United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS MYANMAR RAPID RESPONSE DETERIORATION OF PROTECTION AND HUMAN RIGHTS ENVIRONMENT 2017

RESIDENT/HUMANITARIAN COORDINATOR	**Knut Ostby**

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 on 27 November 2017. The exercise was held in Yangon with the recipient agencies: FAO, OHCHR (via Skype), UNFPA, UNHCR and WHO. The international NGO ACF, UNFPA's implementing partner, and the Protection Sector attended the exercise, as well. WFP sent apologies for its absence due to a staff retreat outside of Yangon. 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 (please see summary note as annex).

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 16 January 2018. 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: 38,871,174		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,359,153
	COUNTRY-BASED POOL FUND (*if applicable*)	999,981
	OTHER (bilateral/multilateral)	1,037,117
	TOTAL	**6,396,251**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 23/02/2017			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	17-RR-FAO-005	Agriculture	750,009
OHCHR	17-RR-CHR-001	Human Rights	111,590
UNFPA	17-RR-FPA-002	Sexual and/or Gender-Based Violence	511,139
UNHCR	17-RR-HCR-002	Multi-sector	946,466
WFP	17-RR-WFP-007	Food Aid	1,671,013
WHO	17-RR-WHO-002	Health	368,936
TOTAL			**4,359,153**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies implementation	3,842,924
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	350,786
Funds forwarded to government partners	165,443
TOTAL	**4,359,153**

HUMANITARIAN NEEDS

Following the attacks on 9 October 2016 by armed individuals on three Border Guard Police posts in Maungdaw and Rathedaung townships, in the northern part of Rakhine State, the Myanmar security forces, composed of the Tatmadaw, the Border Guard Police and the Myanmar Police Force, initiated security clearance operations in the northern part of Rakhine. This resulted in displacement, restricted humanitarian access to affected populations and human rights concerns, with the subsequent prolonged suspension of humanitarian activities including protection monitoring, access to basic services such as medical healthcare, and continued difficulties in providing of humanitarian assistance.

An estimated 137,000 people have been severely affected by the crisis, including 87,000 who have fled to Bangladesh, an estimated 20,000 who have been internally displaced within the northern part of Rakhine State, and communities surrounding affected and displacement areas, and those who were not displaced but affected by the housing demolition in the Buthidaung, Maungdaw, and Rathedaung Townships (more than 1,000 households). Also, some 1,100 Mro, Dynet and Rakhine persons in Buthidaung, and 800-1,000 persons in Maungdaw, fled their home immediately after the attacks on 9 October 2016. In addition to houses destroyed by arson in October and November 2016 and amidst the security operations, 2,000 buildings were identified as illegal and marked for demolition in Maungdaw, Buthidaung and Rathedaung. By January 2017, 1,000 buildings, mostly individual houses belonging to Rohingya in Maungdaw, had reportedly been demolished and an unknown number of families, including children, rendered homeless.

The Government imposed restrictions on humanitarian actors since the onset of the crisis which resulted in UN agencies and INGOs being unable to continue their pre-existing levels of humanitarian assistance or to conduct assessments and scale up to meet newly emerging needs. In January 2017, a gradual but limited resumption of activities and access to affected areas was granted initially to national staff members for the delivery of humanitarian assistance. Access for international staff was granted in April 2017 but with heightened administrative obstacles comprising accompaniment by Government staff, information on staff carrying out activities and additional reporting requirement and cumbersome travel authorisation clearance processes. These additional administrative requirements and clearance processes meant that access to humanitarian actors was delayed and at times restricted.

The priority needs included protection monitoring and respect for human rights to contribute to the protection of civilians from violence and abuse and advocate for full respect for the rights of individuals; gender-based violence (GBV) response and psychosocial support; emergency food security support (including food assistance and livelihoods); basic provision of non-food items, including plastic sheeting; emergency health to improve equitable access to health care; and nutrition activities, including WASH-related support. Interventions will target affected communities in townships (northern part of Rakhine State).

II. FOCUS AREAS AND PRIORITIZATION

Based on initial results of assessments and secondary data analysis, the HCT identified key humanitarian needs in the three northern townships of Rakhine State (Maungdaw, Buthidaung and Rathedaung), particularly in the sector of protection and human rights, gender-based violence response, food security, health and nutrition. Data to support this CERF application comes from different sources and assessments which in combination provide an overview of needs, responses and gaps. For instance, WFP remotely collected data, including mobile Vulnerability Analysis and Mapping survey, conducted by late December 2016, which was also complemented with field observation and information provided by local NGOs. A Multi-Sector Initial Rapid Assessment (MIRA) was also conducted in 16 villages of Maungdaw south between 10 and 13 January 2017. However, permission from the Government to conduct this assessment was not granted in Maungdaw north, the most seriously affected by the events of 9 October 2016.

The prioritization strategy for the selection of the agencies to submit projects proposals and the activities to be implemented was based in some general criteria, as follows:

- Strengthening of the existing capacity in affected areas with operational partners already in place, considering current mandates and activities;
- Focus on new emergency needs due to security operations and situation after 9 October 2016;
- Advocacy for direct funding to implementing agencies;
- Integration, of sectoral response among requesting agencies, when possible;
- Promotion of multi-sector proposals;
- Complementation of funding sources according to the type of requesting agency / partner:
  - CERF: Direct implementation by UN or local partners without MHF capacity assessments / Government partners
  - MHF: Direct implementation by NGO partners who passed MHF capacity assessments

Looking at the **protection** sector, the security clearance operations led to widespread human rights violations and the protracted lack of access for protection actors resulted in a deterioration of the protection environment. OHCHR's flash report published in February 2017[1] on the situation of Rohingya fleeing northern Rakhine State in the aftermath of attacks on 9 October 2016 documented numerous human rights violations ranging from extra judicial executions, enforced disappearances, widespread arbitrary arrests and detention, conflict

[1] OHCHR, « Flash Report of OHCHR mission to Bangladesh: Interviews with Rohingyas fleeing from Myanmar since 9 October 2016 ». Available online: http://www.ohchr.org/Documents/Countries/MM/FlashReport3Feb2017.pdf

related sexual violence, including rape, gang rape and other forms of sexual violence, torture, inhuman treatment, beatings, looting, occupation and destruction of property. Protection activities were needed to strengthen the existing protection teams and enhance protection monitoring activities, providing lifesaving information to the population directly affected by the current crisis. In this regard, UNHCR proposed activities related to the identification and the support to persons with specific needs and boosting information management capacity, thus contributing to support multi-agency assessments conducted in affected areas and facilitating further protection advocacy. Also, emergency NFI assistance, including plastic sheeting, were considered. In addition, OHCHR aimed at carrying out systematic monitoring, information gathering and documentation of the human rights concerns of the affected population to further inform the humanitarian and protection response and the broader international response strategies and advocacy.

A dramatic situation was also presented by **GBV** Sub-Group. Sexual violence was committed with impunity, according to the high levels of reports received of alleged sexual violence committed by armed actors in relation after 9 October 2017. In addition, the suspension of service providers and continued lack of multi-sectoral GBV specialised care (including health care) in the northern part of Rakhine has meant that survivors of violence have little to no access to life-saving response services. Moreover, the situation of extreme instability, fear and exposure to violence also exacerbated the already alarming level of mental health and psychosocial support (MHPSS) needs in the northern part of Rakhine. UNFPA proposed a humanitarian intervention to build on existing service providers' capacity to adequately respond and address gender-based violence and MHPSS needs of the affected community.

On the other hand, regarding the **food security** sector, the security operations after the attacks on 9 October 2016 were coupled with heightened freedom of movement restrictions which directly impacted on access to livelihoods and basic services. Restrictions on access to agriculture lands and markets negatively impacted on the food security situation. For instance, WFP was not allowed to provide food assistance in the form of cash or vouchers, resulting in exclusively in-kind food distributions. As food aid is necessarily provided in the form of food (rice, pulses, salt and oil), it was also critical for targeted populations to be enabled to integrate fresh produce into their diet. The FSS proposed a joint WFP-FAO intervention to improve access, availability and utilization of food through the provision of lifesaving food assistance, livestock and agriculture-based input distributions and expanded nutritional knowledge.

The **health** sector was further compounded by suspension of the pre-existing health care activities in most parts of Maungdaw and Buthidaung. Women and girls experience increased vulnerability to reproductive maternal and child health risks after the attacks on 9 October 2016, added to the existing inequality and discrimination policies. Most people living outside the main centres were not able to access primary healthcare services or emergency referrals from 9 October 2016 to the second week of December 2016. Health services, including some NGO clinics, had resumed their services in most areas of northern Rakhine by that time, except for Maungdaw north. However, there was low patient attendance as the situation remained tense and people were afraid to move freely. WHO proposed to deliver primary health care through fixed and mobile clinics, including maternal and child health care, patient referrals, immunization, prevention and control of locally endemic diseases and provision of essential drugs.

In relation to the **nutrition** sector, the violence that took place in Maungdaw area after 9 October 2016 resulted in further worsening of the humanitarian situation with additional displaced persons and, a significant increase of children and women in need of appropriate treatment of acute malnutrition, healthcare and access to WASH essential commodities. The poor physical and mental health among both pregnant and lactating women (PLW) and other caretakers directly contributes to worsening maternal and child care, affecting nutrition status and morbidity rates. To address this situation, the HCT agreed on mobilizing the Myanmar country-based pooled fund, the Myanmar Humanitarian Fund (MHF) and provide direct funding up to $1 million to an operational international NGOs, ACF, that proposed a nutrition intervention through treatment, detection and prevention in outpatient therapeutic program (OTPs) and stabilization centres (SCs; inpatient), including follow-up of SAM children and acutely malnourished PLWs, with an integrated mental health and care practices (MHCP) component. Nutrition activities would be complemented by a targeted, integrated WASH intervention, including hygiene promotion in OTPs, SCs and at community level, coupled with distributions of caretaker and child WASH kits.

III. CERF PROCESS

The CERF Rapid Response Application focused on addressing the immediate humanitarian needs in northern Rakhine due to the security operation since 9 October 2016. The prioritization process resulted from an inclusive and transparent consultation conducted from the end of December 2016 and mid-January 2017, at Yangon level by OCHA and Maungdaw level by UNHCR. The aim of these contacts was to have a big picture / analysis on the key priorities, proposed activities, funding requirements and implementation capacity in order to facilitate final endorsement by the HCT, which was agreed on 27 January 2017.

At field level, a coordination mechanism was already in place in Maungdaw under the coordination lead of UNHCR before the attacks on 9 October 2016. Subsequent to the attacks against the border guard police posts, the RC/HC designated UNHCR as the coordination

lead with regard to the new situation, given its longstanding presence and strong operational capacity. First, NGOs and UN agencies operational in Maungdaw collectively undertook an analysis of the impact of interrupted services, demonstrating that about 137,000 people were affected by suspended humanitarian activities in various sectors (health, nutrition/food, protection, WASH, livelihood, education). Through subsequent data collection and assessments including MIRA and protection monitoring conducted remotely, the scale of new needs soon emerged, particularly in the areas of food security, nutrition, health, WASH, household items, and protection (GBV inclusive). Prioritization was conducted at the coordination meetings through a consultative process. Based on the existing vulnerabilities of the local population (particularly among Rohingya community) in their health and nutrition status, all quickly agreed on prioritization in terms of response, focusing on life-saving services such as food security/nutrition, health, NFI support and protection. GBV issues were given particularly considerations due to high number of reports of rape and sexual harassment. In addition to this field-based analysis, some NGO partners with demonstrated operational capacity in the northern part of Rakhine and existing response programmes were consulted bilaterally, in order to get directly their perceptions and views of a joint CERF-MHF funding strategy.

As indicated above, it was also proposed that CERF funding will be used in complementarity to the Myanmar Humanitarian Fund (MHF), managed by OCHA at country level. MHF grant were allocated to an INGO partner, ACF, for localized priority needs in nutrition and WASH sectors in the same areas of coverage for $1 million, ensuring a complementarity between interventions.

The joint **protection** intervention was led by UNHCR, the agency with a longstanding presence in the affected area and strong operational capacity. All operational partners in Maungdaw Area met regularly under UNHCR's coordination lead to share information, formulate advocacy messages, plan need assessments and design the response, in close liaison with the Office of the Resident Coordinator (RCO) in Sittwe. Through needs assessments and UNHCR's extended network of protection focal points (including agencies that are part of the Protection Working Group), affected people were consulted in the design of the proposed response and provided valuable information on needs on the ground. Gender, age and disability criteria are a central part of the proposed intervention via the identification and support to persons with specific needs, as part of the overall protection response. OHCHR contribution to this joint protection action was related to the aim of establishing pattern of work on allegations of serious human rights violations which enable address specific human rights violations that are life threatening.

The **GBV** and MHPSS intervention, proposed by UNFPA, directly aligned with the Protection sector priorities of improving and expanding services and strengthening the protective environment. All implementing partners were consulted closely in the design of the project. ACF, First Aid to Bridge Asia Japan (BAJ) and CARE (Cooperative for Assistance and Relief Everywhere) provided multiple inputs regarding the needs of the community based on consultation with the affected population through their current interventions. As this project sought to build on existing programmes, current feedback mechanisms incorporated into implementing partners' respective programmes ensured ongoing consultation with the affected community throughout implementation. This includes ACF group discussions with beneficiaries at nutrition centre and community levels. Training assessment, mid-programme and end of programme monitoring of visits were also conducted.

The joint **Food Security** sector (FSS) intervention was aligned to the priorities indicated in the 2017 Humanitarian Response Plan (HRP), particularly these ensuring equitable access to adequate food or cash assistance; ensuring resilience of affected communities through restoring, protecting and improving livelihood opportunities restoration. It was also informed by the 2017 Myanmar Humanitarian Needs Overview (HNO). Selection criteria were developed in close collaboration with the community, in order to take into account different socio-economic conditions. Both gender and age-related issues will be considered, as well as level and stability of income, existing labour-constraints and social protection issues. Priority will be given to those groups more prone to malnutrition or with specific nutrient needs. Food distributions targeted those displaced people along with food insecure and crisis-affected individuals. Livelihood beneficiaries were targeted through an in-depth beneficiary selection survey, using a zonal approach including surrounding communities to avoid any exacerbation of existing tensions between communities.

The **Health** cluster response also followed the priorities highlighted in the 2017 HRP. WHO worked with the Ministry of Health and Sports (MoHS) to ensure an adequate working protocol with the MoHS and avoid duplication with any existing health intervention; assuring information management at sub-national level and advocating for complementary resources for all the humanitarian healthcare intervention.

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: 50,000									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Agriculture	5,984	5,091	**11,075**	5,772	5,073	**10,845**	11,756	10,164	**21,920**
Food Aid	8,178	8,725	**16,903**	6,270	4,089	**10,359**	14,448	12,814	**27,262**
Health	2,788	11,153	**13,941**	2,281	9,125	**11,406**	5,069	20,278	**25,347**
Human Rights[3]	-	-	**-**	-	-	**-**	-	-	**-**
Multi-sector	5,796	6,033	**11,829**	4,704	10,976	**15,680**	10,500	17,009	**27,509**
Sexual and/or Gender-Based Violence	195	2,536	**2,731**	20	337	**357**	215	2,873	**3,088**

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[4]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	14,162	13,816	**27,978**
Male	12,042	10,976	**23,018**
Total individuals (Female and male)	**26,204**	**24,792**	**50,996**

Each partial total for table 5 has been calculated taking into account the higher number in table 4, to avoid duplications. In order to ensure that the beneficiaries for both food security components (WFP and FAO) do not overlap, interventions for both components were conducted in different geographical areas.. All the figures for table 5 come from the addition of both food security components, except for

[2] Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.
[3] No direct beneficiaries have been reported by OHCHR.
[4] 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.

the figures on men above 18, which comes from the UNHCR multi-sector intervention (protection/NFIs). No data for human rights project (OHCHR) has been included.

According to the data obtained through Multi-Sectoral Initial Rapid Assessment (MIRA) that UNHCR with other UN agencies and INGOs have conducted in Maungdaw South, some 280 households (1,935 persons) in eight locations were negatively affected by movement restrictions, continuous search operations, and limited market access, etc., but not displaced by the events following the incidents of 9 October 2016.

UN agencies and INGO were not authorised to replicate the same methodology of assessment in the north of Maungdaw where the majority of the security operation have taken place. According to the data collected by each agency via thematic (including facility-based) assessments, and inter-agency consultation and triangulation of the information from various actors present on the ground, it was initially estimated that some 20,000 were displaced internally, 16,000 of them subsequently returned. In addition, some 1,100 Mro, Dynet and Rakhine persons in Buthidaung, and 800-1,000 persons in Maungdaw, fled their homes immediately after the attacks of 9 October 2016. Initial estimation considered around 50,000 persons (mainly stateless Rohingya) have been severely affected by the crisis, including those who were displaced, their surrounding communities, and those who were not displaced but affected by the housing demolition in the Buthidaung, Maungdaw, and Rathedaung townships (more than 1,000 households). During the implementation of the CERF grant, 50,996 crisis-affected persons as consequence of the events of 9 October 2016 and subsequent military operations have benefited from the proposed joint humanitarian intervention.

CERF RESULTS

The strategic objective of the CERF Rapid Response Application was to ensure that the life-saving protection and assistance needs of people affected by violence in the northern part of Rakhine State were met. The intervention reached 50,996 vulnerable people, during a period of six months, extended to 9 months for the health intervention, due to the delays within the MoHS to prepare necessary documents to request WHO for funds transfer and procurement of medicines.

Regarding the joint protection intervention, with CERF assistance, **UNHCR** was able to conduct a total of 169 protection monitoring visits against the target of 150 in both Maungdaw and Buthidaung townships. This enabled to identify, mitigate and/or address protection risks and informed evidence-based advocacy to ensure greater protection for the affected population. As part of UNHCR's protection intervention, 183 persons with specific needs were identified, and supported through the cash based intervention against the target of 150. This support reached both Rohingya and non-Rohingya affected population in Maungdaw and Buthidaung Townships. CERF assistance also enabled UNHCR to distribute non-food items to 4,734 households, benefitting 27,326 individuals. The intervention reached a total of 75 villages in both Maungdaw and Buthidaung townships.

On the other hand, the second component of the joint protection project proposal, led by **OHCHR**, had many difficulties to be implemented, particularly due to the restriction of access. The CERF project envisaged the deployment of international human rights staff to carry out systematic monitoring, information gathering and documentation of the human rights situation in northern Rakhine to strengthen the humanitarian and protection response and contribute to effective response strategies and strategic advocacy efforts on the ground. However, since the attacks of 9 October 2016 and ensuing restrictions on humanitarian access and independent observers, OHCHR's access to northern Rakhine state has not been granted. In response to the lack of access to northern Rakhine State and subsequent lack of access to the country, OHCHR put in place a contingency plan for the implementation of the CERF project to ensure that critical human rights issues related to the right to life, liberty and security were addressed. While the access restrictions prevented protection by presence, the provision of CERF funds enabled remote monitoring to identify human rights issues of concern that impacted on the right to life, security, and integrity of the person as well as their impact on the humanitarian situation. These issues of concern were also relayed to the UN Human Rights Special Procedures mechanism and formally addressed to the Government with requests for prompt corrective action.

The lack of access to northern Rakhine State did not permit OHCHR to carry out the 40 planned field visits and direct monitoring of human rights situation. Thus, OHCHR remotely monitored the situation, and received and analysed reports of human rights and protection incidents from various sources including UN and INGOs sources, and subsequently identified 94 incidents as opposed to the 100 initially outlined. An analysis of the information received during the reporting period, indicated that the 94 human rights incidents resulted in at least 2,139 alleged human rights violations involving at least 1,962 victims. Human rights violations included violations of the right to life and physical integrity, sexual and gender based violence including rape, torture, arbitrary arrests and detention, lack of due process, forced labour, and destruction and extortion of private property. OHCHR actively participate in humanitarian response coordination meetings such as the Rakhine Coordination Group, the Rakhine Theme Group, the Maungdaw Interagency group, the HCT and meetings of the UN and INGOs operational in northern Rakhine State called by the UN Senior Adviser for Rakhine State, providing

for the sole human rights presence at the meetings. Engagement in these meetings continued virtually by conference call once access to the country was prevented. The CERF project enabled OHCHR to regularly exchange information with humanitarian partners and ensure that human rights standards were integral to local advocacy efforts. For example, in meetings with the District Commissioner refer to the obligation to curb hate speech, and in meetings with the Chief of Police highlight the responsibilities of the government to prevent human rights abuses committed by militias. OHCHR also briefed UN agencies and INGOs operating in northern Rakhine State, such as UNHCR, OCHA, WFP and Fortify Rights, on the use of the UN Special Procedures, and several of the referrals made to the Special Procedures were based on information provided by them.

Based on an analysis of ongoing human rights violations that had a direct impact on the rights to life, liberty and security of the person, OHCHR focused on issues related to freedom of movement, food and nutrition, restrictions on livelihoods, housing demolitions, forced displacement and relocations, household lists exercise, model villages, arbitrary arrest and detention, deaths in custody and fair trial. These issues impacting on the rights to life, liberty and security of the person were assessed as having a broad impact on the protection environment and were directly addressed to Government through the UN Special Procedures mechanism. The Special Procedures of the Human Rights Council bring critical issues to the attention of the Government in letters referred to as communications. Throughout the implementation of the CERF project, eight communications sent to the Government dealt with the patterns and trends of human rights violations, and policy and/or practice considered incompatible with international human rights standards. As protection also encompasses activities that aim to prevent and mitigate threats to vulnerable populations, the communications outlined the facts of the human rights situation as known, the impact on the population, request cessation of violations and raised questions to Government on measures taken and envisaged to address the situation.

The communications addressed concerns over the deterioration of food security situation and the long term, chronic lack of access to adequate food in the context of prolonged security operations. The destruction of over 2,000 buildings, mainly houses, of which 1,250 buildings destroyed by fire and 1,000 through government ordered demolitions, resulting in the forced eviction and subsequent homelessness of hundreds of Rohingya families was also addressed. Other concerns addressed throughout the CERF project related to forced relocation of internally displaced persons and the construction of model villages in northern Rakhine State. Restrictions on freedom of movement which limit access to basic services and result in the cumulative deterioration of day-to-day living standards and the productive and income-generating capacity of the community were also addressed. Communications also addressed the household list updating exercise resulting in the arbitrary exclusion of persons from household lists, arbitrary arrests and detention, lack of fair trials and deaths in custody including of children, occurring in the context of security clearance operations. All these issues directly relate to the right to life, freedom and security of the person, and fall within CERF's life-saving' criteria, and are assessed as critical issues impacting on the protection environment and the humanitarian situation of the affected population. The Special Procedures communications support and leverage, through the UN Human Rights system, overall advocacy of the humanitarian community and importantly address issues which have immediate and long-term impact on the situation in northern Rakhine. UN Special Procedures communications directly address issues of concern and advocate for remedial and protective action, including life-saving measures.

The information gathered by OHCHR`s remote monitoring through partners working on the ground highlighted a general sense of insecurity caused by heavy security presence and the area clearance operations which contributed to a coercive environment characterized by ongoing human rights violations in 2017. The protracted nature of the human rights crisis has resulted in severe humanitarian consequences for the Rohingya population.

Looking at the GBV sub-sector, CERF funding supported the provision of technical assistance to UNFPA, which worked with a sub-implementing partner (ACF) to strengthen MHPSS interventions including through on-the-job training and supervision in response to increased psychological distress as a result of the current emergency. The technical strengthening of MHPSS services was vital to ensuring quality care tailored to the extreme MHPSS needs and cultural considerations of the affected community and to avoid the risk of causing harm. An international MHPSS specialist provided training and ongoing supervision to 60 (30 women, 30 men) current ACF psychosocial workers for a sustainable improvement and expansion of their MHPSS intervention, delivered through ACF's Nutrition programme to 2,546 mothers and caregivers. The ACF nutrition programme is provided through 14 temporary feeding spaces (TFS). The number of beneficiaries reached is higher than the targeted amount due to an increase in admissions referrals likely made possible by relatively stable access to the TFSs between March and July 2017. ACF provided three tailored trainings (including on-the-job mentoring sessions) on the basis of material developed to enhance MHPSS emergency response. Trainings were on gender-sensitive services, responding to suicidal ideation, and MHPSS do no harm. ACF reached 10 (6 women, 4 men) new service providers through the MHPSS do no harm training. UNFPA provided eight tailored trainings (including on the job mentoring sessions) on the basis of material developed to enhance MHPSS emergency response. Four trainings were conducted on psychological first aid (PFA) to BAJ vocational trainers and CARE community volunteers as well as one GBV PSS workshop and three group mentoring sessions for 20 (12 women, 8 men) members of the MHPSS peer support network on topics such as case presentation, critical cases criteria, child sexual abuse, and MHPSS terms and definitions. UNFPA established the Network to build the capacity of health and protection actors through mentoring,

training, and case consultations to provide quality MHPSS to beneficiaries that disclose GBV through their services. Ninety-nine percent of training participants increased knowledge during the trainings based on pre- and post-assessment outcomes, likely due to the close supervision and mentoring received that complemented the trainings. The target was 70%. Nine total MHPSS training materials were developed to support these training, mentoring, and supervision efforts exceeding our target of two. Training materials included different curricula, handouts, and other teaching/job aids.

Other technical partners for UNFPA as part of the project included BAJ and CARE. In addition to the PFA training provided to BAJ vocational trainers, the International MHPSS specialist and a national GBV officer integrated MHPSS and GBV emergency interventions into BAJ vocational training programmes for Rohingya and Rakhine adults and adolescents across Maungdaw and Buthidaung townships. BAJ's 19 (9 women and 10 men) vocational trainers were trained on GBV orientation and basic principles, referral pathways in addition to PFA in order to support the ethical, appropriate and timely identification and referral of GBV cases. The target was 12. A MHPSS intervention based on the model of 'sharing circles' was incorporated into the current 40-45-day vocation training curriculum and provided to 118 (90 women, 28 men) vocational training participants. BAJ did not include UNFPA target of 480 beneficiaries in their vocational trainings during the project period due to the number of trained trainers available and vocational training space as well as the timing of government approvals for the training classes. However, the total target of 2,383 beneficiaries that received MHPSS interventions was exceeded through ACF and BAJ's collective efforts reaching a combined total number of 2,664. Basic GBV awareness-raising sessions focused on discussions of power and inequality was integrated into the curriculum and delivered by the national GBV officer reaching 99 (71 women, 28 men) participants. The delivery of MHPSS and GBV interventions through these groups is key to ensuring beneficiaries are provided safe space to discuss highly sensitive topics where MHPSS and GBV concerns can be identified and addressed.

UNFPA provided two GBV trainings and technical assistance to 113 (42 women, 71 men) CARE community volunteers who work across 19 village tracts in Maungdaw and Buthidaung townships, with the aim of mobilising community volunteers for the identification and timely referral of cases of GBV to health services. The target was 117 (42 women, 75 men). Community volunteers were also trained in GBV prevention strategies as a mitigation strategy against increased levels of psychological distress within communities that can lead to increased GBV. As a result of the training that they received, CARE reached 92 (49 women, 43 men) community members with GBV awareness sessions. The combined number of beneficiaries (191: 120 women, 71 men) reached by BAJ and CARE through GBV awareness-raising activities is lower than the targeted amount (420 and 480 respectively) since the time needed to implement their curricula for a particular group was longer than anticipated, limiting the number of groups that could be reached during the project period. Additionally, GBV awareness sessions were provided at the end of the curricula as opposed to the beginning, leaving out more beneficiaries that could have been reached through new classes that started at the end of the project period. UNFPA provided a post-rape treatment kit to Sittwe General Hospital as the only tertiary health facility in Rakhine where cases from northern Rakhine may be referred (each kit is for 30 adults and 8 survivors) as well as to other kits health providers in Rakhine State. UNFPA directly distributed the kits and provided orientation on the use of the kits in conjunction with an outline of the standards for the clinical treatment for survivors of sexual violence The no-cost extension granted allowed UNFPA quality and effective distribution of IEC materials, distribution of post-rape treatment kits for which clearance was delayed by the Central Medical Store Depot, and the distribution of a small remaining stock of dignity kits that was delayed by security and access constraints.

Within the food security sector, the CERF grant allowed that 27,262 displaced persons in targeted area were assisted by **WFP** with basic food commodities (rice, pulse, oil and salt) for about five months against four months originally planned. In addition, to ensure specific nutritional needs of most vulnerable groups such as children were met, WFP provided specific nutritious foods though blanket supplementary feeding programme (BSFP) to 14,448 children under the age of five during the reporting period. These children were part of the households affected by the crisis and targeted by life-saving food assistance. BSFP was implemented through agreements with WV and MHDO. In selected areas, all children 6-59 months included in BSFP received super cereal plus (WSB++) to maintain their nutritional status and prevent wasting and micro-nutrient deficiencies. A total of 94.5 MT of WSB++ was distributed during prevention of wasting interventions.

In addition, the CERF grant supported activities to provide livelihoods assistance to conflict affected women, girls, men and boys, through provision of agricultural and livestock inputs. Under the **FAO** intervention, a total of 21,920 individuals were reached, of which 13,318 in Maungdaw and 8,602 in Buthidaung townships. In Maungdaw township, FAO and its implementing partner MHDO provided 2,032 households (of which 13% were women headed households) with agricultural packages including paddy seeds (62 Kg), fertilizers (compound 62 Kg and urea 100 Kg). In Buthidaung township, FAO and its IP, the Livestock Breading and Veterinary Department (LBVD), distributed to 1,610 households (of which 23% were women headed households) livestock packages composed of 2 goats per household.

Vegetable seed packages and fertilizers were distributed to all project beneficiaries in both townships to ensure a better dietary diversity to the targeted populations. FAO with the support of MHDO provided all 3,642 households with vegetable seed kits containing 10 gm of white radish seeds, 15 gm of okra seeds, 10 gm of red hot chili seeds, 10 gm of eggplant seeds and 15 gm of bitter gourd seeds. All vegetable seeds kits were accompanied with 12 Kg of compound fertilizer and 12 Kg of urea fertilizer.

To improve nutritional practices, at community level, nutritional awareness sessions were conducted in targeted villages. Overall, almost 2,000 women (23% from Maungdaw and 76% from Buthidaung) were reached with awareness sessions on nutritional practices, food safety and cooking demonstrations. The nutrition awareness sessions were conducted through a training of trainers methodology (ToT) consisting in training female staff of MHDO in Sittwe and supporting her travel back to Maungdaw and Buthidaung to conduct the awareness sessions. In total, the FAO nutritionist trained 11 MHDO staff in Sittwe on the following topics: relationship between agriculture and nutrition, basics of food handling, storage and preparation, and cooking demonstration. Although the ToTs were not able to reach all the targeted beneficiaries (3,642 women), approximately 2,000 women attended the nutrition training sessions in the two townships. It is worth mentioning that the cost of the nutrition training has been minimal and even with a low attendance level, the achievement should be considered positively.

Following the same ToT approach, FAO livestock expert with the support of LBVD trained 24 people from 12 villages and 3 staff from MHDO on improved animal husbandry, health and feeding, and goat raising. In addition, a section on the Livestock Emergency Guidelines Standards (LEGS) and DRR linkages with livestock was also conducted at the end of the ToT training. The ToT were able to conduct awareness session for approximately 1,537 beneficiaries in all the villages in Buthidaung township reached by the project and the participants were provided with educational material (brochures) specifically designed for “safe care of goats”.

FAO through MHDO provided orientation training in 18 villages that benefitted from the paddy rice package distribution. The training addressed the following topics: seed and soil selection, seed beds and land preparation, fertilization and application methods, weed control, Integrated Pest Management (IPM) and systematic drainage and irrigation. Overall, 92% of the beneficiaries in Maungdaw were reached with the agriculture orientation training for a total of 1,826 individuals.

Finally, the CERF grant allowed to the health sector, through **WHO** and MoHS, to support 25,347 people in northern Rakhine, who received life-saving health care services from the project. With the approval of the no cost extension which extend the implementation duration up to nine months, the project provided health care to people affected by both the 9 October 2016, newly affected by the events on 25 August 2017. The implementation partnership with the MoHS has significant value in alleviating sufferings of crisis-affected people immediately after 25 August 2017 when majority of humanitarian actors had no access in the northern townships of Rakhine State. The project contributed to the implementation of health-related recommendations of independent Rakhine Advisory Commission by expansion of primary health care services through mobile clinics, immunization activities, and provision of essential medicines to cover all population in need of humanitarian assistance. The project is aligned with health cluster priorities through provision of life-saving health services including referral of critically ill patients to the appropriate health facilities.

CERF’s ADDED VALUE

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

At the time of the proposal submission, operational partners in the affected areas had already resumed humanitarian activities. For instance, UNHCR had already conducted protection monitoring to identify critical issues of concern to the affected population (albeit in a more remote manner due to sensitivities and lack of physical access), monitor trends and inform advocacy. In addition, the agency had already reached 1,500 severely affected households with non-food items (NFIs) using UNHCR’s pre-positioned contingency stocks. The fast approval of this CERF rapid response grant allowed UNHCR to rapidly expand its protection and assistance activities to tens of thousands of beneficiaries. This cannot be applied to OHCHR, that suffered serious restriction in the access to the affected population.

As mentioned in the CERF application, the CERF funding contributed to provide life-saving assistance for the affected population, i.e. to procure and deliver food aid to the beneficiaries from targeted area. The prevention, detection and treatment of acute malnutrition are of paramount importance to prevent dramatic consequences in terms of children mortality, morbidity and /or long-term effects left by acute malnutrition on early child development and ensure positive impact on nutrition security. Thanks to CERF contribution, WFP managed to implement blanket supplementary feeding programme to prevent acute malnutrition among children

under the age of five years. The CERF funding also allowed providing conflict-affected communities with emergency livelihood assistance to ensure quick recovery of the agricultural production during the 2017 monsoon season and minimize gap in food shortages during post monsoon season.

In the case of WHO, that experimented serious delays in the initial implementation of the project, the CERF funding and the no-cost extension approved led to immediate life-saving heath care services to vulnerable people, also affected by the events on 25 August 2017. The project is one of the humanitarian projects which were able to access affected population after the said event.

b) Did CERF funds help respond to time critical needs[5]?
YES ☒ PARTIALLY ☐ NO ☐

Implementing agencies recognized the CERF added value in responding to time-critical needs. Without the funds provided by CERF, UNHCR would not have been able to scale up its NFI distribution activities to the affected population nor provide the cash based support to vulnerable persons with specific needs among the affected population, due to a shortage of funds and other pre-existing priority commitments by UNHCR.

WFP was the first organization granted access of most affected areas. Despite the continuation of military operations until February 2017, WFP was allowed to resume usual operations from January 2017 and supported most affected population with food and nutrition assistance. CERF funding allowed WFP to reach the affected population including vulnerable children to prevent the deterioration of the nutritional status of children under the age of five years and to contribute to the reduction of morbidity and mortality in such circumstances.

FAO recognizes that timely distribution of agricultural inputs provided to beneficiaries helped them to produce their much-needed crops (paddy) for the 2017 monsoon season. Maungdaw and Buthidaung townships were addressed with different type of assistance to complement the distribution of agriculture inputs provided by FAO through other projects. All inputs foreseen by the project were distributed before the monsoon planting season to maximise their productivity during the raining period. Inputs distribution before sowing period allowed project beneficiaries to reduce the debts normally contracted for procurement of agriculture inputs before the planting.

The CERF funding also ensured that women and children with the most immediate nutrition and psychosocial needs received life-saving services and priority materials. Girls, women, boys, and men received information about mental health and psychosocial impacts of a crisis related to their gender as well as positive coping strategies for individuals and families during an emergency. Service providers were trained to provide psychological first aid to communities facing emergencies. Health facilities also received post-rape treatment kits to support provision of medical response to GBV.

For WHO, the CERF fund was able to address essential needs as consequence of the events on 9 October 2016. However, various factors contributed to delayed implementation starting only in July 2017 which is nine months after the incident (details were already explained in the request for no-cost extension). Said that, the project was able to immediately support timely referral of patients to the hospitals and other life-saving services after the events of 25 August 2017, aggravating the situation of a big part of the same group of people. The project reduced the risk of disease outbreaks through immunization and disease surveillance.

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

Implementing agencies coincide in affirming that CERF funding facilitated the additional resource mobilization, although the specific context of access restriction played a negative role in that sense, so even if more funds were allocated, a similar implementation of activities would not be allowed due to the restriction in the access to the affected communities.

[5] 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.).

UNHCR received contributions for conducting protection activities from other sources to complement CERF contribution, to cover the extent of the needs identified in the required response in the northern part of Rakhine State. CERF funding largely complemented the other funding in order to cover the remaining needs identified by UNHCR to fulfil its protection goals. In the NFI activities, with the assistance of CERF funding, UNHCR has been able to demonstrate rapid and effective progress in meeting NFI needs in order to encourage more donor contribution. Therefore, it can be considered that the CERF funds contributed to UNHCR's efforts in resource mobilization.

FAO was able to allocate additional resources as the result of CERF funds. During the second quarter of 2017, FAO mobilized resources from the Department for International Development (DFID) to expand the response to the conflict-affected communities in Maungdaw Township. The total funds allocated by DFID were equal to USD 594,445 to target approximately 3,700 households with agriculture inputs during the monsoon and the winter planting seasons.

The CERF funds addressed significant health needs of the people in the northern townships of Rakhine State and it is important to continue humanitarian health interventions. The WHO mobilized internal funds to cover additional health needs after 25 August 2017 as well as continuing needs beyond the CERF implementation period.

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

The prioritization of needs and subsequent implementation of CERF projects were closely coordinated among recipient agencies and with other partners operational in the northern part of Rakhine. The UN Senior Advisor for Rakhine provided overall leadership for the implementation of the CERF response in Rakhine State, and UNHCR facilitated coordination on humanitarian aspects with partners at Maungdaw level through the Maungdaw Inter-Agency Group. With the facilitation of the OCHA Humanitarian Financing Unit (HFU), regular updates on progress were shared among agencies and challenges addressed in close consultation among CERF recipients.

As per UNFPA's comments, the CERF brought multiple partners together to determine and test the most effective way to disseminate information about gender-based violence and psychosocial support, as well. Partners worked together to establish and share critical messaging about menstrual hygiene management and disease prevention to affected communities. Partners also communicated closely about priority items needed in the most vulnerable communities to help them maintain their dignity in the midst of the crisis.

The collaborative approach chosen by WFP and FAO 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 conflict. The funding also allowed FAO Sittwe based staff to participate and contribute to the coordination meetings among humanitarian actors present in northern Rakhine (Maungdaw Inter-Agency Group). Participation of FAO in such meetings allowed to report back to the coordination meetings that takes place in Sittwe and Yangon, such as the Food Security Working Group. During the field visits, FAO staff were able to increase coordination with relevant stakeholders including agencies working on food security. Food Security and Livelihood Working Group Meeting was organized monthly in Maungdaw, chaired by WFP. It has become the only regular platform for the representatives from the district government (Agriculture, Fishery, Rural Development), UN and NGOs to discuss food security issues. WFP took advantage to share the achievements and findings from the emergency operation funded by CERF during the meetings.

Finally, the CERF funded intervention in the health sector improved humanitarian coordination through enabling the continuation of technical and coordination support of WHO with all health actors under the leadership of Ministry of Health and Sports.

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

Recipient agencies and OCHA HFU confirmed that the allocation strengthened coordination among partners at field and Yangon level for the area of operations, providing also the opportunity to engage with partners operating already in the field, i.e. UNFPA and ACF through the streaming of MHPSS activities within other existing programs, which triplicates the MHPSS activities in the targeted area. Effective partnership with operational partners partially solved the lack of full access to the affected population. This was also the case of WHO, which worked closely with the Ministry of Health and Sport to reach the affected population. FAO also reported that the CERF grant complemented existing programmes, fact that, in other occasions, was not possible due to the seasonality of agriculture production, for which it was required more flexibility in term of time from the CERF Secretariat. OHCHR

indicated that the fact of a joint proposal with UNHCR within a collective response package submitted by the HC facilitated a better integration of human rights issues into the humanitarian action.

The CERF grant facilitated OHCHR's support to humanitarian action through the enhanced use of UN Human Rights Special Procedures to address humanitarian concerns with the Government authorities. The Special Procedures communications support and leverage, through the UN Human Rights system, overall advocacy of the humanitarian community and importantly address issues which have immediate and long-term impact on the situation in northern Rakhine.

In addition, CERF funding ensured that the most vulnerable women and children received critical nutrition services and material needs as well as necessary health information, family members received information about psychosocial responses to crisis and effective ways of coping for different genders, and partners learned how to provide emergency psychosocial care to communities in crisis.

Finally, the CERF funds supported the humanitarian response of the national health system by enabling the mobilization of government health staff from other parts of the country to support the crisis-affected area and provision of essential medicines, as well as distribution of post-rape treatment kits.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Time-critical interventions began promptly, thanks to the rapid disbursement of CERF funds	Maintain this momentum to promote early action and response to time critical needs	CERF Secretariat
In volatile environments, the human rights presence, like any other presence, needs continuing adjustment to the operating context. Current criteria of reprogramming or requesting no-cost extension do not allow alternative ways to attain expected outcomes and adapt the intervention to the deteriorating conditions on the ground.	Reprogramming and no-cost extension criteria should be reviewed to allow for reasonable flexibility in responding to changes in the operating environment of crisis situations.	CERF Secretariat
More emergency food security related trainings are recommended especially for households in rural area with children under 5, including topics related to good agricultural practices and animal husbandry, nutrition, food safety, etc. can multiply the impact of the interventions	To consider as essential the inclusion of emergency trainings and awareness raising sessions on crop, livestock and nutrition for projects within the Food Security Sector, that will complement the provided support through the CERF life-saving interventions.	CERF Secretariat
Nutrition and Infant and Young Child Feeding (IYCF) practices promotion should be integrated in life-saving intervention to increase impact	To consider as essential the integration of nutrition and IYCF promotion sessions targeting households of life-saving food and nutrition assistance.	CERF Secretariat
Cash based interventions for persons with specific needs is a very intensive exercise in a context where vulnerabilities are multiple and funding limited. Extensive staff engagement in identification and strict criteria have been critical to the success of the programme	To consider the high level of staff engagement in cash-based activities within life-saving interventions.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
OHCHR staff were not granted official visas and did not have access to the country from May 2017 onwards. It would have been important for the RCO and HCT to support access and the visa request of staff involved in the project implementation. Restricted or no presence has operational consequences and impact on project delivery. Delays experienced by individual agencies and organizations need consistent follow up by the humanitarian community.	Provide increased support for human rights staff access to the country and prompt attention to administrative /bureaucratic delays in obtaining visas and travel authorizations.	RCO, HCT
Due to lack of access, OHCHR relied on information provided by partners working on the ground. It is necessary for humanitarian actors to be aware of the importance to relay human rights issues faced during their work for appropriate follow-up. Integration of human rights in humanitarian action is an ongoing process requiring continued presence of OHCHR and collective action by the HCT. Implementation of the Human Rights Up Front initiative should be reviewed.	Strengthen mainstreaming of human rights into humanitarian action for increased referral of relevant human rights issues and targeted humanitarian response.	RCO, HCT, OHCHR
Joint interventions in the Food Security Sector that complement immediate food assistance with livelihood support to re-establish agriculture production should be prioritized	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 / UNCT
Due to the many influencing factors among the communities in northern Rakhine State, the development and distribution of IEC materials on topics as senstive as MHPSS and GBV takes more time. The average time to carry out this process in a participatory manner should be doubled. The no-cost was required for the distribution of IEC materials.	Increased time to develop and implement effective GBV and MHPSS IEC materials due to increased ARSA influence resulting in more rigid conservative social norms for communities.	GBV Sub-Sector UNFPA
While GBV and MHPSS topics may not be possible to discuss in-depth with beneficiaries during their first days in a vocational training program, the topics can be introduced at the beginning and built up on in a way that is integrated into the program concept and expanded upon as time progresses.	Introduction of GBV and MHPSS concepts necessary at beginning of vocational training curriculum cycles to increase receptiveness of training participants to discuss and share.	GBV Sub-Sector UNFPA

The no-cost extension of the health sector project allowed the continuation of essential health care in northern townships of Rakhine State. The project was currently being implemented when the crisis happened on 25 August 2017. The project was able to provide critical health care services to the newly affected population as well as the original targeted population as access became available after 25 August 2017.	Maintain working relationship with existing implementing partners to facilitate access to health services by the conflict affected population in Rakhine State (also applicable to other sectors)	WHO UN Agencies
WHO encountered delay in implementation of the CERF project due to the long internal process of the implementing partner (i.e. MoHS). WHO closely collaborate with the MoHS to provide technical support in preparation for the project.	Continue close collaboration with the implementing partner to accelerate the process where possible such as during project proposal development, prioritization for obtaining administrative approvals, and fund withdrawal mechanisms (also applicable to other sectors).	WHO UN Agencies
The decision to request the grant took some time after the attackes of 9 October 2016 and the posterior counter-security operation. Even if some sectors, i.e. protection, did not get enough information soon, because the absence of access; other sector -for instance, food security- could collect specific information for designing and planning some interventions by late December 2016, other sectors	Speed up the CERF application process with available information considering time critical response, ensuring a better balance between evidence-based assessments and quality of available information and timely and effective response	HCT
Prioritization process were run smoothly due to the small group of actors in the targeted area, the established coordination structure at field level, the involvement of the Deputy Humanitarian Coordinator, OCHA expertise and clear prioritization criteria	Follow similar steps on the prioritization process in future CERF applications	HCT
Lack of initial information jointly to the access questions made difficult to identify target population and specific needs.	Work in-depth in joint secondary data analsyis	ICCG
Joint prioritization process for CERF Rapid Response and CBPF (Myanmar Humanitarian Fund)	Follow similar steps in future CERF application process	HCT
Good practice was the inclusion of sub-implementing partners in the project proposal design.	Reinforce the participation of sub-implementing partners in the prioritization process and project proposal design	Requesting agencies HCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	OHCHR UNHCR	**5. CERF grant period:**	15/01/2017 - 14/07/2017 (OHCHR) 15/01/2017 - 14/07/2017 (UNHCR)
2. CERF project code:	17-RR-CHR-001 17-RR-HCR-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Protection services and distribution of non-food items (NFIs) to crisis-affected people in the northern part of Rakhine State		

7.Funding				
	a. Total funding requirements[6]:	US$ 4,594,430	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[7]:	US$ 1,944,768	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 1,058,056	▪ *Government Partners:*	US$ 0

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)	4,214	3,420	7,634	5,796	4,704	10,500
Adults (≥ 18)	4,386	7,980	12,366	6,033	10,976	17,009
Total	**8,600**	**11,400**	**20,000**	**10,500**	**17,009**	**27,509**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	7,600	10,453
Host population		
Other affected people	12,400	17,056

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

[7] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**20,000**	**27,509**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	UNHCR established a number of local frame agreements for the procurement of core relief items. This enabled savings to be made which in turn allowed to outreach more beneficiaries.	

CERF Result Framework			
9. Project objective	Provide critical emergency assistance to meet the basic human rights, protection and NFI needs of crisis affected people.		
10. Outcome statement	Protection of affected population is enhanced, human rights violations that pose a threat to the life, security and dignity of the person are identified, monitored and documented, life-saving information and relief items are provided.		
11. Outputs			
Output 1	20,000 crisis-affected persons are better protected from effects of security operations		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of emergency protection monitoring visits conducted to identify and address incidents, risks and threats	150	169
Indicator 1.2	Number of persons with specific needs identified and assisted	150	183
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct protection monitoring visits to provide affected people with life-saving information and refer them to relevant service providers	UNHCR	UNHCR
Activity 1.2	Identify the most vulnerable crisis-affected people	UNHCR	UNHCR
Activity 1.3	Provide customized assistance to the most vulnerable crisis-affected people	UNHCR	UNHCR
Activity 1.4	Enhance the level of information on affected population through dedicated staff and improved data management capacity	UNHCR	UNHCR
Output 2	20,000 crisis-affected people receive core relief Non-Food Items		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of households receiving relief NFI kits	4,500	4,734
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identify displaced and host communities who have not received emergency assistance	UNHCR	UNHCR
Activity 2.2	Purchase, transport and distribute relief NFI kits (tarpaulins, kitchen set, core NFI kit, core sanitary kit, bucket, jerry can, mosquito net, blanket, sleeping mat)	UNHCR	UNHCR

Activity 2.3	Monitor NFI support provided	UNHCR	UNHCR
Output 3	Protection of victims of violations of human rights is ensured by strengthened human rights monitoring documentation and advocacy.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of human rights monitoring visits conducted to identify and document human rights violations committed in the context of the ongoing security operation	40	0
Indicator 3.2	Number of documented complaints of human rights violations	100	94
Indicator 3.3	Number of reports containing information and analysing patterns on human rights violations	3	0
Indicator 3.4	Number of referrals made to UN Special Procedures and national systems (e.g. ILO, CTFMR)	10	8
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct monitoring trips, victim interviews, documentation of same	OHCHR	Not implemented. Remote monitoring conducted due to lack of access.
Activity 3.2	Conduct advocacy and co-ordinate joint advocacy efforts, including through liaising with UN human rights procedures and mechanisms, on the basis of information collected	OHCHR	OHCHR
Activity 3.3	Conduct referral of the cases to available and appropriate pathways	OHCHR	OHCHR

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:

Under the protection component, UNHCR had planned to conduct 150 protection monitoring visits as well as to identify and support 150 persons with specific needs (PSNs) with cash-based assistance. The agency conducted 169 protection monitoring visits and provided support to 183 PSNs. The protection monitoring informed UNHCR's evidence-based advocacy efforts. UNHCR also produced four advocacy notes on return trends analysis, model villages, household demolition, and shelter situation, and five updates on the citizenship verification exercise. These were communicated and addressed at regular protection briefings as well as shared to the diplomatic community, other UN agencies, and NGOs. UNHCR also reached 4,734 households with emergency NFI assistance (including emergency shelter materials such as plastic sheeting and ropes) against the target of 4,500 households.

In terms of the protection activities conducted by UNHCR related to output 1, '20,000 crisis-affected persons are better protected from effects of security operations', the initial planning of the project envisaged focus group discussion as one of the key methodologies for delivering protection monitoring. However, under the restrictive operational environment in the northern part of Rakhine State where no protection intervention was officially authorised, this methodology was deemed too visible and UNHCR alternatively needed to ensure low profile protection monitoring in combination with other interventions, such as NFI distribution. This necessary delivery arrangement, together with the access restriction for international staff until April 2017, this delayed the implementation of some activities which later picked up as and when access situation improved with continuous restrictions to work around. Due to the time/staff consuming nature of identification of extremely vulnerable households against UNHCR's strict

vulnerability criteria, delivery of CBI faced some delay but ultimately the target was reached.

The post-distribution monitoring related to output 2, '20,000 crisis-affected people receive core relief Non-Food Items', conducted by UNHCR, found that the beneficiaries regarded NFI as very useful, based on their dire need for domestic items after their original possessions were burned, looted, or damaged during the security clearance operation in the aftermath of incidents of 9 October 2016. All of the beneficiaries interviewed responded that the NFIs distributed are of a quality ranging between 'good' and 'excellent', and almost all the items they received were in use at time of post-distribution monitoring while some others would reportedly be used in the relevant season. It was also confirmed that none of the monitored households either had to provide cash or items to community members, government staff, or UNHCR staff in order to be included into the distribution list, or had their received items taken/looted after the distribution.

On the other hand, the human rights component, implemented by OHCHR, envisaged the deployment of human rights staff to carry out monitoring and documentation of the human rights situation in northern Rakhine to inform the humanitarian and protection response and contribute to strategies and advocacy on key issues of concern. The monitoring work intended to create an independent, reliable base of information regarding human rights violations to assist and support humanitarian action and the work of protection actors, including life-saving activities and advocacy on critical needs. Advocacy efforts were to be strengthened through the increased use of the UN Special Procedures human rights mechanism.

Since October 2016, OHCHR has not had access to northern Rakhine State and as of May 2017, did not have access to Myanmar. Discussions on access for OHCHR to northern Rakhine was further complicated by Myanmar's negative reaction to OHCHR's Flash Report, published in February 2017, documenting grave allegations of human rights violations committed against the Rohingya, as well as the establishment by the Human Rights Council of the International Independent Fact-Finding Mission in March 2017. Despite this, OHCHR did foresee access being granted more broadly as access to international staff was being slowly resumed. Taking into account consultations with partners on the ground, OHCHR considered that eventual access to northern Rakhine was feasible.

To compensate for the lack of access to northern Rakhine in the first months of implementation of the project, OHCHR requested in May 2017 a two-month no-cost extension, which was not granted due to the lack of access for the implementation of the planned activities. However, taking into consideration the escalation of violence in the northern part of Rakhine State from 25 August 2017 onwards, and subsequent evacuation of staff in hindsight, the no-cost extension of the project would not have resulted in OHCHR's being able to implement direct monitoring. Yet, it would have strengthened OHCHR's continued contribution to the humanitarian response to the new crisis. In May 2017 OHCHR staff exited Myanmar as per normal visa renewal process. Subsequently, the issuance of visas for OHCHR staff was not processed and repeatedly delayed despite OHCHR providing detailed information on its programme of work as requested by the Ministry of Foreign Affairs. Visas for OHCHR staff, including staff recruited for the CERF project were still pending as of 1st January 2018 and OHCHR currently has no international staff in the country due to delays in visa issuance. Therefore, for a significant part of the project implementation period, OHCHR operated outside the country.

In the initial project document, OHCHR proposed to deploy one international human rights officer with support from two local staff to document the human rights situation, liaise with humanitarian actors and conduct advocacy on human rights issues of concern. OHCHR recruited one international human rights officer and one national officer during the CERF project. Due to restrictions on access and subsequent limitations on direct monitoring, it was not feasible to recruit the second national officer outlined in the initial proposal.

In response to the lack of access to northern Rakhine State and subsequent lack of access to the country, OHCHR put in place a contingency plan for the implementation of the CERF project to ensure that critical human rights issues related to life, liberty and security were addressed. While the restrictions prevented protection by presence, the provision of CERF funds enabled remote monitoring to identify human rights issues of concern that impacted on the right to life, security, and integrity of the person as well as their impact on the humanitarian situation. These issues of concern were relayed to the UN Human Rights Special Procedures mechanism and formally addressed to the Government with requests for prompt corrective action.

The lack of access to the northern part of Rakhine State did not permit OHCHR to carry-out the 40 field visits planned and conduct direct monitoring. However, OHCHR initiated remote monitoring and received and analysed reports of human rights and protection incidents from various sources including UN and INGOs and identified 94 incidents as opposed to the 100 initially outlined. An analysis of the information received during the reporting period, indicated that the 94 human rights incidents resulted

in at least 2,139 alleged human rights violations involving at least 1,962 victims.

The CERF project facilitated OHCHR's support to humanitarian action through the enhanced use of UN Human Rights Special Procedures to address humanitarian concerns with government authorities. Through remote monitoring and based on information received, OHCHR prepared eight (8) communications to Special Procedures. Based on an analysis of human rights violations that had a direct impact on the rights to life, liberty and security of the person, the referrals made to UN Special Procedures focused on issues of freedom of movement, food and nutrition, restrictions on livelihoods, housing demolitions, forced displacement and relocations, household lists exercise, model villages, arbitrary arrest and detention, deaths in custody and fair trial. As protection also encompasses activities that aim to prevent and mitigate threats to vulnerable populations, the communications outlined the facts of the human rights situation as known, the impact on the population, request cessation of violations and raised questions to Government on measures taken and envisaged to address the situation. The Special Procedures communications support and leverage, through the UN Human Rights system, overall advocacy of the humanitarian community and importantly address issues which have immediate and long-term impact on the situation in northern Rakhine.

The CERF project also proposed to prepare three reports together with UNHCR based on issues identified during protection and human rights monitoring. Given the limitations on direct field monitoring, OHCHR produced notes for internal use only. OHCHR reinforced its working relationships with partners with access to northern Rakhine State to strengthen the sharing of information on the human rights situation on the ground and conducted training sessions for UN and INGO partners on the use of Special Procedures communications.

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

UNHCR ensured the centrality of the affected population at all stage of the project cycle, from the project design through implementation and monitoring. At the stage of project design, the affected communities were the main providers of information regarding their needs, and they were actively consulted on the design of the response. Equally important, gender, age, and vulnerability criteria were at the centre of this intervention, via the identification and support to persons with specific needs, as a part of the overall protection response.

UNHCR's complaints and response mechanism was put in place to allow affected communities to provide feedback on the project. The affected population had access to this mechanism both on the site, via direct contact with a focal person, and remotely through the hotline.

With regards to support to persons with specific needs, UNHCR ensured that strict verification was conducted in order to guarantee that the beneficiaries were selected according to eligibility criteria, such as areas of residence, financial status, vulnerability, and other humanitarian imperatives (female or children headed households, disabilities, elderly persons, medical conditions etc.). Regular monitoring during and after the project also as part of this mechanism ensured that the targeted beneficiaries received the services/items they were entitled to, but also aimed to enable UNHCR to receive feedbacks from the beneficiaries on the implementation of the project. This system also acted as a control to safeguard transparency in services provided to beneficiaries.

No inputs from OHCHR.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

UNHCR conducted regular monitoring visits during and after the implementation. This aimed to ensure that activities in progress were meeting the objectives as outlined in the CERF submission, and helped adjust the implementation when needed, in order to maximize the outcome of the project. This is also explained in the section 12 and 13. In terms of evaluation, the Office follows the overall policy framework set by UNHCR's Evaluation Service based in HQ. Centralised or de-centralised evaluations are organized as and when required to assess systematically and impartially the level of achievement and impact of a programme, strategy or policy. No stand-alone evaluation will be conducted for this particular project.

No inputs from OHCHR.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO WFP	**5. CERF grant period:**	01/03/2017 - 31/08/2017 (FAO) 01/03/2017 - 31/08/2017 (WFP)
2. CERF project code:	17-RR-FAO-005 17-RR-WFP-007	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Food Aid		
4. Project title:	Life-saving assistance for conflict affected people including displaced and most vulnerable food-insecure population in northern Rakhine		

7.Funding

a. Total funding requirements[8]:	US$ 22,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[9]:	US$ 2,571,022	▪ *NGO partners and Red Cross/Crescent:*	US$ 190,930
c. Amount received from CERF:	US$ 2,421,022	▪ *Government Partners:*	US$ 9,435

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)	8,335	8,335	16,670	14,162	12,042	26,204
Adults (≥ 18)	17,161	15,200	32,361	13,816	9,162	22,978
Total	**25,496**	**23,535**	**49,031**	**27,978**	**21,204**	**49,182**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	24,000	27,262
Host population		
Other affected people	25,031	21, 920
Total (same as in 8a)	**49,031**	**49,182**

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

[9] This should include both funding received from CERF and from other donors.

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 food assistance, 94% of planned beneficiaries were targeted and reached according to vulnerability criteria of households from affected population. It was not possible to meet all the food insecure population in the targeted area, because of funding constraints. WFP had to prioritize the most seriously affected, including households who lost their houses and those without incomes.

CERF Result Framework			
9. Project objective	Provide life-saving food and livelihoods assistance to conflict-affected women, girls, boys and men		
10. Outcome statement	Improved food consumption and food availability over assistance period for targeted individuals		
11. Outputs			
Output 1	1,972 MT of food commodities distributed to 29,000 targeted people during a period of four months in sufficient quantity and quality		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of people receiving food assistance disaggregated by women, girls, boys and men	29,000	27,262
Indicator 1.2	Quantity of food commodities distributed, disaggregated by type, as % of planned (1,567 MT of rice, 206 MT of pulses,105 MT of oil, 19 MT of salt, and 75 MT of WSB++)	1,972 MT	2,504 MT
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of 1,972 MT of mixed food commodities	WFP	WFP
Activity 1.2	GFD targeting 29,000 people	WFP, AGE and MHDO	WFP, MHDO, WV
Activity 1.3	Fortified blended (supplementary nutrition) food distribution targeting 6,380 children aged 6 to 59 months	WFP, AGE and MHDO	WFP, MHDO, WV
Output 2	Increased crop and vegetable production for self-sustenance and better nutrition		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of households receiving agricultural inputs disaggregated by boys, girls, women and men	2,032	2,032
Indicator 2.2	Number of beneficiaries trained in improved agro-techniques disaggregated by boys, girls, women and men	2,032	1,826
Indicator 2.3	Number of households trained in improved nutrition disaggregated by boys, girls, women and men	2,032	454
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identification and selection of beneficiaries	MHDO	MHDO
Activity 2.2	Procurement of seeds and other inputs	FAO	FAO

Activity 2.3	Distribution of agricultural inputs	MHDO	MHDO
Activity 2.4	Emergency training on agro-techniques and nutrition	MHDO	MHDO
Activity 2.5	Monitoring of activities and technical support	FAO	FAO
Activity 2.6	Post-distribution monitoring, evaluation and reporting	MHDO	MHDO
Output 3	Increased animal production to improve access to a balanced diet containing high quality animal proteins through small scale, low input livestock production		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of households receiving livestock inputs and vegetable kits disaggregated by boys, girls, women and men	1,610	1,610
Indicator 3.2	Number of beneficiaries trained on animal husbandry and vegetable gardening disaggregated by boys, girls, women and men	1,610	1,537
Indicator 3.3	Number of households trained in improved nutrition disaggregated by boys, girls, women and men	1,610	1,465
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Identification and selection of beneficiaries	Livestock, Breeding and Veterinary Department (LBVD)	LBVD
Activity 3.2	Procurement of locally available livestock	FAO	FAO
Activity 3.3	Emergency training of beneficiaries on animal husbandry and nutrition	Livestock, Breeding and Veterinary Department	LBVD
Activity 3.4	Distribution of livestock related inputs and training	Livestock, Breeding and Veterinary Department	LBVD
Activity 3.5	Monitoring of activities and technical support	FAO	FAO
Activity 3.6	Post-distribution monitoring and reporting	MHDO	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 FAO component of this joint food security intervention managed to reach all beneficiaries stated in the project document. However, there are some discrepancies compared to the project proposal that should be highlighted. The composition of the livestock packages was modified during the implementation after consulting with beneficiaries, key informants and LBVD officers. Results of needs analysis, which confirmed availability of animal feed in the region and the technical approval of FAO Regional Livestock Expert consented to review the procurement plan. The initial package proposed by FAO constituted of 1 goat and 10 viss[10] of animal feed from a total of 1,610 goats and 16,100 viss, while during the project implementation it was decided[11] to distribute 2 goats per family (3,220 goats) without feed.

[10] 1 viss = 1.6 kilograms or 3.6 pounds

[11] Savings on animal feeds costs and under budget line "Transfers and Grants to Counterparts" allowed to procure 2 goats instead of one per household. These changes allowed to better address the needs expressed by the local communities. The changes in the procurement plan were communicated to OCHA Myanmar. No budget revision was necessary as the overall budget variance was below 15% (approximately 4%).

In addition, due to the damages caused by the cyclone "Mora" which struck Rakhine State on 30 May 2017, at the time of the distribution of paddy rice packages, some damages were reported to the inputs stored into the DOA warehouse in Buthidaung. A total of 15,770 kg of urea fertilizer (for 157 beneficiaries), 4,715 Kg of NPK fertilizer (for 94 beneficiaries) and 4,340 Kg of paddy seeds (for 70 beneficiaries) were procured to replace lost inputs and complete the distribution in June in time for planting season. The replacement of the goods was worth approximately USD 11,900.

There has been a discrepancy in terms of attendance rate of the agriculture, livestock and nutrition trainings:

- 90% of the beneficiaries who received crop and vegetable packages were trained on agro-techniques;
- 95% of the beneficiaries who received goats and vegetable packages were trained on the animal husbandry and vegetable gardening;
- 55% of the female member of each beneficiary's household attended the nutrition training.

Although the agriculture and livestock trainings demonstrated a good level of attendance, the participation in the nutrition training was just above 50%. Nevertheless, FAO perceives that nutrition training should continue to remain a critical component in future interventions within the FS sector.

On the other hand, the food assistance component of the project, implemented by WFP, reached 94% of total planned beneficiaries due to straight targeting criteria of vulnerable households in order to target the most vulnerable households among the affected population. It was not possible to meet all the populations who faced with food insecurity in the targeted area because of funding constraints. WFP had to prioritize the most seriously affected, including households who lost their houses, and those without income. As a result, food commodities were managed to procure for 5 months to assist instead of 4 months' plan within approved funding.

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

FAO applied different methods to guarantee AAP has been ensured during the project cycle. Selection of villages was conducted through a consultative process that involved the Ministry of Agriculture extensionist, LBVD extensionist, DoA and LBVD Directors in Sittwe, International Organizations present in the area including WFP and UNHCR. At the village level, FAO along with MHDO, consulted village leaders, village population, organizations present in the villages to ensure the selection of the beneficiaries takes place transparently and in a participatory manner. The list with the beneficiaries and the selection criteria were made public to all village population to offer the opportunities for complains and to ensure transparency. In each of the 30 targeted villages, a complaint mechanism was established (including a complaint box and a referral system). For the livestock component, leaflets were distributed with the contacts of relevant project staff and veterinary authorities to report any diseases that may affect the distributed animals.

On the other hand, in order to improve WFP's accountability to affected population, a complaint and feedback mechanism (CFM) has been functional in all operational areas. This allowed the beneficiaries as well as non-beneficiaries to raise any question and feedback as well as complaints related to WFP's assistance. Therefore, accountability to affected population was ensured throughout the project cycle and monitoring of the implementation of project activities and adjusted when necessary on operational activities based on the feedback and complaints received from beneficiaries through the CFM mechanism. As each WFP Field Office has a dedicated CFM focal staff, each complaints and feedback received were reviewed, verified and responded with necessary action within the standard 30-day period. CFM has different channels such as exclusive CFM telephone hotline and letter box (complaint box) installed at every food distribution site.

However, WFP staff was not admitted to monitor the distribution from July 2017 by the government, following circulation of VAM food security report that the Government was not in agreement with. It was a challenge to manage food management committees, formed at each village, due to the lack of technical capacity at their level. However, WFP staff members were present at all distribution points to monitor the distributions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation is planned for this project due to the limited time frame.	EVALUATION PENDING ☐

	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	03/03/2017 - 02/09/2017
2. CERF project code:	17-RR-FPA-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Strengthening of MHPSS and GBV interventions for displaced and conflict-affected communities in northern Rakhine		

7.Funding

a. Total funding requirements[12]:	US$ 1,700,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[13]:	US$ $661,139	▪ *NGO partners and Red Cross/Crescent:*	US$ 159,856
c. Amount received from CERF:	US$ 511,139	▪ *Government Partners:*	US$ 0

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)	70	60	130	195	20	215
Adults (≥ 18)	2,263	201	2,464	2,536	337	2,873
Total	**2,333**	**261**	**2,594**	**2,731**	**357**	**3,088**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		

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

[13] This should include both funding received from CERF and from other donors.

Other affected people	2,594	3,088
Total (same as in 8a)	**2,594**	**3,088**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	UNFPA reached approximately 494 more beneficiaries than expected through the project. Conservative targets were calculated based on the significant and deteriorating access issues at the time proposal development. However, beneficiaries' stable access to nutrition centres and staff's stable access to field sites from March-July allowed a higher number of beneficiaries to receive services and participate in activities. Different hiring timelines for the two international MHPSS Specialists at ACF and UNFPA also allowed for more staff and community workers to receive capacity development on GBV and/or MHPSS.	

CERF Result Framework			
9. Project objective	To address the unmet needs of survivors of GBV and women and girls at risk of GBV through the provision of strengthened Mental Health and Psychosocial Support (MHPSS) interventions, community mobilisation and strengthened health responses.		
10. Outcome statement	Displaced and conflict-affected population has access to rapid and improved MHPSS and GBV services		
11. Outputs			
Output 1	Affected community has access to improved and expanded MHPSS services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of tailored trainings provided (including on the job mentoring sessions) on the basis of material developed to enhance MHPSS emergency response	10	11
Indicator 1.2	Number of MHPSS training materials developed adapted to context of emergency response	2	9
Indicator 1.3	Percentage of MHPSS training participants who show an improvement in knowledge/skills through pre/post tests	70%	99%
Indicator 1.4	No. of beneficiaries who have participated in MHPSS interventions (PSS, 'sharing circles)	2,383[14]	2,664
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Trainings on tailored MHPSS interventions	UNFPA/ACF	UNFPA/ACF
Activity 1.2	Development of materials to enable enhanced MHPSS emergency response	UNFPA/ACF	UNFPA/ACF
Activity 1.3	Enhancement of psychosocial workers' emergency response skills	UNFPA/ACF	UNFPA/ACF
Activity 1.4	Provision of MHPSS interventions	UNFPA/ACF/BRIDGE	UNFPA/ACF/BRIDGE

[14] The baseline reflects the ACF MHPSS caseload between February and July 2016. The ongoing security operation, lack of access for providers and low utilization of services by beneficiaries as a consequence of recent insecurity has greatly impacted programming and increased the MHPSS needs of the community. Based on this, the target reflects the increased need for current beneficiaries and conservatively estimates additional beneficiaries. This number does not reflect the indirect beneficiaries, including those who will receive support through the creation of emergency referrals, community mobilitsation and awareness raising.

		ASIA JAPAN	ASIA JAPAN
Output 2	Expanded provision of GBV prevention and response services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of emergency trainings for health, non-health and community mobilisers on GBV sensitisation, guiding principles, referral pathways and clinical management of rape	10	9
Indicator 2.2	Mapping of service provision	1	1
Indicator 2.3	Number of community members participated in GBV awareness raising sessions	420	191
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Emergency training of facilitators/community workers in GBV basic, guiding principles and referral pathways	UNFPA	UNFPA
Activity 2.2	Capacity mapping of service provision including identification of gaps and needs	UNFPA	UNFPA
Activity 2.3	GBV awareness raising sessions with community members	UNFPA /CARE	UNFPA /CARE
Output 3	Basic medical supports and reproductive health care services are provided to displaced and conflict-affected women and girls		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Dignity Kit distribution	5,000	5,000
Indicator 3.2	Post-rape Kits distribution	3	13
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procurement and distribution of 5,000 Dignity Kits	UNFPA/ACF	UNFPA/ACF and CFSI
Activity 3.2	Procurement and distribution of 3 Post Rape Kits	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:

UNFPA implemented the project as planned. A 3-month no-cost extension was approved by the CERF Secretariat to ensure effective distribution of IEC materials to prevent gender-based violence (GBV), distribution of 700 dignity kits and 3 post-rape kits. However, there was no requirement for reprogramming as there was no changes in the approved activities or budget. Regarding the results, some discrepancies between the planned target and the reached results were founded, as explaining below.

1.2. Number of MHPSS materials developed adapted to context of emergency response (target 2; reached; 9). UNFPA developed a number of materials to support group mentoring sessions for the MHPSS Peer Support Network in addition to training and activity sessions. Materials developed for group mentoring sessions include a confidentiality agreement, case presentation format, child sexual abuse fact sheet, and a MHPSS terms and definitions sheet. A PFA handout was also created to accompany the PFA training developed for implementing partners. Finally, UNFPA created a training manual including a safety planning format and other handouts for a GBV PSS Workshop for the MHPSS Peer Support Network. ACF developed three different training curriculum including Gender Sensitivity, Suicidal Ideation Safety Planning, and Do No Harm. At the

beginning of the project ACF and UNFPA planned to co-create training curricula, however, due to the different timelines under which agency staff were hired, materials were created at different times.

1.3. Percentage of MHPSS training participants who show an improvement in knowledge/skills through pre/post-test (target: 70%; reached: 99%). Participants increased knowledge at a higher rate than expected across UNFPA and ACF trainings where 99% demonstrated an increase in learning as opposed to the 70% planned. A participatory training style combined with the use of simple visual materials and handouts as well as the mentoring, supervision and on-the-job training that complemented the training content likely contributed to successful outcomes.

1.4 Number of beneficiaries who have participated in MHPSS interventions (target: 2,383; reached: 2,664). UNFPA with BAJ conducted psychosocial support sharing circles to 118 (90F, 28M) vocational training participants. This is the maximum number of participants that could be reached based on BAJ's number of participants, curriculum length, and curriculum structure. The outbreak of violence at the end of August prevented BAJ from opening planned courses that would have reached additional beneficiaries with psychosocial support sharing circles. ACF reached 2,546 pregnant and breastfeeding women or those who are caretakers to severe acute malnourished children with mental health and psychosocial support services. At the beginning of the project community access to the treatment centres and staff access to the communities was limited and deteriorating. The targeted beneficiary number was calculated based on the access rates. However, the security environment stabilized and access to services increased throughout the project.

2.3. Number of community members participated in GBV awareness raising sessions (target: 420; reached: 191). UNFPA with BAJ conducted GBV awareness sessions to 99 (71 women, 28 men) community members and CARE conducted GBV awareness sessions to 92 (49 women, 43 men) community members totalling 191 community members reached with GBV awareness-sessions. Since BAJ and CARE conducted these sessions to vocational training participations, this is the maximum number of beneficiaries that could be reached based on the number of trained trainers and vocational training space available as well as the timing of government approvals for the training classes. Even more, the time needed to implement their curricula for a particular group was longer than anticipated, limiting the number of groups that could be reached during the project period. Additionally, GBV awareness sessions were provided at the end of the curricula as opposed to the beginning, leaving out more beneficiaries that could have been reached through new classes that started at the end of the project period.

3.1. Dignity kit distribution (target: 5,000; reached: 5,000). UNFPA procured and distributed through ACF (4300 kits) and CFSI (700 kits) in northern Rakhine in the period of the funding support. The initial 4,300 were distributed at the onset of the project while the remaining 700 were procured in the last month of the project period as a result of the counter-insurgency operation from 25 August 2017 which affected access to populations in need.

3.2. Post-rape kit distribution (target: 3; reached 13). UNFPA procured and distributed 13 emergency reproductive health (ERH) kits to state health facilities and INGOs providing medical services in northern Rakhine state. One of these kits was provided to Sittwe General Hospital as the only tertiary health facility in Rakhine where cases from northern Rakhine may be referred. UNFPA directly distributed the kits and provided orientation on the use of the kits in conjunction with an outline of the standards for the clinical treatment for survivors of sexual violence.

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

UNFPA designed this project based on the commitment to addressing GBV in the context of northern Rakhine through prevention and response activities in addition to meeting the distinct MHPSS needs of girls, women, boys, and men. To do this, all MHPSS components were delivered to gender-appropriately composed groups based on availability of the most qualified staff to implement the intervention as well as the safety of beneficiaries due to the security environment. The project sought to address the specific protection risks faced by women and girls through the provision of GBV prevention and response activities, namely GBV training and awareness-raising sessions along with the procurement of post-rape kits for health providers.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation is planned for this project due to the limited timeframe.	EVALUATION PENDING ☐

	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	**5. CERF grant period:**	03/03/2017 - 02/09/2017
2. CERF project code:	17-RR-WHO-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Improving Access to Primary Health Care Services in northern Rakhine State		

7.Funding			
	a. Total funding requirements[15]:	US$ 1,476,744	d. CERF funds forwarded to implementing partners:
	b. Total funding received[16]:	US$ 519,341	▪ *NGO partners and Red Cross/Crescent:* US$ 0
	c. Amount received from CERF:	US$ 368,936	▪ *Government Partners:* US$ 156,008

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)	2,400	1,600	4,000	2,788	2,281	5,069
Adults (≥ 18)	9,600	6,400	16,000	11,153	9,125	20,278
Total	**12,000**	**8,000**	**20,000**	**13,941**	**11,406**	**25,347**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	12,000	15,241

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

[16] This should include both funding received from CERF and from other donors.

Host population		
Other affected people	8,000	10,106
Total (same as in 8a)	**20,000**	**25,347**
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 no-cost extension of 3 months, up to 30 November 2017, as well as the resumption of health services of the project immediately after 25 August 2017 events, contributed to reach more beneficiaries than the targeted beneficiaries.	

CERF Result Framework			
9. Project objective	Improving health care access to displaced and conflict affected population in northern Rakhine		
10. Outcome statement	Displaced and conflict affected population in northern Rakhine receive life-saving health care		
11. Outputs			
Output 1	IDPs and conflict affected population receive life-saving health services through mobile and fixed health services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of outpatient consultations per person per year	>= 1 new visit per person per year	2.8 new visit per person per year
Indicator 1.2	Number of affected population utilizing primary health care services	20,000 (Female: 12,000; Male: 8,000)	24,645 (Female: 13,555; Male: 11,090)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Delivery of primary health care services	MoHS	MoHS
Activity 1.2	Distribution of emergency medicines to mobile clinics and fixed clinics	MoHS	MoHS
Activity 1.3	Coordination with humanitarian health actors	WHO	WHO
Output 2	Severely ill patients received secondary health care at appropriate health facility		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of patients' referrals to secondary health care facilities	120 (Female:60; Male: 60; <5yr: 12; >=5yr: 108)	30 (Female:17; Male:13; <5yr:4; >=5yr: 26)
Indicator 2.2	Number of obstetric patients' referrals to secondary health care facilities	20	18
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Referral of seriously ill patients to secondary health care facilities	MoHS	MoHS
Activity 2.2	Referral of high risk pregnant women to secondary health care facilities	MoHS	MoHS

Output 3	Children in conflict affected areas have access to immunization		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Coverage of measles vaccination (%) in Maungdaw and Buthidaung townships	850 children	702 children
Indicator 3.2	Coverage of polio vaccination (%) in Maungdaw and Buthidaung townships	980 children	822 children
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Implement vaccination in Maungdaw and Buthidaung townships in collaboration with humanitarian health agencies	MoHS	MoHS
Activity 3.2	Transportation of vaccines to project areas	MoHS	MoHS

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:

Even after discussing and agreeing with the MoHS about the implementation, the MoHS took more time to prepare necessary documents to request WHO for fund transfer and procurement of medicines. The most difficult challenges were that the implementing department of the MoHS spent long time to finalize the documents and it also delayed the executive board approval and signatures at ministerial level. All necessary documents from the MoHS reached WHO in the first week of May 2017. WHO Myanmar tried to accelerate the clearance of contract, the official signature and the subsequent disbursement of funds for procurement of medicines and for transferring to the MoHS.

This situation forced WHO to request a no-cost extension of 3 months, up to 30 November 2017 in order to reach the project outcomes and targeted population. So, despite the reopening of clinics, the temporary suspension of services had increased risks for mortality and morbidity.

On the other hand, in the immediate aftermath of 25 August 2017, the rapidly evolving situation resulted in newly displaced persons in the targeted townships (Maungdaw and Buthidaung). Access of Government health colleagues remained restricted to the non-military operational areas within Maungdaw Area. Health services supported by CERF were provided to the newly displaced persons where security situation was stabilized by the relevant government authorities. This life-saving health service was able to continue immediately at a time when other non-government health providers were unable to operate normally which is the case even now. Health service provision to the originally targeted Rohingya areas resumed as soon as the security situation stabilized.

In the context of an active conflict area after 25 August 2017, non-military civil servant health staff were understandably only able to provide services in areas which have been assessed and deemed secure by the relevant government authorities in charge of safety and security. In addition, the 25 August 2017 crisis had significant impact on referral services and thirty patients were referred to hospitals (25% of targeted 120 patient referrals) because of the security operations and movement of target population to Bangladesh.

In terms of immunization activity, the role of community volunteers for social mobilization was critical in disseminating information and mobilizing community members to receive the vaccination. However, the population movement towards Bangladesh also included these volunteers, and thus challenges were faced in the immunization activity after 25 August 2017.

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

WHO has advocated and coordinated with MoHS to facilitate resumption of health services in all originally targeted villages as soon as possible after the event of 9 October 2016, but also after the aggravation of the crisis since the attacks of 25 August 2017. Health services were provided to all population in need irrespective of religion, ethnicity, gender, or citizenship status. In the context of an active conflict area, non-military civil servant health staff provided services in areas which have been assessed and deemed secure by the relevant government authorities in charge of safety and security.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not carried out because WHO has regular contact with the implementing partner to monitor the progress and took remedy actions throughout the project.	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$
17-RR-FAO-005	Agriculture	FAO	NNGO	$115,821
17-RR-FAO-005	Agriculture	FAO	GOV	$9,435
17-RR-WFP-007	Food Assistance	WFP	NNGO	$42,061
17-RR-WFP-007	Food Assistance	WFP	INGO	$33,048
17-RR-FPA-002	Gender-Based Violence	UNFPA	INGO	$159,856
17-RR-WHO-002	Health	WHO	GOV	$156,008

ANNEX 2: ACRONYMS AND ABBREVIATIONS

ACF	Action contre la Faim
AAR	After Action Review
AGE	Action Green Earth
ARSA	Arakan Rohingya Salvation Army
BAJ	Bridge Asia Japan
BSFP	Blanket Supplementary Feeding Programme
CARE	Cooperative for Assistance and Relief Everywhere
CBI	Cash-Based Interventions
CBPF	Country-Based Pooled Fund
CERF	Central Emergency Response Fund
CFM	Complaints and Feedback Mechanism
CFSI	Children and Family Services International
DFID	United Kingdom Department for International Development
DOA	Departement of Agriculture
DRR	Disaster Risk Reduction
FAO	Food and Agriculture Organization
FSS	Food Security Sector
GBV	Gender-based Violence
HCT	Humanitarian Country Team
HFU	Humanitarian Financing Unit
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IEC	Information Education Communication
INGO	International Non-Governmental Organization
IPM	Integrated Pest Management
IYCF	Infant and Young Child Feeding
LBVD	Livestock Breading and Veterinary Department
LEGS	Livestock Emergency Guidelines Standards
MHCP	Mental Health and Care Practices
MHDO	Myanmar Heart Development Organization
MHF	Myanmar Humanitarian Fund
MHPSS	Mental Health and Psychosocial Support
MIRA	Multi-Sectir Initial Rapid Assessment
MoHS	Ministry of Health and Sports
MSF	Médecins Sans Frontières
NFI	Non-Food Items
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OTP	Outpatient Therapeutic Program (Nutrition)
PFA	Psychological First Aid
PLW	Pregnant and Lactacting Women
PSN	Person with Special Needs
PSS	Psychosocial Support
RC/HC	United Nations Resident and Humanitarian Coordinator
RCO	Office of the Resident Coordinator
SC	Nutrition Stabilization Centre

TFS	Temporary Feeding Spaces
ToT	Training of Trainers
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VAM	Vulnerability Analysis and Mapping
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
WV	World Vision