

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
MYANMAR  
RAPID RESPONSE  
DISRUPTION OF BASIC SERVICES  
2018**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Knut Ostby</b>
--	-------------------

## 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 September 2018. The exercise was held in Yangon with the recipient agencies: WFP, FAO, UNFPA, UNICEF and WHO. No cluster, sector, working group or thematic advisor attended the exercise. However, two implementing partners participated: the Myanmar Heart Development Organization (MHDO), supporting WFP / FAO intervention; and the Community and Family Services International (CFSI), supporting UNFPA / UNICEF intervention. The meeting was also attended by UNHCR, as coordinating lead agency of the Maungdaw Inter-Agency Group. The results of the AAR exercise were shared to 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 on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

The draft report was shared with all Humanitarian Country Team (HCT) members, as well as all cluster/sector coordinators for their comments on 11 October 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 (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.

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

The CERF Grant “Myanmar Rapid Response to the Disruption of Basic Services 2018” (18-RR-MMR-28491) aimed at responding to the immediate needs related the deterioration of the humanitarian situation in the northern part of Rakhine State after the events of 25 August 2017. The CERF Rapid Response Grant of US\$4.2 million provided immediate life-saving assistance to 95,000 affected people in the northern townships of Rakhine State.

Despite an overall context of restricted humanitarian access by most UN agencies and INGOs, the timely allocation of CERF funding facilitated the recipient agencies with their partners to immediately make use of limited openings in access permitted by the Government and to deliver critical assistance to the most vulnerable people in three key sectors:

1. Food Security, including emergency agriculture support from FAO and general food distribution from WFP;
2. Protection, with life-saving services for boys and girls as well as women, with a focus on vulnerable women, including pregnant women and survivors of Gender Based Violence (GBV), from UNFPA and UNICEF; and
3. Health, for primary health through mobile and fixed clinics and referral to secondary health services, from WHO.

## **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>24,651,095</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	4,246,807
COUNTRY-BASED POOLED FUND ( <i>if applicable</i> )	
OTHER (bilateral/multilateral)	2,433,316
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>6,680,123</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 02/01/2018</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	18-RR-FAO-001	Food Security - Agriculture	750,000
UNFPA	18-RR-FPA-001	Protection - Protection	263,862
UNICEF	18-RR-CEF-001	Protection - Protection	226,760
WFP	18-RR-WFP-001	Food Security - Food Aid	2,880,090
WHO	18-RR-WHO-001	Health - Health	126,095
<b>TOTAL</b>			<b>4,246,807</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>3,773,125</b>
- Funds transferred to Government partners*	88,393
- Funds transferred to International NGOs partners*	199,083
- Funds transferred to National NGOs partners*	186,206
- Funds transferred to Red Cross/Red Crescent partners*	-
<b>Total funds transferred to implementing partners (IP)*</b>	<b>473,682</b>
<b>TOTAL</b>	<b>4,246,807</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

The CERF Rapid Response application was triggered by the serious aggravation of the humanitarian situation in the northern part of Rakhine State after the Police Post attacks on 25 August and subsequent security operations by the Myanmar Military (Tatmadaw). People in the northern townships of Rakhine State in Myanmar have long suffered from under-development, security and human rights abuses, which have been worsened as a result of the attacks in 2017. Institutional discrimination, disenfranchisement and deprivation policies, including lack of equal access to citizenship, have also been in place. These interrelated crises have reduced access to basic services and seriously exacerbated needs, including education, health and nutrition, substantial displacement, food insecurity as well as many protection issues. On 24 August 2017, the Advisory Commission on Rakhine State, led by former UN Secretary-General Kofi Annan, released its final report 'Towards a Peaceful, Fair and Prosperous Future for the People of Rakhine'. The next day on 25 August the armed attacks against the police posts by the Arakan Rohingya Salvation Army (ARSA) and the subsequent security operations led by the Myanmar Army resulted in a mass exodus of Rohingya refugees into Bangladesh, hundreds of villages being burned to the ground and severe human rights abuses perpetrated. In addition to the hundreds of thousands of Rohingya people who fled to Bangladesh, more than 25,000 ethnic Rakhine and non-Muslim minority groups were also internally displaced in Rakhine State following the violence, most of whom have since been able to return to their places of origin.

Due to the ongoing access constraints in the northern part of Rakhine State, the UN and its partners were not able to carry out a detailed needs assessment. The CERF application was therefore based on the best information and data available which was gathered from observations from humanitarian teams who accessed some of the locations and from various sources, i.e. Government, UN, partners, media, etc. The main reference document was the 2018 Humanitarian Needs Overview (HNO) and the 2018 Interim Humanitarian Response Plan (HRP), finalized and published in November 2017.

Regarding **protection**, the situation remained unstable with many protection issues affecting certain groups of the population (arbitrary arrests, looting, forced displacement, harassment, etc.). The sensitivity of the situation and the lack of humanitarian access to the affected population was not conducive to protection related activities on a large scale. A rapid mapping of sexual and reproductive health (SRH) services carried out by UNFPA in early August 2017 in Maungdaw and Buthidaung Townships demonstrated considerable gaps in the availability of SRH services and showed a reliance on INGO service providers. Advocacy organizations and media reports of physical assault including hitting, beating and burning, as well as sexual violence including rape and gang rape. Data analysis based on psychosocial interventions post-October 2016 and pre-August 2017, identified extreme and widespread mental health and psychosocial concerns, including high rates of suicidal ideation, most significantly linked to sexual violence committed by armed forces. The number of reports of alleged sexual violence are likely to represent only a small fraction of the scale of the incidence of sexual violence. Some reports from child protection agencies referred to the high levels of stress and trauma children in the northern townships of Rakhine are experiencing. These reports highlight sexual violence which could result in teenage pregnancy and unwanted births in the coming months.

Beatings, physical assaults and reports of use of children in armed groups highlight a need for stronger psychosocial programming and individual services provision and supplies for boys and girls who remain in northern Rakhine.

For the **health** sector, the existing conditions did not allow a proper needs assessment, so priority needs were based on data shared by the Ministry of Health and Sports. Critical needs were identified in the provision of emergency primary health services through mobile and fixed clinics in Maungdaw Township and assisting referral to secondary health care at Maungdaw Township Hospital. Ensuring a non-discriminatory access for all affected communities to medical care is critical.

For **food security**, as per existing assessments, an aggravation of the food security situation had been already reported due to the lack of access to food commodities and agricultural areas and the partial loss of harvest. Despite the challenging access constraints for any formal needs assessment, the food security sector made its estimate based on direct observations and informal contacts with key informants by WFP and the village profiling exercise by the Red Cross Movement. Regarding the livelihoods, a rapid village profiling exercise conducted in mid-November covering 67 villages in Maungdaw Township identified that at least 57 per cent of the remaining population were farmers who conduct agriculture activities for their subsistence.

### 3. PRIORITIZATION PROCESS

The key strategic objective of the initial CERF request was to ensure immediate life-saving intervention to minimize the suffering of people affected by the current aggravation of the humanitarian situation in the northern part of Rakhine State, including grave human rights abuses. Priorities to be financed by the CERF were fully aligned to needs identified on the ground and considered the real-time context, where access was still very limited and the Government strategy for humanitarian response, unclear. All agencies agreed on a maximum timeframe of six months for the implementation of the response, focusing in the most immediate priorities, while planning for additional activities to be carried out after that period, or increased during the same period, if access and acceptance from the Government permitted.

CERF funding complemented other available sources of funding, ensuring the most efficient use of available resources for a comprehensive critical life-saving response. The overall aim was to ensure that the highest priority issues were addressed in a timely manner. On 14 December, after endorsement by the HCT on 13 December, OCHA facilitated one initial meeting to discuss the priority needs, scope and target, with the attendance of operational UN agencies in the area (UNICEF, UNFPA, WHO, FAO and WFP and UNHCR), and the Maungdaw Inter-Agency Group (MIAG), represented by UNHCR, and the RC Sub-Office in Rakhine. Priority needs were discussed and framed within the following key sectors: protection, health and food security, taking into consideration the situation mentioned above regarding access, implementation strategy and type of activities to be implemented.

As per the experiences of the CERF Rapid Response Grant allocated by the end of February 2017 in the same geographical area, early action provided time-critical assistance and prevented even further deterioration of the fragile situation of the population, keeping a minimum assurance regarding humanitarian principles, including operational independence, and conflict sensitivity, among other questions. This application considered this population, within an inclusive, principled approach, taking special care of the implementation strategy through partners already working in the area that had so far received permission to access some field locations.

The CERF intervention was aligned with the overall strategic objectives of the 2018 Humanitarian Response Plan (HRP) for Myanmar, particularly (1) meeting the needs of displaced people and support efforts to achieve durable solutions; (2) ensuring that vulnerable crisis-affected people have access to essential services and livelihoods opportunities; (3) ensuring the protection of civilians; and (4) strengthening national capacities to prepare for and respond to natural disasters and other emergencies and to enhance the resilience of communities.

Three priority sectors were identified, focusing in the most vulnerable people and considering the limited access:

1. Food security assistance, supporting general food distribution for 60,000 crisis-affected people and small-scale farmers and landless households to ensure a minimum of agriculture production of rice and access to diversified fresh food, with a total target of 30,000 people.
2. Protection, improving access to lifesaving child protection and women's wellness, information and services to communities affected by violence in Rakhine State, for a target of 49,000 people.
3. Health, providing emergency primary health services to 17,000 crisis-affected people through mobile and fixed clinics in Maungdaw Township and assisting referral to secondary health care at Maungdaw Township Hospital.,

This limited intervention, that did not include other sectors such as general protection, shelter/NFIs, education or WASH, was tailored to the current political context and operational environment, where the Government was very cautious in opening full access to humanitarian operators. As mentioned above, since 25 August 2017, humanitarian access in the northern part Rakhine State was severely restricted for the UN and INGO partners which has resulted in the suspension of pre-existing humanitarian services and further exacerbated needs. Since early November 2017, some UN Agencies / NGOs and some sectors experienced some improvement in access; which this proposal built on. At the time of the submission of the CERF application, requesting agencies had access to field locations targeted either directly (e.g. WFP and FAO) and/or through implementing partners mentioned in their proposals (e.g. CFSI, MHDO, MoHS). Additionally, requesting agencies had staff presence in the northern part or Rakhine (e.g. WFP, UNFPA), had already deployed staff for the purpose of the emergency response (e.g. FAO, UNICEF) or had planned periodic monitoring missions as part of the proposal (e.g. WHO).

#### 4. CERF RESULTS

CERF allocated US\$4.25 million to Myanmar from its rapid response window to respond to immediate humanitarian needs related the deterioration of the humanitarian situation in the northern part of Rakhine State after events on 25 August 2017. This funding enabled UN agencies and partners to provide critical and timely agricultural and livestock inputs to 29,595 farmers; emergency food assistance to 68,500 women, girls, boys and men; clean delivery kits for 400 pregnant women; 3,000 dignity kits to young women and adolescent girls; lifesaving psychological support to 7,944 children and adolescents (4,756 boys and 3,188 girls); case management services to 147 vulnerable children; emergency primary health care services to 20,729 people; and nutrition screening services for 1,457 children under five, treating 81 moderate acute malnutrition cases.

Specifically, through this CERF grant, FAO reached 5,200 households (exceeding the planned 5,000) including 15,253 females and 14,342 males for a total of 29,595 people (of which 13,453 were children) in northern Rakhine state, who received critical and timely agricultural and livestock inputs required to meet their planting and livestock raising requirements in the coming season. In addition, 5,200 people received awareness raising and training on good agriculture practices to maximize the inputs received. 5,111 people received nutrition awareness and livestock husbandry training. Specifically, 2,200 small-scale farmers in Buthidaung, Maungdaw and Rathedaung Townships received paddy seeds and fertiliser sufficient to plant two acres of land, and 5,200 households received vegetable seeds and fertiliser sufficient to plant a quarter acre of land, in addition to 1,150 households in Maungdaw Township receiving two goats per household. Also, 4,055 male and 1,056 female (5,111 in total) beneficiaries in Buthidaung, Maungdaw and Rathedaung Townships received nutrition awareness raising and livestock husbandry training and 4,116 male and 1,084 female (5,200 in total) households in Buthidaung, Maungdaw and Rathedaung Townships received agricultural awareness raising training. The agricultural and livestock inputs and awareness raising and training listed above will ensure that 5,200 households will have the necessary requirements to plant and subsequently harvest nutritionally diverse food in the coming winter season.

The CERF funding also allowed WFP and its partners to reach 68,500 crisis affected women, men, boys and girls in Maungdaw and Buthidaung with live-saving food assistance during the period of January to June 2018. The total beneficiaries exceeded the number planned as WFP and implementing partners made efforts to reach all people in need of relief food assistance in the remote areas. They ensured fair access to relief food by all ethnic communities and most vulnerable households within the village tracts to ensure humanitarian principles and apply a standard conflict sensitive approach. A targeting assessment was not approved by the Government during the implementation period and WFP and its partners applied blanket food distributions to all households in selected villages. Village selection was completed based on the situation of those severely affected by the crisis, and suffering from a lack of job opportunities and limited access to livelihoods and remoteness. The food and nutrition needs of crisis-affected people in food insecure areas were met during the project period. WFP food assistance ensured the basic food needs of the affected population and helped overcome negative coping mechanisms during the critical period. In addition, relief assistance significantly reduced household food insecurity and ensured fair resource allocation among the different ethnic groups to avoid tension.

In addition, through the CERF grant, UNFPA and its partner (CFSI) working in three townships of Northern Rakhine (Buthidaung, Maungdaw and Rathedaung) provided clean delivery kits for 400 pregnant women; trained 161 peer educators from the community (4 locations: Hpon Nyo Leik, Ngan Chaung, Mee Chaung Zay, and Zay Di Pyin) on Sexual and Reproductive Health and Rights (SRHR), GBV and Mental Health and Psychosocial support (MHPSS). During the implementation period, the peer educators reached 512 people in affected ) communities and educated them about danger signs of pregnancy, new born babies, and provide information for psychosocial support (PSS) and psychological first aid (PFA), and intimate partner violence. Through FGDs conducted in the four locations of community, the findings indicated increased women and girls' participation in the SRHR activities, improved Women's and Girls' knowledge on GBV and SRHR. UNFPA and its partner CFSI provided Psychosocial support to 30 women, referred 11 women survivors of sexual violence to hospital for medical treatment, and 15 pregnant women for emergency health care; distributed 3,000 dignity kits to young women and adolescent girls across four locations in northern Rakhine. The project was able to reach 6,771 people with key

messages on SRHR, GBV, MHPSS and referral information through women's awareness outreach in northern Rakhine, between February to September 2018.

On the other hand, UNICEF and its partner provided life- saving psychosocial support and case management services through the mobile safe spaces. During the period, overall 7,944 children and adolescents (4,756 boys and 3,188 girls) received life-saving psychological support. In addition, 147 children (who were unaccompanied and separated, abandoned and/or neglected, in contact with the law, or victims of physical violence, or raped, received case management services. The project contributed to support a total of 8,091 children and adolescents, as well as 52 adults in Maungdaw, Buthidaung and Rathedaung (January to July 2018). Twenty-three (23) CPGs with more than 255 members were actively working with UNICEF's implementing partner (CFSI) to provide child protection awareness raising sessions, community liaison, child protection referrals. While the women's participation in CPGs in northern Rakhine remains quite low, only 35 per cent, implementing partners are using different strategies to increase their participation through one-on-one discussions, house visits, inviting women to the child protection related awareness sessions.

Finally, the CERF grant allocated for health interventions allowed WHO and the Ministry of Health and Sport (MoHS) to provide emergency primary health care services of 20,729 people; to refer 36 patients for hospital care; to conduct nutrition screening service for 1,457 children under five; and treat 81 moderate acute malnutrition cases. The project provided life-saving health care services in Maungdaw township between 16 January 2018 and 15 July 2018. The implementation partnership with the MoHS had significant value in alleviating suffering of crisis-affected people when non-government humanitarian actors had no access in Maungdaw. This was achieved during the critical period when only government health workers were allowed to go to rural villages.

## **5. PEOPLE REACHED**

The CERF funded intervention on livelihoods, implemented by FAO, succeeded in reaching 29,595 people (15,253 females and 14,342 males, including 13,453 were children) who received critical and timely agricultural and livestock inputs. The overall beneficiaries exceeded the original target of 5,000 households with a further 200 households supported through this intervention, due to the targeting methodology applied by the implementing partner MHDO following the FAO vulnerability criteria. This methodology uses a basic index that considered crop losses during the previous season, livestock losses and average agriculture land size. Once the most vulnerable villages were identified, the project chose to assist all villages within any given Village Tract, in line with a "do no harm" approach. The beneficiaries were identified in each village through participatory discussions, involving community leaders as well as community members. Identification of villages and beneficiaries was conducted by MHDO staff and closely monitored by FAO field assistants.

The emergency food assistance provided by WFP and its partners exceeded the planned figures, which were originally based on data from local authorities, cooperating partners and field observation. WFP and partners began by reaching 38,700 affected people in January 2018 and expanded the response to 68,500 people with CERF funds. WFP and its partners made efforts to reach all people in need of relief food assistance in the remote areas. WFP and its partners ensured fair access to relief food by all ethnic communities and most vulnerable households within the village tracts to ensure humanitarian principles and apply a standard conflict sensitive approach. A targeting assessment was not approved by the government during the implementation period and WFP and its partners applied blanket food distributions to all households in selected villages. Village selection was completed based on the situation of those severely affected by the crisis, and suffering from a lack of job opportunities and limited access to livelihoods and remoteness.

It should be mentioned that some WFP and FAO beneficiaries were the same in some of the villages (2,568 females; 2,414 males; for a total of 4,982 persons), which has been taken into consideration in the final calculation.

Regarding the protection intervention, with an initial target of 49,000 people, the limited access made difficult to achieve the target. UNICEF and its partner CFSI experienced difficulties in conducting mobile child friendly spaces in the target villages due to different "rumours" of attacks or security operations. The initial target was 40 village tracts, but the implementing



partner could cover only 31 village tracts. Moreover, the community-based Child Protection group (CPGs) decreased from 27 to 23 as many of the members continued to flee to Bangladesh. UNFPA's intervention was able to reach 6,771 people; while UNICEF's project contributed to support a total of 8,091 children and adolescents, as well as 52 adults (8,143 people).

Finally, the health intervention led by WHO and its partner MoHS was able to reach 22,222 people; including emergency primary health care services of 20,729 people; referral of 36 patients for hospital care; nutrition screening services for 1,457 children under five; and treatment of 81 moderate acute malnutrition cases.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Agriculture	6,745	8,508	15,253	6,708	7,634	14,342	13,453	16,142	29,595
Food Security - Food Aid	10,275	25,345	35,620	9,590	23,290	32,880	19,865	48,635	68,500
Health	2,601	10,214	12,815	2,018	7,389	9,407	4,619	17,603	22,222
Protection	5,143	4,626	9,769	4,914	231	5,145	10,057	4,867	14,914

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

**TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	21,600	26,760	48,360	21,603	24,648	46,251	43,203	51,408	94,611
<b>Reached</b>	15,885	32,420	48,305	15,169	29,639	44,808	31,054	62,059	93,113

<sup>2</sup> 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. Please note that beneficiaries for WFP and FAO were the same in some of the villages (2,568 females, 2414 males for a total of 4,982 persons), which has been taken into consideration in the estimates.

**TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population	7,400	
Affected people (none of the above)	87,211	93,113
<b>Total (same as in table 5)</b>	<b>94,611</b>	<b>93,113</b>

## 6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

The CERF funding facilitated the rapid provision of critical assistance to the most vulnerable people. Newly affected populations in the areas were not included in the 2018 Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP), as there was no concrete picture to allow for estimations of need during the preparation of HNO and HRP. The CERF funding was crucial for initiating life-saving food assistance for newly affected populations during the critical period. For instance, the grant allowed FAO to provide the fast delivery of agricultural and livestock livelihood assistance. The distribution of livestock was conducted during the dry season, while the distribution of agriculture packages (seeds and fertilizer) took place just before the planting season. This enabled a rapid recovery of agricultural production and increased the availability and accessibility to staple and nutrition-rich foods during the monsoon season. In addition, according to UNFPA, even though the grant was provided by the beginning of 2018 (more than four months after the events of 25 August 2017), the CERF funding had a crucial role in allowing agency to reach the vulnerable women and girls in northern Rakhine, once access restrictions were partially lifted. With this CERF allocation, life-saving health care services were provided to targeted population through the mobile health teams of Ministry of Health and Sports in partnership with WHO.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

Overall, the timely allocation of CERF funding was critical, as there was no contingency fund for emergency response to manage this aggravation of the humanitarian crisis in northern Rakhine. In addition, this lack of funding coincided with the limited opening of access by the Government, which was quickly considered for the Humanitarian Country Team and the requesting agencies to increase the support to the affected population. As reported by FAO, it allowed a timely intervention, facilitating both livestock and agriculture input distribution to take place according to the crop calendar. It should be mentioned that procurement and distribution of live animal was particularly challenging in terms of the logistics and veterinary support required because it should be conducted during specific times of the year to ensure low rate of losses. CERF funds were allocated at the right time allowing the procurement and distribution of livestock to take place in optimal conditions. Likewise, the CERF financial allocation allowed the seeds and fertilizer to be distributed at the correct time (in July, before the planting season). For, UNFPA, the funds helped to establish community level SRHR-GBV-MHPSS programming in northern Rakhine State; given restrictions on access and movement for some populations, strengthening community networks, sharing key messages on life-saving services and referrals and distribution of items including clean delivery kits was extremely timely. CERF funds was able to address critical health needs of the affected population in a timely manner through the WHO.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

The CERF allocation strengthened coordination among partners at field and Yangon level for the area of operations, also providing the opportunity to engage with partners already operating in the field. Considering the challenging context in Rakhine state, successful implementation of the CERF grant required close coordination between the humanitarian community and the Government. Such coordination took place with respect to the prioritization of needs and subsequent implementation of the CERF projects among recipient agencies along with Government and operational partners in the northern part of Rakhine State, where UNHCR facilitated coordination with humanitarian partners through the Maungdaw Inter-Agency Group (MIAG). At Yangon level, OCHA facilitated the coordination among recipient agencies with the involvement of the Inter Cluster Coordination Group. Regular updates on progress and challenges were shared among agencies, in close consultation with CERF recipient organisations. An interim update was submitted by recipient agencies on 19 March 2018 and a coordination meeting was facilitated by OCHA on 27 April 2018. At the operational level, coordination among recipient agencies and between them and other implementing partners increased the effectiveness of the CERF intervention. For instance, 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 facilitating appropriate and complimentary interventions (e.g. immediate food distribution combined with livelihood support). The CERF allocation also allowed aligned activities by WFP related to food assistance and by FAO for emergency agriculture support, alongside assistance provided by the Red Cross movement in different village tracts. This allowed a broader synergy and more homogenous approach within the food security sector. In addition to MIAG, coordination between WFP and the Red Cross Movement was organised monthly for updates and to share distribution plans to avoid overlapping and fill gaps effectively. The targeting approach was harmonised and geographic coverage was

divided between the Red Cross Movement and WFP. In the same way, the coordination between UNFPA and UNICEF during the design of the joint proposal and the implementation through the same implementing partner (CFSI) improved the provision of child protection and gender-based violence services in a more integrated manner. Also, the CERF funding allowed WHO to enhance its engagement with main implementing partner, the Ministry of Health and Sports.

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

YES ☐

PARTIALLY ☒

NO ☐

The quick allocation of funds by the CERF demonstrated the added value of the UN System in quickly mobilizing resources for such a complex situation. It was warmly received by the donor community which was anxious to identify key actors it could support in an affected area where there was limited humanitarian access and difficult operating conditions. For instance, FAO was able to allocate additional resources to complement the CERF funds. In June 2018, FAO mobilized resources from the DFID Humanitarian Assistance and Resilience Program (HARP) Facility, to enhance food security conditions of vulnerable communities in the northern townships of Rakhine State. Additional funds were also allocated under the Myanmar Humanitarian Fund (MHF) in September 2018 with the objective of increasing agriculture production during the upcoming dry season to improve food and nutrition security of 4,000 vulnerable active farming households, that otherwise would not be able to plant in the coming season or undertake any production activity, and thus be at risk of food insecurity. FAO is also formulating a longer-term project funded by European Commission (EC) aiming at enhancing food and nutrition security through restoration and protection of agriculture production in northern and central Rakhine. On the other hand, WFP was able to mobilize funds for other needs and is engaging in further discussions on resource mobilization to complement the CERF funds. The CERF funds filled a critical gap which allowed mobilization efforts to be targeted towards further needs. UNFPA was able to mobilize funds from HQ (emergency fund) to maintain the trained staffs and programme in northern Rakhine through until the end of 2018 before identifying alternate non-core resources. Finally, WHO mobilized the South-East Asia Regional Health Emergency Fund from its regional office to cover health needs in other northern townships of Rakhine State (Buthidaung, Rathedaung) and Sittwe (central Rakhine). UNICEF was able to mobilize additional funds from European Civil Protection and Humanitarian Aid Operations (ECHO).

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

CERF funds, by using a multi-sectoral approach, further enabled the UN and partners to demonstrate to the Government and the population of Myanmar its ability to respond rapidly to emergency situations. As mentioned above, despite an overall context of restricted humanitarian access by most UN agencies and INGOs, the timely allocation of CERF funding facilitated the recipient agencies and their partners to immediately make use of the limited opening of access by the Government and to deliver critical assistance to the most vulnerable people in key sectors. The effective partnership with operational partners partially solved the lack of full access to the targeted population, delivering key services to minimize the impact of the crisis and alleviate the suffering of the affected population, regardless of their differences. In addition, the CERF supported and enhanced the national response, including the Government. For example, the WHO intervention helped to reinforce the national health system by supporting the humanitarian response of the MoHS health staff in Maungdaw township. As mentioned above, CERF has expanded the availability of information and access to services for SRHR-GBV and MHPSS. A further example being WFP addressing the immediate food needs while FAO engages the population in emergency agriculture production (crop and livestock) to increase availability of fresh foods.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Nutrition trainings were appreciated by targeted beneficiaries and considering the criticality of improving nutritional practices in Northern Rakhine are recommended to continue especially for households in rural area with children under 5	Continue to include technical trainings and awareness sessions on nutrition, good agriculture practices and animal husbandry in CERF funded interventions. Considering the negligible costs of such activity, awareness and training on nutrition-sensitive agriculture production should be incentivized.
Complex crisis may require application to CERF funding in different	Revise current CERF guidelines to allow applications to CERF funding in

phases, which is not allowed by the current guidelines. Kindly note that access may be allowed by the Government for some services (food assistance, health) but not for other key humanitarian activities (protection) at the same time	different phases, even if the same emergency, through a 2-phase allocation submission.
--	--

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Joint interventions in the Food Security Sector that facilitate complementary immediate food assistance with livelihood support to increase food availability, access and quality all year round should be prioritized	Opportunities to expand production capacities of quality foods by beneficiaries all year round complemented by food assistance during lean seasons should be considered systematically.	HCT, Food Security Sector
Implementation in Maungdaw through the MoHS facilitated the access to the affected population and increase a more sustainable national capacity.	Continue the partnership with MoHS in future project as relevant.	HCT, WHO
Administrative barriers, e.g. travel authorizations, made difficult the access to the affected population at some point	Continuous advocacy with Union, State, District, Township and Villages authorities needs to be articulated on the basis of humanitarian principles	HC, HCT, MIAG
Reluctance and lack of acceptance by the affected communities caused issues and delays in the implementation	Strengthened visibility and community engagement activities are needed to increase acceptance of the assistance and partners	ICCG, Agencies, Partners
Weakness of some thematic areas by new operational partners caused delays in the implementation	Enhanced capacity building activities with partners to enhance the effective implementation of activities and the achievement of planned goals	Agencies
Compilation, analysis and quick response to the concerns highlighted by affected communities supported the effectiveness of the implementation and the acceptance of the partner and planned activities	Feedback mechanism should be revised to increase effectiveness, simplicity and access to the recipients of the assistance	ICCG, Agencies, Partners
Assessment and monitoring activities in such complex crisis cannot be fully ensured.	Indirect assessment, secondary data analysis, third-part monitoring or remote monitoring strategies should be enhanced by CERF recipient agencies and their partners	ICCG, Agencies, Partners

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-FAO-001,18-RR-WFP-001 - FAO, WFP

1. Project information			
<b>1. Agency:</b>	FAO WFP	<b>2. Country:</b>	Myanmar
<b>3. Cluster/Sector:</b>	Food Security (Food Aid and Agriculture)	<b>4. Project code (CERF):</b>	18-RR-FAO-001 18-RR-WFP-001
<b>5. Project title:</b>	Life-saving food security assistance for conflict affected people in northern Rakhine		
<b>6.a Original Start date:</b>	01/01/2018 (FAO) 01/01/2018 (WFP)	<b>6.b Original End date</b>	30/06/2018 (FAO) 30/06/2018 (WFP)
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 19,850,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 7,544,203
	<b>c. Amount received from CERF:</b>		US\$ 3,630,090
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 218,331</b>
	<ul style="list-style-type: none"> <li>▪ <i>Government Partners</i> <span style="float: right;">US\$ 4,669</span></li> <li>▪ <i>International NGOs</i> <span style="float: right;">US\$ 27,456</span></li> <li>▪ <i>National NGOs</i> <span style="float: right;">US\$ 186,206</span></li> <li>▪ <i>Red Cross/Crescent</i></li> </ul>		

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, FAO reached 5,200 households (exceeding the planned 5,000) including 15,253 females and 14,342 males for a total of total 29,595 people (of which 13,453 were children) in northern Rakhine state, who received critical and timely agricultural and livestock inputs required to meet their planting and livestock raising requirements in the coming season. In addition, 5,200 people received awareness raising and training on good agriculture practices to maximize the inputs received. 5,111 people received nutrition awareness and livestock husbandry training. Specifically, 2,200 small-scale farmers in Buthidaung, Maungdaw and Rathedaung Townships received paddy seeds and fertiliser sufficient to plant 2 acres of land, and 5,200 households received vegetable seeds and fertiliser sufficient to plant ¼ acre of land, in addition to 1,150 households in Maungdaw Township receiving 2 goats per household. Also, 4,055 male and 1,056 female (5,111 in total) beneficiaries in Buthidaung, Maungdaw and Rathedaung Townships received nutrition awareness raising and livestock husbandry training and 4,116 male and 1,084 female (5,200 in total) households in Buthidaung, Maungdaw and Rathedaung Townships received agricultural awareness raising training. The agricultural and livestock inputs and awareness raising and training listed above will ensure that 5,200 households will have the necessary requirements to plant and subsequently harvest nutritional diverse food in the coming winter season.</p>

The CERF funding also allowed WFP and its partners to reach 68,500 crisis-affected women, men, boys and girls in Maungdaw and Buthidaung with life-saving food assistance during the period of January to June 2018. The total beneficiaries exceeded plan as WFP and cooperating partners made efforts to reach all people in need of relief food assistance in the most remote areas. They ensured fair access to relief food for all ethnic communities and most vulnerable households within village tracts to ensure humanitarian principles were respected and apply a conflict-sensitive approach. A targeting assessment was not approved by the Government during the implementation period and therefore WFP and its partners applied blanket food distributions to all households in selected villages. Village selection was completed based on the situation of those most severely affected by the crisis, where job and livelihood opportunities were severely restricted, and those in hard-to-reach areas. Crisis-affected people in food-insecure areas met their food and nutrition needs during the project period. WFP food assistance ensured the basic food needs of the affected population and helped overcome negative coping mechanisms during the time of greatest vulnerability. In addition, relief assistance significantly reduced household food insecurity and ensured fair resource allocation among the different ethnic groups to help avoid inter-communal tension.

### 3. Changes and Amendments

The project was implemented as mentioned in the original proposal, the intervention of FAO reached and assisted 200 additional households than planned, but slightly less total population than envisaged. Actual = 29,595 envisaged = 30,000. This was due to there being less persons per household than expected. Although WFP planned to reach 60,000 people, WFP was initially able to reach 38,700 people in January and gradually scaled up to 68,500 – this was due to limited access to affected villages at the beginning of the project.

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	10,800	26,760	<b>37,560</b>	9,792	24,648	<b>34,440</b>	20,592	51,408	<b>72,000</b>
<b>Reached</b>	15,885	32,420	<b>48,305</b>	15,169	29,639	<b>44,808</b>	31,054	62,059	<b>93,113</b>

#### 4b. Number of people directly assisted with cerf funding by category

<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>	72,000	93,113
<b>Total (same as in 4a)</b>	<b>72,000</b>	<b>93,113</b>

*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 actual number of beneficiaries reached exceeded planned figures which were based on data from local authorities, cooperating partners and field observation. WFP and partners began by reaching 38,700 affected people in January 2018 and expanded the response to 68,500 people with CERF fund. It should be mentioned that WFP and FAO beneficiaries, in some of the villages reached by both organizations overlaps (2,568 females and 2,414 males, for a total of 4,982 persons)

### 5. CERF Result Framework

<b>Project objective</b>	Crisis-affected women, men, girls and boys receive food assistance in a timely manner to meet their distinct daily food and nutrition needs and communities produce sufficient diversified food to ensure availability and accessibility to nutritious foods during the upcoming seasons.
--------------------------	---

<b>Output 1</b>	3,924 MT of food commodities distributed to 60,000 targeted people during a period of four months in sufficient quantity and quality			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people receiving food assistance disaggregated by women, girls, boys and men	60,000	68,500 (35,620 females, 32,880 males of which 19,865 are children and 48,635 adult)	Monthly distribution report
Indicator 1.2	Quantity of food commodities distributed, disaggregated by type, as % of planned (3,240 MT of rice, 432 MT of pulses, 216 MT of oil, 36 MT of salt)	3,924 MT	3,836 MT	Monthly distribution report
<b>Explanation of output and indicators variance:</b>		The number of affected people in need exceeded planned figures due to estimations on the affected population based upon available data. 98% of planned MT was procured due to an increase in food costs and a loss of 0.044 MT of oil during delivery		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	General Food Distribution to 60,000 target beneficiaries (31,300 women and girls, 28,700 men and boys)	MHDO, WV, AGE		
Activity 1.2	Local and regional procurement of 3,924 MT of mixed food commodities	WFP		

<b>Output 2</b>	2,000 households have access to rice as main staple food and increase availability of rice in local markets			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of individuals benefiting from agricultural inputs disaggregated by women, girls, boys and men	12,000 individuals (or 2,000 households)	12,878 Comprised of 6,875 females and 6,003 males of which 5,998 were children	Beneficiary profiling including demographic information
Indicator 2.2	Number of individuals with increase knowledge on good agricultural practices disaggregated by women and men	2,000	2,200 Comprised of 1,157 females and 1,043 males	Training attendance lists
<b>Explanation of output and indicators variance:</b>		The project reaches additional 200 beneficiaries households than planned, but slightly less numbers overall than envisaged.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Identification and selection of villages and households	FAO supported by MHDO		
Activity 2.2	Procurement of seeds and fertilizers	FAO		
Activity 2.3	Distribution of agricultural inputs	MHDO		
Activity 2.4	Awareness raising on good agricultural practices	FAO supported by MHDO		
Activity 2.5	Monitoring of activities	FAO		
Activity 2.6	Post Distribution Monitoring	MHDO		

Output 3	5,000 small-scale farmers and landless households have access to diversified fresh food			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of individuals benefiting from agricultural inputs disaggregated by women, girls, boys and men	30,000 (or 5,000 households)	29,595 individuals (5,200 household) Comprised of 15,253 females and 14,342 males of which 13,453 were children	Beneficiary profiling including demographic information
Indicator 3.2	Number of individuals with improved knowledge on good nutritional practices disaggregated by women and men	5,000	5,111 individuals Comprised of 4,055 males and 1,056 females	Training attendance lists
Explanation of output and indicators variance:		The project reached 200 more households than proposed.		
Activities	Description	Implemented by		
Activity 3.1	Identification and selection of villages and households	FAO supported by MHDO		
Activity 3.2	Assessment of vegetable seeds needs and preference at village level	FAO supported by MHDO		
Activity 3.3	Procurement of seeds and fertilizers	FAO		
Activity 3.4	Distribution of agricultural inputs	MHDO		
Activity 3.5	Awareness raising on good nutritional practices, including promotion of consumption of diversified food groups, cooking practices and food hygiene	MHDO supported by FAO		
Activity 3.6	Monitoring of activities	FAO		
Activity 3.7	Post Distribution Monitoring	FAO supported by MHDO		

Output 4	1,150 small-scale livestock raisers/households restock animals for improved balanced diet from high quality animal protein			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of individuals benefiting from livestock inputs disaggregated by women, girls, boys and men	6,900 (or 1,150 households)	7,009 individuals (1,150 household) Comprised of 3,608 females and 3,401 males of which 3,700 were children	Beneficiary profiling including demographic information
Indicator 4.2	Number of individuals with improved knowledge on animal husbandry disaggregated by women and men	1,150	1,150 individuals comprised of 286 females and 864 males	The information was delivered in printed form and explained when the animals were delivered, the beneficiary signature acknowledging receipt of the animals also includes receiving the printed material
Explanation of output and indicators variance:		The variation between expected and actual numbers was due to reaching the planned number of households, but more beneficiaries than planned, due to a greater number of children in these households.		



Activities	Description	Implemented by
Activity 4.1	Identification and selection of villages and households	FAO supported by MHDO
Activity 4.2	Procurement of livestock	FAO
Activity 4.3	Distribution of livestock inputs	LBVD
Activity 4.4	Awareness raising on animal husbandry	MHDO/LBVD supported by FAO
Activity 4.5	Monitoring of activities	FAO
Activity 4.6	Post Distribution Monitoring	FAO supported by MHDO

## 6. Accountability to Affected People

### A) Project design and planning phase:

FAO applied different methods to guarantee AAP has been ensured during the project cycle, including:

- At the village level, FAO in conjunction with MHDO, consulted village leaders and appropriate organizations with a working presence in the villages to ensure the selection of the beneficiaries was transparent and in a participatory manner.
- The list of the beneficiaries and the selection criteria used for selection was made public to the village population to ensure there was an opportunity for grievances and to ensure transparency.

For this project, WFP standards on design and planning were adjusted due to government restrictions on assessments. Identification of the beneficiaries was conducted in partnership with partners at the field level, in consultation with village leaders to the greatest extent possible. WFP staff made phone contact with key informants from the villages to help verify the population data from the villages. As household targeting was not possible, WFP and its partners implemented blanket distributions to all households in the villages targeted within a month. Partners shared information on other main responsibilities including priority target locations, beneficiaries' entitlements, distribution plans and locations, and complaint and feedback mechanism through different communication channels.

### B) Project implementation phase:

In each of the targeted villages that FAO undertook activities, a complaint mechanism was established (including a complaint box and a referral system in case of animal diseases outbreaks). In each leaflet with technical messages for crop and vegetable production and livestock husbandries, e-mail addresses, phone numbers for complains were shared.

A countrywide complaint and feedback mechanism (CFM) system is in place, focal persons and alternates have been appointed in Maungdaw and Buthidaung since 2016. WFP posted CFM posters and vinyl at food distribution points (FDP) and/or project sites. Beneficiaries had the right to submit feedback and complaints through the different CFM channels (Hotline, e-mail, letter box, and help desk, through WFP/partner staff). CFM focal staff received the complaints, registered and verified the cases and provided feedback to the complaints within the standard 30-day period. Moreover, WFP staff conducted food distribution monitoring and beneficiary interviews informally at the distribution sites, helping to understand any barriers and other feedback related to WFP assistance. CFM is a vital tool for beneficiaries in Maungdaw and Buthidaung to communicate with WFP where the population is diverse and the majority of people are illiterate as well as lack knowledge to find appropriate channels to express their concerns.

### C) Project monitoring and evaluation:

FAO M&E team conducted livestock distribution and beneficiaries' satisfaction monitoring activities during the quarantine period. The team also conducted the post distribution monitoring activities of livestock input covering 188 HH out of 1150 in Maungdaw which is 16% of total livestock beneficiaries. According to the livestock PDM, the majority of HHs (78%) chose to raise both goats, 22% of HHs kept one goat and either sold one for cash to meet their immediate food purchase requirements or chose to use the second goat to meet their immediate protein needs. It has been confirmed by the FAO field officers that 98% of the beneficiaries planted the paddy inputs. This will be further confirmed by the post-harvest monitoring which will be undertaken at the end of November immediately following the harvest. According to Agricultural PDM result, 16% of HHs planted all of the vegetable seed when they received them, 5% of HHs planted half of the vegetable seeds and kept the other half for the dry planting season. The remaining 79% of HH haven't planted at the time of this report due to heavy rain but they confirm to use the vegetable seeds once the rains will decrease. Planting of the remaining vegetable seeds will be undertaken in the coming winter season, and a subsequent follow-up monitoring will assess the total planting, and subsequent output.

WFP applied different monitoring tools to ensure that beneficiaries enjoyed the full food entitlements of WFP assistance and to note satisfactions and concerns. Monitoring has been undertaken during regular monthly distributions and through CFM by WFP and its partners. Through the results, WFP identified best practices and areas to be improved, which were then informed to partners, village leaders and targeted beneficiaries.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

For FAO intervention, post distribution monitoring of all inputs has been undertaken, and post-harvest monitoring will be undertaken immediately following the harvest. No evaluation is planned for this project due to the limited time frame for implementation, the emergency nature of the situation, and the comprehensiveness of the post distribution and pending post-harvest monitoring activities.

Regarding WFP intervention, the state government only approved travel authorizations for staff for two weeks for monthly distributions, and assessments or monitoring were not permitted. WFP staff tried made every effort to conduct beneficiary interviews as well as distribution monitoring at distribution sites whenever possible.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 8.2. Project Report 18-RR-CEF-001,18-RR-FPA-001 - UNICEF, UNFPA

1. Project information				
1. Agency:		UNICEF UNFPA	2. Country:	Myanmar
3. Cluster/Sector:		Protection	4. Project code (CERF):	18-RR-CEF-001 18-RR-FPA-001
5. Project title:		Life-saving child protection and women's wellness services for communities affected by violence in northern Rakhine		
6.a Original Start date:		16/01/2018 (UNICEF) 16/01/2018 (UNFPA)	6.b Original End date	15/07/2018 (UNICEF) 15/07/2018 (UNFPA)
6.c. No-cost Extension		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	15 September 2018
6.d Were all activities concluded by the end date (including NCE date)			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:			US\$ 4,500,000
	b. Total funding received for agency's sector response to current emergency:			US\$ 500,000
	c. Amount received from CERF:			US\$ 490,622
	d. Total CERF funds forwarded to implementing partners of which to:			US\$ 171,627
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>			US\$ 171,627

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners (CFSI) working in three townships of Northern Rakhine (Buthidaung, Maungdaw and Rathedaung) provided clean delivery kits for 400 pregnant women; trained 161 peer educators from the community (4 locations: Hpon Nyo Leik, Ngan Chaung, Mee Chaung Zay, and Zay Di Pyin) on SRHR, GBV and MHPSS. During the implementation period, the peer educators reached 512 people in community and educated them about danger signs of pregnancy, new born babies, and provide information for PSS and PFA, and intimate partner violence. Through FGDs conducted in the 4 locations of community, the findings indicated increased women and girls' participation in the SRHR activities, improved Women's and Girls' knowledge on GBV and SRHR. UNFPA and its partner CFSI provided Psychosocial support to 30 women, referred 11 women survivors of sexual violence to hospital for medical treatment, and 15 pregnant women for emergency health care; distributed 3,000 dignity kits to young women and adolescent girls across 4 locations in northern Rakhine. The project was able to reach 6,771 people with key messages on SRHR, GBV, MHPSS and referral information through Women's awareness outreach in Northern Rakhine, between February to September 2018.

On the other hand, UNICEF and partner provided life- saving psychosocial support and case management services through the mobile safe spaces. During the period, overall 7,944 children and adolescents (4,756 boys and 3,188 girls) received live saving psychological support. In addition, 147 children (who were unaccompanied and separated, abandoned and/or neglected, in contact with the law, or victims of physical violence, or raped, received case management services. The project contributed to support a total of 8,091 children

and adolescents, as well as 52 adults in Maungdaw, Buthidaung and Rathedaung (January to July 2018). Twenty-three (23) CPGs with more than 255 members were actively working with UNICEF implementing partner - CFSI - to provide child protection awareness raising sessions, community liaison, child protection referrals. While the women participation in CPGs in northern Rakhine remains quite low, only 35%, implementing partners are implementing different strategies to increase their participation through one-on-one discussions, house visits, inviting women to the child protection related awareness sessions.

### 3. Changes and Amendments

For UNFPA, there was no change in the original proposal or work plan activities. However, a no-cost extension request was submitted and approved to extend the implementation period to 15 September 2018. The extension was requested due to capacity issues of the implementing partner; Community and Family Services International (CFSI). The partner has encountered some delays in rolling out some of the awareness raising and outreach activities as more time and technical support than originally anticipated were required to prepare the CFSI staff and community resource persons to rollout activities. Access has not been a major impediment to the implementation of the project, although we note that CFSI had access restrictions to one village at the outset of the project for a period of two weeks. Any delays by virtue of access were not sufficiently significant to delay project implementation. However, we were able to achieve all target indicators and complete all activities as lay out in the original project proposal by 15<sup>th</sup> September.

In relation to the UNICEF intervention in northern Rakhine, CFSI reported that field staff often experience anxiety of going out into the field due to different "rumors" of attacks or security operations. TA approval process for NRS is also difficult. State Government did not issue Travel Authorization for international staff until June 2018. For example, even having a State Coordination Committee approval, an implementing partner has to apply again to District Coordination Committee for final approval to conduct field activities. The initial target was 40 village tracts, but UNICEF's implementing partner able to cover 31 village tracts. Staff security and safety remains a serious concern, and this resulted minimum field trips for mobile CFSs. Therefore, it was difficult to provide proper guidance and support to the team in northern Rakhine for effective implementation. Moreover, the community-based Child Protection group (CPGs) decreased from 27 to 23 as many of the members continued to flee to Bangladesh.

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	21,600	4,930	<b>26,530</b>	21,603	930	<b>22,533</b>	43,203	5,860	<b>49,063</b>
<b>Reached</b>	5,143	4,626	<b>9,769</b>	4,914	231	<b>5,145</b>	10,057	4,857	<b>14,914</b>

#### 4b. Number of people directly assisted with cerf funding by category

<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
Refugees		
IDPs		
Host population	7,400	
Affected people (none of the above)	41,663	14,914
<b>Total (same as in 9a)</b>	<b>49,063</b>	<b>14,914</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe*

For the UNICEF intervention, in relation to the target population versus reached, the partner experienced difficulties in conducting mobile child friendly spaces in the target villages due to different "rumours" of attacks or security operations. The initial target was 40 village tracts, but implementing partner could cover only 31 village tracts. Moreover,

<i>reasons:</i>	the community-based Child Protection group (CPGs) decreased from 27 to 23 as many of the members continued to flee to Bangladesh.
-----------------	---

## 5. CERF Result Framework

<b>Project objective</b>	To improve access to life-saving child protection and women's wellness (health/GBV/MPHSS) information and services to communities affected by violence in Rakhine State
--------------------------	---

<b>Output 1</b>	Conflict affected boys and girls participate in age appropriate structured MHPSS activities			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# of boys and girls under 10 reached with child friendly space kits as part of a mental health and psychosocial programme	3,750 (1875 boys 1875 girls)	2,196 (1,091 girls and 1,105 boys)	Child Protection Information Management System (CPIMS)
Indicator 1.2	# of boys and girls 11-17yrs reached with child friendly space kits as part of mental health and psychosocial activities (life skills)	1,500 (750 boys 750 girls)	5,748 (2,097 girls and 3,651 boys)	CPIMS
Indicator 1.3	% of boys and girls surveyed reporting improved well being	80% (2000 children)	7,941 (42%), 3188 girls and 4,753 boys, demonstrate improved psychosocial well-being after at least 10 PSS sessions – (within two weeks)	Partner's assessment report
<b>Explanation of output and indicators variance:</b>		Partner was able to reach more adolescents beneficiaries as partner formed adolescent groups in more than 13 village tracts during the reporting. The adolescents group actively participated in the recreational and psychosocial support activities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Boys and girls under 10 participate in MHPSS activities	A partnership with Community and Family Services International (CFSI)		
Activity 1.2	Boys and girls 11-17yrs participate in MHPSS activities	A partnership with Community and Family Services International (CFSI) was put in place		
Activity 1.3	Distribution of CFS kits	UNICEF directly purchased CFS kits and delivered to CFSI		
Activity 1.4	Training on adolescent engagement	CFSI conducted ToT training and life skills training for adolescent		
Activity 1.5	Design of adolescent tools for well-being discussions	A partnership with Community and Family Services International (CFSI) – adaptation of existing tools		
Activity 1.6	Training CFSI staff on use of mobile tools	A partnership with Community and Family Services International (CFSI) – development of 'communication trees' and implementation of it with all CPGs		

<b>Output 2</b>	Child survivors of violence, exploitation and abuse or at risk thereof are being provided with life-saving case management support and referral			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	% of boys and girls under 10 who receive	80% (absolute figures are	75%	Report from partner and

	an individual kit as part of a case management programme	unknown due to the nature of case management)		CPIMS
Indicator 2.2	% of boys and girls 11-17 yrs who receive an individual kit as part of a case management programme	80% (absolute figures are unknown due to the nature of case management)	37%	Report from partner and CPIMS
Indicator 2.3	# of boys and girls with access to case management services	20,000 girls and 21,353 boys	147 (60 girls and 87 boys)	Report from partner and CPIMS
Indicator 2.4	Distance network designed for case workers	1	1	Report from partner and CPIMS
<b>Explanation of output and indicators variance:</b>		Given the limited child protection caseload reported to case management system, these targets (20,000 girls and 21,353 boys) were not realistic. If including the reach with adolescent programmes and CFS – where case management referrals are often triggered through early detection and interventions – a total of 8,091 children and adolescents were reached. The original proposal only included “procurement of kits” as planned activity for case management and did not foresee any capacity building of case management workforce or demand creation for case management uptake. Hence the caseload intake remained limited.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement of individual kits	UNICEF directly purchased CP individual kits (410 kits for adolescent boys, 585 for adolescent girls and 712 for children under 10 years) and delivered to CFSI		
Activity 2.2	Distribution of individual kits	CFSI distributed to the beneficiaries.		
Activity 2.3	Design of mobile network	CFSI established the communication tree/network for Child Protection Group, Area Focal Points and case workers. Given a very fluid nature of the population and high turnaround of various staffs and personnel, this effort of updating the communication tree/network turned out of very useful in reporting child protection concerns.		

<b>Output 3</b>	Conflict affected population, and pregnant women in particular, access life-saving SRHR information and services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	# of pregnant women who receive clean delivery kits as part of Women's Wellness Outreach	400	400	Monitoring report, photos
Indicator 3.2	% of community resource persons (leaders, peer educators, traditional birth attendants (TBAs)) demonstrating improved knowledge of pregnancy danger signs and referral pathways	75% (120/160)	100% (161/161) (160 women and 1 man)	Awareness rising sessions reports, Attendance Sheet, pre and post-test scores, Quarterly report, Photos
Indicator 3.3	SRHR assessment including mapping of services and referrals by village	4	4	Focused group discussion report, UNFPA staff, Attendance Sheet, photos
<b>Explanation of output and indicators variance:</b>		One additional community resource persons was included in the capacity building for a total of 161 individuals		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 3.1	CFSI staff, community resource persons (leaders, peer educations, TBAs) receive training on life-saving SRHR interventions and referrals	UNFPA, CFSI
Activity 3.2	Conduct assessment through FGD and mapping of current SRH services and referral pathways	UNFPA, CFSI
Activity 3.3	Distribution of IEC materials on SRHR/GBV/MHPSS	CFSI
Activity 3.4	Distribution of clean delivery kits	UNFPA, CFSI

<b>Output 4</b>	Conflict affected population, and vulnerable women and girls in particular, access MHPSS information and services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	# of women, girls, men, boys reached with key messages on SRH, GBV, MHPSS and referral information through Women's Wellness Outreach	4,000 (2,250 women 18+, 750 girls, 750 men 18 + 250 boys)	6,771 (4,614 women 1,895 girls, 191 men, 71 boys)	Report from partner, dignity kits' report, Success stories, Attendance sheet
Indicator 4.2	% of CFSI staff and peer educators demonstrating improved knowledge of MHPSS and GBV response, including referral	75% (135/180)	100% (191/191 of which 181 are women and 10 men)	UNFPA staff, Attendance Sheet, Pre/post assessments, Quarterly reports
Indicator 4.3	Number of women and girls receiving dignity kits through Women's Wellness Outreach activities	3,000	3,000	Dignity kits' distribution report, monitoring report
<b>Explanation of output and indicators variance:</b>		While the project exceeded the target set for awareness raising, the SADD disaggregation was not as planned. In the end more women and girls were reached with information and fewer men and boys than planned. Additionally, eleven more staff and peer educators were trained than planned. All of the staff and peer educators demonstrated improved knowledge of the topics including in capacity building sessions.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	MHPSS Network provides regular technical assistance to CFSI Staff on MHPSS and GBV Case Management	UNFPA		
Activity 4.2	CFSI staff, community resource persons (leaders, peer educations, TBAs) receive training on MHPSS and GBV response, including referral	UNFPA, CFSI		
Activity 4.3	Organize community-level Women's Wellness outreach and education activities for community members (W/M/B/G) to share SRH, GBV and MHPSS key messages	CFSI		
Activity 4.4	Support to CFSI Staff on community outreach and engagement	UNFPA, CFSI		
Activity 4.5	Distribution of dignity kits	UNFPA, CFSI		

## 6. Accountability to Affected People

### A) Project design and planning phase:

Implementing agencies conducted assessment through focus group discussion on SRH, GBV and MHPSS. This included the identification of needs of the affected population. Peer educations were selected through fixed criteria and included traditional birth attendants, community health workers and women's leaders. CFSI conducted orientation with all vulnerable and marginalized groups on women and girl wellness program, discussed about the projects and design the project based on their needs. CFSI used their views

to guide decision making.

**B) Project implementation phase:**

CFSI and UNFPA provided Peer Educator Training (ToT) on SRH, GBV and MHPSS in 4 locations with 161 persons. CFSI staff provided SRH, GBV and MHPSS awareness and information to the affected population and peer educator. They also provided peer-to-peer sessions on SRH, GBV and MHPSS. All the information was timely and accessible to all. CFSI conducted orientation with all vulnerable and marginalized groups on women and girl wellness program, discussed about the projects and design the project based on their needs. CFSI used their views to guide decision making and necessary adjustments. CFSI provided assistance to the clients based on their feedback and assisted in referral cases. CFSI conducted awareness sessions by village by village based on feedback.

**C) Project monitoring and evaluation:**

CFSI collected feedback, tracked, analysed and incorporated through focus group discussion, peer-to-peer session, used questionnaires, discussed with clients, data collected, weekly and monthly report, contacted and communicated by phone, text message, took photos and video clips. Child well-being assessment was planned, designed and implemented. This to track the effectiveness of the PSS services and support through CFS.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

No evaluation was undertaken nevertheless main activities were incorporated into Child Protection sub-cluster monitoring systems. Programme effectiveness was regularly monitored by the UNICEF field and country offices. No evaluation is planned for UNFPA.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒



### 8.3. Project Report 18-RR-WHO-001 - WHO

<b>1. Project information</b>			
<b>1. Agency:</b>	WHO	<b>2. Country:</b>	Myanmar
<b>3. Cluster/Sector:</b>	Health - Health	<b>4. Project code (CERF):</b>	18-RR-WHO-001
<b>5. Project title:</b>	Lifesaving health care provision to conflict-affected population from 25 August 2017 crisis in northern Rakhine		
<b>6.a Original Start date:</b>	16/01/2018	<b>6.b Original End date</b>	15/07/2018
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 301,095
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 166,000
	<b>c. Amount received from CERF:</b>		US\$ 126,095
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 83,724</b>
	<ul style="list-style-type: none"> <li>▪ <i>Government Partners</i></li> <li>▪ <i>International NGOs</i></li> <li>▪ <i>National NGOs</i></li> <li>▪ <i>Red Cross/Crescent</i></li> </ul>		US\$ 83,724

<b>2. Project Results Summary/Overall Performance</b>
<p>Through this CERF RR grant, WHO and MoHS provided emergency primary health care services of 20,729 people; referred 36 patients for hospital care; conducted nutrition screening service for 1,457 children under five; treated 81 moderate acute malnutrition cases.</p> <p>The project provided life-saving health care services in Maungdaw township between 16 January 2018 and 15 July 2018. The implementation partnership with the MoHS has significant value in alleviating sufferings of crisis-affected people when non-government humanitarian actors had no access in Maungdaw. This was achieved during the critical period when only government health workers were allowed to go to rural villages within the context of security concerns.</p>

<b>3. Changes and Amendments</b>
The project was implemented as mentioned in the original proposal. There were no changes nor amendments.

<b>4. People Reached</b>
<b>4a. Number of people directly assisted with cerf funding by age group and sex</b>

	Female			Male			Total		
	Girls ( 18)	Women (≥ 18)	Total	Boys ( 18)	Men (≥ 18)	Total	Children ( 18)	Adults (≥ 18)	Total
Planned	1,859	7,438	9,297	1,521	6,086	7,607	3,380	13,524	16,904
Reached	2,601	10,214	12,815	2,018	7,389	9,407	4,619	17,603	22,222
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees									
IDPs									
Host population									
Affected people (none of the above)		16,904				22,222			
Total (same as in 9a)		16,904				22,222			
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 reached beneficiaries are higher than the planned beneficiaries because the implementation partner had better access to project locations than expected.							

## 5. CERF Result Framework

<b>Project objective</b>	Improving health care access to conflict affected population in Maungdaw township
--------------------------	---

<b>Output 1</b>	Conflict affected population receive non-discriminatory emergency primary health services through mobile and fixed clinics in 22 villages of Maungdaw township			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people utilizing emergency health care services	15,172 (Female: 8,345; Male: 6,827)	20,729 (Female: 11,945; Male: 8784)	The report from MoHS
Indicator 1.2	Number of outpatient consultations per person	$\geq 1$ new visit per person	2.7 new visit per person	WHO analysis on the report from MoHS
Indicator 1.3	Number of children screened for acute malnutrition	1,690 (Female:930; Male:760)	1,457 (Female: 834; Male: 623)	The report from MoHS
Indicator 1.4	Number of severe acute malnutrition children treated	84 (Female:46; Male:38)	81 moderately acute malnourished children (Female: 46; Male: 35)	The report from MoHS
<b>Explanation of output and indicators variance:</b>		The number of people utilizing emergency health care services (Indicator 1.1) is achieved more than the target because the access of MoHS mobile health teams to the targeted locations was better than the expectation. The nutrition screening activity of the project did not detect any severe acute malnourished children but it detected and treated 81 moderately acute malnourished children.		
Activities	Description	Implemented by		
Activity 1.1	Provision of emergency primary health care services through	MoHS		

	the trained staff	
Activity 1.2	Screening of acute malnutrition and treatment of severe acute malnutrition at mobile and fixed clinics	MoHS
Activity 1.3	Coordination with humanitarian health actors from Maungdaw township	WHO

<b>Output 2</b>	Critically ill patients of all affected communities receive secondary health care at Maungdaw township hospital			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of patient referrals to hospital	42 (Female: 23; Male: 19) ( < 5yr: 4; >= 5 yr.: 38)	36 (Female: 21; Male: 15; <5 yo: 4; >= 5 yo: 32)	The report from MoHS
<b>Explanation of output and indicators variance:</b>		The achieved number of patient referrals to hospital is less than the target because the mobile health teams received less seriously ill patients than the expectation.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Referral of critically ill patients to hospital	MoHS		
Activity 2.2	Coordination with local authorities and local volunteers in facilitation of patient referrals	MoHS		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The feedback of beneficiaries collected through the implementing partner was used in project design and planning phase.

### B) Project implementation phase:

Village leaders informed the date and time of mobile clinics to the beneficiaries.

### C) Project monitoring and evaluation:

During the joint field visit of WHO and MoHS, feedback from the affected population were collected through interviews with the beneficiaries, analysis was made and incorporated in the monitoring report. According to the feedbacks from beneficiaries, the project was on track and properly implemented.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

WHO closely coordinated with MoHS throughout the implementation of the project by regular monitoring of project status. WHO also took part in Maungdaw Interagency Group meetings and facilitated health sector meetings to engage with other humanitarian actors.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## **Feedback for the Pilot**

This short feedback survey is designed to help those managing the common reporting pilot evaluate how well it is working, how it affects the overall reporting process, and to collect concerns or feedback about the template itself. These will be used to evaluate the overall pilot success, to develop suggestions for modifying the template or other aspects of the pilot, and to develop future recommendations for the harmonizing and streamlining reporting workstream. It is important to fill these out at the same time that partners finalize this reporting form, and submit these questions with their final report, to the donor. If, for reasons of confidentiality, partners do not wish to fully answer these question in the same form as their donor report, they may send a copy of their answers to [HarmonizingReporting@gppi.net](mailto:HarmonizingReporting@gppi.net).

1. How long did this report take you to develop material for and fill out (excluding these pilot questions)? Was that roughly the same, more, or less than other reporting?

**FAO:** This report was not noticeably different than other similar reports, and did not take noticeably longer.

**UNFPA:** It took about one day to complete the report, which is less than the average time required for other donor reports.

**UNICEF:** 4-5 days. Roughly same as other reports.

**WFP:** it is more or less the same with other reports.

**WHO:** It took about 3 days to develop material for and fill out. It was roughly the same as other reports.

2. Have you also had to submit reporting on this common template to other donors? Which? Was it beneficial to have a similar template?

**FAO:** We do not have many other instances where we have to use a common template.

**UNFPA:** We have reported on a simplified “8+3” template for Myanmar Humanitarian Fund (MHF projects)

**UNICEF:** No.

**WFP:** No, we do not have to.

**WHO:** We do not have to submit reporting on this common template to other donors.

3. Were there questions that you found less useful than others in capturing project impact, or important humanitarian elements? Were there questions you would have added?

**FAO:** All questions were relevant and pertinent.

**UNFPA:** All questions were useful and we would not recommend any additional questions.

**UNICEF:** No, all questions are relevant.

**WFP:** This is enough to capture humanitarian elements.

**WHO:** All questions were found useful in capturing project impact. No further questions to have added.

4. Were there other reporting steps required for this project other than this reporting template, for example additional supporting documentation requests, requests for additional reports or updates by donors, or other?

**FAO:** We have an internal report which fed into this report, so the internal reporting did not make any extra work.

**UNFPA:** No, the reporting requirements for this project were minimal which allowed us to focus more on implementation and support to our partner.

**UNICEF:** No.

**WFP:** This is only for CERF report. There is no additional report requested by donors.

**WHO:** The other reporting steps were not required for this project other than this reporting template.

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Transferred to US\$ Partner
18-RR-WHO-001	Health	WHO	GOV	\$83,724
18-RR-FPA-001	Gender-Based Violence	UNFPA	INGO	\$95,622
18-RR-CEF-001	Protection	UNICEF	INGO	\$76,005
18-RR-WFP-001	Food Assistance	WFP	NNGO	\$26,663
18-RR-WFP-001	Food Assistance	WFP	NNGO	\$39,396
18-RR-WFP-001	Food Assistance	WFP	INGO	\$27,456
18-RR-FAO-001	Agriculture	FAO	NNGO	\$120,147
18-RR-FAO-001	Agriculture	FAO	GOV	\$4,669

## ANNEX 2: Success Stories

### UNFPA

- Project title, duration and implementing partners: 18-RR-FPA-001, 9 months, UNFPA and partner CFSI
- Brief description of the context and project: Through CERF project in Northern Rakhine, UNFPA and its partner CFSI reached women and girls in conflict areas in Rathedaung, Buthidaung and Maungdaw townships and were able to assist emergency referrals for women survivors of GBV and SRHR clients for emergency health care.
- Number of people reached and/or relief items/assistance provided: 6,771 people, also provided clean delivery kits and DKs.
- Name of location and region/province: Kyauk Yant village, northern Rakhine
- Basic information on individual (name, age and background): Anwar Begum, 24 years old
- Quotes from affected persons receiving assistance: Contact person from agency for follow up. Cho Lay Mar, [cholaymar@cfsi.ph](mailto:cholaymar@cfsi.ph)
- Brief Story: Anwar already had two aborted pregnancies. She was suffering from chronic disease in her urinary tract as her urine continuously leaks. A Peer Educator who have been trained on danger signs through CERF project, from the community reported her condition to UNFPA's partner, CFSI. CFSI eventually referred her case to IOM for emergency medical treatment because she is at-risk. IOM provided assistance for surgical treatment through Buthidaung hospital. CFSI provided the referral support and transportation cost to enable her to go to the hospital and return to her village. CFSI staff also personally assisted Anwar in finding blood donors. Now, she is recovering. According to the doctors, Anwar could have died had CFSI have not assisted her in going to the hospital in time. CERF funding has helped to save a woman like Anwar from the community through educating and building up the peer educator's capacity to identify the danger signs and achieve timely referral to hospital through coordination with the health providers.
- Story referred by: Ramida - Peer Educator in Kyauk Yant village





## WPF

- Project title, duration and implementing partners: **18-RR-WFP-001, 6 months, WFP and WV**
- Brief description of the context and project: Through CERF project in Northern Rakhine, WFP and its partner WV reached women, men, girls and boys in conflict areas in Buthidaung and Maungdaw townships and were able to assist emergency food assistance for affected population.
- Number of people reached and/or relief items/assistance provided: 68,500 people reached with relief food package: rice, pulse, oil and salt.
- Name of location and region/province: Thein Tan Village, Buthidaung township
- Basic information on individual (name, age and background): Fatema Katu, 39 years old, a mother of 10 including 3 under-five year old children, is head of a family of 14 members. A year after her husband's death, a storm destroyed her house in June 2017, and later, the Rakhine crisis in August disrupted her livelihood's stability.
- Quotes from affected persons receiving assistance: "Shukuria" (thanks) shouted loudly with embracing the oil bottles when she and her children received food commodities at the distribution point in January.
- Contact person from agency for follow up. Dawa GYETSE ([dawa.gyetse@wfp.org](mailto:dawa.gyetse@wfp.org)), Head of WFP Maungdaw Office
- Brief Story: She is the only income earner who has been feeding the entire family for years since her husband's death. Since the armed crisis hit the area and disrupted their livelihood, the family has had limited access to income sources to get food. Meanwhile, as a female in her society, she does not have the ability and is often discouraged to get the level of income similar to the wages men get. That's why their family had to go through some coping mechanisms such as fewer meals eaten, sleeping at night on hungry stomachs and reducing portion sizes. Finally, she decided to leave the country, but the key informants advised her not to leave and told her that humanitarian actors may assist their village.
- A month later she heard the news that WFP would be providing food assistance in their village. Finally, she and her children received food assistance of basic commodities: rice, pulse, oil and salt from WFP and WV starting from January 2018. All family members collected the food at the distribution point with big smiles and thanks to the donors for live-saving food assistance in time.
- Story referred by: Tin Maung Myat, VAM Assistance, WFP Maungdaw Office





### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>AAP</b>	Accountability to Affected Population
<b>AAR</b>	After-Action Review
<b>AGE</b>	Action for Green Earth
<b>ARSA</b>	Arakan Rohingya Salvation Army
<b>CBI</b>	Cash-based Intervention
<b>CERF</b>	Central Emergency Response Fund
<b>CFM</b>	Complaint and Feedback Mechanism
<b>CFS</b>	Child Friendly Space
<b>CFSI</b>	Community and Family Services International
<b>CHW</b>	Community Health Worker
<b>CP</b>	Child Protection
<b>CPG</b>	Child Protection Group
<b>CPIMS</b>	Child Protection Information Management System
<b>DFID</b>	United Kingdom's Department for International Development
<b>DKs</b>	Dignity Kits
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations
<b>FAO</b>	Food and Agriculture Organization
<b>FDP</b>	Food Distribution Point
<b>FGD</b>	Focus Group Discussion
<b>FTS</b>	Financial Tracking Service
<b>GBV</b>	Gender-based Violence
<b>HARP</b>	Humanitarian and Resilience Programme
<b>HCT</b>	Humanitarian Country Team
<b>HH</b>	Household
<b>HNO</b>	Humanitarian Needs Overview
<b>HRP</b>	Humanitarian Response Plan
<b>ICCG</b>	Inter-Cluster Coordination Group
<b>ICRC</b>	International Committee of the Red Cross
<b>IEC</b>	Education
<b>INGO</b>	International Non-Governmental Organization
<b>LBVD</b>	Livestock Breeding and Veterinary Department
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MHDO</b>	Myanmar's Heart Development Organisation
<b>MHF</b>	Myanmar Humanitarian Fund
<b>MHPSS</b>	Mental Health and Psychosocial support
<b>MIAG</b>	Maungdaw Inter-Agency Group
<b>MoHS</b>	Ministry of Health and Sports
<b>MMR</b>	Myanmar
<b>MT</b>	Metric Tonne
<b>NCE</b>	No-cost extension
<b>NFI</b>	Non-Food Items
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>PDM</b>	Post-distribution monitoring
<b>PFA</b>	Psychological First Aid
<b>PSS</b>	Psychosocial support

<b>RC/HC</b>	Resident Coordinator / Humanitarian Coordinator
<b>RR</b>	Rapid Response
<b>SGBV</b>	Sexual Gender-based violence
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>TA</b>	Travel Authorization
<b>TBA</b>	Traditional Birth Attendant
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>US\$</b>	United States Dollar
<b>WASH</b>	Water, hygiene and sanitation
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation
<b>WV</b>	World Vision Myanmar