

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

MYANMAR RAPID RESPONSE 2016 FLOODS

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

An after-action review (AAR) exercise were conducted by OCHA to inform the report. The exercise was held in Yangon with the recipient agencies: FAO, UNFPA and WFP on 11 May 2017. The results of the AAR exercise were shared the recipient agencies to inform their specific reporting process and have been used to inform this report.

- 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 cluster/sector coordinators for their comments on 12 June 2017. 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: US\$ 33,500,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,570,457
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	3,407,393 ¹
	TOTAL	6,977,850

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 25/08/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-024	Food Security	1,000,842
UNFPA	16-RR-FPA-041	Health	623,195
UNFPA	16-RR-FPA-042	Sexual and/or Gender-Based Violence	450,010
WFP	16-RR-WFP-060	Food Security	1,496,410
TOTAL			3,570,457

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,780,711
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	694,530
Funds forwarded to government partners	95,216
TOTAL	3,570,457

HUMANITARIAN NEEDS

As of 22 August 2016, more than 488,000 people (120,000 families) were displaced across 11 states/regions in Myanmar since flooding began by mid-July 2016, according to figures released by the Government's Relief and Resettlement Department (RRD). Nine people died as direct consequence of the flooding. According to the Government, 401 houses were destroyed. Some of the displaced people in the northern regions of the country started to return home as flood waters move south towards the Ayeyarwady Delta. Given the dynamic nature of floods, with water moving downstream and southwards, additional flooding requested an expansion of the immediate response focus, in particular in Ayeyarwady Region. The most affected regions by flooding were Ayeyarwady, Mandalay and Magway. Access to affected areas remained open, even if challenging in some areas.

¹ Source : Financial Tracking Service (FTS).

Although floods are largely 'quick-onset' in nature, their impacts on the food security were differential and affect food security both in the short and long term. Floods damaged both food stocks and paddy crops which had a direct and adverse effect on the food availability of the affected population and thereby indirectly affecting related livelihoods. Government, local communities and private donors provided food assistance to affected people, mostly emergency food items and staple rice. Upon request from the local authorities, humanitarian actors including those on the ground such as the Myanmar Red Cross Society (MRCS) launched an immediate emergency response in some of the hardest to reach and heavily affected areas. The large number of people affected vis-à-vis the amount of government resources spent indicated a gap and established the urgent need for time critical interventions for the provision of agriculture inputs that aim to protect and rebuild affected livelihoods in order to save lives and improve food security. WFP was requested by the Government for support since the majority of the needs were unmet. Since early August 2016, WFP and partners were providing basic food baskets consisting of rice, pulses, salt and oil, and High Energy Biscuits (HEBs). Likewise, FAO was responding to the request of Government to support affected farmers in Rakhine with compound fertilizer to avoid production losses.

The priority humanitarian actions for the Health Cluster were the provision of life-saving sexual and reproductive healthcare to affected population. Additionally, the integration of GBV services for affected women and girls was critical, with priority given to a strategy which utilizes healthcare as an entry point for the provision of GBV services. There was an immediate response need for sexual and reproductive health care for flood-affected women and girls in Ayeyarwady, Magway and Mandalay Regions. Flooding exacerbated an existing need for increased and improved service coverage, including for health supplies, medicines and commodities and referral for additional services.

For the protection sector, psychosocial support specifically for women and girls remains was a huge gap in all flood-affected areas. This lack of services for women and girls exacerbated their potential vulnerability to GBV. In addition, the distribution of female-specific sanitary items, which were often ignored or considered unnecessary as part of the distribution of non-food items, was urgently enhanced as part of the life-saving support to women and girls to regain their bodily integrity and support their participation in relief efforts (through management of their menstrual cycle).

II. FOCUS AREAS AND PRIORITIZATION

After consultation with all the cluster and sectors, the priority of the HCT response in support to the Government, civil society organizations, MRCS and private sector, was focused in three sectors: food security, health and protection. Other sectors did not register critical gaps as the Government and partners responded accordingly. For example, in the case of water, sanitation and hygiene, UNICEF and MRCS distributed hygiene kits, water purification tablets, jerry cans, oral rehydration salt and tarpaulins. MRCS also provided non-conditional cash and non-food items.

Regarding the food security sector, as a result of the 2016 floods and landslides, housing, infrastructure and farmland were destroyed affecting the people's long-term food insecurity and livelihoods in many parts of the country. The Government led the emergency flood response and recovery efforts throughout the country. CERF funded projects were fully aligned with the Food Security Sector (FSS) priorities indicated in the 2016 Humanitarian Response Plan, where the FSS' activities complemented the Government's response with relief food and in-cash assistance, and early recovery activities through community asset creation programme and agricultural inputs to the flood affected populations in the most affected regions.

Regarding the health cluster, UNFPA discussed within the clusters about the need to prioritize the support with CERF funding life-saving sexual and reproductive health interventions in the selected areas of Ayeyarwaddy, Magway and Mandalay Regions. The key activities were focused on delivering sexual and reproductive health care, through provision of clean delivery kits, sexual and reproductive health commodities, sexual and reproductive health medicines and supplies, and supporting sexual and reproductive health education sessions. National GBV specialists were involved in the process of proposal request and strategy development. In addition, the project implementation was supported by a GBV specialist, starting from need assessment to strategic analysis, implementation (providing GBV related training to government staff and implementing partner's staff), monitoring and evaluation of the project.

Concerning the protection issues, the priorities set up by the GBV sub-sector within the protection sectors focused on providing specialized GBV support to the unmet needs of GBV survivors and women and children at risk in Ayeyarwady, Magway and Mandalay Regions. The provision of a multi-sectoral prevention and response to GBV was designed to have a positive and immediate impact on women and girls' health, psychosocial wellbeing and safety. While medical services were essential, they were not the only lifesaving aspect of the emergency GBV intervention. Even with such services in place, the path for a survivor to reach them could be blocked with the hurdles of stigma, shame, fear and real threats to her security.

III. CERF PROCESS

The HCT met on Friday 12 August and indicated its concern on the up scaling of affected people and geographical areas of the flooding situation, starting from mid-July 2016. Under the leadership of the HC, HCT members recommended an urgent request for emergency funds through the CERF Rapid Response Window, to cover priority life-saving activities, particularly in the food security, health and protection sectors across the most affected regions of Ayeyarwady, Mandalay and Magway. Every cluster/sector lead agency was requested to send its inputs by Tuesday 16 August. After consolidation of inputs and analysis of priority needs and funding gaps, OCHA invited the cluster/sector lead agencies to an urgent meeting on Thursday 18 August 2016. During the meeting, agencies agreed to focus on the CERF Rapid Response Allocation only in the sectors which present urgent need of funding to meet life-saving needs, i.e. food security, health and protection, in the most affected regions: Ayeyarwady, Magway and Mandalay. A consolidated concept note was sent to the CERF Secretariat on Thursday 18 August 2016 in order to present how the proposed activities would meet the CERF life-saving criteria, how the allocation would support kick-starting the response and also highlight why the situation is so exceptional that a CERF Rapid Response Allocation is needed.

The FSS members were consulted and engaged in needs assessments in coordination with the local authorities throughout the emergency response. WFP food distributions and monitoring were carried out in partnership with the cooperating partners. The local authorities played a critical role ensuring the registration of the displaced population in the camps informing the emergency response. The verifications were made with local based Civil Society Organizations (CSOs). Magway and Ayeyarwaddy, two of the most affected regions, where infrastructure and farmland were severely affected were prioritized for asset creation activities, and Magway Region was prioritized for emergency agriculture support. However, the severity of the food insecurity and presence of cooperating partners, as well as opportunities and feasibility of the projects were considered as criteria for area selection for the CERF funded projects. The FSS considered the different needs of women, girls, boys and men during the needs assessments, project design, its implementation and monitoring.

Regarding the health response, based on an August 2016 MRCS GBV / RH rapid assessment in Magway Region, critical sexual and reproductive health intervention was a priority, including the provision of health commodities, sexual and reproductive health medicines and supplies, post-delivery kits, the provision of referral support for emergency pregnancy and sexual and reproductive health education sessions.

As iterated in the CERF life-saving criteria guidance for the rapid response funding window, women and girls represent one of the most vulnerable groups as a result of natural disaster. Based on initial protection assessments, the Gender-Based Violence (GBV) Sub-Sector project led by UNFPA discussed and designed a humanitarian intervention to provide immediate and rapid response to support this particular vulnerable group through the provision of lifesaving case management (referral to time bound health services), psychosocial support and provision of dignity kits as well as improved access to services and increased safety and security for women and girls.

Both regions targeted by UNFPA, Magway and Mandalay, were already regions for the regular UNFPA Country Programme (2012-2017). UNFPA had already established strong partnerships with local authorities as well as civil society implementing partners.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ²									
Total number of individuals affected by the crisis: 488,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	16,662	35,923	52,585	16,929	32,388	49,317	33,591	68,311	101,902
Health	10,985	44,289	55,271	3,128	6,503	9,631	14,113	50,789	64,902
Sexual and/or Gender-Based Violence		23,193	23,193		8,254	8,254		31,447	31,447

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ³			
	Children (< 18)	Adults (≥ 18)	Total
Female	16,662	59,116	75,778
Male	16,929	40,642	57,571
Total individuals (female and male)	33,591	99,758	133,349

CERF RESULTS

The strategic objective of the CERF Rapid Response Application was to alleviate human suffering through priority life-saving activities in the sectors of food security, health and protection; reached 133,349 vulnerable people in the most flood affected areas of Ayeyarwady, Magway and Mandalay Regions, for a period of six months.

Within the emergency food security intervention, CERF funds were used for launching the immediate emergency response with general food and cash distributions. After water started to recess in August 2016, WFP and partners continued needs assessments in the affected villages followed by a feasibility assessment. WFP targeted population in both rural and urban areas affected by floods. Urban population affected by the floods were in need of food assistance until the water receded, markets reopened and job opportunities became available. Due to heavy and continued rains, rural population's food stocks were severely damaged, if not entirely destroyed. In addition, in rural areas, agriculture work ceased as floods stroke the country during the main agriculture season when staple crops (especially rice) were cultivated. Crops in the most affected areas could not be recovered from the floods. By the end of the project, WFP reached 46,873 -8,673 people more than initially planned- by life-saving food and cash assistance, consisting of 228.05 MT of mixed commodities (187 MT of rice, 26.05 MT of pulses and 15 MT of oil) and in-cash distribution of US\$77,402. WFP did not procure salt and high energy biscuits, initially planned in the project, as distribution were conducted from existing stock procured with the funding from other donors. The rapid response prevented the significant deterioration of the food security status of the displaced population as well as application of negative coping mechanisms such as selling assets. Moreover, support to asset creation activities was identified as critical to provide the communities with immediate repairs and rehabilitation of their assets that can be considered as priorities in order to quickly

² Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector. Figures for food aid include reached beneficiaries from the joint project proposal (FAO and WFP interventions)

³ 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. Total figures exclude beneficiaries from the health intervention, who are already included under the food aid.

rehabilitate from the disaster. To ensure the rehabilitation and restorations of livelihoods of the flood victims, WFP phased in community asset creation programme through cash-for-work activities in November 2016: 120 projects were implemented in the affected villages of Ayeyarwaddy and Magway Regions. Some outputs include 14 cubic meters of dike, 24 km of irrigation canal, 120 km of roads, 670 m of catch drain, 8 ponds, and 134 home gardens being built or rehabilitated. Furthermore, 418 ha of soil was conserved. A total of 32,025 people benefited from the cash-for-assets projects with 45 percent of the participants being women. These projects contributed to filling in the food gaps in the most affected communities following the disaster.

On the other hand, since agriculture were the predominant livelihood sector, immediate provision of livelihood assistance through restoration of agricultural production was identified as a key priority that was needed for the winter planting season to allow farmers to restart their production before transitioning to winter/dry season. FAO supported 5,825 families (23,004 people) -575 families more than initially planned- with necessary inputs to grow crops (e.g. legumes and vegetables) in winter cropping season and enhancing livestock husbandry (piglets restocking and feed) to supplement their protein intake at the family level. The interventions were fully integrated with the actions of the Government, members of the Humanitarian Country Team (HCT) and other international and national partners in the food security sector. The outcomes had a direct and immediate impact in protecting and restoring the livelihoods of the families affected by the floods in Magway Region. This project directly improved the food production and the dietary consumption of the families, whilst enabling them to generate income from the produced surplus, thus contributing to the restoration of their livelihoods. This support was in line with CERF lifesaving criteria as targeted population had limited opportunities to be self-sufficient. The provision of agricultural inputs such as crop seeds and piglets in humanitarian contexts with the aim of restoring food security and production capacity was in line with CERF life-saving criteria as the activities had a direct and immediate impact on restoring and protecting food availability and the livelihoods of those affected by an emergency. To verify and validate the areas affected by floods, FAO with its implementing partner, the Myanmar Aerospace Engineering University (MAEU), undertook rapid high-resolution aerial mapping, known as drone mapping. FAO was also able to visually represent the specific areas within the village that were highly impacted by flooding, confirm that land preparation was still ongoing and that distribution of agriculture inputs was appropriate at that time. Building upon the results of MAEU's aerial mapping, FAO's implementing partner, Myanmar's Heart Development Organization (MHDO), conducted a detailed assessment in Minbu and Pwint Byu Townships. MHDO identified most affected villages, produced beneficiary lists, detailing beneficiary names, family composition (family members disaggregated by sex and age), specific vulnerabilities for each beneficiary household as well as the type of assistance needed (crop or livestock packages). List of beneficiaries were shared with the Department of Agriculture (DOA) and the Livestock Breeding and Veterinary Department (LBVD) to start the preparation for the distribution of the inputs.

The Department of Agriculture was assigned to the distribution of agriculture packages and managed the distribution of 60,000 kg chick pea seeds, 13,200 kg black gram seeds and 2,825 vegetable seeds kits, 161,875 kg compound fertilizer and 56,500 kg urea. A total of 2,825 farmers' families were supported to re-start the agriculture production by replacing the seeds stock that have been lost during the floods. In addition, for the effective use of seeds and other agricultural inputs, trainings on good agriculture practices for growing the seeds distributed were conducted at village level in each village addressed by the project. To increase animal production and support livestock breeding, FAO with the support of the Livestock Breeding and Veterinary Department (LBVD) assisted 3,000 families with 6,000 pigs (2 pigs per beneficiary), accompanied by pig feed (21.43 kg per beneficiary). Furthermore, trainings on animal husbandry were organized in the form of Training of Trainers (ToT) for 32 targeted villages. High participation of women was reported in pig raising as it is predominantly performed by females in Myanmar. The training aimed not only to improve basic knowledge on good animal husbandry, but also to lower the mortality rate of animals distributed through good animal production practices. At the same time during the delivery of livestock, pamphlets were provided to the beneficiaries to ensure that the LBVD veterinary staff were timely informed in case of any animal mortalities or diseases of the livestock distributed. Clear instruction was provided to the beneficiaries to ensure the pigs will be kept separate from other livestock in the household to avoid contamination and transmission of diseases during the quarantine period. Furthermore, the LBVD staff vaccinated all the pigs prior to the distribution and kept the animals in observation holding grounds for at least three days after vaccination and before the distribution.

Regarding health sector, UNFPA provided life-saving sexual and reproductive health care serviced to 55,271 women and girls and 9,631 men and boys, exceeding the set total beneficiary target by 9,702 people. This support included clean delivery kits, reproductive health commodities, reproductive healthcare medicines and supplies as well as health education sessions.

For protection activities, UNFPA addressed the unmet needs of 31,447 flood-affected women and girls in Mandalay, Magway and Ayeyarwaddy Regions through the provision of a multi-sectoral prevention and response to GBV. This exceeded the exceeded its target beneficiary figure by 19,447 people. This represents an additional 14,939 women reached above the set target (target 12,000, achieved 23,193) along with 8,254 men and boys who also participated in project activities, a significant increase beyond the 200 originally targeted. The project specifically focused on addressing the unmet needs of women and girls affected by or at risk of gender based violence. Services for health, psychosocial support and case management were provided through trained case workers or counsellors at the mobile psychosocial teams and mobile clinics. It provided both dignity kits and awareness programming to mitigate the risk of

violence as well as response services including psychosocial support and case management (including the support for community based protection mechanisms).

CERF funds contributed to alleviating the suffering of the most vulnerable people affected by the current floods in the hardest-hit areas. The concentration of the various activities in similar target groups of vulnerable people in the same geographic areas amplified the impact of the interventions on people and their livelihoods. Early, coordinated interventions in these sectors contributed to minimize longer-term suffering for people whose lives and livelihoods have been repeatedly interrupted by natural disaster. Such strategic interventions also assisted in avoiding loss of hard-won development gains as a result of the floods in affected areas.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The well-timed grant from CERF allowed to jump start to the fast and uninterrupted delivery of assistance to the affected beneficiaries. The locally purchased commodities or existing stocks, which were later replenished with CERF funded food, allowed a rapid dispatch of food to the flood affected areas. The CERF funding also allowed to provide flood-affected communities with emergency livelihood assistance to ensure quick recovery of the agricultural production during the 2016 winter sowing season (agriculture component) and during the 2017 spring season (livestock component). The project contributed to restore rural livelihood preventing further deterioration of food and nutrition security situation of small holder farmers (agriculture inputs beneficiaries) and landless rural population (livestock inputs beneficiaries) affected by the 2016 floods. CERF funds also supported prompt delivery of critical SRH and GBV services for communities affected by the disaster, with project activities commencing within days of disbursement.

b) Did CERF funds help respond to time critical needs⁴?

YES PARTIALLY NO

With timely contribution from CERF, which was later complemented with funding from other donors, WFP was able to continue providing uninterrupted life-saving assistance to all targeted beneficiaries in need of immediate food assistance and post-disaster livelihood support. FAO recognizes that timely distribution of agricultural inputs provided to beneficiaries helped them to produce crops (pulses) in the winter season following the mid-year floods that affected the monsoon (main season) production. Without this support, many beneficiaries would not have been able to recover before the next monsoon season and would have been forced to contract debts for buying seeds. Generating sufficient agriculture profit during the winter season, allowed flood affected farmers to replace the rice seed stock lost during the floods. According to UNFPA, CERF funding was vital in supporting healthcare providers to respond to the urgent maternal health needs of women, with 186 emergency obstetric care referrals made. This life-savings timely support addressed the risk of elevated maternal mortality rates in the context of a disaster.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

WFP was able to mobilize further resources after the initial contribution to the flood response from CERF. Additional resource mobilization to respond to the flood emergency in Magway did not occur as a result of CERF funding for FAO. However, it is important to mention that as a consequence of the utilization of drone technology for post-disaster damage assessment, FAO and the Ministry of Agriculture, Livestock and Irrigation (MOALI) have continued the collaboration in this particular area and established a Drone Mapping Unit within MOALI that also have been equipped with drones and photo interpretation software. The Unit is now supported with funds received by other donors (Japanese Government) as well as with FAO resources. For UNFPA, no additional funds were mobilized as a consequence of CERF funding. However, the project strengthened the capacity of implementing partners to respond to emergencies and thus thereby allowing for possibilities for resource mobilization opportunities in response to future emergencies during high-risk seasons.

d) Did CERF improve coordination amongst the humanitarian community?

⁴ 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.).

YES PARTIALLY NO

CERF funding process provided an opportunity for the humanitarian community to better coordinate in order to provide the best possible comprehensive response to the various needs of flood affected people. It also enhanced implementation of the flood response carried out through existing partners. Moreover, the collaborative approach chosen by FAO and WFP to formulate a joint proposal allowed for a common understanding of the broader aspects of this crisis, thus, helping to determine the most appropriate support (e.g. food assistance; livelihood support) for different areas affected by flooding and water inundation. In addition, the prioritization process at the outset of the CERF allocation provided an opportunity for greater coordination between sector/clusters and in particular between the Health Cluster and the Protection Sector to both identify common needs in order to support more collaborative programme design and implementation. Interim and end of project reporting and lessons learned workshop facilitated by OCHA also provided opportunities for greater collaboration and communication on shared challenges and successes between sectors/clusters with CERF funded projects.

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

Most food funded with CERF grant was procured locally, enhancing the humanitarian response and helping mitigate the devastating impact of disaster on the national economy. Also, the CERF allocation permitted for the piloting of aerial mapping technologies by FAO and its implementing partner, the Myanmar Aerospace Engineering University (MAEU), to assess and evaluate the impact of the mid-2016 flooding and water inundation in Magway. It was the first time that this approach was used for emergency assessments and allowed FAO to map areas within the different villages and crop lands that were affected by floods. Under this joint venture, FAO was also able to strengthen the technical capacities of a government entity, MAEU, to undertake these types of activities. Based on this good experience, FAO and MAEU agreed to continue this collaboration under a long-term agreement to further build government capacities and expand the opportunities for FAO to apply this advanced technology in the context for humanitarian preparedness and response. CERF funding supported GBV awareness raising sessions for over 60,000 people. This is a significant achievement in terms of GBV risk mitigation, recognizing the around the world women and girls face increased threat of GBV in the context of disasters.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Delivery of trainings along with the emergency response was well received by beneficiaries. This increased knowledge, provided the opportunity to help ensure the highest and longest-lasting value gained from these interventions.	To include technical trainings on crop/livestock and nutrition, that will complement provided support, in the CERF life-saving interventions.	CERF Secretariat
Inclusion of a focus on resilience is important given the cyclical/seasonal nature of the emergency project	While CERF funding is valuable to support responses to immediate needs of affected communities in an emergency, enabling the inclusion of resilience measures alongside the lifesaving criteria as part of CERF funded projects will help to reduce both immediate and long-term needs given that the project was launched in response to seasonal flooding. This may include for example community mobilisation efforts.	CERF Secretariat
Difficult to integrate resilience in humanitarian response without revising life-saving criteria, particularly in livelihood response (emergency agriculture)	Review life-saving criteria to integrate resilience issues into humanitarian response, particularly in livelihood emergency response.	CERF Secretariat
Issues regarding the modification of the	Need for more flexibility on modification of the approved	CERF Secretariat

approved activities and budget, including staffing costs.	activities and budget, including staffing costs.	
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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Joint interventions in the Food Security Sector that include immediate food assistance complemented livelihood support to re-establish agriculture production should be further adopted in similar post-floods situation in Myanmar.	Opportunities to expand local capacities of vulnerable groups when delivering emergency response interventions should be explored and implemented whenever possible to help ensure support is comprehensive and sustainable.	HCT
Strong coordination between recipient agencies and IPs is needed to ensure effective and timely implementation	Outline clear plan for ongoing coordination with IPs during project design phase, including regular	UN Agencies
Greater investment in capacity building of IPs needed to ensure effective implementation	A clearer understanding of IP capacity needs is required during the design phase of the project, which should then be followed by the provision of adequate technical and organizational support during implementation. For example, through a short capacity building workshop for IPs tailored to their technical and organizational needs held during the initial stages of the project.	UN Agencies
Strong coordination between agencies is needed to ensure effective and timely implementation	Coordination between the participating agencies in joint projects proposals must be strengthened for more efficient implementation of the project.	UN Agencies
	Monitoring activities should be ensured to identify any issue and provide corrective measure during the implementation	HCT / OCHA
Weak prioritization process, partially due to the incomplete information regarding Government response and the lack of sectoral needs analysis.	Requesting agencies should based prioritization process on cluster/sector structures, including ICCG, in combination with needs assessments produced by relevant Government units.	ICCG UN Agencies
CERF funds did not help to mobilize additional resources, partially due to the fact that CERF contributed to complement the gap in the response as per Government's requests.	Broader visibility and communication of CERF funded life-saving activities should be done to increase additional resource mobilization	HCT OCHA
Difficult to establish new partnership with implementing partners in areas outside of the regular agency operations.	Identify and promote partnership with operational humanitarian actors in the most disaster-prone areas	UN Agencies
Use of established partnerships for implementation.	Enhance and maintain established partnership with operational humanitarian actors in the most disaster-prone areas	UN Agencies
Challenges to keep a proper monitoring due to the short implementation period, including post-distribution monitoring.	Ensure an adequate monitoring of the activities, even the emergency nature of the operations	UN Agencies
Lessons learned exercises / project closure workshops with implementing partners and involved stakeholders.	Promote the organization of lessons learned exercise / project closure workshop among CERF recipient agencies	UN Agencies OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO WFP		5. CERF grant period:	13/09/2016 - 12/03/2017 (FAO) 12/08/2016 - 31/03/2017 (WFP)		
2. CERF project code:	16-RR-FAO-024 16-RR-WFP-060		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Food/Cash Assistance and Immediate Agriculture Livelihood Assistance to Flood Affected People in Ayeyarwady and Magway Regions in Myanmar					
7. Funding	a. Total funding requirements ⁵ :	US\$ 26,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 2,497,252	▪ NGO partners and Red Cross/Crescent:		US\$ 268,256	
	c. Amount received from CERF:	US\$ 2,497,252	▪ Government Partners:		US\$ 95,216	
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)	11,145	10,764	21,909	16,662	16,929	33,591
Adults (≥ 18)	23,769	21,397	45,166	35,923	32,388	68,311
Total	34,914	32,161	67,075	52,585	49,317	101,902
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	67,075			101,902		
Total (same as in 8a)	67,075			101,902		

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Due to increased needs in the initial phase of the emergency response, more beneficiaries were assisted than planned with food and cash transfers. At the same time, the duration of WFP relief assistance was shortened as support from the government and private sector donors came in. WFP targeted more beneficiaries than planned under the community asset creation activity in Magway and Ayeyarwaddy due to continuous lack of income-generating opportunities and prevailing food insecurity in the aftermath of the flooding.</p> <p>The total number of FAO beneficiaries reached (23,004) was lower than the planned number (28,875) because the estimated household size was slightly smaller than the actual household size. However, the total number of households reached (5,825) exceeded the number of originally targeted households (5,250) following area survey with drone technology, the village and beneficiary selection, which showed that the number of households in need was greater than initially estimated.</p>
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CERF Result Framework			
9. Project objective	Provide life-saving food assistance, immediate livelihoods support through creation of assets and restoration of agricultural production through the provision of food, livestock (poultry) and agriculture inputs to flood-affected women, men, girls and boys in Ayeyarwady and Magway		
10. Outcome statement	Improved food consumption over assisted period for targeted households and/or individuals. 5,250 families affected by floods resume their agricultural activities and improve their food and nutrition security through increased agricultural and livestock production		
11. Outputs			
Output 1	221 MT of mixed food commodities distributed to 25,000 targeted people during the first 15 days, in sufficient quantity and quality		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people received food assistance disaggregated by girls, boys, women and men	25,000	28,761
Indicator 1.2	Quantity of food commodities distributed, disaggregated by type, as % of planned (169 MT rice, 22 MT pulses, 11 MT oil, 2 MT salt, 17 MT High Energy Biscuits)	221 MT	228.05 MT
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Life-saving food assistance for 25,000 people	Partners to be determined	ALARM, MHDO, OISCA, REAM, WV
Activity 1.2	Procurement of 221 MT of mixed food commodities	WFP	WFP
Activity 1.3	Transport, storage and delivery of 221 MT of mixed food commodities	WFP, partners to be determined	WFP
Activity 1.4	Distribution of food beneficiaries	Partners to be determined	ALARM, MHDO, OISCA, REAM, WV
Output 2	13,200 people received as life-saving cash assistance		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people received cash assistance	13,200	18,112

	disaggregated by women and men		
Indicator 2.2	Cash transfer of USD 83,900 made	USD 56,410	USD 77,402
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Distribution of cash to beneficiaries	Partners to be determined	WV
Output 3	27,800 people received immediate livelihoods support through asset creation activities		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of people received cash assistance disaggregated by women and men	27,800	32,025
Indicator 3.2	Cash transfer of USD 1.1 million made	USD 748,462	USD 743,746
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Distribution of cash to beneficiaries	Partners to be determined	WV, REAM, OISCA, ALARM, MHDO, Partners
Output 4	Livelihoods restored through emergency agriculture and poultry production support.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Selection criteria defined in consultation with communities	1	1
Indicator 4.2	Beneficiaries lists are available and used for distribution of inputs	2	2
Indicator 4.3	Quantity of agricultural inputs procured	100%	100%
Indicator 4.4	Quantity of poultry and poultry feed procured ⁷	100%	100%
Indicator 4.5	Number of households receiving agricultural inputs	2,250	2,825
Indicator 4.6	Number of households receiving poultry and poultry feed ⁸	3,000	3,000
Indicator 4.7	Number of beneficiaries trained in basic animal husbandry and agro-techniques	100%	100%
Indicator 4.8	Monitoring mission reports	3	3
Indicator 4.9	Post-distribution report issued	1	1
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Detailed assessments of flood affected areas	FAO, Partners	FAO, MHDO
Activity 4.2	Development of selection criteria in consultation with communities	FAO, Partners	FAO, DOA, LBVD, MAEU, MHDO
Activity 4.3	Identification and selection of beneficiaries	Partners	MHDO

⁷ After consultation with the CERF Secretariat, poultry and poultry feed were replaced by piglets and pig feed, as justified in the report.

⁸ Idem.

	(beneficiaries' lists are available)		
Activity 4.4	Procurement of agriculture inputs (crop seeds, fertilizer, vegetable seeds, and agriculture tools)	FAO	FAO
Activity 4.5	Procurement of quality livestock inputs (poultry and poultry feed)	FAO	FAO
Activity 4.6	Distribution of agricultural inputs	Partners	DOA, MHDO
Activity 4.7	Distribution of poultry and poultry feed	Partners	LBVD, MHDO
Activity 4.8	Basic training on improved animal husbandry and agro-techniques	Partners	LBVD
Activity 4.9	Monitoring of activities and technical support	FAO/Partners	FAO/MHDO
Activity 4.10	Post-distribution monitoring and reporting	FAO/Partners	FAO/MHDO

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 managed to achieve the outcome stated in the project document. Nevertheless, during the implementation some differences emerged with the initial proposal.

At the time of the flood response, WFP had to use available commodities in stock to immediately respond to meet the needs of affected people while wait for CERF funding to be allocated and commodities be procured. CERF Grant allowed WFP to procure 187 MT of rice, 26.05 MT of pulses and 15 MT of oil in that sense. Salt and High Energy Biscuit were complemented from existing stock procured with the funding from other donors. The generated surplus was used for cash-based transfers and associated costs. As a result, more than planned cash was transferred to more than planned beneficiaries overachieving the target.

Likewise, two discrepancies occurred as the emergency agriculture support activities commenced. The first discrepancy was the change in the type of livestock distributed from poultry and poultry feed to piglets and pig feed. Due to the high mortality risk of poultry experienced during this season in Myanmar, brought by highly transmissible diseases, it was considered hazardous to undertake a distribution of poultry at that specific time of the year. In this regard, consideration was also given to the outbreaks of Avian Influenza that occurred in China, and other avian pathogens reported in various areas of the country. It was determined that a change of animal species to be distributed will still allow beneficiary needs to be addressed in line with the emergency nature of the project and within the given timeframe of project implementation and will also drastically reduce the mortality rate of the livestock distributed. The second discrepancy was reduction of costs related to agricultural tools that allowed to increase the number of direct beneficiaries (575 households more than initially planned). It was suggested by the preliminary information obtained during the beneficiary identification, which showed that the needs were higher than expected and that community would benefit more from an increased number of beneficiaries. This discrepancy led to increase the number of beneficiaries' family reached by the project to 5,825 families compared to the planned 5,250 (approximately 23,004 people).

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 played a key role in operationalising 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 cooperating 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.

For emergency agriculture interventions, FAO worked with different Implementing Partners with a certain division of labour in order to guarantee a good level of transparency and accountability,

A drone technology, used in partnership with the Myanmar Aerospace Engineering University (MAEU), was applied to determine flood affected areas that would be addressed by the intervention. This was also noted by the Department of Agriculture that confirmed that flood-affected area was larger than their initial estimates. The utilization of different partners for identification of the beneficiaries and distribution of inputs has been thought to reduce risk of over-inclusion of beneficiaries in the distribution lists. The FAO Monitoring Officers have been supervising all the phases of the project implementation.

In addition to the livestock distribution, LBVD and FAO prepared a leaflet with the indication of township Veterinary Officer's emergency telephone numbers in case of any problems related to the health of the animals distributed. As a result, the LBVD veterinaries at township level have been able to address and support project beneficiaries.

DOA has monitored and followed the performance of the seed distribution, also after the distribution took place in case of any complaints from the beneficiary farmers.

Furthermore, MHDO has developed a simple community based AAP system together with different stakeholders which helped to increase the community voice and power as well as to receive all the complains and feedbacks from community. The system included use of notice board and complaint box to promote and protect beneficiaries' rights, including the right to comment and complain and acting as an "early warning system" to prevent, mitigate or resolve tensions and problems before they escalate into more serious issues.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Relief distribution is one time off distribution and only WFP conducted distribution monitoring at the distribution sites during the distribution for making sure that the right beneficiaries are getting the right amount of food or cash. The community asset creation activities under the 2016 flood response could have not been covered by the annual Post Distribution Monitoring exercise conducted in June before the flooding. However, WFP and its partners conducted implementation progress and project completion monitoring, ensuring proper targeting and distribution. Also, no evaluation was planned for livelihoods support projects due to the limited time frame.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	08/09/2016 - 07/03/2017		
2. CERF project code:	16-RR-FPA-041		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Life-Saving Basic Medical and Sexual and Reproductive Health Care Services to populations affected by floods in Ayeyarwady, Magway and Mandalay Regions of Myanmar					
7. Funding	a. Total funding requirements ⁹ :	US\$6,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 623,195	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 349,654	
	c. Amount received from CERF:	US\$ 623,195	▪ <i>Government Partners:</i>			
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	13,329	6,664	19,993	10,985	3,128	14,113
<i>Adults (≥ 18)</i>	24,192	11,015	35,207	44,289	6,503	50,789
Total	37,521	17,679	55,200	55,271	9,631	64,902
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	55,200			64,902		
Total (same as in 8a)	55,200			64,902		

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>UNFPA exceeded the set total beneficiary target by 9,702 (target 55,200, achieved 64,902). This was due to the significant number of women reached beyond the set target.</p> <p>UNFPA exceeded the set target for females by 20,271, (target 35,000, achieved 55,271), primarily due to the success at reaching women (target 55,271, achieved 35,000). There was strong interest from women who were available to attend project activities beyond that originally anticipated. A total of 2,344 fewer girls than anticipated were reached (target 13,329, achieved 10,985), due to the reluctance of adolescent girls being to visit services. This is because of the public nature of the services and the associated social stigma. Most prefer to consult with private general practitioners, where there are no detailed records of personal information and so people feel more comfortable in consultation.</p> <p>UNFPA fell below the target for males by 6,369 (target 16,000, achieved 9,631). For both men and boys, those reached only accounted for around half of that originally targeted (boys – target 6,664, achieved 3,128; men – target 11,015, achieved 6,503). Health education sessions for men and boys primarily focus on family planning and are intended to complement the distribution of free condoms through health facilities, ensuring demand for commodities and their correct usage. However, men and boys in the project areas reported being hesitant or embarrassed to attend public sessions based on the view that these discussions should be a private matter. In addition, confusion was noted among some community members on the content of health education sessions, with the misconception that they were only for women and girls. More sustained and targeted outreach and community engagement beyond the period of the CERF would be required to overcome this barrier to accessing services.</p> <p>Despite challenges in reaching the number of men and boys as planned, the project still exceeded the target beneficiary numbers.</p>
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CERF Result Framework			
9. Project objective	To reduce morbidity and mortality by providing basic medical and sexual and reproductive health care services to people affected by flood in Ayeyarwaddy, Magway and Mandalay Regions of Myanmar.		
10. Outcome statement	Availability of access to life-saving sexual and 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 sexual 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	35,000	55,271
Indicator 1.2	Number of men received RH services	16,000	9,631
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide basic RH services to affected males and females	MSIM, MMA	MSIM, MMA
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	1,500	355
Indicator 2.2	Number of male clients referred to higher level of health facilities	300	125
Indicator 2.3	Number of sexual violence clients referred to higher level of health facilities	50	2
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct outreach mobile clinic activity	MSIM, MMA	MSIM, MMA
Activity 2.2	Support revitalisation of existing health facilities	MSIM, MMA	MSIM, MMA
Activity 2.3	Establish referral mechanism including life-saving multi-sectoral approach [i.e.: protection and psychosocial support]	MSIM, MMA	MSIM, MMA
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	75	186
Indicator 3.2	Referral mechanism available in three project locations	3	3
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of EmOC services	MSIM, MMA	MSIM, MMA
Activity 3.2	Establish emergency obstetric care referral mechanism	MSIM, MMA	MSIM, MMA
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	#women attended sexual and reproductive health education sessions on RH in emergency issues;	30,000	30,747
Indicator 4.2	#men attended sexual and reproductive health education sessions on RH in emergency issues;	15,000	9,352
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Education sessions on RH in emergency issues	MSIM, MMA	MSIM, MMA
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	3,700	4,950
Indicator 5.2	# Post-delivery Kits distributed	3,000	3,000
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Distribution of Emergency RH Kits, including Clean Delivery Kits	UNFPA	UNFPA
Activity 5.2	Distribution of Post Delivery Kit	UNFPA	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:

While the project reached more beneficiaries than originally targeted (as elaborated above), there were variations between figures targeted and reached across project indicators.

The number of women who received reproductive health (RH) services exceeded the target by 20,271 (Indicator 1.1 target 35,000, achieved 55,271). This was due to strong community mobilization by implementing partners as well as collaboration of local community leaders. Moreover, the population of villages covered in the project was greater than expected. As for men, the achievement fell short of the target by 6,369 (Indicator 1.2 target 16,000, achieved 9,631). Fewer male clients sought service based on a misconception that services were only for women.

The number of clients who were referred onto high level health facilities fell below the target for both women and men (Women- Indicator 2.1 target 1,500, reached 355; Men - Indicator 2.2 300, reached 125), due to fewer emergency cases which required referral support to such facilities. While the project set out to refer 50 survivors of sexual violence to higher level facilities, only 2 were noted (Indicator 2.3). Strong stigma is associated with GBV, which along with lack of access to adequate and appropriate multi-sectoral services and a high degree of perpetrator impunity deters survivors from seeking care in response to violence. Implementing partners with UNFPA support referred 186 women for emergency obstetric care (EmOC), 111 more than the original target (Activity/ Indicator 3.1 target 75, achieved 186). This increase highlights the significant need among affected communities, larger than originally anticipated.

Implementing partners with UNFPA support slightly exceeded its set target for women's attendance at sexual and reproductive health (SRH) education sessions. (Indicator 4.1 target 30,000, reached 30,747), however fell below the set target for male attendance by 5,648 (Indicator 4.2 target 15,000, achieved 9,352). As noted above, a misconception that SRH was only for women dampened men's interest in attending SRH education sessions. A total of 436 outreach activities were conducted in total (Activity 2.1).

Three referral mechanisms were established in Mandalay, Ayeyarwaddy and Magway regions, as original intended (Indicator 3.2). A total of 39 health facilities were revitalized as part of the project (Activity 2.2).

A total of 12 Emergency Reproductive Health (ERH) kits were distributed reaching a total of (Indicator 5.1 target 3,700, achieved 4,950). At the beginning of the project, UNFPA mobilized 12 ERH kits prepositioned in Rakhine for distribution in the flood affected areas as the initial order for the ERH kits was placed internationally, meaning there was significant delay on their delivery. Due to this delivery, the additional RH kits were delivered close to the project end date along with the Post-Delivery kits. Both were handed over to the Ministry of Health and Sports for distribution to flood affected areas

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

Affected populations were consulted during the design of the project through implementing partners, who were selected as they are national organisations with strong relationships with communities in the areas of project implementation. UNFPA also analysed the Rapid Assessment Findings from Myanmar Red Cross Societies (MRCS) in designing the programme.

During project implementation and as part of monitoring activities, UNFPA conducted regular monitoring visits to project locations to collect and analyse feedback from participants. Feedback was also collected through service delivery through, for example, feedback forms which informed the subsequent delivery of assistance. UNFPA also invited the Ministry of Health and Sports from Nay Pyi Taw to join the monitoring visits and provide technical feedback to the implementing partners.

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

EVALUATION CARRIED OUT

A project evaluation was conducted in Magway as part of joint field monitoring by the Maternal and Reproductive Health (MRH) Unit of MoHS in collaboration with UNFPA and IPs (please see report in Annex 4). A one-day meeting attending by the MRH, UNFPA and IPs was held to discuss findings, including challenges, lessons learned and recommendations for future programming.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	08/09/2016 - 07/03/2017		
2. CERF project code:	16-RR-FPA-042		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> 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 funding requirements ¹¹ :	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 450,010	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 76,620	
	c. Amount received from CERF:	US\$ 450,010	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	12,000		12,000	23,193	8,254	31,447
Total	12,000		12,000	23,193	8,254	31,447
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	12,000		31,447			
Host population						
Other affected people						
Total (same as in 8a)	12,000		31,447			

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>UNFPA exceeded its target beneficiary figure by 19,447 (target 12,000, achieved, 31,447). This represents an additional 14,939 women reached above the set target (target 12,000, achieved 23,193) along with 8,254 men and boys who also participated in project activities, a significant increase beyond the 200 originally targeted. As will be outlined in the below section in more detail, this significant increase in coverage was due to strong interest from women and men in affected communities in attending GBV awareness raising sessions combined with greater access to affected locations than originally anticipated at the time of project development.</p>
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CERF Result Framework			
9. Project objective	To address the unmet needs of GBV survivors and women and children at risk in Magway, Mandalay and Ayeyarwady region through the provision of a multi-sectoral prevention and response to gender-based violence within a six-month timeframe		
10. Outcome statement	Displaced women and girls in flood affected regions provided with rapid GBV response services		
11. Outputs			
Output 1	12,000 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	9
Indicator 1.2	Number of community based workers trained in identification of GBV survivors for referral	20	222
Indicator 1.3	Number of service providers providing psychosocial support	2	2
Indicator 1.4	Number of women and girls receive increased awareness of GBV related services through targeted information sessions through the end of the project cycle	12,000	23,193
Indicator 1.5	Number of men and boys receive increased awareness of GBV related services through targeted information sessions through the end of the project cycle	200	8,254
Indicator 1.6	Number of women and girls receive the dignity kits	11,000	11,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of 11,000 dignity kits	UNFPA	UNFPA
Activity 1.2	Case Management (including Clinical Management of Rape) and Psycho social support training	AFXB/ UNFPA	AFXB/ UNFPA
Activity 1.3	Establish safe spaces in temporary evacuation centres or community where required	AFXB, MMA	AFXB, MMA
Activity 1.1	Deliver mobile services for counselling and psychosocial support through a team of trained counsellors	AFXB, MMA	AFXB, MMA
Activity 1.2	Provide mobile psychosocial and case management services	AFXB, MMA	AFXB, MMA

Activity 1.3	Distribution of commodities (Dignity kits and RH kits)		UNFPA
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	20	26
Indicator 2.2	Number of safety audits conducted in evacuation centres	20	10
Indicator 2.3	Number of community awareness sessions on GBV	20	431
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	AFXB, MMA	AFXB
Activity 2.2	Conduct safety audits	AFXB, MMA	AFXB

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 was a success, with UNFPA and implementing partners (IPs) exceeded the majority of targets set across project indicators.

This was particularly the case for trainings and awareness raising sessions, where UNFPA and IPs reached a significantly higher number of beneficiaries than originally intended. A total of 222 community based workers were trained on identification of GBV survivors, well above the 20 originally targeted (Indicator 1.2). An additional 11,193 women and girls received increased awareness of GBV related services through targeted information sessions (Indicator 1.4 target 12,000, achieved 23,193), as well as a total of 8,254 men and boys (Indicator 1.5. target 200, achieved 8,254). In total, 431 community awareness raising sessions were held (Indicator 2.3 target 20, achieved 431).

At the time of developing the project, neither UNFPA nor implementing partners had access to the majority of affected project locations and no needs assessment had been conducted. The training and awareness raising target figures were developed based on a conservative understanding of accessibility to affected locations post-emergency drawn from experience during previous natural disasters, where service providers had significantly restricted access due to infrastructure damage. With this understanding, census data was referenced to inform target figures. During project implementation, access to affected locations greatly improved, thus enabling expanded service delivery to a greater number of people.

In addition to this, the targeted 20 community workers trained on identification of GBV survivors represented AFXB's planned one two-day training. During project implementation, MMA identified capacity to provide a shortened version of this training with UNFPA technical support to community workers involved in their mobile clinic service delivery. This two-hour training was held in the afternoon after service delivery, which allowed greater participation.

Similarly, MMA mobile clinic model combined with greater than anticipated access to project locations enabled awareness raising sessions to be delivered to more beneficiaries than original targeted, with women, girls, men and boys seeking health care also able to join awareness raising sessions on GBV. There was also a significantly higher interest from men and boys in participating in these sessions than original expected, which was a significant project positive.

Complementary to this, a total of 26 participants from women groups participated in training to identify and referral cases of GBV, exceeding the set target of 20 (Indicator 2.1).

With regard to service provision, 2 IPs delivered PSS and case management services (AFXB and MMA) as planned, reaching the set target (Indicator 1.3). Supporting this, a UNFPA MHPSS Specialist provided 4 specialised trainings on PSS and case management along with ongoing supervision to ensure quality service delivery (Activity 1.2). The full 11,000 Dignity Kits planned

for distribution were distributed to the same number of women and girls affected by the flooding across the three project sites (Indicator 1.6).

The project fell short of achieving set targets for safety audits by 8 (Indicator 2.2 target 20, achieved 12) and the establishment safe spaces in temporary evacuation centres or community (Activity 1.3). A total of 12 safety audits were conducted of temporary evacuation centres (7 Ayeyarwaddy, 2 Magway, 3 Mandalay). This fell short of the 20 originally planned due to affected communities returning to their villages of origin. During service delivery, AFXB in coordination with UNFPA determined there was no need to establish safe spaces for women in temporary evacuation centres or in communities in order to address GBV. Accordingly, none were established.

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

Affected populations were consulted during the design of the project through IPs. IPs have strong engagement with communities in respective locations and so, were able to facilitate their input through regular communication and dialogue channels including FGDs. During project implementation and as part of monitoring activities, UNFPA conducted regular visits to project locations to collect feedback from participants. Feedback was also collected through service delivery, for example through feedback forms which informed the subsequent delivery of assistance.

Finally, the modality of implementation (training of partners, followed by on the job training and mentoring) provided a means through which close support for the impact of the programme and accountability to affected populations was being managed.

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

EVALUATION CARRIED OUT

An evaluation workshop was held on 16 February 2017 in Nay Pyi Taw, both supported by and involving UNFPA along with all IPs relevant staff. The workshop provided insight into the successes and lessons learned of the project. An evaluation workshop report has been developed which includes recommendations, which will inform the design of future emergency responses (**please see Annex 4**).

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\$
16-RR-FAO-024	Food Assistance	FAO	NNGO	\$47,000
16-RR-FPA-041	Health	UNFPA	INGO	\$120,428
16-RR-FPA-041	Health	UNFPA	NNGO	\$229,226
16-RR-FPA-042	Gender-Based Violence	UNFPA	INGO	\$40,037
16-RR-FPA-042	Gender-Based Violence	UNFPA	NNGO	\$36,583
16-RR-WFP-060	Food Assistance	WFP	INGO	\$9,782
16-RR-WFP-060	Food Assistance	WFP	INGO	\$53,800
16-RR-WFP-060	Food Assistance	WFP	INGO	\$25,447
16-RR-WFP-060	Food Assistance	WFP	INGO	35738.25798
16-RR-WFP-060	Food Assistance	WFP	NNGO	\$18,454
16-RR-WFP-060	Food Assistance	WFP	NNGO	\$16,789
16-RR-FAO-024	Food Assistance	FAO	GOV	\$33,333
16-RR-FAO-024	Food Assistance	FAO	GOV	\$37,500
16-RR-FAO-024	Food Assistance	FAO	GOV	\$24,383
16-RR-WFP-060	Food Assistance	WFP	NNGO	\$61,246

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFXB	Association Francois-Xavier Bagnoud
ALARM	Advancing Life and Regenerating Motherland
CSOs	Civil Society Organizations
DOA	Department of Agriculture
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FSS	Food Security Sector
GBV	Gender Based Violence
HEBs	High Energy Biscuits
HRP	Humanitarian Response Plan
IDPs	Internally Displaced Persons
IPs	Implementing Partners
LBVD	Livestock Breeding and Veterinary Department
MAEU	Myanmar Aerospace Engineering University
MAOLI	Ministry of Agriculture, Livestock and Irrigation
MHDO	Myanmar Heart Development Organization
MHPSS	Mental Health and Psycho Social Support
MMA	Myanmar Medical Association
MRCS	Myanmar Red Cross Society
MSIM	Marie Stopes International Myanmar
NRS	Northern Rakhine State
OISCA	Organization for Industrial, Spiritual, Cultural and Advancement
PSS	Psycho Social Support
REAM	Renewable Energy Association Myanmar
RRD	Relief and Resettlement Department
SRH	Sexual and Reproductive Health
ToT	Training of Trainers
UNFPA	United Nations Population Fund
WFP	World Food Programme
WV	World Vision

ANNEX 3. SUCCESS STORY

FAO and UN CERF provide support to flood-affected communities in Magway

Almost 3,000 households in Magway Region affected by last year's devastating floods have received time-critical, life-saving support from the Food and Agriculture Organization using funding from the UN's Central Emergency Response Fund (CERF).

Last year's monsoon brought heavy rains that triggered flooding across the central and southern parts of Myanmar in July and August particularly affecting Magway's rural communities where food stocks, agricultural assets and community infrastructure were badly damaged. Among these affected farmers was Ngun Pen, from Shwe Hlay village in Magway Region.

"I have never seen so bad flooding like last year. I have lost all planted paddy and also chickens and pigs that I have raised. When the water receded and we could go back to our home, we struggled the most in terms of food because we lost all stored paddy," she said.

Using CERF Funds, 2,825 households in Minbu and Pwint Phyu Townships received seeds, fertilizers, and vegetable and agricultural kits. Around 3,000 landless households also received two piglets per family, along with pig feed and vaccines. To complement this assistance, FAO organized training on agricultural best practice and animal husbandry to multiply the benefits of the support.



March 2017, Magway: Using CERF funds, rural communities in Magway have received agricultural supplies to help them survive after the 2016 floods

Photo Credit: FAO

"With this timely provision of funds from UN CERF, FAO was able to respond to the needs of the most affected rural communities who struggle to survive. In times of crisis, the distribution of high quality inputs allows for swift restoration of food production, while complementary livestock provision enhances farmers access to food and gives them the chance of gaining additional income," Senior Resilience Officer Andrea Berloffia said.

Farmer Ngun Pen expressed her gratitude for assistance.

"I am very thankful to FAO and UN CERF for provided support. Thanks to [the] received support I was able to plant and harvest 30 baskets of chickpea that I can sell for around 90 000 Kyat (US\$65). [With] the money I will earn, I am planning to use to buy food for my family," she said.

UN CERF remains among key donors for the FAO emergency interventions in Myanmar, having contributed a total of US\$1 million last year. All emergency response interventions funded by the CERF through FAO helped to reinforce and protect rural livelihoods affected by disaster.

ANNEX 4. EVALUATION REPORTS

- **Joint Monitoring and Evaluation Meeting for flood response project in Magway Region** (16-RR-FPA-041: “Provision of Life-Saving Basic Medical and Sexual and Reproductive Health Care Services to populations affected by floods in Ayeyarwady, Magway and Mandalay Regions of Myanmar”), 13-14 February 2017.
- **Evaluation Workshop Report** (16-RR-FPA-042: “Immediate and Rapid Response to Gender-Based Violence through provision of mobile case management and psychosocial support to reach most affected areas”), 16 February 2017, Nay Pyi Taw.