

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
19-RR-MMR-37457
MYANMAR
RAPID RESPONSE
RAKHINE DISPLACEMENT
2019**

RESIDENT/HUMANITARIAN COORDINATOR	Ola Almgren
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	5 March 2020
<p>A joint after-action review (AAR) exercise, focused on the Integrated Allocation Strategy to respond to the new population displacement in Rakhine State in 2019, result of the upsurge of the conflict between Myanmar military and the Arakan Army (AA), was conducted by OCHA on 5 March 2020. The exercise was held in Yangon with the CERF funded agencies (FAO, UNFPA, UNHCR, UNICEF, WFP, WHO) and the Myanmar Humanitarian Fund (MHF) funded organizations (Mercy Malaysia, People in Need, Save the Children). The meeting was also attended by two implementing partners: Consortium of Dutch NGOs (CDN-ZOA) and Christian Aid. From the Inter Cluster Coordination Group (ICCG)'s side, only the food security sector and the shelter, non-food items (NFIs) and camp coordination / camp management (CCCM) cluster joined the meeting. The results of the AAR exercise were shared to the funded agencies and organizations, to inform their specific reporting process and have been used to inform this report (please see summary note as annex). It was also shared to the ICCG, the Humanitarian Country Team (HCT) and the MHF Advisory Board.</p>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The draft report was shared with all Humanitarian Country Team (HCT) members, as well as all cluster/sector coordinators for their comments on 2 April 2020. All comments have been integrated into the final document.</p>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>The final version of the report has been shared with CERF funded agencies, members of the HCT and cluster/sector coordinators.</p>	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Following an upsurge in fighting between the Myanmar Military and the Arakan Army (AA) since late 2018, which caused the displacement of 30,000 people in seven townships of Rakhine State and one township of Chin State (data up to early May 2020)¹, and after consultation with the HCT and the MHF Advisory Board, the Humanitarian Coordinator (HC) agreed on developing an Integrated Allocation Strategy (IAS) of US\$5 million, mobilizing \$1.5 million from the reserve funding of the country-based pooled fund (MHF) and requesting additional emergency funding (\$3.5 million) through the CERF Rapid Response window.

The strategy was in line with the draft of the Supplemental Response Plan (SPR), widely consulted and later annexed to the 2019 Myanmar Humanitarian Response Plan, with initial requirements estimated at \$12.2 million. The integrated approach ensured the complementary use of limited funds channelled through both pooled funds. The sector response strategy considered the comparative advantages of each funding mechanism (CERF or MHF) and type of partner (UN or NGO), including the relevance and urgency of activities, the operational capacity and the effective presence and access to the affected communities.

In the case of the CERF, UN agencies submitted proposals focusing on life-saving activities related to food security, shelter and NFIs, protection, WASH, nutrition and health, targeting 39,330 displaced people and host community members, including 1,250 persons with disabilities.

The timely allocation of funding from the CERF facilitated the recipient agencies and their partners to immediately support the scale-up of the response, focusing on lifesaving activities and key sectors, as follows:

1. Food security and nutrition, including food assistance and nutrition (WFP) and emergency agriculture (FAO);
2. Emergency shelter and non-food items assistance to and protection activities (UNHCR);
3. Protection (UNHCR), including gender-based violence (GBV) risk mitigation and child protection (UNICEF);
4. Emergency water, sanitation and hygiene response (UNICEF); and
5. Primary health care through mobile clinics (WHO), including sexual and reproductive health services (UNFPA).

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	12,160,000
FUNDING RECEIVED BY SOURCE	
CERF	3,494,397
COUNTRY-BASED POOLED FUND (if applicable)	1,489,308
OTHER (bilateral/multilateral) ²	924,574
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	5,908,279

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

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-023	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	300,000
UNFPA	19-RR-FPA-034	Health - Health	201,087
UNFPA	19-RR-FPA-034	Protection - Sexual and/or Gender-Based Violence	20,863

¹ Please see [here](#) the snapshot of the situation as of May 2019.

² This amount includes: US\$813,402 from UNHCR earmarked contributions received for the overall programme related to Myanmar-Bangladesh Rohingya crisis; and US\$111,172 from WHO Country Office's internal funds. Other bilateral or multilateral funding supporting the response to this emergency has not been reported to the OCHA Office in Myanmar nor to the Financial Tracking Service (FTS) in Geneva.

UNHCR	19-RR-HCR-023	Protection - Protection	295,979
UNHCR	19-RR-HCR-023	Emergency Shelter and NFI - Shelter and Non-Food Items	690,619
UNICEF	19-RR-CEF-077	Water Sanitation Hygiene - Water, Sanitation and Hygiene	497,877
UNICEF	19-RR-CEF-077	Protection - Child Protection	101,975
WFP	19-RR-WFP-048	Food Security - Food Assistance	950,000
WFP	19-RR-WFP-048	Nutrition - Nutrition	300,000
WHO	19-RR-WHO-038	Health - Health	135,997
TOTAL			3,494,397

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	3,025,033
Funds transferred to Government partners*	103,492
Funds transferred to International NGOs partners*	215,267
Funds transferred to National NGOs partners*	150,605
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	469,364
TOTAL	3,494,397

* 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 Rakhine state, also extended to Chin State, Myanmar, due to the upsurge in fighting between the Myanmar military and the Arakan Army (AA), which caused new displacement of around 30,000 people from January to April 2019. This new displacement further compounded the humanitarian situation in Rakhine, creating significant needs for those who have fled their homes and among communities hosting newly displaced people. These developments also led to restrictions on humanitarian access to communities previously receiving assistance in affected areas. Humanitarian organizations estimated that over 71,000 people were in need of humanitarian assistance, including projected displacement until 30 June 2019, as a direct consequence.

While access was restricted for most UN and INGOs at the onset of the response, the Government, local civil society organizations (CSOs), the Red Cross / Red Crescent Movement and other humanitarian partners, e.g. WFP, were at the forefront of the initial emergency response. With fighting continuing and rainy season starting, the return of significant numbers of displaced people was increasingly unlikely. The deployment of additional response capacity was urgently required to complement the response.

Preliminary analysis conducted by humanitarian partners did not provide indications of any massive return of the new displaced people, especially in the townships located in the central part of Rakhine. According to the Government, displaced people were located across 104 sites, mainly public buildings such as monasteries and schools or privately-owned land, or staying in host families. The population of the sites ranged from seven up to nearly 2,300 people. The situation remained dynamic, with sporadic return and further displacement reported on a near-daily basis. In most cases, displaced people sought to stay near their areas of origin so that they could periodically check on their homes and livelihoods. With the fighting going on for four months, large-scale sustainable returns were likely to be a challenge and many farmers were probably to miss the window for planting in June.

A number of inter-agency missions to displacement sites were undertaken to engage with affected people and identify gaps despite access constraints, particularly in the north of the state. Humanitarian needs were not limited to the new displaced population. In some areas, the conflict was exhausting the coping mechanisms of already vulnerable host communities. In many areas, access to land, livelihoods, markets, and basic services was either cut off or severely reduced due to the security situation. Damage to crops, livestock and arable lands, the inability to plant including due to access to land, and the reported increased presence of landmines and unexploded ordnance in areas of fighting posed threats to the security of the civilian population and to their longer-term food security. The increased presence of armed actors could also limit mobility and access to services. After analysis, affected people, including some host communities, required immediate support to cover their basic needs.

Life-saving **food assistance** for displaced people, possibly including cash where appropriate and allowed by government, was required and complemented with emergency support in **agriculture activities** to prevent a worsening of the situation of the most vulnerable affected people particularly for host community members. In addition, **hygiene and access to drinking water, and proper sanitation** was one of the most immediate needs reported by affected communities. The provision of emergency water supply, latrines, water treatment and hygiene kits for displaced and host communities was needed in combination with the dissemination of emergency hygiene messages, including on disease prevention and menstrual hygiene management. Emergency rehabilitation of WASH facilities in schools, health centres and other locations hosting displaced people was also considered a key priority.

People affected by displacement and host communities indicated acute needs in the areas of **shelter and non-food items** (NFIs). The provision of non-food items to displaced people and host communities and support for emergency shelter reinforcement to displaced people in preparation for the rainy season was urgently required. The security situation and the displacement resulting from it exposed the displaced population to a wide-range of **protection** risks, particularly those more vulnerable such as girls and boys, elderly people, persons with disabilities, or people suffering from chronic diseases. Priority needs included community consultations, psychosocial and referral support, including through mobile outreach teams in displacement areas, distribution of dignity kits to women and girls, gender-based violence safety audits, and the distribution of child-friendly space kits.

With less funding requirements, but huge needs in terms of response, **nutrition** aspects required to be taken as another essential element of the emergency intervention, to prevent the development of severe acute malnutrition (SAM) amongst children under-five and pregnant and breastfeeding women at risk of malnutrition. In addition, the displacement increased the risk of **health** issues and other epidemic outbreaks, which required strengthening early warning alert and response system (EWARS), communicable disease response and support through mobile clinics and referrals, as needed. As part of the health response, life-saving maternal, new-born and child health, and sexual and reproductive health care services were critical. Health and WASH activities required to be carefully coordinated, considering the associated risks to the rainy season.

Even if not targeted by the CERF allocation, **education in emergencies** (EiE) was also prioritized by the Integrated Allocation Strategy. The start of the new school year was scheduled on 1 June and displaced children needed to be accommodated in Government schools in host villages. Additional support was needed to boost the absorption capacity of host schools, including essential learning packages and recreational kits for students and trainings to teachers on psychosocial support and social and emotional learning.

This Integrated Allocation Strategy aimed to cover the most critical needs in alignment with the draft of the Supplemental Response Plan (SRP) as part of the 2019 HRP for Myanmar and its strategic objectives, particularly promoting respect for human rights, ensuring protection of civilians, and supporting durable solutions for internally displaced people and other crisis-affected populations; and ensuring that vulnerable crisis-affected people have access to assistance, services and livelihoods opportunities; all of them through the strengthening the resilience of communities and building national capacities.

3. PRIORITIZATION PROCESS

As mentioned above, the CERF Application was developed in line with the draft of the above-mentioned Supplemental Response Plan (SRP) for this new situation, later annexed to the 2019 Myanmar HRP. It was also part of the Integrated

Allocation Strategy, which were widely consulted with partners at different levels, including donors, UN agencies and NGO actors.

While the combined funding from CERF and MHF would provide much needed jump-start emergency response in support to the efforts done by the Government, the community-based organizations, the Red Cross / Red Crescent Movement and other humanitarian partners, e.g. WFP, it was critical that other contributions were received to immediately boost the response capacity to meet the needs of the people and avoid the deterioration of their situation, including the risk of loss of lives and livelihoods.

The core prioritization elements of the Integrated Allocation Strategy, also imbedded in this CERF application, were:

- new displacement in Rakhine State, including host communities;
- needs-based approach and response;
- centrality of protection, in line with the HRP, considering it across all the humanitarian action;
- demonstrated humanitarian access to the affected population, including displaced and host communities;
- life-saving response, not recovery, enabling the most urgent scale up by May-June 2019, with a maximum duration of projects established up to 6 months; and
- complementarity of funding mechanisms: CERF and MHF to be used jointly ensuring complementarity and the best value-for-money, drawing on the unique comparative advantage of each mechanism.

Geographical coverage was based on evidence, prioritizing those displaced people and host community members in Rakhine State, namely Buthidaung, Kyauktaw, Minbya, Mrauk-U, Pauktaw, Ponnagyun and Rathedaung townships. The allocation did not target Paletwa township, Chin State, also affected by displacement, considering an ongoing MHF funded project which had already included the new displaced people in the response.

Gender-based violence issues were reported in some of the missions carried out, including also protection issues related to the overcrowding displacement sites and lack of privacy for women and girls. Protection concerns related to children, older persons and persons with disabilities were also highlighted during initial assessments and taken into consideration during the prioritization of activities and the design of the interventions, in consultation with the affected communities, as much as possible.

Several reasons made pertinent and decisive to come with this integrated approach at that moment, even if the conflict and the subsequent displacement of population had escalated several months ago: (a) the displacement continued to grow at a rapid rate and exceeded existing response capacity; (b) while the International Committee of the Red Cross / Red Crescent (ICRC), Government and local CSOs were able to cover the initial needs, there was at that stage an urgent need to hand many of these over to new actors; (c) while the Government's initial blanket ban on access included the new displaced people, there was an incipient willingness to approve travel authorization for humanitarians to access the affected communities.

4. CERF RESULTS

Within an Integrated Allocation Strategy, the CERF allocated \$3.5 million to Myanmar from its rapid response window to sustain the provision of life-saving assistance to displaced people and host community members affected by the upsurge of the conflict between the Myanmar military and the Arakan Army (AA) in the first part of 2019 in Rakhine State. This funding enabled UN agencies and partners to provide life-saving food assistance to 25,452 people and nutrition assistance to 4,893 people in need; agriculture inputs to 14,867 people (3,000 families); shelter and NFI assistance to 26,500 people, including 1,600 persons with specific needs; hygiene kits and other WASH supplies to 32,775 displaced people, including 8,824 children who benefited from mental health and psychosocial support and recreational activities along with key lifesaving child protection messages; and primary healthcare to 32,169 conflict-affected people (17,233 female and 14,396 male) including 2,847 under-five-year-old children.

Through the CERF grant, **FAO** and its partners provided agriculture inputs to 3,000 families across Rakhine State. More specifically, 14,867 people in need received 65 kg organic fertilizer (sufficient for one acre of land); six types of vegetable seeds (yard long bean, chilli, eggplant, bitter melon, roselle and okra); and one set of hoe and weeding hoe for the gardening.

In addition, approximately 84 people in need (7 female and 77 male) received training on good agriculture practices (GAP). These master farmer trainees replicated their knowledge to a larger number of other farmers, covering 3,000 households. A post distribution monitoring which stated that 90 per cent of farming households, beneficiaries of the project, reported increased yield of produce varieties of vegetables at home/backyard gardens. This assortment of vegetable products provided diverse nutritious food and immediate income earning capacity to the families, through the sale of production excess to immediate requirements.

The CERF funding allowed **UNFPA** and its partners, Relief International (RI) and Community and Family Services International (CFSI), to provide lifesaving GBV and sexual and reproductive health and rights (SRHR) services. Through mobile clinics of RI and community mobilization activities of CFSI, health care services, including the referral support was provided to 10,659 people, of which 77 per were displaced people. The primary health care services provided to 4,153 people through two mobile teams in Mrauk-U and Myebon Townships. Moreover, 110 women and girls received referral support for emergency obstetric care. Through CFSI's community volunteers, 400 clean delivery kits were delivered to visibly pregnant women. GBV information and services reached 5,184 people from both displaced people and host community members. The project supported a total of 3,000 women and girls with delivery of dignity kits. Through RI-supported civil society organizations (CSOs), non-food items (NFIs) such as student kits, kitchen sets, sets of clothes and solar lights were provided to 976 people (595 female and 381 male). In addition, 27 safety audits were conducted at four displacement sites during the project period.

Despite the challenging context, through this CERF grant, **UNHCR** responded to the emerging needs of the new displaced persons in Rakhine State. In terms of achievements, 26,500 people in need (10,250 people more than initially planned) were assisted with shelter and NFI assistance, including 1,600 persons with specific needs across affected townships. In addition, protection monitoring services covered more than 37,000 people (initially planned for 30,000 people) through UNHCR protection monitoring. Critically and of particular note are the joint multi-sectoral rapid assessments carried out in coordination with UNFPA, UNICEF and Malteser International in relation to the new displaced people. The joint missions provided a coordinated approach as well as complementary response to vulnerable populations. UNHCR also carried out additional protection monitoring alone where possible and authorized. UNHCR also extended its support to the wider humanitarian response, including through the management and updating of a new displacement mapping database. Two trainings took place for partners on the database, including how information on locations and affected populations could be accessed, with the aim of supporting the coordination of the response such as identification of needs and gaps.

On the other hand, **UNICEF** and its partners reached 32,775 people displaced by the conflict in Rakhine State. UNICEF procured hygiene kits and other WASH supplies, such as water filter, hygiene kits, PUR sachets and other items, that were made available for partners. In total, 2,330 families received water filters provided. The project ensured that minimum water and sanitation requirements were partially met in alignment with the Myanmar WASH Cluster standards between June 2019 and February 2020. In addition, 8,824 children benefited from mental health and psychosocial support and recreational activities along with key lifesaving child protection messages. UNICEF procured child-friendly space (CFS) kits and provided them to the Child Protection Working Group members, including Plan International, People in Need, Danish Refugee Council and Relief International. In addition, the CERF funding was also used to fund one position of Child Protection Officer, who played a key role in the coordination of the Child Protection Working Group in Rakhine.

The CERF funding also allowed **WFP** and its partners provided life-saving food assistance to 25,452 people. Some of them were supported on a monthly basis, whereas others varied owing to the frequent and fast-changing displacements. Given the fluid and fast-paced movement of the new displaced people and a geographic reorganization of both WFP and ICRC's response, WFP reached more than double the planned beneficiaries. WFP's standard food basket included 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 150 g of salt. For nutrition activities, WFP reached 3,591 children aged 6-59 months and 942 pregnant and lactating women (PLWs). **WFP** and partners provided nutrition assistance in the form of blanket distributions of fortified blended foods and key messages on good nutrition delivered through health and nutrition education sessions. The objective of the blanket supplementary feeding was to prevent a deterioration in nutrition status, as well as to reduce the prevalence of acute malnutrition among these vulnerable groups, thereby reducing the mortality and morbidity risks. A total of 76.5 MT of WSB++ and 47 MT of WSB+ were procured and distributed to the nutrition beneficiaries.

Finally, through this CERF grant, **WHO** and its partner, the Ministry of Health and Sport (MoHS), provided primary health care to 32,169 conflict-affected people (17,233 female and 14,936 male) including 2,847 under-five-year-old children; supported operational costs to 75 MoHS health staff; and provided 500 vests to MoHS mobile clinic teams. The project

provided essential lifesaving health care services in Buthidaung, Kyauktaw, Mrauk U, Ponnagyun and Rathedaung townships during the implementation period, supporting the MoHS in the deployment of local staff in mobile clinics and facilitating the replenishment of medical supplies used by MoHS in the mobile clinic teams.

5. PEOPLE REACHED

The most part of the projects funded through the CERF grant targeted the same geographical areas, with variance in the people in need targeted and later achieved. This caused overlapping of different intervention with the same group of crisis-affected people, increasing the impact of the grant. Coordination was reinforced avoided any possible duplication, mainly in health sector, where funded agencies (WHO and UNFPA) targeted different people. For the final calculation of the total people reached through this CERF Rapid Response Grant, it has been taken from the total of people reached, looking at the highest figure including disaggregation by age and gender, and category of people in need. However, for health figures provided by WHO and UNFPA have been aggregated, so the assumption is both interventions reached different people.

Regarding the total of people directly assisted with the CERF funding, the initial target of 39,330 people was increased up to **49,891 people reached**: 13,751 men; 17,740 women; 9,661 boys; and 8,739 girls.

Looking at the people in need directly supported through CERF funding by category, and considering the above-mentioned overlapping, **14,996 host community members** were reached by the CERF funded interventions: 4,595 men; 5,171 women; 2,704 boys and 2,526 girls. In this regard, the FAO intervention provided the highest figures in terms of reached people, with the exception of the group of women, which is provided by the health intervention provided by WHO and UNFPA. In addition, **34,895 displaced people** were reached by the CERF grant: 9,196 men (highest figure provided by UNHCR protection component); 12,569 women (highest figure provided by health intervention through WHO and UNFPA); 6,957 boys (highest figure provided by UNICEF WASH component); and 6,213 girls (highest figure provided by the UNHCR protection component).

Despite the interest of funded agencies in adjusting humanitarian interventions to persons with disabilities, only three agencies reported figures of reached people within this vulnerable group: FAO (not disaggregated by age and gender), WFP and WHO. Getting the highest figures, **1,462 persons with disabilities** were reached (highest figures provided by WHO, except the group of boys which highest figure were provided by WFP food assistance component): 464 men; 555 women; 205 boys and 238 girls. UNICEF reported that, due to restricted access, it was not possible to verify numbers of persons with disabilities reached. UNHCR and UNFPA did not report disaggregated data of persons with disabilities reached by their interventions.

As mentioned above, several sectors reported more reached people than planned, namely emergency shelter and NFI and protection (UNHCR); food assistance (WFP); health (WHO and UNFPA); and WASH (UNICEF).

- Regarding shelter/NFIs and protection intervention led by UNHCR, a larger number of displaced people were reached with protection and assistance than planned, however the number of host community households supported was less than targeted. This variance was a result of the identification of needs and vulnerabilities during the implementation period.
- For food assistance, WFP was able to include host community members in the response, initially not targeted. The variance is mainly attributable to the fluid movement of displaced people and a geographic reorganization of both WFP and ICRC's response.
- In the case of health, the estimation of planned beneficiaries during the project proposal stage used conservative figures due to unpredictable access. However, the WHO intervention reached more people than planned because of better access to project locations by the MoHS staff, as initially expected. In addition, the reason why more people were reached than expected is that UNFPA and its partners worked together with civil society organizations (CSOs) and community volunteers who had better access to beneficiaries during the crisis.

- Finally, UNICEF significantly over-achieved in terms of number of people reached under WASH. This was possible due to procurement of soap, which reached host communities consisting of Muslim villages with severely restricted freedoms of movement as well as displaced people.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	17,100	14,996
Refugees	0	0
Returnees	0	0
Internally displaced persons	22,230	34,895
Other affected persons	0	0
Total	39,330	49,891

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	11,280	13,050	7,500	7,500	39,330
Reached	13,751	17,740	9,661	8,739	49,891

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	250	250	375	375	1,250
Reached (Out of the total reached)	464	555	205	238	1,462

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	4,550	5,687	2,925	3,088	16,250
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	5,400	5,700	1,935	1,965	15,000
Food Security - Food Assistance	3,400	4,200	2,100	2,300	12,000
Health - Health	5,052	6,177	1,264	1,545	14,038
Nutrition - Nutrition	0	1,352	1,221	1,831	4,404
Protection - Child Protection	0	0	4,500	4,500	9,000
Protection - Protection	8,400	10,500	5,400	5,700	30,000
Protection - Sexual and/or Gender-Based Violence	2,292	2,493	172	687	5,644
Water Sanitation Hygiene - Water, Sanitation and Hygiene	5,000	5,000	7,500	7,500	25,000

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	7,434	9,292	4,780	5,044	26,550
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	4,595	5,042	2,704	2,526	14,867
Food Security - Food Assistance	7,212	8,908	4,454	4,878	25,452
Health - Health	11,799	17,740	4,928	7,821	42,288
Nutrition - Nutrition		942	2,001	1,950	4,893
Protection - Child Protection			4,724	4,100	8,824
Protection - Protection	10,360	12,950	6,660	7,030	37,000
Protection - Sexual and/or Gender-Based Violence	641	4,718	97	1,208	6,664
Water Sanitation Hygiene - Water, Sanitation and Hygiene	8,692	11,140	6,957	5,986	32,775

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

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-MHF funding allowed a timely response, with a quick allocation of funding which demonstrated the added value of the UN System in effectively mobilizing resources for such complex situation. Regarding the timing of the initial process, after the endorsement of the integrated strategy on 13 May 2019, the CERF Rapid Response Application Process and the launch of the MHF Reserve Allocation started immediately. However, CERF process took only 14 days until the first approval received from the CERF Secretariat. It had a clear impact in the donor community, which demonstrated their support with additional funding to the MHF, for instance. CERF allocation process took about one week including from the request to the Humanitarian Coordinator to the signature of the Grant Agreement. In addition, the CERF grant allowed WFP to cover expenditures of a response which started six weeks before the final disbursement date.

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

YES ☒

PARTIALLY ☐

NO ☐

Overall, the timely allocation of CERF-MHF funding provided a time-critical response to priority needs face the lack of available funding at that moment from other sources of funding. In fact, the integrated allocation (CERF-MHF) of \$5 million covered 41 per cent of the Supplementary Response Plan's requirements, estimated at \$12.2 million. Despite operating in a complex environment with humanitarian access constraints, civilian movement constraints, security challenges, and an active ongoing conflict, the funding was crucial for complementing initial emergency response by the Red Cross / Red Crescent Movement, the Government and community-based organizations. For example, the timely allocation allowed FAO to address urgent needs of host communities impacted by the renewed fighting in Rakhine State. FAO provided agriculture inputs and distribute before the summer planting season. This contribution resulted in improved food security of the crisis affected farmers, promoting vegetable consumption and diversified nutrients. Vulnerable households, including children under-five and pregnant and breastfeeding women at risk of malnutrition, were better equipped with skills to increase nutritious food production for dietary diversity.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

Apart from providing timely and much-needed funding, the integrated CERF and MHF allocation strategy provided an opportunity for UN agencies, INGOs, and NGOs to coordinate and work together to ensure the delivery of assistance in Rakhine State. This approach facilitated the prioritization of actions and planning, thus contributing to improved coherent response. Also, OCHA, the Inter-Cluster Coordination Group (ICCG) and the Maungdaw Inter-Agency Group (MIAG) coordinated regular monitoring field visits during the project implementation period, which contributed to the effective delivery of assistance and contributed to facilitating timely reporting to the UN RC/HC, the HCT, and the MHF Advisory Board. For instance, OCHA facilitated the consolidation of an interim update report on 26 September 2019 and a mid-term coordination meeting with all the partners including those funded through MHF (30 September 2019). In addition, a joint field monitoring visit was conducted on 26 November 2019, followed by a debriefing session in Sittwe with the participation of partners and clusters/sectors at field level and some donors (Australia, United Kingdom).

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

YES ☐

PARTIALLY ☒

NO ☐

The joint allocation of funding (CERF-MHF) had a clear impact in the donor community, which demonstrated their support with additional funding to the MHF and UN-agency own emergency funding mechanisms. For instance, UNHCR could complement CERF funding with earmarked contributions received for the overall programme related to Myanmar-Bangladesh Rohingya crisis. However, WHO used country office's internal funds to complement the CERF intervention. US\$111,172 from WHO Country Office's internal funds WHO reported that CERF funds helped to activate the WHO South-East Asia Regional Health Emergency Fund, which was also active during the monsoon season to response to additional emergencies in Rakhine State. However, other agencies did not receive additional or alternative funding during the implementation period or at the date of this report.

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

The Integrated Allocation Strategy (CERF-MHF) allowed a better prioritization, streamlining the process and saving time. It also made possible a comprehensive response with less duplication and avoiding unnecessary overlapping, with clear distribution of activities by partners and sources of funding, i.e. procurement vs. distribution, higher transparency and coordination, and regular, common monitoring and reporting. The roll-out of the projects allowed a better knowledge of the actual situation and target better the interventions, which also helped in additional resource mobilization with other donors. The collaboration in some sectors and activities between CERF and MHF funded partners, even if challenging to align process, was very positive allowing effective response to people's needs and a rationale use of received funding.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The highly volatile context of this particular emergency requires continued adjustments of the initial approval proposal in terms of target population, locations and timing.	Allow a higher degree of flexibility in modification of target population and continue to support longer timeframe of implementation through no-cost extension, as needed.
Prioritization, coordination, reporting and monitoring of interventions under an Integrated Allocation Strategy were complex in some cases, due to the different operational modalities set up by CERF and MHF.	Streamline and combine prioritization, coordination, reporting and monitoring processes for Integrated Allocation Strategies (CERF-CBPF) to avoid duplication of efforts and extra workload for OCHA, ICCG and partners. ³
Flexibility from CERF regarding the start date of the projects, which can be advanced up to six weeks before the date of the project approval.	Keep this flexibility and advocate to extend as possible to CBPF funded projects under reserve allocations, to increase better complementarity and harmonization. ⁴
The Integrated Allocation Strategy (CERF-MHF) provided a timely injection of funding to local partners to scale up their response.	Consider dedicating more resources to partners engaging with local actors for the implementing with additional funding covering monitoring and overseeing activities but also emergency refresher trainings on key thematic areas. ⁵

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Partners recognized the quick CERF allocation process and the constraints for MHF to align to the same timing.	Pilot ways to better align both allocation processes, i.e. reducing the period of submission for MHF partners and strategic/technical reviews. In any case, balance between rapidity, quality and coordinated response should be considered at any time.	OCHA / MHF
Overlapping between CERF and MHF interventions in some sectors, i.e. child protection, was identified, but activities were more complementing than duplicating.	Promote a coordinated and complementary overlapping of interventions within the same targeted communities.	ICCG
Positive joint interventions in key sectors to facilitate complementarity and higher impact of the intervention, i.e. WASH and health.	Ensure intra-sector coordination between sub-national and national levels	Cluster/sector coordinators
Effective and time-critical response in a conflict environment, as the case of Rakhine State, requires a necessary engagement with State and non-State actors to garner support for humanitarian interventions and reduce humanitarian access constraints.	Design and implement common strategy for engaging with State and non-State actors to get support for humanitarian interventions.	HCT Access Working Group
Strategic partnership with Government in key technical areas, i.e. health and agriculture, made more effective humanitarian assistance, due to a better access.	Build and maintain solid partnership with Government actors in key technical areas.	HC, UN Agencies, ICCG and the wider HCT
Affected communities claimed for more specialized maternal and child health services.	Keep as top priority in humanitarian health response maternal and child healthcare services.	WHO, UNFPA, Health Cluster
Engaging with new local actors for short-term implementation projects, i.e. six months, is not effective	Develop and maintain strategic partnership with local partners, supporting common capacity assessment and capacity building including financial processes and protection from fraud and sexual exploitation and abuse	OCHA, UN agencies, HCT Localization Working Group, Inter-Agency PSEA Coordinator

³ This recommendation is also addressed to the OCHA Country-based Pooled Fund (CPBF) Section.

⁴ This recommendation is addressed to the OCHA Country-based Pooled Fund (CPBF) Section.

⁵ Idem.

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FAO-023 – FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Myanmar
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture/based livelihoods)	4. Project Code (CERF):	19-RR-FAO-023
5. Project Title:	Emergency support through nutritious food production for host communities of the newly displaced people in Rakhine		
6.a Original Start Date:	04/06/2019	6.b Original End Date:	03/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,250,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 300,000
	c. Amount received from CERF:		US\$ 300,000
	d. Total CERF funds forwarded to implementing partners		US\$ 69,609
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 69,609
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, FAO and its partners provided agriculture inputs to 3,000 families across four townships in Rakhine State: Buthidaung, Kyauktaw, Mrauk-U and Rathedaung. More specifically, 14,867 people in need received 65 kg organic fertilizer (sufficient for one acre of land); six types of vegetable seeds (yard long bean, chilli, eggplant, bitter melon, roselle and okra); and one set of hoe and weeding hoe for the gardening.

In addition to the agriculture inputs, approximately 84 people in need (7 female and 77 male) received training on good agriculture practices (GAP). These master farmer trainees replicated their knowledge to a larger number of other farmers, covering 3,000 households. The training activities were organized by the implementing partners Myanmar's Heart and Development Organization (MHDO) and People for People (PfP) in the above-mentioned townships, with the technical support of extension officers of the Department of Agriculture (DOA). Leaflets in local languages were used to share GAP key messages on vegetable and pulses productions.

FAO monitoring and evaluation team conducted a post distribution monitoring which stated that 90 per cent of farming households, beneficiaries of the project, reported increased yield of produce varieties of vegetables at home/backyard gardens. This assortment of vegetable products provided diverse nutritious food and immediate income earning capacity to the families, through the sale of production excess to immediate requirements.

By addressing the underlying causes of low nutritious food production among the host communities, the project helps them prevent hunger and deterioration of malnutrition status and contributed to an increased availability of food for the targeted families. The outcomes resulted in a direct and immediate impact in protecting the lives of other vulnerable crisis-affected people. This project directly improved the food production and the dietary consumption of the vulnerable families. This support is in line with CERF lifesaving criteria as targeted population has currently limited opportunities to be self-sufficient, by restoring and protecting food availability and the livelihoods.

3. Changes and Amendments

The main challenge in the operating environment relates to humanitarian access to the region that is subject to travel authorization and not always granted. In spite of this, the FAO and its implementing partners were able to deliver assistance in a complex environment with humanitarian access constraints, civilian movement constraints, security challenges, and an active ongoing conflict and there were not significant changes in the implementation.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5,400	5,700	1,935	1,965	15,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	5,400	5,700	1,935	1,965	15,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	4,595	5,042	2,704	2,526	14,867
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	277

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The CERF funded project emergency interventions to support host communities through nutritious food production in Rakhine state. FAO provided 3,000 vulnerable households vegetable seeds, agricultural tools and fertilizer and provide training on good agricultural practice and nutrition-sensitive farming. An estimated 14,867 individuals benefitted from this project, which is slightly less (initial 15,000), the overall beneficiaries did not reach the original target of 15,000 because of a smaller household size number.

Regarding the persons with disabilities, when FAO performed beneficiary profile, disability data were collected. However, FAO focused only the numbers of disability regardless of gender and age. Therefore, FAO cannot provide the detail demographic data of disability. In upcoming projects, FAO will consider this aspect.

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The project indirectly reached additional 3,220 households (15,950 individuals), living in the targeted 31 villages. These households benefited on the improved agricultural practice and nutrition awareness of the targeted households, through an increase of the food availability, mainly vegetable products in the local market.

5. CERF Result Framework

Project Objective	Vulnerable crisis-affected people including host communities of the newly displaced people have access to more diverse and nutritious food the next 6 months, contributing to improved household food security and nutrition.
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Output 1	Increased nutritious food production			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of farming households received agricultural inputs disaggregated by boys, girls, women and men.	3,000 Farming households	3,000 households/ 14,867 individuals	Distribution list data
Indicator 1.2	Number of farming households trained on Good Agriculture Practices and Nutrition Sensitive approach (home/backyard gardening)	3,000 Farming households	84 master farmers (Female 7; Male: 77) 3,000 3,000 households 14,867 individuals	84 master farmers from the target villages received GAP and nutrition training before distribution. Attendance sheet. Targeted beneficiaries received awareness sessions with leaflet and complaint mechanism at the distribution point.
Indicator 1.3	Number of farming households reported increased yield of produced varieties of vegetables at home/backyard gardens	At least 80% of total beneficiaries of 3,000 Farming households	Average 90% of beneficiaries planted FAO provide assorted vegetable seeds and produced the varieties of vegetables at home garden (average of 0.29 acre planted)	PDM report
Explanation of output and indicators variance:		<p>The project reached the number of targeted household beneficiaries. The difference in the number of individuals reached is because some of the households reached had less family members than estimated.</p> <p>The awareness sessions were conducted during the distribution. Therefore, the distribution list corresponds to the awareness attendance lists. FAO field assistants personally were involved during each awareness sessions. FAO provided the vegetable seeds for 0.25 acre, but beneficiaries planted an average of 0.29 acre.</p> <p>FAO conducted post-distribution monitoring (PDM) to the random sample of 300 beneficiaries, who were interviewed to verify the quality and quality of distributed items.</p>		
Activities	Description	Implemented by		

Activity 1.1	Selection and verification of villages and beneficiaries	FAO supported by Myanmar's Heart and Development Organization (MHDO) and People for People (PfP)
Activity 1.2	Procurement of agricultural inputs	FAO
Activity 1.3	Provision of agricultural inputs	FAO supported by MHDO and PfP
Activity 1.4	Training and awareness raising on good agricultural practices and nutrition sensitive approach (home/backyard gardening)	FAO and Ministry of Agriculture, Livestock and Irrigation (MoALI) – Department of Agriculture (DoA) supported by MHDO and PfP.
Activity 1.5	Post-distribution monitoring, technical follow-up, evaluation and reporting	FAO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

FAO consulted local communities through its partners to understand the needs and response priorities of affected communities. Data collected from beneficiaries was used to determine the needs gaps and response priorities for the project. At the early stage of project implementation, FAO and Implementing partners consulted with the target host communities on the selection criteria, the final beneficiaries' selection of households to receive project support. The dedicated hotline with telephone numbers, and electronic mail were established and clearly shown on the leaflet distributed with the input pack.

The project beneficiaries were briefed about FAO complaints and feedback mechanism that can be used to provide direct feedback and communication to FAO. The objective was for beneficiaries and FAO to identify valid concerns and issues to help improve FAO project delivery and impact.

All the feedback channels were monitored by FAO Yangon and field staff in the project areas for the timely information from beneficiaries on selection of beneficiaries, appropriateness and quality of the inputs distributed. FAO received some queries related to technical aspects of distributed items from the beneficiaries and provided necessary responses by the FAO technical staffs to improve the effective use of inputs. The beneficiary data are gender disaggregated including pregnant or lactating women. Men and women were involved in a participative way and had equally access to the inputs, technical support and AAP framework. For persons with disabilities, FAO collected only the numbers of disabilities in target households, but not gender and age disaggregated information. FAO will include this in upcoming projects.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The State level mechanism provided regular update of the figures of displaced people and displacement sites. At local level, village administration committees were involved from the need assessment, beneficiary profiling leading to the selection as well as during the provision of inputs. In some townships, due to the conflict affecting access of FAO and implementing partners field staff, the village administration committee helped organizing the beneficiary collection of inputs from township downtown. Food security needs were captured during the preliminary assessment of potential targeted communities. Community views guided the response, through information requests, complaints and concerns received through an enhanced consultation mechanism. These were shared in management meetings and positively impact behaviours promoting operational learning.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Before and during the project implementation stage, the AAP framework was shared with all the implementing partners, the village administration committees, to ensure that AAP mechanisms/channels are adopted by all staff involved in the project implementation. During the implementation, the village administration committee played a key role as it served as link between FAO implementing partners and the beneficiaries especially during security concern moments. In order to ensure that AAP mechanism was operational and effective, regular briefing of FAO and implementing partners staff was organized.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
FAO implemented a complaint mechanism through a hotline. The hotline (phone numbers and persons with contact) was made available through Good Agricultural Practice (GAP) awareness leaflets which were distributed to the beneficiaries at the village level. The mechanism was established to be accessible by any gender including PwD as it is done through telephone hotline. Through this, the townships residents were provided with a mechanism to address their needs/complaints/ compliments directly with FAO staff in a transparent manner. The complaints and issues received from the affected population were questions about crops' disease, pest and request for next season agricultural provision. All complaints and issues are received through the hotline and all issues were solved and recorded by the related staffs through phone call.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
FAO did not establish a specific Sexual Exploitation sexual exploitation and abuse mechanism, but Sexual exploitation protection from SEA is one of the component for AAP feedback mechanism. Therefore, the beneficiaries can address SEA complaints directly to the FAO through FAO hotlines provided in GAP awareness leaflet.	
Any other comments (optional): N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned. Nevertheless, a post-distribution monitoring (PDM) assessment was initiated by FAO to assess and track progress towards achieving the objectives of the project. The PDM covered 4% of the total beneficiaries because the Government did not grant FAO travel authorisations. The PDM findings reflecting 4% of the total beneficiaries interviewed are as follows: <ul style="list-style-type: none"> 47% of farmers used the Irrigated system. 42% of farmer used rained farming systems. 55% of farmers used mix-cropping system. 40 % of farmers used single cropping for the vegetable seeds provided. 100% of the respondents reported receiving agricultural inputs (Red Hot Chilli, Okra, Eggplant, Bitter Gourd, Roselle, Yard Long Bean) and organic fertilizer from FAO at the right time. 90% of the total beneficiaries planted vegetable seeds and produced the varieties of vegetable production from their home garden. 83% of the respondents reported good seed germination. 98% of the respondents participated in the Good Agricultural Practice (GAP) awareness training. 	<div style="padding: 10px; text-align: center;">EVALUATION CARRIED OUT <input type="checkbox"/></div> <hr/> <div style="padding: 10px; text-align: center;">EVALUATION PENDING <input type="checkbox"/></div> <hr/> <div style="padding: 10px; text-align: center;">NO EVALUATION PLANNED <input checked="" type="checkbox"/></div>

8.2. Project Report 19-RR-FPA-034 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Myanmar
3. Cluster/Sector:	Health - Health Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-034
5. Project Title:	Life-saving GBV and SRH services for conflict-affected and newly-displaced women and girls in Rakhine state		
6.a Original Start Date:	06/06/2019	6.b Original End Date:	05/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 221,950
	c. Amount received from CERF:		US\$ 221,950
	d. Total CERF funds forwarded to implementing partners		US\$ 84,800
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 84,800	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through CERF funding, UNFPA and its partners, Relief International (RI) and Community and Family Services International (CFSI) provided lifesaving GBV and sexual and reproductive health and rights (SRHR) services to displaced people including women and girls, as well as men and boys from the host community. Through mobile clinics of RI and community mobilization activities of CFSI, primary health care services provided to 10,659 people, of which 77 per were displaced people. Moreover, 110 women and girls received referral support for emergency obstetric care. Through CFSI's community volunteers, 400 clean delivery kits were delivered to visibly pregnant women to ensure that they could give birth under clean and aseptic condition.</p> <p>GBV information and services reached 6,664 people from both displaced people and host community members. The project supported a total of 3,000 women and girls with delivery of dignity kits, enabling them to protect and maintain dignity during the emergencies. Through RI-supported civil society organizations (CSOs), non-food items (NFIs) such as student kits, kitchen sets, sets of clothes and solar lights were provided to 976 people (595 female and 381 male). In addition, 27 safety audits were conducted at four displacement sites during the project period.</p>

3. Changes and Amendments
<p>A challenge was the initial overlapping regarding the target population for distribution of dignity kits in Mrauk-U, as DRC also had a similar distribution plan in Mrauk-U. However, due to increased population of displaced people, emerging needs and accessibility of CSO volunteers, UNFPA and RI had been able to distribute the procured kits to the conflict affected population in Mrauk-U. The access was always an issue in Mrauk-U, so the mobile clinics reached 10 displacement sites close to downtown and were not able to reach the beneficiaries in remote villages. Prior to the distribution of dignity kits and travel for mobile health services, RI needed to request the travel authorization for the sites of conflict affected population which could be changed day by day depending on the security situation.</p>

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	280	410	130	180	1,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,960	3,320	910	1,260	7,450
Other affected persons	0	0	0	0	0
Total	2,240	3,730	1,040	1,440	8,450
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	112	186	52	72	422

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	396	1,190	51	810	2,447
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,326	4,487	558	1,841	8,212
Other affected persons	0	0	0	0	0
Total	1,722	5,677	609	2,651	10,659
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	86	227	18	112	443

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,373	1,493	103	112	3,081
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	919	1,000	69	575	2,563
Other affected persons	0	0	0	0	0
Total	2,292	2,493	172	687	5,644
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	114	124	8	34	280

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	522	3,000	76	418	4,016
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	119	1,718	21	790	2,648
Other affected persons	0	0	0	0	0
Total	641	4,718	97	1,208	6,664
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	29	179	2	48	258

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

Overall, the CERF funded interventions reached more beneficiaries than planned. However, UNFPA reached less men with primary health care (PHC) and GBV services. The reason why less men were involved in the GBV prevention activities is largely because GBV awareness was mainly attached with the distribution of dignity kits which only target women and girls. In addition, activities in camps and villages allowed to run only from 9am to 2pm, which time finds many men out of the camps and displaced sites looking for livelihoods in their places of origin or other locations. UNFPA is working with partners on finding ways of how we can reach more men in the future despite the current challenges.

Generally, the reason why CERF funding reached more people in need than expected is that UNFPA and its partners worked together with local community groups such as CSOs and community volunteers who have better access to beneficiaries during the crisis.

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Through CERF funding, UNFPA and CFSI trained 25 community volunteers. They can use these skills and knowledge for future activities and boost the community mobilization activities. As usual, the trained volunteers conduct GBV awareness raising activities, provide psychosocial support to the survivors and link with the referral services, and work together with CFSI in conducting GBV safety audits.

5. CERF Result Framework

Project Objective	To improve access to life-saving GBV, MHPSS and SRH services and information for displaced persons and host communities in Rakhine State
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Output 1	Newly displaced women and girls access GBV response services and MHPSS			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Localized referral pathways available for GBV survivors in 2 townships	2 (Buthidaung and Rathedaung)	2 (Buthidaung and Rathedaung)	Service mapping tools
Indicator 1.2	Number of GBV safety audits undertaken is each of 4 displacement sites	24 safety audits undertaken	27 safety audits undertaken	Safety audit report
Indicator 1.3	Number of women and girls receiving dignity kits	3,000	3,000	Distribution report, post-distribution

				monitoring report and distribution lists
Indicator 1.4	Number of women, men and young people who are reached through GBV awareness raising activities including messages on PSEA	5,644	6,664	Data matrix report
Explanation of output and indicators variance:		Under activities 1.5 and 1.6, implemented by RI-supported civil society organizations (CSOs), non-food items (NFIs) such as student kits, kitchen sets, sets of clothes and solar lights were provided to 976 people (595 female and 381 male).		
Activities	Description	Implemented by		
Activity 1.1	Develop referral pathways for GBV survivors at displaced sites	UNFPA, CFSI		
Activity 1.2	Conduct GBV safety audits in 4 sites (one safety audit per month)	UNFPA, CFSI		
Activity 1.3	Distribute dignity kits to displaced women and girls	UNFPA, RI, CFSI		
Activity 1.4	Provide psychosocial support and referral support to GBV survivors to medical care	UNFPA, RI, CFSI		
Activity 1.5	Mobilize and mentor CSOs to promote GBV prevention and response and MHPSS/PFA in displacement sites	UNFPA, RI		
Activity 1.6	Support community mobilization and GBV awareness raising in 15 sites	UNFPA, RI, CFSI		
Activity 1.7	Conduct post-distribution monitoring	UNFPA, RI, CFSI		

Output 2	Newly-displaced women and girls access life-saving drugs and medical supplies			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of displaced people and members of host communities benefiting from access to emergency PHC services	8,000	10,659	Data matrix report
Indicator 2.2	Number of Inter-Agency Emergency Health Kits (basic unit) procured and provided to RI's mobile clinic teams	8	8	Inventory and delivery notes
Indicator 2.3	Number of township/State Hospitals with Post-Rape Treatment Kits in stock and oriented on management and utilization	4	7	Delivery notes
Indicator 2.4	Number of pregnant women receiving clean delivery kits	400	400	Delivery notes and distribution lists
Indicator 2.5	Number of women and girls, including pregnant women and GBV survivors, supported for medical assistance (emergency obstetric care, post-rape treatment, etc.)	50	110	Workplan progress report and data matrix report
Explanation of output and indicators variance:		Only 4,153 people accessed services, out of total 10,659 PHC reached, through two mobile clinics of RI in displacement sites and villages due to limited access. The situation of access had been volatile which made it difficult to always run the full schedules for mobile clinics. UNFPA's implementing partner, Relief International, has been able to visit 10 displacement sites which are close to downtown areas of Mrauk-U and only 11 out of 22 target villages in Myebon. The frequency of mobile services		

		<p>was increased where possible, while limitation of access hindered service provision to some camps and remote villages. The two mobile clinic teams of RI are supplied with eight interagency emergency health kits (each kit can cover 1,000 population for three months) to provide primary health care services.</p> <p>UNFPA's implementing partner, CFSI undertook SRHR AND gbv community mobilization activities in Northern Rakhine. Through the community mobilizers, the information on SRH and referral services were provided, including the distribution of clean delivery kits to visibly pregnant women along with the information on ante-natal care.</p>
Activities	Description	Implemented by
Activity 2.1	Procure Inter-Agency Emergency Health Kits (basic unit) and equip RI's mobile clinic with essential medical supplies to provide primary health care and trauma care to displaced people and host communities in Mrauk-U	UNFPA, RI
Activity 2.2	Procure and distribute Emergency Reproductive Health Kits 3 (post-rape treatment kits) to Township Hospitals in Mrauk-U, Buthidaung, Rathedaung, Kyauktaw, Minbya and Ponnagyun	UNFPA
Activity 2.3	Orient health workers on Clinical Management of Rape and utilization of ERH Kit 3 and conduct regular monitoring	UNFPA
Activity 2.4	Distribute clean delivery kits to pregnant women	CFSI
Activity 2.5	Support referral services for women and girls in need of emergency health care	CFSI, RI

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNFPA and its implementing partners, RI and CFSI worked closely with the local community including volunteers and conflict affected people to make sure that their inputs are involved in every step of the project cycle. Before designing the project, UNFPA and partners discussed with the local organizations and local community groups and agreed with the proposed implementation of the activities.

UNFPA assembled the dignity kits based on the contents suggested by women and girls from the local community and did post distribution monitoring of dignity kits. UNFPA and CFSI conducted women safety audits at the displaced sites with the involvement of volunteers and conflict affected populations. The safety audit results were analysed and the immediate needs and gaps for the women and girls' safety and privacy issues raised by the affected people were also informed internally and with other organizations to fulfil the needs. Due to the emerging needs of primary health care (PHC) raised by the crisis-affected people, RI provided PHC services through two mobile clinics although the services focused only on SRHR delivery before.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

RI worked with CSO in order to reach more women and girls from the remote displacement sites. UNFPA and RI train CSO in order to promote GBV prevention, and deliver PFA and MHPSS services, and support referral of GBV survivors or other vulnerable women in needs of medical treatment as necessary. Through the support of local CSOs, RI has been able to reach women and girls from remote locations, where RI was not accessed to, with the dignity kits procured by UNFPA. Moreover, CFSI in Northern Rakhine worked with community volunteers in GBV and SRHR awareness raising, dignity kits distribution and conducting safety audits. Community volunteers supported referral of GBV survivors and emergency pregnant women to receive the medical services in the timely manners.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

RI and CFSI worked with local volunteers and CSOs who know the context well, speak the local language and have a good relationship with the community. Information about the organizations policies, procedures and organizations' code of conduct and the planned activities was disseminated through CFSI staff and volunteers by meeting with the influential persons, women and men groups and displaced site leaders from the affected population. UNFPA has established the mechanism to actively seek feedback from beneficiaries regarding SRH and GBV service delivery. Suggestion boxes were put in strategic locations where the beneficiaries can share their views and concerns about the services and the programme. Post distribution monitoring was also conducted through organizing FGDs with the beneficiaries receiving the support to ensure accountability and to provide better services in future. UNFPA built the capacity of implementing partners (RI and CFSI) to ensure they adhere to a code of conduct standards and Protection from Sexual Exploitation and Abuse (PSEA). And informed the community related to those standards and principles.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☒ No ☐

UNFPA has established the mechanism to actively seek feedback from beneficiaries regarding SRH and GBV service delivery. Suggestion boxes were put in strategic locations where the beneficiaries can share their views and concerns about the services and the programme. However, putting the suggestion boxes does not work due to literacy of the beneficiaries. The beneficiaries can also complain through the phone number of the focal person, email, individual interview, FGD and protection monitoring. Regular project supervision and monitoring are also used to receive complaints. For patient referral cases, RI conducted a patient satisfaction questionnaire. All the complaints were registered and verified, followed by a response to the complainant. All staff are informed about the complaint mechanism and the focal persons are trained. The community are informed about the organizational complaint mechanism and how the organization will ensure the confidentiality and safety of the complainant.

During the project implementation, at risk groups (PwD, women headed household, pregnant and lactating women, child headed household) were mapped out with the aim of conducting regular visits and interviews through which feedback could be collected. This method was accessible to PwD who often do not have access to phones or other means of complaints. Once complaints are reported, they are grouped in a category to determine the response, responsibility and timeframe. Depending on the category of the complaint, response/feedback provided to complainant from immediate (from 3 working days) to a maximum of 20 working days. The feedback loop was closed upon satisfactorily addressing the complaints and receiving confirmation from complainant. Depending on the type and the nature of complaints, the mechanism on who and how to reach the complainant differs. Sometimes, a combination of methods like phone calls and visits are used to contact the complainant by considering safety and confidentiality. Analysis and reporting is part of the complaint mechanism which then follows critical evaluation for any changes or improvement in programming, policies and procedures.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

CFSI and RI has a mechanism in place related to prevention, reporting and responding of SEA, and they are a member of the PSEA coordination network meeting that is happening in both central and field levels. All the staff were trained on PSEA and have signed on to this policy. PSEA focal person is assigned, and the reporting can be done through any means of communication including email. And the focal person can support the survivors to receive GBV response services.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programming (CTP)?

Planned

Achieved

No

No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The evaluation is planned, and the process has already started, but put on hold now due to the COVID-19 pandemic situation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 19-RR-HCR-023 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Myanmar
3. Cluster/Sector:	Protection - Protection Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-HCR-023
5. Project Title:	Integrated Protection, Shelter and NFI response to newly displaced people in Rakhine State		
6.a Original Start Date:	31/05/2019	6.b Original End Date:	29/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,800,000
	c. Amount received from CERF:		US\$ 986,598
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Despite the challenging context, through this CERF grant, UNHCR responded to the emerging needs of the new displaced persons in Rakhine State. In terms of achievements, 26,500 people in need (10,250 people more than initially planned) were assisted with shelter and NFI assistance, including 1,600 persons with specific needs across affected townships. In addition, protection monitoring services covered more than 37,000 people (initially planned for 30,000 people) through UNHCR protection monitoring.

Critically and of particular note are the joint multi-sectoral rapid assessments carried out in coordination with UNFPA, UNICEF and Malteser International in relation to the new displaced people. The joint missions provided a coordinated approach as well as complementary response to vulnerable populations. UNHCR also carried out additional protection monitoring alone where possible and authorized. UNHCR also extended its support to the wider humanitarian response, including through the management and updating of a new displacement mapping database. Two trainings took place for partners on the database, including how information on locations and affected populations could be accessed, with the aim of supporting the coordination of the response such as identification of needs and gaps.

3. Changes and Amendments

Implementation of shelter activities in northern areas of Rakhine was particularly challenging as a result of difficulties in obtaining approval at Union and Rakhine State Government level. To address the identified needs of the affected population, UNHCR included key emergency shelter items, such as tarpaulins and rope, in the NFI kit.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,520	3,150	1,620	1,710	9,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	5,880	7,350	3,780	3,990	21,000
Other affected persons	0	0	0	0	0
Total	8,400	10,500	5,400	5,700	30,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,204	1,505	774	817	4,300
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	9,156	11,445	5,886	6,213	32,700
Other affected persons	0	0	0	0	0
Total	10,360	12,950	6,660	7,030	37,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,470	1,837	945	998	5,250
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,080	3,850	1,980	2,090	11,000
Other affected persons	0	0	0	0	0
Total	4,550	5,687	2,925	3,088	16,250
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	864	1,080	556	586	3,086
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	6,570	8,212	4,224	4,458	23,464
Other affected persons	0	0	0	0	0
Total	7,434	9,292	4,780	5,044	26,550
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The epicentre of the armed clashes as well as incidents involving explosive devices was extremely fluid, moving between locations including Kyauktaw, Mrauk-U, Myebon, Minbya, Ann and Ponnagyun as well as Buthidaung and Rathedaung townships. UNHCR focused efforts in displacement locations areas outside of urban centres, mainly in rural and isolated locations, while local civil society organisations provided comprehensive support in downtown areas. Based on the identification of needs and vulnerability, UNHCR reached a larger number of displaced people with protection and assistance than planned, however the number of host community households supported was less than targeted. Therefore, while every effort was made to support host communities, UNHCR targeted displacement sites with high vulnerability and who have largely not received complementary support from local actors.

In terms of outreach to persons with disabilities who are at particular risk in an emergency, as part of age, gender and diversity mainstreaming and inclusion efforts, UNHCR strived to identify persons with specific needs (PSN), including those with physical, mental, intellectual or sensory disabilities, injuries, and chronic illnesses. Overall, 1,600 persons were assisted with specialized support. UNHCR's integrated protection and assistance approach also included persons with disabilities among the affected population, aimed at mitigating the specific threats they face, by identifying their specific needs through inclusive consultations and provide appropriate targeted PSN response.

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The number of persons targeted by the project include all affected communities by the clashes in Rakhine State, including internally displaced as well as the communities hosting them. Through UNHCR coordination led fora, including Shelter/NFI/CCCM Cluster and Protection Sector in central Rakhine, as well as the Maungdaw Inter Agency Group (MIAG) in northern areas of Rakhine, UNHCR sought to advocate on behalf of the protection and assistance needs of the some 42,976 persons displaced as of 1 December 2019 state-wide, as well as ensuring inter-sectoral data gathered from needs assessments was made accessible to operational partners to avoid overlapping or duplication of efforts, and guide complimentary activities. This is particularly critical given the fluid and unpredictable movement of persons forced to flee their homes, including new displacement, secondary displacement and returns, complicated further by bureaucratic and cumbersome access procedures for humanitarian actors.

5. CERF Result Framework

Project Objective	Provide critical emergency assistance to meet the basic shelter, NFI and protection needs of crisis affected people
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Output 1	10,000 crisis-affected people receive complementary shelter support			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of households receiving shelter reinforcement support	2,000 HHs (10,000 people)	2,050 HHs (10,250 people)	Monitoring reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Identify displaced persons (or people directly hosting displaced persons) in need of shelter reinforcement in view of the rainy season	UNHCR		
Activity 1.2	Purchase, transport and distribute shelter reinforcement kits (tarpaulins, ropes, bamboo and other construction material and tools)	UNHCR		
Activity 1.3	Conduct post-distribution monitoring of the shelter support provided	UNHCR		

Output 2	16,250 crisis-affected people receive core relief non-food Items			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of households receiving complementary relief items	3,250 HHs (16,250 people)	3,260 HHs (16,300 people)	Monitoring reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Identify displaced and host communities in need of complementary emergency NFI assistance	UNHCR		
Activity 2.2	Purchase, transport and distribute relief NFI kits (mosquito nets, sleeping mats, blankets, clothing, buckets, jerry cans, and kitchen sets)	UNHCR		
Activity 2.3	Conduct post-distribution monitoring of the NFI support provided	UNHCR		

Output 3	30,000 crisis-affected persons are better protected and specific needs of vulnerable persons are responded to.			
Sector	Protection – Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of emergency protection monitoring visits conducted to identify and address incidents, risks and threats	300	420	Monitoring reports

Indicator 3.2	Number of persons with specific needs identified and assisted	1,500	1,600	Monitoring reports
Explanation of output and indicators variance:		The increase in monitoring missions was achieved due to additional authorizations including in northern areas of Rakhine, such as Rathedaung township, as well as the increased number of displacement locations as the clashes further intensified.		
Activities	Description	Implemented by		
Activity 3.1	Conduct protection monitoring visits to provide affected people with life-saving information and refer them to relevant service providers	UNHCR		
Activity 3.2	Identify the most vulnerable crisis-affected people	UNHCR		
Activity 3.3	Provide customized assistance to the most vulnerable crisis-affected people	UNHCR		
Activity 3.4	Enhance the level of information on affected population through dedicated staff and improved data management capacity	UNHCR		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

To the extent possible, the UNHCR Myanmar operation placed affected populations at the centre of action in order to capture the views and opinions of the newly displaced as well as communities hosting them. UNHCR outreach capacity in for newly displaced was supported by three offices, Buthidaung, Maungdaw and Sittwe, ensuring proximity to persons in need, bolstered by gender balanced teams, as well as a diversity of skills through the efforts of the UNHCR multi-functional teams.

The Myanmar operation relied on participatory methods and age, gender, diversity mainstreaming to inform programming. UNHCR continued to encourage inclusion and participation of women, men, girls, and boys, as well as enhanced efforts to promote an inclusive environment for persons with disabilities and older persons. The operation used a combination of methodologies to capture the needs, feedback and views of persons of concern at all stages of the planning cycle, including focus group discussions, key informant interviews, reaching out by phone calls, on-sites visits and case management. Based on the feedback from the community outreach efforts, UNHCR gathered a comprehensive understanding of the immediate needs of the displaced. This ensured an appropriate response including tailored NFI kits which included raincoats, umbrellas, and plastic containers for important documents during the monsoon season, as well as targeted support for persons with specific needs such as solar lanterns. Shelter assistance items were provided to households sheltering in open areas, while those in monasteries and community buildings were provided exclusively with non-food items.

Furthermore, as per the Integrated Allocation Strategy CERF-MHF, endorsed by the Humanitarian Coordinator, close coordination took place with NGO partners implementing protection activities under the MHF, as well as the broader humanitarian community at both Sittwe and Maungdaw levels. Systematic referrals by UNHCR to other agencies of individual cases, including in the areas of SGBV, child protection and medical needs, ensured coverage and complementarity. At the same time, the shelter/NFI response addressed immediate humanitarian needs and formed part of a comprehensive package, complemented by hygiene kits, WASH items, dignity kits provided by UNICEF and UNFPA.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNHCR's age, gender and diversity (AGD) policy seeks to ensure that all persons of concern fully participate in decisions that affect them, and enjoy their rights on an equal footing with others. UNHCR utilized existing mechanisms to engage all members of the community in the design as well as implementation of the response from focus group discussion with men and women, exploring issues related to vulnerable persons including persons with specific needs (elderly, persons with disabilities, woman-headed or child-headed households). On-site visits also supported community feedback, with inter-sectoral information gathered at each displacement site to inform the wider humanitarian response, strengthened by the joined-up response of UNHCR with UNICEF, UNFPA and when possible Malteser International.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Throughout the response phase, including gathering of initial information on the situation of the newly displaced people during rapid needs assessments, UNHCR sought to provide clear and concise information on the agency's role once arrived in each location. This was particularly critical considering the risk of raising unfair expectations among communities in need. Information on the needs was gathered through focus group discussions, whereby prior to the consultations, UNHCR protection staff outlined the purpose of their visit, the reason behind the gathering of information as well as key points on fraud prevention.

Once returned to the villages to carry out distribution activities, once again, UNHCR teams outlined the programme it intended to deliver. Distributions were carried out directly by UNHCR. All UNHCR staff, irrespective of grade or function, have the responsibility of ensuring that protection activities, including distribution of lifesaving assistance, are carried out to the highest standards possible, and to prevent fraud and malfeasance in all activities. Regular training on PSEA and fraud prevention was carried out in 2019.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☒ No ☐

While there was no dedicated hotline established for affected persons by the armed clash between the Myanmar military and the Arakan Army, UNHCR expanded its existing complaint mechanisms for Rakhine State to the newly displaced people. Once complaints or comments were received through existing phone lines / contact persons and community complaint mechanisms, UNHCR referred the issue to the relevant cluster, sector or individual agency/ organisation for follow-up. UNHCR as the lead of the CCCM Cluster also established regular monitoring of needs including data collection on availability of services and issues of access to such services including for vulnerable people such as persons with specific needs (including persons with disabilities). The already-in-place hotline was utilized not only to receive calls but also to outreach to representatives to share information including on upcoming distributions. By carrying out activities by phone, UNHCR could ensure that those with low literacy levels were fully aware of the assistance, and also provide feedback. As the needs in each site were site-specific, through information sharing within the clusters/sectors in Rakhine State on the findings of the assessment data with UNICEF and UNFPA, (as well as Malteser International at times), UNHCR sought also to ensure other actors were kept abreast of the situation on the ground. This was further supported by the UNHCR-led Shelter/NFIs/CCCM Cluster, that developed a site profile dashboard which was regularly updated and widely shared, providing inter-sectoral insights. Furthermore, at each distribution site, whiteboards were in place outlining the contents of the assistance package, along with the complaint hotline number and reminder that all items are free. Overall, in 2019, UNHCR also worked with operational partners to strengthen the Communications with Communities Working Group to improve accountability to affected populations.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

Through its established networks, UNHCR monitored the general protection environment at field level, by carrying out consultations with both displaced and host communities as part of rapid needs assessments. The CERF action was closely coordinated with UNFPA in the area of gender-based violence (GBV) response, and UNICEF on child protection and WASH.

UNHCR was also actively engaged in the Inter-Agency PSEA Network and actively contributed to the development of inter-agency PSEA SOPs. This complemented UNHCR internal SOPs on PSEA and ongoing work that UNHCR is undertaking to increase capacity of its staff and partners to prevent and address sexual exploitation and abuse.

In displacement settings, UNHCR also continued to lead the coordination of the Protection Sector, under which the GBV Sub-Sector operates. Regarding incident monitoring, gender-based violence falls under the purview of the UNFPA-led GBVIMS. UNHCR participated in the GBVIMS working group and acted as a GBVIMS data gathering organization for northern Rakhine State. The UNHCR helpline in place remained an avenue for newly displaced populations to report complaints by phone. In addition, through the Protection Incident Monitoring System (PIMS) data collection, incidents and rights violations were also disaggregated by gender, reflecting impact on displaced people in central Rakhine State, identify trends, and support evidence-based advocacy. UNHCR staff carried out mandatory PSEA training as part of a country-wide effort, while as per the established inter-agency referral guidelines, UNHCR kickstarted the implementation process with the development of a PSEA network at the field level in Rakhine.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>UNHCR has not carried an evaluation of this project specifically, due to access restrictions as well as a lack of authorization by the authorities. However, the CERF funded activities formed part of the regular IDP programming for displaced people, including protection and delivery of emergency assistance to newly displaced people, with close monitoring to ensure the highest standards of delivery. Monitoring is based on the reports and observations by the partners and local authorities and on regular direct observation and ongoing assessment by UNHCR (e.g. on the spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives. Monitoring activities are carried out at various levels (displacement site, household), UNHCR Branch Office, sub-offices and field offices. Situation reports are submitted by all UNHCR Field Offices to their respective supervising office on a monthly basis and branch offices submit a corresponding report to Headquarters.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 19-RR-CEF-077 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Myanmar
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-077
5. Project Title:	Provision of Emergency WASH and MHPS services to internally displaced children and their families affected by conflict in Rakhine state 2019		
6.a Original Start Date:	04/06/2019	6.b Original End Date:	03/12/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	03/03/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 699,852
	c. Amount received from CERF:		US\$ 599,852
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 130,466
	Government Partners		US\$ 0
International NGOs		US\$ 130,466	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners reached 32,775 people displaced by the conflict in Rakhine State. UNICEF procured hygiene kits and other WASH supplies, such as water filter, hygiene kits, PUR sachets and other items, that were made available for partners. In total, 2,330 families received water filters provided by UNICEF and its implementing partners. The project ensured that minimum water and sanitation requirements were partially met in alignment with the Myanmar WASH Cluster standards between June 2019 and February 2020. The CERF funding provided critical support for the influx of displaced people that were not anticipated in 2019 HRP planning and supported them during the rainy season.

In addition, 8,824 children benefited from mental health and psychosocial support and recreational activities along with key lifesaving child protection messages. UNICEF procured child-friendly space (CFS) kits and provided to them to the Child Protection Working Group members, including Plan International, People in Need, Danish Refugee Council and Relief International. In addition, the CERF funding was also used to fund one position of Child Protection Officer, who played a key role in the coordination of the Child Protection Working Group in Rakhine.

Post-distribution monitoring (PDM) activities were only conducted in limited locations due to prioritisation of other service deliveries to the displaced people.

3. Changes and Amendments

Procurement of household water filters (activity 1.2) and child friendly spaces kits (activity 2.1) by UNICEF were delayed due to unforeseen technical and administrative challenges. A no-cost extension was granted in December 2019. For water filters, funds were transferred to the INGO partner CDN as part of a partnership agreement amendment. CDN could rapidly procure water filters in country using their procurement processes that had been approved and validated by UNICEF.

Significant access restrictions hampered progress as reported during the interim report. Additional support was required to displaced people as their situation became entrenched due to ongoing conflict with hygiene and protection needs remaining critical for longer than expected. Sanitation activities were secured through other funds and hence activity 1.4 was cancelled. Cost savings were transferred to procure soap for distribution in northern Rakhine and have some extra water storage capacity in response to dry season water shortages.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,000	2,000	3,000	3,000	10,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,000	3,000	4,500	4,500	15,000
Other affected persons	0	0	0	0	0
Total	5,000	5,000	7,500	7,500	25,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	250	250	375	375	1,250

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	8,692	11,140	6,957	5,986	32,775
Other affected persons	0	0	0	0	0
Total	8,692	11,140	6,957	5,986	32,775
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	2,000	2,000	4,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	2,500	2,500	5,000
Other affected persons	0	0	0	0	0

Total	0	0	4,500	4,500	9,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	225	225	450

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	979	823	1,802
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	3,745	3,277	7,022
Other affected persons	0	0	0	0	0
Total	0	0	4,724	4,100	8,824
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

UNICEF significantly over-achieved in terms of number of people reached under WASH. This was possible due to procurement of soap under indicator 1.3. Soap distributions reached host communities consisting of Muslim villages with severely restricted freedoms of movement as well as displaced people. Host communities under WASH were not targeted as they had access to markets; hence, vulnerable people with limited to no access to functional markets were targeted.

Due to restricted access it was not possible to verify numbers of persons with disabilities reached. UNICEF and the wider WASH cluster have nevertheless engaged with Humanity and Inclusion to review standard designs of the facilities being provided. Within the scope of the main activities under this emergency intervention (emergency water supply and hygiene kits distribution), activities were equally applicable to all persons irrespective of disabilities. For the sanitation component (which was cancelled under this funding) standard WASH Cluster designs already consider disability and are constantly being updated. Under child protection, the targeted number for host communities was not met due to restricted access. UNICEF and implementing partners targeted most vulnerable children including children with disabilities for MHPSS activities.

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Approximately, 1,750 caregivers and parents benefited from psychosocial support.

5. CERF Result Framework	
Project Objective	Provision of Emergency WASH support to 25,000 conflict affected persons in Rakhine State and MHPSS support to 9,000 children

Output 1	Provision of WASH supplies to 2019 conflict affected populations in Rakhine State			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people benefitting from improved drinking water meeting demand for domestic purposes, at minimum/agreed standards	25,000	32,775	Implementing partner report
Indicator 1.2	Number of people benefitting from a functional excreta disposal system reducing safety/public health/environmental risks – in particular for women and girls	10,000	0	N/A
Indicator 1.3	Number of people provided with hygiene kits or key hygiene items	25,000	32,775	Implementing partner report
Explanation of output and indicators variance:		Activity 1.4 was cancelled and hence no achievement reported against Indicator 1.2). This is because sanitation activities were secured through other funds. People reached with hygiene items (indicator 1.3) were significantly higher than planned due to newly identified beneficiaries in northern Rakhine State. Households beneficiaries of the distribution of water filters are included within the total people achieved (32,775 people) under indicator 1.1.		
Activities	Description	Implemented by		
Activity 1.1	Ongoing need assessment, beneficiary consultation and distribution monitoring	UNICEF, CDN, CDA, RI, PIN, Christian Aid		
Activity 1.2	Distribution of water treatment tablets/sachets, jerry cans/buckets, essential items to construct emergency latrines and hygiene kits	UNICEF, CDN, CDA, RI, PIN, Christian Aid		
Activity 1.3	Hygiene promotion and key message dissemination through multiple channels	UNICEF, CDN, CDA, RI, PIN, Christian Aid		
Activity 1.4	Repair/construction of emergency water supplies and toilets in high density settlements	Activity funded through other funds		

Output 2	Children's exposure and vulnerability to violence, abuse, and exploitation is prevented through children's participation in age-appropriate, culture and gender-sensitive psychosocial and recreational activities in safe spaces.			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of targeted girls and boys reached with psychosocial support through mobile and other child friendly spaces	9,000	8,824	Implementing partners report
Explanation of output and indicators variance:		UNICEF exceeded the target number of displaced people reached; however, the target of host communities was not met due to limited access, with partners reporting security concerns and MOU issues as prime		

		hindrance. It was not possible to verify numbers of persons with disabilities reached due to restricted access.
Activities	Description	Implemented by
Activity 2.1	Procurement, transport and distribution of Child Friendly Space kits	The activities were implemented through the Child Protection Working Group members. With CERF funding, UNICEF procured 200 CFS kits and provided them to Child Protection Working Group members, including Plan International, Relief International, People in Need and Danish Refugee Council.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Standard hygiene kits and child protection kits have been designed in consultation with the WASH/CP Clusters and prepared based upon previous experience of needs with similar displacement events in Myanmar. Hygiene promotion materials are standard documents already developed through participatory methods with government and CSOs who work closely with the participation of targeted beneficiary groups. For example, the WASH Cluster conducted focus groups on menstrual hygiene management with women and girls which led to increase in quantity and changes in specifications for pads. UNICEF undertook implementation monitoring visits where beneficiaries are directly consulted through interviews and focus group discussion about effectiveness and appropriateness of implementation. Implementing partners provide distribution and activity reports for consolidation. The WASH Cluster initiated the Quality Assurance and Accountability Project (QAAP) in 2019 that involved all WASH partners in strengthening accountability under a broad framework. In the interest of coherence, most accountability mechanisms were focused around supporting strengthening of these tools in 2019. At the time of reporting, it is still early to measure the effectiveness of this tool.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

As noted above, QAAP is the main AAP tool used by UNICEF and the wider WASH Cluster at this time. The tool aims to reach all vulnerable groups. Information is also gathered and exchanged through other sectors/clusters for cross checking. UNICEF and partners work closely with the national and local government to ensure they are informed of actions taking place and where appropriate linkages are made to the different line ministries. Clear and transparent communication is an essential requirement for government issued 'travel authorisations'. If partners do not comply then access is not granted. UNICEF and partners are working at all levels to advocate for improved considerations for marginalised groups within government laws, policies and strategies. UNICEF as lead of the WASH Cluster works closely with the Rakhine ICCG and feedback/inputs/reports related to WASH accountabilities are constantly exchanged with other sectors.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

All partners with UNICEF are required to adhere to strict guidance under the partnership cooperation agreements. (PCA). All UNICEF staff are required to take mandatory trainings aimed at rights-based programming.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☐ No ☒

The WASH component of this project could not implement a robust complaints mechanism due to poor access; however, for AAP we do have mechanisms through the cluster Quality and Accountability Assurance Project (QAAP). The WASH QAAP collects information from partners and beneficiaries, in order to generate information that will lead to operational and strategic corrective action of AAP issues (following collective WASH SAG analysis). The WASH QAAP System has been endorsed collectively by all WASH partners. Ongoing work under the WASH Cluster is underway to strengthen AAP as noted above.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

All UNICEF Staff and consultants undertake mandatory PSEA training. All PCAs with partners have clauses mandating that PSEA is properly addressed within their management systems. In 2019, UNICEF hired a consultant to help build capacity amongst partners and identify and address high risk areas. Child Protection section hired a full-time staff to address PSEA related complaints. The staff member is closely working with Inter Agency PSEA Coordinator to strengthen PSEA related complaints mechanism⁶.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programming (CTP)?

Planned	Achieved
No	No

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

Access, funding and time restrictions have prevented evaluation. Currently all forms of research and studies are extremely sensitive and political in Myanmar, especially Rakhine State. Lessons learned exercises are now incorporated on a quarterly basis as part of QAAP. Please see under section 6a. Coordination and timely communication with Child Protection Working Group for changing some of the project locations helped to avoid duplication and expand coverage of MHPSS services.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

⁶ UNICEF is part of the inter-agency PSEA Network which has a hotline number to report SEA cases. UNICEF IPs can use this hotline service to report any suspected SEA cases. There is agreed upon interagency reporting procedures - presented to HCT and approved. UNICEF IPs have to report all the suspected cases within 24 hours to UNICEF. UNICEF focal point then has to report to HQ.

UNICEF has rolled out IP SEA risk assessment in late 2019- all of the UNICEF IPs have to go through this standard risk assessment and they are rated: Green; Yellow and Red. UNICEF has an online platform (eTools PSEA Module) to capture all the information regarding Risk Assessment as well as the follow up actions. UNICEF Myanmar is one of the 5 countries piloting this eTools PSEA Module globally.

UNICEF also introduced capacity building on "organizational development" to help some of the smaller CSOs which have faced difficulties in fully complying with the PSEA standards (in terms of safe guarding policy; HR policy and procedures; etc.). UNICEF hired a consultant for Organization Development consultant to provide medium-term capacity building support fills the identified organizational gaps/short-comings vis-à-vis SEA risks.

8.5. Project Report 19-RR-WFP-048 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Myanmar
3. Cluster/Sector:	Food Security - Food Assistance Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-048
5. Project Title:	Food and Nutrition Assistance for Newly Displaced Populations in Rakhine State		
6.a Original Start Date:	20/04/2019	6.b Original End Date:	19/10/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	19/01/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,240,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,250,000
	c. Amount received from CERF:		US\$ 1,250,000
	d. Total CERF funds forwarded to implementing partners		US\$ 80,996
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 80,996	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, WFP and its partners provided life-saving food assistance to 25,452 people and nutrition assistance to 4,893 people across Rakhine.</p> <p>Regarding the food assistance, WFP reached 25,452 girls, boys, women and men who have been displaced by conflict in Buthidaung, Kyauktaw, Minbya, Mrauk-U, Myebon, Pauktaw, Ponnagyun and Sittwe townships in Rakhine. Of these, some were supported on a monthly basis, whereas others varied owing to the frequent and fast-changing displacements. Given the fluid and fast-paced movement of the new displaced people and a geographic reorganization of both WFP and ICRC's response, WFP reached more than double the planned beneficiaries. WFP's standard food basket included 13.5 kg of rice, 1.8 kg of pulses, 0.9 kg of oil and 150 g of salt.</p> <p>For nutrition activities, WFP reached 3,591 children aged 6-59 months and 942 pregnant and lactating women (PLWs). WFP, through direct implementation in central part of Rakhine and through its partners in the northern townships of Rakhine, provided nutrition assistance in the form of blanket distributions of fortified blended foods and key messages on good nutrition delivered through health and nutrition education sessions. The target groups for nutrition assistance were children aged 6-59 months and PLWs (for lactating women this included all women whose child is below 6 months of age). The objective of the blanket supplementary feeding was to prevent a deterioration in nutrition status, as well as to reduce the prevalence of acute malnutrition among these vulnerable groups, thereby reducing the mortality and morbidity risks. A total of 76.5 MT of WSB++ and 47 MT of WSB+ were procured and distributed to the nutrition beneficiaries.</p>

3. Changes and Amendments
<p>WFP requested a no-cost extension (NCE) for three months as restrictions on travel authorizations, fluid and unpredictable displacements, and assistance by local authorities and other actors created challenges for long-term planning.</p> <p>Although WFP aimed to reach 12,000 displaced people in the proposal, WFP reached 4,600 displaced people per month on average. This was mainly due to the fluidity of movement of the displaced people, against a backdrop of the unpredictable nature of the armed</p>

clashes and the Government's insistence on resettling them to their places of origin. In addition, stringent restrictions on access limited WFP's ability to reach most of the displaced communities at the beginning of the project. WFP and ICRC closely coordinating for sharing geographical locations to avoid duplication of assistance

After obtaining the NCE in October 2019, WFP extended its assistance to host communities in Buthidaung whose livelihoods were severely affected due to conflict. Constant shelling around the nearby mountain ranges affected the planting season, harvesting of paddy rice, bamboo, napa leaves, firewood and other resources from mountain forests. Fishing and trade on the waterways and creeks were also severely affected.

Due to intensified armed clashes including air strike starting in November 2019, new displacement figures increased drastically to almost 50,000 as of early 2020, according to Rakhine State Government. WFP responded to the new needs and reached 13,000-14,000 people in December 2019 and January 2020. WFP has been closely coordinating with Rakhine State Government for access and food transportation across the affected townships in Rakhine. At the same time, WFP also coordinated with ICRC on food assistance regularly to ensure displaced people received assistance regardless of their location (in areas of origin or new displaced site).

Main operational challenges included the sporadic issuance of travel permits by the Government, subject to the presence and intensity of armed clashes nearby distribution sites. Timely distribution to displaced people was hampered by the long process in obtaining approval to conduct food distribution. Given the acute displacement, this presented additional hardship to the food-insecure people. Due to this access constraints and security situation, only MHDO was able to partner with WFP, distributing assistance in Buthidaung, while WFP directly distributed to new displaced people in other townships.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	1,352	1,221	1,831	4,404
Other affected persons	0	0	0	0	0
Total	0	1,352	1,221	1,831	4,404
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	62	56	84	202

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	942	2,001	1,950	4,893
Other affected persons	0	0	0	0	0
Total	0	942	2,001	1,950	4,893
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	43	92	90	225

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,400	4,200	2,100	2,300	12,000
Other affected persons	0	0	0	0	0
Total	3,400	4,200	2,100	2,300	12,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	156	193	97	106	552

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,048	2,529	1,265	1,385	7,227
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	5,164	6,379	3,189	3,493	18,225
Other affected persons	0	0	0	0	0
Total	7,212	8,908	4,454	4,878	25,452
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	332	410	205	224	1,171

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	WFP planned to reach a total of 12,000 beneficiaries in six months, whereas WFP reached a total of 25,452 beneficiaries in nine months (with no-cost extension), including 18,225 IDPs and displaced people and 7,227 people from the host communities. The discrepancy is mainly attributable to the fluid movement of displaced people and a geographic reorganization of both WFP and ICRC's response.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
Although WFP did not target men and other groups under its nutrition assistance, the health and nutrition education sessions were not limited to PLWs and caregivers of children aged 6-59 months only. Instead, men and other members were also encouraged to actively participate in the programme, thereby gaining valuable knowledge in childcare practices and improving their nutrition awareness.

5. CERF Result Framework	
Project Objective	Ensure the targeted population has equitable access to sufficient, safe and nutritious food

Output 1	Food is distributed to targeted populations over the course of six months in sufficient quantity and quality and in a timely manner to meet their daily food and nutrition needs			
Sector	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people who received food assistance	12,000	25,425	WFP monthly distribution report
Explanation of output and indicators variance:		WFP planned to reach a total of 12,000 beneficiaries in six months, whereas WFP reached a total of 25,452 beneficiaries in nine months (with no-cost extension), including 18,225 IDPs and displaced people and 7,227 people from the host community members. The discrepancy is mainly attributable to the fluid movement of displaced people and a geographic reorganization of both WFP and ICRC's response.		
Activities	Description	Implemented by		
Activity 1.1	Identification and selection of villages and beneficiaries	WFP, MHDO		
Activity 1.2	Procurement of food commodities locally (1,382 tons) and abroad (196 tons)	WFP		
Activity 1.3	Provision of general food distributions targeting 12,000 people	WFP, MHDO		
Activity 1.4	Post-distribution monitoring, evaluation and reporting	WFP, MHDO		

Output 2	Fortified Blended Food is provided to children 6-59 months and PLW/G to prevent deterioration of nutritional status			
Sector	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of children 6-59 months and PLW/G assisted by fortified blended food	4,404	4,893 (3,591 children; 942 PLWs)	WFP direct distribution reports, Partner distribution reports
Explanation of output and indicators variance:		WFP reached more beneficiaries than planned, due to the fluidity of the displaced people with the volatile situation. WFP reached more beneficiaries than planned, due to the fluidity of the internally displaced people (IDPs) with the volatile situation. WFP avoids double-counting of the beneficiaries ⁷ .		
Activities	Description	Implemented by		
Activity 2.1	Procurement of fortified blended food (WSB+ and WSB++)	WFP		
Activity 2.2	BSFP targeting children 6-59 months and PLW/G	WFP, MHDO		

⁷ WFP uses a corporately-endorsed beneficiary counting and management system (known as COMET) to ensure there is no overlapping of beneficiaries in food/cash distribution operations. Distribution records are carried out by WFP and partners up to household level at every distribution point (village or camp), and these are validated and approved on an ongoing basis. COMET has a dedicated space to ensure exclusion of beneficiary counting where there is confirmed overlap.

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>WFP has an enhanced consultation mechanism which comprises of a management information system that captures community-based feedback and complaints, letter boxes and other channels such as hotlines, emails, help-desk and face to face interactions. Although the context and access were challenging, community views guided the response as much as possible, through information requests, complaints and concerns received through an enhanced consultation mechanism. These were shared in management meetings and positively impact behaviours promoting operational learning. Information dissemination was conducted in a timely manner as well as to ensure it is accessible to all and to have a multiplier effect.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>In addition to the complaints and feedback mechanism (CFM) (see 6b), WFP engaged all parts of the community through community consultations with women and men, as well as less visible or marginalized groups, including persons with disabilities. WFP used government data and verified this through mini-assessments to ensure that all eligible people received their assistance.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>Affected populations receive information regularly as part of protection communications work through multiple channels, multiple languages and formats, with the face-to-face channel being the priority. Displaced people were informed about their entitlements, the duration of assistance and distribution dates/times through community consultations. Beneficiaries also received nutrition messaging. However, it should be noted that WFP's access to new displacement sites was precarious and dependent on the issuance of Government travel authorizations.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>WFP implemented a complaint and feedback mechanism (CFM⁸), a standard component of WFP's countrywide operations. Vinyl signs explaining the CFM were in place at distribution sites, and leaflets were distributed to households. In Buthidaung township, WFP received calls through the CFM hotline requesting for additional beneficiaries to be included in WFP's distributions. In central Rakhine, WFP also received calls to include newly arrived displaced people in distributions, and complaints on the quality of the rice. WFP made efforts to respond to all complaints and inclusion requests, verifying the claims directly and with partners. However, it should be noted that WFP's access to new displacement sites was precarious and dependent on the issuance of Government travel authorizations.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>WFP has established informal referral pathways for SEA-related complaints. During the implementation period, WFP did not receive complaints related to SEA from newly displaced people. WFP is currently completing Standard Operating Procedures for CFM Standardization, which will strengthen and formalize SEA-processes, including case management and case escalation to internal PSEA focal point/alternate. There will also be a focus on strengthening external referral pathways for technical advocacy and specialized support services, with the informed consent of the person concerned and assurances of confidentiality.</p>
<p>Any other comments (optional): N/A</p>

⁸ **Confidentiality** is an important requirement for a CFM, with personal data being shared to the minimum possible extent necessary. This means using a multi-tiered approach to handling User information. For example, some users may only be able to add new records or access specific cases, others may only be able to view complaint details but without the information on who made the complaint. The CFM is equipped to safely and confidentially refer calls where protection issues arise. WFP Myanmar has consulted with coordinating mechanisms in-country for gender, protection and communicating with communities. WFP ensured that PwD can access to CFM themselves or their trusted proxies. Case closure always requires a description or explanation from the CFM Team member closing the case. Before a case can be closed it is important for the complainant to be notified of the action taken and outcome of their complaint. There is an exception, where the complainant has said they do not want to be contacted (this must be respected because we must not put people at risk). There may be cases where it is difficult to reach the user to notify them of the outcome, and closing the loop may not be possible. Case Management, Referral (internal and External) and Closure are in place in the CFM Standardization Project. Moreover, we categorized case priority (high, medium, low) and all regular cases are expected to close within 30 working days.

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Because of access constraints, WFP was unable to conduct an evaluation immediately. However, WFP is planning on continuing its response and support to new displaced people, and will conduct an evaluation in the future when possible. However, learning from the experience, it was very challenging to adapt the response to the continued fluctuation of people affected by the armed conflict and displacement. Formal monitoring was also not allowed by the local authorities, requiring additional measures.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 19-RR-WHO-038 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Myanmar
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-038
5. Project Title:	Provision of life-saving health care services to the new displaced people and host communities arising from the armed conflict in Rakhine State		
6.a Original Start Date:	02/05/2019	6.b Original End Date:	01/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 247,169
	b. Total funding received for agency's sector response to current emergency:		US\$ 247,169
	c. Amount received from CERF:		US\$ 135,997
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 103,492
	Government Partners		US\$ 103,492
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, WHO and its partner, the Ministry of Health and Sport (MoHS), provided primary health care to 32,169 conflict-affected people (17,233 female and 14,396 male) including 2,847 under-five-year-old children; supported operational costs to 75 MoHS health staff; and provided 500 vests to MoHS mobile clinic teams.</p> <p>The project provided essential lifesaving health care services in Buthidaung, Kyauktaw, Mrauk U, Ponnagyun and Rathedaung townships during the implementation period, supporting the MoHS in the deployment of local staff in mobile clinics and facilitating the replenishment of medical supplies used by MoHS in the mobile clinic teams.</p>

3. Changes and Amendments
<p>The project was implemented as mentioned in the original proposal. Regarding the procurement of ten basic units and one supplementary unit of interagency emergency health kits (IEHK), WHO had already used prepositioned kits for this response. A kit procurement, for replenishment, was requested in the initial project. Finally, the replenishment kit procurement was funded through WHO emergency funds, so the actual replenishment arrived beyond the CERF end date. The remaining unspent balance of US\$ 15,696 will be refunded.</p>

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,765	2,158	442	540	4,905
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	3,287	4,019	822	1,005	9,133
Other affected persons	0	0	0	0	0
Total	5,052	6,177	1,264	1,545	14,038
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	3,325	3,981	1,425	1,706	10,437
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	6,752	8,082	2,894	3,464	21,192
Other affected persons	0	0	0	0	0
Total	10,077	12,063	4,319	5,170	31,629
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	464	555	199	238	1,456

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	<p>The reached beneficiaries are significantly higher than the planned beneficiaries because the implementation partner has better access to project locations than the expected during the planning phase. Estimation of planned beneficiaries during the project proposal stage used conservative estimates due to unpredictable access.</p> <p>Furthermore, the mobile clinics have provided health care services to the persons with disabilities identified during the conduct of field visits.</p>
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
<p>This project did not specifically target persons with disability. Out of the number of people directly assisted by CERF, it is estimated that around 4.6 per cent will have some form of disability. Persons with disability who consulted the mobile clinic then received the necessary services and referrals needed at par with the locally available services.</p>

5. CERF Result Framework	
Project Objective	Reduce avoidable morbidity and mortality in armed conflict affected areas

Output 1	Armed conflict affected population have access to emergency primary health care services			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of MoHS health staff supported with operational cost	75	75	MoHS report
Indicator 1.2	Number of patients seen (>1 consultation per person per year divided by 12 times 5 months; disaggregated as to male-female and <5 and >5 years of age as per EWARS guidelines)	>5,850	31,629 (Female: 17,233; Male: 14,396; <5-y.o.: 2,847; =>5-y.o.: 28,782)	MoHS report
Explanation of output and indicators variance:		The number of patients seen was significantly higher than the target. The reason was that the implementing partner had better access to project locations than the expected during planning phase. The planning phase used conservative estimates acknowledging the highly dynamic situation at that time.		
Activities	Description	Implemented by		
Activity 1.1	Provision of operational cost to MoHS mobile clinics	WHO		
Activity 1.2	Provision of primary health care to armed conflict affected population	MoHS		

Output 2	Health staff have safe access to armed conflict affected population with sufficient medical supplies			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of full interagency emergency health kits (IEHK) procured (on replenishment basis, composed of 10 basic units and 1 supplementary unit)	10 basic units and 1 supplementary unit	10 basic units and 1 supplementary unit (not funded by the CERF grant)	WHO procurement record
Indicator 2.2	Vests procurement for mobile clinics team members (for visibility of mobile clinics)	300	500	WHO procurement record
Explanation of output and indicators variance:		Regarding indicator 2.1, WHO had already used prepositioned kits for this for the response. A kit procurement, for replenishment, was requested in the initial project. Finally, the replenishment kit procurement was funded through WHO emergency funds, so the actual replenishment arrived beyond the CERF end date. The number of vests procured was higher than the target. The reason was that the need of the vests exceeded the expected need during the planning phase. The vests were provided to 500 staff working in 5 townships.		
Activities	Description	Implemented by		
Activity 2.1	Provide emergency medical supplies to mobile clinic teams to provide life-saving health care	WHO, MoHS		
Activity 2.2	Provide vests to MoHS field health staff to ensure visibility of mobile clinics	WHO		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The feedback of beneficiaries collected through the implementing partner was used in project design and planning phase. Community leaders informed the date and time of mobile clinics to the beneficiaries. During the joint field visit of WHO and MoHS, feedbacks from the affected population were collected through interviews with the beneficiaries, analysis was made and incorporated in the monitoring report. WHO and MoHS further participated in the joint CERF-MHF monitoring visit, recommendation details available in the separate report.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Existing local administrative mechanisms helped the project to engage with all parts of the community in the response. MoHS mobile clinics coordinated with local leaders for the engagement with beneficiaries. The monthly Rakhine Health Cluster meeting, occurring since late 2015, was used as a platform for coordination among MoHS and partners with regards to the overall emergency response including those funded by other donors. Health staff from the respective affected township who are known by the affected population were also the people who communicated to the communities regarding the availability and schedule of the mobile clinic deployment for essential health service provision. The project captured the voice of women, girls and marginalised groups through engagement with existing inter-cluster coordination mechanism in Rakhine State.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>Institutionally, the Health Cluster system in Myanmar is co-led by MoHS and WHO. Both its terms of reference (updated May 2019) and workplan for 2019 are centred on the core functions of an IASC activated cluster which includes humanitarian principles. Additionally, WHO provided orientation session on humanitarian principles and cluster system as a part of the national and subnational health cluster meetings. Furthermore, the affected people were provided with relevant information of the project during the field visit of WHO and MoHS.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>During the joint monitoring visit conducted by MoHS and WHO, patient beneficiary interviews were conducted with regards to their overall feedback regarding the mobile clinic services. This included questions on how they received the information regarding the clinic visit beforehand, mechanisms available for emergency patient referral, as well as other services still needed. As the interview was done during the joint visit, real time feedback was discussed with MoHS colleagues for action as needed. Additionally, WHO remained engaged with the inter-cluster coordination group based in Sittwe. As such, health-related feedback detected by other clusters and sectors were referred and discussed as necessary.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>A specific mechanism for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints for the implementation of this specific project was not established for this project specifically nor was it included in the approved proposal⁹, but WHO has implemented one before as part of the agency's operational policy. At the same time, WHO remained engaged with the inter-cluster coordination group based in Sittwe as well as existing mechanisms that looks into SEA. Internally, WHO internal policy on Sexual Exploitation and Abuse Prevention and Response. All WHO Myanmar personnel were also required and took the online training entitled "UN Inter Agency: To Serve with Pride - Zero Tolerance for Sexual Exploitation and Abuse by our own staff".</p>
<p>Any other comments (optional): N/A</p>

⁹ The initial response provided here is "no" primarily as it was understood that the response refers to an SEA mechanism established *because of* this CERF-supported project, and implies that SEA reporting mechanism is otherwise *not in place* in the absence of this CERF-supported project. This is not the case. SEA reporting mechanism is in place *even before* this CERF-supported project. Corporately, WHO has a publicly available document on WHO Sexual Exploitation and Abuse Prevention and Response.

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	Achieved
No	No

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 facilitated regular monthly health sector meetings in Sittwe where the operational issues were discussed and coordination with other health cluster actors took place in an organized platform. As per the standard mechanism for project implementation, MoHS submits a technical and a financial report to WHO. During this period, WHO evaluates the technical and financial reports submitted, and feedback provided both in the evaluation forms as well as communicated with MoHS through the relevant platforms as appropriate e.g. sharing of the evaluation, sharing of monitoring reports available, official communication letters, or incorporated in pre-discussion during the design phase of similar future projects.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-FAO-023	Agriculture	FAO	NNGO	\$36,206
19-RR-FAO-023	Agriculture	FAO	NNGO	\$33,403
19-RR-FPA-034	Health	UNFPA	INGO	\$50,000
19-RR-FPA-035	Health	UNFPA	INGO	\$34,800
19-RR-CEF-077	Water, Sanitation and Hygiene	UNICEF	INGO	\$130,467
19-RR-WFP-048	Nutrition	WFP	NNGO	\$15,678
19-RR-WFP-048	Food Assistance	WFP	NNGO	\$65,318
19-RR-WHO-038	Health	WHO	GOV	\$103,492

ANNEX 2: Success Stories

FAO: Improving vegetable home gardening for crisis-affected people in Rakhine State

March 2020.- "My name is U Than Oo. I live in Pi Pin Yin village, Mrauk U township since 1993. I got married at 22 years old. Now I have 4 members in my family: my wife, one son and one daughter. My work is farm casual labour and sometime doing some fishing in our village. My wife does not work but does all the tasks in our home; my daughter is studying in grade three, and my son is only three-year-old. For our family is very hard to buy and eat vegetables from our village market every day, because my family only relies in my income.

I received information to support vegetable seeds from People for People (PfP) partnering with FAO. One-day PfP staff came in my village and took my family contact information details. I am very interesting of home gardening. After three weeks, I received two bags of organic fertilizer, 6 packs of vegetable seeds, farm tools gardening: one hoe and one shovel; all of that from PFP and FAO. After that, I attended for two days a good agriculture practice training in Mrauk-U downtown. During this training, I received more agriculture knowledge, practice and experience to better produce my own vegetables.



U Than Oo and his family taking care of their home garden, thanks to the CERF funded emergency agriculture support Pi Pin Ying village, Mrauk-U Township, Rakhine State (Photo credit: FAO Myanmar)

Now, after preparing the land around my house and get plant the seeds, I am already having some vegetables. If I can get more vegetable from my home garden, I could share some with the people in the displacement sites but also sell them in our village market. It is very helpful for my family no need to buy vegetables from the market. I can take the instantly fresh vegetables to eat from my home garden. Next time, if possible, I would like also to attend the good agriculture practice training because the training was very useful for me.

Finally, my family is very happy because they can take and eat every day fresh vegetables from our home garden. So, I would like to thank a lot PfP and FAO for providing this assistance. If, you have any further plans for our village, please come. You will always be welcome."

The above story, from U Than Oo, in Pi Pin Yin village, is part of the impact of the CERF funding granted to FAO in early June 2019 to response to new humanitarian needs due to the upsurge of fighting between the Myanmar military and the Arakan Army (AA), which caused forced displacement and affected other communities across Rakhine and Chin State. The

CERF funding allowed FAO and its partners to implement emergency interventions to support host communities through nutritious food production in Rakhine State. This assistance was extended to 3,000 vulnerable households which received vegetable seeds, agricultural tools and fertilizer and were able to benefit of training activities on good agricultural practice and nutrition-sensitive farming.

U San Shwe Baw, a 45 years farmer, is now living in Kan Sauk village in Kyauktaw township. He was also selected as beneficiary of the CERF intervention. He was working as a farmer. His family did not have interest in making a home garden in his house compound. The main livelihood and income source in Kan Sauk village tract is the paddy production in rainy season. His family can also get access to other opportunities as casual workers in road construction in highway road. However, his daughter was trained in good agriculture practices (GAP) training in Sittwe by PfP staffs. Her name is Ma Hnin Oo Khine. She became more knowledgeable and involved in home gardening. Her family had arable land near the house compound; but did not produced as home garden any season. She decided to make a home garden in and produce nutritious vegetables, getting also additional incomes for her family in dry season.



*Good Agriculture Practices (GAP) training in Kan Sauk village, in Kyauktaw Township, Rakhine State
(Photo credit: FAO Myanmar)*

She was identified as a trainee of GAP training according to the established criteria: access to land, have manpower, demonstrate capacity and willingness to plant and received training. Her family received CERF funded agricultural inputs including six types of seeds, hand shovel and garden hoe, as well as good agricultural practice knowledge shared from volunteer farmers. She is now able to cultivate a beautiful home garden in the compound beside her house and she told that the nutritious vegetables, products from her home garden, will help her family to access to more nutritious foods and income. She looks really happy and pleased herself because her dreams come true now.

WFP: Emergency food assistance by CERF-funded intervention in Kyauktaw Township

March 2019.- Ongoing armed conflict between the Myanmar military (Tatmadaw) and Arakan Army, an ethnic Rakhine armed group, has only intensified since clashes began in late 2018. The fighting has displaced tens of thousands of ethnic Rakhine and other people. Conflict-affected families have been forced to flee from their homes, villages and farmland. This has had a serious impact on their livelihoods and food security.

Kyauktaw Township, in Rakhine State, is one of the areas most affected by the ongoing fighting. Many families in Kyauktaw are internally displaced within the Township. War Taung displacement site in Kyauktaw has sheltered over 200 households.

Ko Soe Maung, Ma Khin San Yi and their young daughter arrived in the site at the end of 2018, fleeing fighting near their home village of Nga Sa Yaing Kaing. As many other displaced people in War Taung displacement site, Ko Soe Maung has been seeking any possible means of generating an income, but job opportunities are almost non-existent for displaced families, he told WFP. He sells local seasonal fruits picked from nearby trees, but the income cannot cover the household's regular needs. Ko Soe Maung expressed his gratitude to WFP, saying that the food assistance from WFP has provided the family with their daily meals.

WFP food assistance in War Taung displacement site in Kyauktaw Township has been supported with emergency funding granted by the United Nations' Central Emergency Response Fund (CERF), through an Integrated Allocation Strategy of US\$5 million: \$3.5 million from the CERF, and \$1.5 million for the Myanmar Humanitarian Fund.



*Distribution of food assistance in War Taung displacement site
Kyauktaw Township, Rakhine State
(Photo credit: WFP Myanmar)*

WHO: Lives saved by CERF-funded MoHS-WHO mobile clinic

November 2019.- “I arrived at War Taung temporary displacement site in Kyauktaw township in June 2019 due to armed clashes around my original village”, a 41-year-old woman Su Aye (not her real name) said during an interview by a WHO National Technical Officer in a joint monitoring visit with Ministry of Health and Sports on 8 August 2019. She was on her seventh pregnancy when she arrived at the displacement site. She received information regarding the availability of mobile clinic in the displacement site from her neighbour and the temporary site leader. This mobile clinic is conducted by Ministry of Health and Sports, supported by WHO and funded through the United Nations’ Central Emergency Response Fund. She went to that clinic and received appropriate antenatal care services. Furthermore, the health staff advised her to deliver the baby in the nearest hospital and provided counselling regarding family planning.



*Su Aye expresses her appreciation to the health staff for their facilitation of life-saving referral to the hospital.
CERF funded MoHS-WHO mobile clinic in War Taung displacement site, Kyauk Taw township, Rakhine State.
(Photo credit: WHO Myanmar)*

About one month earlier than the expected date of delivery, Su Aye went into labour and delivered the baby at the displacement site aided by a traditional birth attendant. Despite the attendant’s efforts, the placenta did not come out after the delivery. The War Taung temporary site leader then contacted Kan Sauk rural health centre. A health assistant arrived in an ambulance and facilitated the referral to Yoe Ta Yote station hospital which is 30-minute drive from the site. She stayed in the hospital for three days and received the necessary health interventions from the hospital staff. Su Aye and her baby healthily returned from the hospital. At the time of the interview, the baby girl was one month old and was breast-feeding from her mother. Su Aye and her baby continue to receive postnatal and neonatal health care from the mobile clinic.

More Stories available online:

UNFPA: [UNFPA helps restore dignity of women and girls and improve their wellbeing amid armed conflict in Rakhine](#), published on 31 March 2020.

UNICEF: [Ensuring hygiene inside a temporary but cramped shelter in Sittwe](#), published on 29 January 2020.

UNHCR: [Facebook post](#), published on 15 July 2019.

WHO: [Health emergency updates on displacements in Rakhine and Chin States](#), published in 2019.

WHO: [Health emergency updates on displacements in Rakhine and Chin States](#), published in 2019.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AA	Arakan Army
AAP	Accountability to Affected Population
AAR	After-Action Review
AB	Advisory Board
AGD	Age, Gender and Diversity
CBPF	Country-Based Pooled Fund
CCCM	Camp Management & Camp Coordination
CDN	Consortium of Dutch NGOs
CERF	Central Emergency Response Fund
CFM	Complaint and Feedback Mechanism
CFS	Child Friendly Space
CFSI	Community and Family Services International
CP	Child Protection
CSO	Civil Society Organizations
DKs	Dignity Kits
DOA	Department of Agriculture
DRC	Danish Refugee Council
DSW	Department of Social Welfare
EiE	Education in Emergencies
EWARS	Early Warning Alert And Response System
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FTS	Financial Tracking Service
GAP	Good Agriculture Practices
GBV	Gender-based Violence
GBVIMS	Gender-based Violence Information Management System
HCT	Humanitarian Country Team
HH	Household
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross / Red Crescent
IEC	Information, Education and Communication
IEHK	Inter-agency Emergency Health Kit
INGO	International Non-Governmental Organization
IP	Implementing Partner
MIAG	Maungdaw Inter-Agency Group
MHDO	Myanmar's Heart Development Organisation
MHF	Myanmar Humanitarian Fund
MHPSS	Mental Health and Psychosocial Support
MMK	Myanmar Kyat
MMR	Myanmar
MoALI	Ministry of Agriculture, Livestock and Irrigation
MoHS	Ministry of Health and Sports
NCE	No-Cost Extension
NFI	Non-Food Items
NGO	Non-Governmental Organization

NNGO	National Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PCA	Partnership Cooperation Agreement
PDM	Post-Distribution Monitoring
PfP	People for People
PHC	Primary Health Care
PIN	People in Need
PIMS	Protection Incident Monitoring System
PLW	Pregnant and Lactating Women
PSEA	Protection from Sexual Exploitation and Abuse
PSN	Persons with Specific Needs
QAAP	Quality Assurance and Accountability Project
RC/HC	Resident Coordinator / Humanitarian Coordinator
RI	Relief International
RR	Rapid Response
SAM	Severe Acute Malnutrition
SGBV	Sexual Gender-Based Violence
SRP	Supplemental Response Plan
SRHR	Sexual and Reproductive Health and Rights
TA	Travel Authorization
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNHCR	United National High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
US\$	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International