships. The average displacement time spent in displacement the areas assessed was less than 2 weeks (61%) with some displaced population staying a bit more than 3 weeks (39%). As many returned after the waters receded (91%) in their villages, a few being requested by their hosts to go back to their homes (5%), others went back to cultivate their crops/fields.

In Chin, all the displacement sites found in Hakha and later Sagaing was added to the coverage of the DTM Round were covered by the DTM. During the first round of the DTM, a total of 3,983 individuals (847 families / HH) were identified within the six displacement sites. There has now been a decrease in the number of individuals at the sites by 35% or 2,501inidividuals (545 families / HH). Therefore the current number of those in the displacement sites for DTM Second Round stood at 1,482 individuals (302 families/HH). There was a discrepancy in the initial figures reported in several official documents regards in the number of those displaced and as was seen with the movements monitored with the DTM. Many of the affected were monitored to return home after the initial waters subsided which greatly reduced the number of the affected that were still in need of monitoring. All in all a total of 96,828 IDPs were tracked through the DTM, this represents the number of people directly and indirectly monitored by DTM during rollouts in Rakhine, Chin and Sagaing.

CCCM Capacity development learning sessions were provided to a total of 122 (Male 74, Female 48) Committee Members/Camp Resident leaders (91), Service Providers (20), Government (7) and Camp Management (4). The trainings took place in Hakha and Sagaing between 30 September to 23 October 2015. The topics covered were Introduction to CCCM, Coordination, Communication with Communities and Information Management.

IOM as a member of the Emergency Shelter Cluster, used the following Emergency Shelter Kits (Contents: Tarpaulins Size: 6m x 4m (x 2), Rope 50m, Thickness: 10mm (x1), Thickness: 2mm (x1), Ground Sheets 4mx5m x 1, Mosquito Net, Knife (Stainless Steel) x 1) for distribution to the affected communities. A total of 10,825 families (or 57,372people) received the Emergency Shelter Kits in the following areas Ayeyarwaddy Region, Chin State, Magway Region, Rakhine State, and Sagaing Region. To ensure that these materials were able to reach the affected immediately IOM used its large number of qualified vendors to source for NFI for the kits. IOM initiated a tender by inviting preselected suppliers based on their performance/delivery of quality NFI from past emergencies for a limited open tender to ensure that quality needed would be received as well to ensure the quantity needed would be received in a timely manner. Initially 1,000 Emergency Shelter Kits were procured locally to ensuring that the NFI support could be provided immediately with no delays to the affected regions while the remaining 9,825 Emergency Shelter Kits were being internationally procured. The international procurement also arrived in Yangon on 26.8.15, this shipment once cleared was then shipped to the affected areas immediately. It was also originally expected, that partners would need additional funds for the distribution of shelter kits. During the implementation however partners who had strong presence on the ground were able to distribute Emergency Shelter Kits without additional financial support.

The number of direct beneficiaries of Emergency Shelter Kit distribution greatly exceeded the original target mainly because bulk procurement and supply chain savings reduced the cost of items and enabled IOM to procure more with the allocated budget.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM worked with partners both international and local NGOs with local knowledge as well as having an operational presence prior to the cyclone. This ensured that the partners were well aware of the vulnerable caseloads and had established network channels with the communities that would inform of any underserved locations. At the National level IOM attended both the(UNHCR lead, IFRC lead) Shelter/NFI/CCCM Cluster coordination meetings and worked closely with the Shelter Cluster Information Manager to be well informed of planned shelter interventions in order to ensure that overlaps were able to be avoided early on in the planning stage. IOM also regularly contributed to the Shelter Cluster 3W. IOM also had roving teams conduct assessments for internal use on identifying any caseloads out of the usual areas of responsibilities of the partners. The DTM also planned a part in the initial phase of the project as there was raw data collected at village level which allowed IOM to establish where the vulnerable caseloads were and establish whether they were in critical need of shelter support or other. Monitoring was conducted during distributions, interviews of randomly selected beneficiaries was also conducted.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
IOM's implementing partner Agency for Technical Cooperation and Development (ACTED), conducted a survey on IOM's standard questionnaire looking into the following topics on the distribution process, relevance of assistance, item quality, and usage. The survey was conducted in Ponnagyun and Kyauktaw Townships. The assessment involved a survey interviewing a representative sample of 200 beneficiary households, as well as one supplementary focus group discussion (FGD). It found the following: **Distribution process** • 75% of respondents reported that they were aware of the distribution date at least 24 hours beforehand. • 95% of respondents reported taking less than one hour to reach distribution points, with 93% of respondents travelling there by foot. • 86% of respondents reported waiting less than one hour at distribution points. • Focus group participants in one community reported that targeted distributions without adequate community sensitization beforehand had resulted in tensions between those who received shelter kits and those who did not. **Item quality and usage** • Around 90% of respondents rated all shelter kit items as good quality. • Around 85% of all respondents reported currently using each shelter kit item, with the remainder reporting that they had stored the item without using it. • Around 60% of respondents rated all shelter kit items "very useful," with almost all others rating them "useful." **Relevance of assistance** • 88% of respondents reported that receiving shelter kits had helped their situation. • 74% of respondents that they had purchased shelter items to repair their homes prior to receiving the shelter kit. Around one-third of these respondents had taken on debts in order to do so. Secondary data and reports from focus group discussion participants indicate that many people across the cyclone-affected area rebuilt their homes in the first few days after the cyclone, while the shelter kits arrived 1-1.5 months later due to the time taken to procure them. • 51% of respondents reported receiving other kinds of aid from other actors in the aftermath of the cyclone.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	21/08/2015 – 20/02/2016
2. CERF project code:	15-RR-WFP-051	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Emergency Food Assistance to Flood Affected People		

7. Funding

a. Total project budget:	US$ 20,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 14,375,990	▪ *NGO partners and Red Cross/Crescent:*	US$ 1,628,291
c. Amount received from CERF:	US$ 2,999,245	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	25,205	25,870	51,075	83,606	85,090	168,696
Adults (≥ 18)	52,413	46,412	98,825	173,149	152,865	326,014
Total	**77,618**	**72,282**	**149,900**	**256,755**	**237,955**	**494,710**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	149,900	494,710
Total (same as in 8a)	**149,900**	**494,710**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	WFP in close partnership with its implementing partners reached three times more flood affected beneficiaries than initially planned. At the initiation of the emergency flood response when the funding proposal to CERF was submitted, little information was available about the massive scale of severe flooding and its humanitarian consequences for the food security situation. As more assessments were completed after access to some of the worst affected areas became possible, the number of flood victims in need of immediate food assistance tripled.

CERF Result Framework			
9. Project objective	Provide lifesaving food assistance to flood affected people who are in need of immediate food assistance in Chin, Magway, Rakhine and Sagaing		
10. Outcome statement	Improved food consumption over assistance period for targeted households and/or individuals		
11. Outputs			
Output 1	2,688.75 MT of food commodities distributed to 150,000 targeted people during the first 30 days in sufficient quantity and quality		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of people receiving food assistance disaggregated by girls, boys, women and men	150,000	494,710
Indicator 1.2	Quantity of food commodities distributed, disaggregated by type, as % of planned (2,025 MT rice, 270 MT pulses, 135 MT oil, 22.5 MT salt, 236.25 MT HEB)	2,688.75MT	4,281.39 MT
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	HEB and GFD targeting 150,000 people	Partners to be determined	Partners
Activity 1.2	Procurement of 2,688.75 MT of mixed commodities	WFP	WFP
Activity 1.3	Transport, storage and delivery of 2,688.75 MT of mixed commodities (some to partners)	WFP and partners to be determined	WFP and partners
Activity 1.4	Distribution of commodities to beneficiaries		Partners

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

WFP did not procure all the initially planned commodities with the CERF grant. By the time the grant was confirmed, no high energy biscuits (HEB) were required (HEB were normally distributed during the first week of the emergency response only). Due to scarce availability of pulses in the local market, WFP was not able to procure chick peas either. Dropping pulses and expensive internationally procured HEB and with the appreciation of US dollar, WFP could purchase one and a half times more food (3796.9 MT of rice, 374.49 MT of oil, 110 MT of salt) than planned, consequently reaching more beneficiaries. Reduced rations of pulses were distributed to the targeted populations from WFP's existing stocks.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Under the framework of the United Nations Secretary General's Human Rights Up Front Initiative, all WFP staff members at country office and field levels were trained and required to commit themselves to the founding human rights principles of the United Nations.

The protection and gender considerations for women, girls, men and boys led WFP to increase the human resource capacity within WFP team. A Protection Advisor, who joined WFP in June 2015, played a key role in operationalizing the WFP Humanitarian Protection Policy by ensuring that all protection concerns were considered and timely addressed throughout the CERF supported project. In particular, field based protection and gender checklists integrating the do-no-harm principle in emergency relief operations and programming were used to ensure protection and accountability to affected populations. WFP also developed a countrywide complaints and feedback mechanism which consisted of the roll-out of hotlines to further enhance the accountability to affected populations.

Accessible and timely information about food entitlements was provided to the flood affected populations by WFP and its implementing partners through community awareness meetings as well as posters and other communications materials in the local language displayed at the distribution sites.

WFP also acknowledged the important role of affected populations in the decision-making processes that affected them to ensure that the most marginalised and affected were represented. Upon phasing out the initial emergency phase of the flood response, WFP and its implementing partners, applying a community-based participatory approach, refined the targeting for relief food assistance from in-kind blanket coverage to targeted assistance for only the most vulnerable households who lacked access to functioning markets.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
WFP has already conducted a post-distribution monitoring (PDM). The collected data is currently being analysed and the report is expected to be published in August 2016.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	**5. CERF grant period:**	28/10/2015 – 27/04/2016
2. CERF project code:	15-RR-FAO-031	**6. Status of CERF grant:**	☐ On-going
3. Cluster/Sector:	Agriculture		☒ Concluded
4. Project title:	Emergency livelihood response for flood-affected communities in Sagaing Region, Union of Myanmar		

7. Funding

a. Total project budget:	US$ 15,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 2,300,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 104,297
c. Amount received from CERF:	US$ 1,500,000	▪ *Government Partners:*	US$ 40,634

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	13,790	11,140	24,930	9,020	8,344	17,364
Adults (≥ 18)	17,044	13,026	30,070	18,627	16,373	35,000
Total	**30,834**	**24,166**	**55,000**	**27,647**	**24,717**	**52,364**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	55,000	52,364
Total (same as in 8a)	**55,000**	**52,364**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The total number of households reached is higher than what was planned in the project document submitted to the CERF Secretariat (i.e. 513 HH higher than the initial target). The number of the individuals reached by FAO and its partner is slightly lower than the initial foreseen figure (i.e. 2,636 individuals less than the initial target). In the initial calculation it was assumed family size of 5.5 persons while the actual family size is of 4.6 individuals for the livestock component and 5.3 for the agricultural component of the project.

CERF Result Framework			
9. Project objective	This project aims at restoring agricultural production, access and availability of food, through an emergency intervention based on the provision of livestock and agriculture based inputs in Sagaing State		
10. Outcome statement	55,000 people affected by floods resume their agricultural activities and improve their food security nutritional status through increased agricultural production and food availability		
11. Outputs			
Output 1	Increased crop and vegetable production through distribution of emergency livelihood kits for self-sustenance and better nutrition		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Selection criteria defined in consultation with communities		
Indicator 1.2	Number of households identified and selected	7,000	7513
Indicator 1.3	Quantity of agricultural inputs procured (220.5 tons of seeds, 7000 kits of vegetable seeds, 700 tons of fertilizers)	100%	100 % 4.47 tons of crop seeds 631.2 tons of fertilizers 4500 kits of vegetable seeds
Indicator 1.4	Number of households receiving agricultural inputs	7,000	7,513
Indicator 1.5	Number of beneficiaries trained in basic agro-techniques	7,000	6,788
Indicator 1.6	Monitoring mission reports	1	4
Indicator 1.7	Post-distribution report issued	1	1
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Development of selection criteria	FAO	FAO, World Vision and Solidarites
Activity 1.2	Identification and selection of beneficiaries	Partners	World Vision and Solidarites
Activity 1.3	Procurement of seeds and other inputs	FAO	FAO
Activity 1.4	Distribution of agricultural livelihood inputs	Partners	World Vision and Solidarites
Activity 1.5	Basic training on improved agro-techniques	Partners	World Vision and Solidarites
Activity 1.6	Monitoring of activities and technical support	FAO/Partners	FAO, World Vision and Solidarites
Activity 1.7	Post-distribution monitoring and reporting	FAO/Partners	FAO, World Vision and Solidarites
Output 2	Increased animal production and health through emergency livestock restocking and health assistance to improve access to a balanced diet containing high quality animal proteins through small scale, low input livestock production		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Selection criteria defined in consultation with communities		
Indicator 2.2	Number of households identified and selected	3,000	3002

Indicator 2.3	Quantity of livestock procured	20,000 poultry, 1,000 pigs	5040 piglets 2880 poultry 504 goats 1720 ducks Livestock feed (total 148352viss) , Minerals (total 4927 Kg) Molasses (total 504 gallons)
Indicator 2.4	Number of households receiving animal kits	1,000	3002
Indicator 2.5	Number of beneficiaries trained in basic animal husbandry	1,000	3002
Indicator 2.6	Monitoring mission reports	1	4
Indicator 2.7	Post-distribution report issued	1	1
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Development of selection criteria	FAO	FAO, LBVD Sagaing Region
Activity 2.2	Identification and selection of beneficiaries	Partners	LBVD Sagaing Region
Activity 2.3	Procurement of locally available livestock	FAO	FAO
Activity 2.4	Distribution of livestock related inputs	Partners	LBVD Sagaing Region
Activity 2.5	Basic training of beneficiaries on animal husbandry	Partners	LBVD Sagaing Region
Activity 2.6	Monitoring of activities and technical support	FAO/Partners	FAO, LBVD Sagaing Region
Activity 2.7	Post-distribution monitoring and reporting	FAO/Partners	FAO, LBVD Sagaing Region

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project has managed to achieve majority of the initially planned outputs although there were some discrepancies between planned and actually reached individuals as explained above.Nevertheless, it is important to mention that post distribution assessment was conducted by FAO and its partners after each distribution exercise.

It has to be noticed that due to the scarce availably of quality seeds in the project areas, FAO and its partners in consultation with the local authorities (Livestock Breeding Veterinary Department - LBVD and Directorate Agriculture Department - DAD) and the beneficiary communities decided to revise the distribution packages increasing much demanded fertilizer and reducing the seed quantities. It is equally important to point out that FAO distribute only quality seeds that were certified by international recognized institution (for purity, humidity content and germination), this has reduced the possibility of buying seeds that might have been available on the market but that did not satisfy FAO quality requirements.

Compared to the initial project proposal, based on the requests of the beneficiary's communities and LBVD, the number of animal species was revised and one more animal species i.e. goat was distributed as well as the specific required quantity of feed.

All the distributions conducted during the project were followed by an awareness sessions to present the type of inputs and how to ensure their optimal use.

In the case of animal distributions, LBVD officials conducted the necessary vaccinations and treatments as required. Quality of each animal distributed was certified by LBVD officers. In addition, animal care awareness training sessions were conducted by specialized personnel.

Overall the beneficiary's selection process took into consideration and favoured families head by women, elderly and with disable family members.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The selection of the beneficiaries has been conducted in a transparent / neutral / objective manner by FAO staff / implementing partners / community leaders / members of the communities. FAO and its partners verified throughout the selection process and project execution (both formally and informally) that communities were satisfied with the project implementation. In few cases of complains raised for exclusion reasons, the situation was evaluated case by case by FAO team.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-CEF-084	Child Protection	UNICEF	GOV	$26,623
15-RR-CEF-084	Child Protection	UNICEF	NNGO	$10,025
15-RR-CEF-084	Child Protection	UNICEF	NNGO	$9,145
15-RR-CEF-084	Child Protection	UNICEF	INGO	$29,858
15-RR-CEF-084	Child Protection	UNICEF	NNGO	$16,890
15-RR-CEF-084	Child Protection	UNICEF	NNGO	$10,030
15-RR-CEF-084	Child Protection	UNICEF	NNGO	$11,772
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	GOV	$367,192
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	NNGO	$2,780
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	$122,351
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	NNGO	$217,312
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	$16,050
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	$159,158
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	$150,000
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	INGO	$150,867
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	GOV	$18,146
15-RR-CEF-085	Water, Sanitation and Hygiene	UNICEF	NNGO	$17,076
15-RR-CEF-086	Health	UNICEF	NNGO	$104,271
15-RR-WHO-031	Health	WHO	GOV	$299,909
15-RR-FAO-031	Agriculture	FAO	INGO	$19,621
15-RR-FAO-031	Agriculture	FAO	INGO	$84,676
15-RR-FAO-031	Agriculture	FAO	GOV	$40,634
15-RR-FPA-025	Gender-Based Violence	UNFPA	GOV	$96,591
15-RR-FPA-025	Gender-Based Violence	UNFPA	INGO	$29,532
15-RR-FPA-026	Health	UNFPA	INGO	$91,746

15-RR-FPA-026	Health	UNFPA	NNGO	$13,800
15-RR-FPA-026	Health	UNFPA	INGO	$209,600
15-RR-HCR-036	Shelter & NFI	UNHCR	INGO	$150,000
15-RR-IOM-024	Shelter & NFI	IOM	INGO	$27,661
15-RR-IOM-024	Shelter & NFI	IOM	NNGO	$3,783
15-RR-WFP-051	Food Assistance	WFP	NNGO	$30,890
15-RR-WFP-051	Food Assistance	WFP	INGO	$224,002
15-RR-WFP-051	Food Assistance	WFP	INGO	$59,174
15-RR-WFP-051	Food Assistance	WFP	NNGO	$53,242
15-RR-WFP-051	Food Assistance	WFP	NNGO	$31,249
15-RR-WFP-051	Food Assistance	WFP	INGO	$53,691
15-RR-WFP-051	Food Assistance	WFP	NNGO	$62,594
15-RR-WFP-051	Food Assistance	WFP	INGO	$9,145
15-RR-WFP-051	Food Assistance	WFP	NNGO	$55,851
15-RR-WFP-051	Food Assistance	WFP	INGO	$30,878
15-RR-WFP-051	Food Assistance	WFP	NNGO	$275,283
15-RR-WFP-051	Food Assistance	WFP	INGO	$73,050
15-RR-WFP-051	Food Assistance	WFP	INGO	$125,348
15-RR-WFP-051	Food Assistance	WFP	NNGO	$26,853
15-RR-WFP-051	Food Assistance	WFP	NNGO	$140,332
15-RR-WFP-051	Food Assistance	WFP	NNGO	$72,339
15-RR-WFP-051	Food Assistance	WFP	INGO	$4,743
15-RR-WFP-051	Food Assistance	WFP	INGO	$25,393
15-RR-WFP-051	Food Assistance	WFP	NNGO	$32,261
15-RR-WFP-051	Food Assistance	WFP	INGO	$8,306
15-RR-WFP-051	Food Assistance	WFP	INGO	$56,127
15-RR-WFP-051	Food Assistance	WFP	INGO	$177,540

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre La Faim (Action against Hunger)
ACTED	Agency for Technical Cooperation and Development
ADRA	Adventist Development and Relief Agency International
a.i.	Acting interim
B-EmOC	Basic Emergency Obstetrics Care
BHS	Basic Health Staff
CBO	Community Based Organizations
CCCM	Camp Coordination and Camp Management
C-EmOC	Comprehensive Emergency Obstetrics Care
CFS	Child Friendly Spaces
CFSI	Community and Family Services International
CP	Child Protection
CSO	Civil Society Organization
DMH	Department for Meteorology and Hydrology
DOH	Department of Health
DPH	Department of Public Health
DRC	Danish Refugee Council
DRD	Department for Rural Development
DRR	Disaster Risk Reduction
DSW	Department of Social Welfare
DTM	Displacement Tracking Matrix
ERP	Emergency Response Preparedness
GAD	General Administration Department
GBV	Gender Based Violence
Green	Green Social Development Organisation
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
HPA	Health Poverty Action
HRC	Hakha Relief Committee
ICCG	Inter-cluster Coordination Group
IDD	Interagency Diarrhoeal Disease
IEHK	Interagency Emergency Health Kits
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
IRC	International Rescue Committee
KMSS	Karuna Myanmar Social Services
LBVD	Livestock Breading Veterinary Department
LLIN	Long Lasting Insecticide Nets
MANA	Myanmar Anti-Narcotics Association
Metta	Metta Foundation

MHAA	Myanmar Health Assistant Association
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MMA	Myanmar Medical Association
MOH	Ministry of Health
MoSWRR	Ministry of Social Welfare, Relief and Resettlement
MRCS	Myanmar Red Cross Society
MSF	Medecins San Frontiers
MSI	Marie Stopes International
NGO	Non-Governmental Organizations
NNDMC	National Natural Disaster Management Committee
nRS	Northern Rakhine State
PCA	Project Cooperation Agreement
PSS	Psychosocial Support
RC	Resident Coordinator
RH	Reproductive Health
RI	Relief International
RIMES	Regional Integrated Multi-Hazard Early Warning System
RRD	Relief and Resettlement Department
RSG	Rakhine State Government
SC	Save the Children
SCVG	Social Care Volunteer Group
SDCU	Special Diseases Control Units
SI	Solidarities International
Sitreps	Situation Reports
SRH-TWG	Sexual and Reproductive Health-Technical Working Group
STIs	Sexually Transmitted Infections
TA	Township Authorities
TBC	Tedim Baptist Convention
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
WASH	Water, Sanitation and Hygiene
WV	World Vision