



MYANMAR RAPID RESPONSE DISPLACEMENT 2021

21-RR-MMR-49467

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

12 October 2022

The After-Action Review (AAR) was conducted on 12 October 2022. Staff from FAO, UNFPA, UNICEF, WHO, WFP, OCHA-MHF and four sub-partners of UNICEF (PUI, KMSS, CPI and SNF) participated.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The US\$10 million CERF allocation for Myanmar in October 2021 provided a critical lifeline enabling the delivery of vital multi-sectoral assistance and services to around 262,000 of the most vulnerable people as the country faced an unprecedented rise in violence, widespread socioeconomic disruptions triggered by the COVID-19 pandemic and the political situation, and soaring inflation that caused a spike in the cost of basic goods and services. The military takeover in February 2021, and the ensuing nationwide unrest, clashes and attacks, led to the near collapse of the health system and massive population displacement, which rose from 321,000 before the takeover to 1.5 million people by December 2022. The number of people reached through this allocation, including internally displaced people and host community members, was nearly double the initial target of 140,000 beneficiaries, underscoring the rapidly deteriorating needs on the ground, as well as the lifesaving impacts of CERF funding. Emergency food assistance and livelihood support, as well as health and protection services reached the most vulnerable people, including in high-conflict, hard-to-reach areas in the Northwest (Chin, Magway and Sagaing) and Southeast (Kayah, Kayin, Mon and Tanintharyi), where escalating conflict triggered large waves of new displacements. Despite the significant underfunding of the 2022 Humanitarian Response Plan (HRP), which has received just US\$290.2 million of the \$825.7 million (35 per cent) required to reach 6.2 million people prioritized for support, partners have managed to sustain the provision of some critical assistance programmes across Myanmar thanks to CERF funding.

CERF's Added Value:

CERF funding was critical to bolstering response implementation in some of the worst-affected areas of Myanmar by enabling the strengthening of existing local partnerships and the establishment of new ones to more effectively navigate severe access constraints and reach more people with lifesaving assistance. After the military takeover in February 2021, UN agencies faced huge challenges in finding organizations to partner with using core funds, a situation that CERF funding has helped UN agencies more effectively manage. For instance, UNICEF reached 93,000 people with healthcare services, surpassing the 50,000 people initially targeted following the reactivation of two existing partnerships and the establishment of two new ones fostered thanks to CERF funding. During the project's implementation, the intensification of conflict triggered a rise in the number of affected people and further limited the availability of services in public health facilities, leading to greater reliance on health services provided by national and international NGOs through mobile and fixed clinics as well as volunteer networks. UNICEF's partnerships fostered by CERF funding helped increase the capacity of NGOs to continue providing critical health services.

Additionally, CERF financing supported FAO to continue and even expand its operations in the Southeast by working with new partners and attracting other sources of funding so that they could continue working with partners initially engaged thanks to CERF support. As a result, FAO was able to reach around 57,400 beneficiaries, exceeding the 50,000 people initially targeted, providing them with fertilizer, seeds and cash grants at a time when input and food prices were soaring beyond the reach of many. Post-distribution monitoring (PDM) found that cash grants improved access to food for the majority (84 per cent) of the respondents, while beneficiaries reported using cash to cover medical expenses and reactivate their livelihoods, among other uses. Moreover, PDM results revealed that the average vegetable garden established per beneficiary was 0.269 acres, adequate to provide vegetables for a household and in some cases, surpluses were sold in local markets or shared with neighbours and relatives.

CERF's flexibility in allowing project revisions and extensions allowed partners to stay responsive to needs and to maximize reach depending on local conditions in a highly dynamic operating environment.

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

Yes

Partially

No

Active conflict, COVID-19 restrictions, access impediments, such as delayed approval of travel authorizations, banking restrictions and volatility in local markets delayed the implementation of CERF-funded activities in most project locations. For example, suppliers of food items were reluctant to provide quotations valid beyond a few days due to drastic price fluctuations, making it difficult for partners to finalize procurement processes and deliver assistance in a timely manner. UNFPA's partners were forced to suspend the implementation of health services and safe house operations in Kayah State at one point due to the security situation on the ground. However, when partners managed to overcome access and security these challenges, they quickly delivered assistance to targeted beneficiaries despite the significant issues faced.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

After February 2021, and in the leadup to the CERF allocation in October 2021, clashes between armed groups rapidly intensified across much of the country, triggering massive displacement in states and regions with limited pre-existing humanitarian programmes to respond to growing needs. In the six months prior to October 2021, more than 220,000 people were displaced at the same time that the country was struggling to cope with the multifaceted impacts of consecutive waves of COVID-19 that severely interrupted livelihoods and access to critical health services.

The CERF funds responded to time-critical health, food, livelihood and protection needs of displaced people and host communities. UN agencies and their implementing partners provided time-critical primary healthcare services including sexual, reproductive, maternal, and adolescent and youth health services. COVID-19 case management as well as infection prevention and control activities were integrated across project activities funded by CERF. FAO distributed fertilizer and vegetable seeds to 11,200 households in time for the planting season, providing time-critical livelihood and food security support.

However, due to increased volatility in the operating environment, delivery of health and gender-based violence (GBV) services as well as food assistance was delayed in most project locations and in some locations, even cancelled. Insufficient supplies of trauma kits and the unavailability of emergency health kits in the local market prevented WHO from providing essential health services to 42 per cent of the 36,000 people targeted. WFP and its implementing partners distributed 1,262 metric tons of mixed food commodities and around US\$1.6 million in cash-based transfers. However, due to security restrictions, people targeted for food assistance in Mon State as well as in Magway and Sagaing regions could not be reached.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funding helped UN agencies and partners strengthen coordination within and between sectors as well as on key crossing-cutting issues and priority areas of the response. For example, working with more than 20 partners, including UN agencies, non-governmental organizations (NGOs) and civil society organizations (CSOs), UNFPA's project contributed to enhanced coordination among Sexual and Reproductive Health and Rights (SRHR), GBV and Mental Health and Psychosocial (MHPSS) partners, helping improve the efficiency of humanitarian assistance delivered to affected people in the Southeast. While implementing its CERF-funded project, WFP led Food Security Cluster meetings. WHO collaborated with Health Cluster partners to distribute health supplies in its CERF project locations, while IOM and UNICEF supported WHO to identify strong local partners to implement health-related activities. The Health Cluster coordinated with the Nutrition Cluster to identify and target vulnerable pregnant and breastfeeding women and girls (PBW/G) for health assistance. Moreover, FAO, together with the Cash Working Group, facilitated the coordination of cash assistance, including at its CERF project locations. Additionally, FAO strengthened coordination with UNDSS to support the safety and security of its staff and partners across project locations.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The Myanmar response received around US\$259.3 million in funding through the 2021 HRP and the 2021 Interim Emergency Response Plan. The 2022 HRP is ending the year with 35 per cent of the required funds being received and many needs remaining unmet. During the After-Action Review session participants were not able to confirm whether the CERF funds contributed to improving resource mobilization efforts within their agencies.

Considerations of the ERC’s Underfunded Priority Areas¹:

Through CERF-funded projects, UN agencies and implementing partners prioritized prevention of and response to GBV and sexual exploitation and abuse (SEA) through awareness-raising activities, training for staff and local communities, effective feedback, complaint and reporting mechanisms, and prior consultation with communities and their leaders to ensure appropriate distribution locations and times to enhance the protection of women, girls and other vulnerable groups. Additionally, CERF-funded projects ensured SRHR/GBV/MHPSS service availability and access to appropriate equipment and supplies, including safe delivery and dignity kits, to reach vulnerable women and girls with much-needed assistance. Context- appropriate assistance was also provided to GBV survivors, PBW/G, and adolescent girls, helping empower them to make decisions over their own bodies and to access critical services.

UN agencies’ projects tailored the delivery of assistance and services to ensure accessibility for people with disabilities (PWD), while some prioritized the inclusion of PWD in activities through vulnerability-based selection criteria that targeted people with chronic illnesses and disabilities. After local consultations, accessible distribution locations were identified to maximize accessibility for beneficiaries, ensuring the availability of priority lines, the use of proxies and transportation assistance to help ease mobility challenges. For health interventions, WHO integrated mobile clinics and other accessible health services, including for COVID-19, into their response strategy to ensure the inclusion of PWD.

While education activities were not directly part of the strategic objectives of the CERF-funded projects, UN agencies’ activities provided digital and financial training as well as literacy materials that promoted women’s education and empowerment, for instance, through cash-based interventions, especially for women participating in e-cash programming funded by CERF. Awareness raising activities and the distribution of communications materials in communities’ preferred languages also supported community education on good agricultural practices, nutrition and COVID-19 mitigation measures, among other issues.

Additionally, CERF-funded activities indirectly supported education amid the unfolding crisis in Myanmar through, for example, multi-purpose cash assistance that provided households with flexibility to prioritize spending to match their needs, including covering education-related expenditures. According to FAO’s PDM survey, more than 20 per cent of respondents stated that they spent cash provided on education expenses, like school fees for their children, potentially mitigating school dropouts, forms of child labour and related issues.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response 2021 (HRP + IERP)	385,617,765
CERF	10,032,677
Country-Based Pooled Fund (if applicable)	20,870,776
Other (bilateral/multilateral)	228,395,596
Total funding received for the humanitarian response (by source above)	259,299,049

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-023	Food Security - Agriculture	2,800,000
UNFPA	21-RR-FPA-029	Protection - Gender-Based Violence	605,136
UNFPA	21-RR-FPA-029	Health - Sexual and Reproductive Health	403,424
UNICEF	21-RR-CEF-048	Health	1,800,000
WFP	21-RR-WFP-036	Food Security - Food Assistance	3,000,000
WHO	21-RR-WHO-035	Health	1,424,117
Total			10,032,677

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	7,137,361
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,140,535
Funds sub-granted to national NGO partners*	1,754,782
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,895,316
Total	10,032,677

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Since the military takeover in February 2021, Myanmar has been facing an unprecedented humanitarian crisis as clashes have intensified in traditional hotspots and expanded to many parts of the country previously considered safe, triggering massive displacement and rising humanitarian needs. Between February 2021 and December 2022, more than 1.1 million people were displaced across the country, an almost 4-fold increase on the 330,400 people displaced countrywide prior to February 2021. When the October 2021 CERF allocation was approved by the Emergency Relief Coordinator (ERC), the number of people in need had already tripled from one to three million, eventually rising to a staggering 14.4 million people in the 2022 Humanitarian Response Plan.

The humanitarian situation in the country continues to rapidly deteriorate, driven by the multi-faceted impacts of escalating conflict, a deepening socioeconomic crisis, and collapsing infrastructure and public services. Soaring inflation is driving up the cost of food, fuel, transport, and other basic goods and services, compounding pre-existing vulnerabilities in a country where almost half the population are living in poverty and some 15.2 million are food insecure. Those already most vulnerable, including women, children and the elderly, people with disabilities and internally displaced persons (IDPs), have borne the brunt of the worsening crisis in Myanmar, requiring increased assistance to prevent a further accumulation of unmet needs and grave protection risks.

Indiscriminate airstrikes, shelling and use of landmines and other explosive ordnance continue to claim civilian lives and severely damage or destroy civilian infrastructure, further limiting access to affected people and their access to critical services. As conflict and displacement increase, sexual and reproductive health, prevention of and response to gender-based violence, and strengthened mental health and psychosocial support services are desperately needed. In the current context, affected people are increasingly more dependent on UN agencies and NGOs for access to these critical services. However, the UN and its partners find themselves faced with increasingly severe access and security constraints, rising operational costs and new restrictions on NGOs that seriously impede operations.

Despite the worsening humanitarian situation and urgent needs, funding for the humanitarian response remains concerningly low. As of December 2022, the HRP was only 35 per cent funded which amounts to just US\$290 million of the \$826 million required, threatening the ability of partners to respond to growing needs and leaving considerable gaps in the response. The UN and its partners require additional donor support to keep pace with mounting needs, making CERF financing crucial to protect people, alleviate suffering and save lives.

Operational Use of the CERF Allocation and Results:

In response to the unfolding crisis, the ERC allocated US\$10 million from CERF's Rapid Response window in October 2021 to support UN agencies and their implementing partners in providing lifesaving assistance to newly displaced and highly vulnerable people in hard-to-reach areas across nine states and regions. The CERF funds allowed UN agencies to provide critical health, food, livelihood and protection assistance to displaced people and crisis-affected communities. The primary healthcare assistance provided includes sexual, reproductive, maternal, and adolescent and youth health services. COVID-19 case management as well as infection prevention and control activities were integrated across activities implemented through this CERF allocation.

CERF-funded projects reached around 262,000 people with critical humanitarian assistance. UNICEF provided primary healthcare services to 11,014 people and facilitated referrals of emergency obstetric cases and severely ill children. WFP distributed 1,262 metric tons of mixed food commodities and US\$1,557,347 in cash-based transfers to 188,371 people. FAO provided fertilizer and vegetable seeds in time for the planting season to 57,396 people (11,200 households), while UNFPA provided 17,600 people with access to quality, integrated sexual and reproductive health (SRH), GBV as well as MHPSS support services.

Amid active conflict, COVID-19 and access restrictions across most of project locations, UN agencies and their implementing partners employed the most suitable modalities, including in-kind and cash-based transfers or a combination of both. WFP provided cash-based transfers only in locations where markets were accessible and functioning, such as Shan and Kachin states, while in more remote areas or those recently affected by fresh clashes, in-kind direct food assistance was provided. FAO distributed agricultural inputs, along with unrestricted multi-purpose cash grants, to all its targeted beneficiaries (11,200 households). UNFPA, on the other hand, provided restricted cash support to vulnerable people requiring GBV, MHPSS and/or referral for SRHR care to cover costs of services as well as transportation.

People Directly Reached:

CERF-funded projects directly reached 262,000 people with lifesaving assistance, nearly double the 138,889 people initially targeted, including 24,000 people with disabilities. For each project, the number of people reached was disaggregated first by cluster and then by location at township level (admin level 3). From across the clusters, the highest value was picked for each location. The highest values were summed up to estimate the total number of people reached as 262,000. To estimate the number people reached by category (see Table 5), each agency's estimates of the number of host community members, IDPs, returnees and other crisis-affected people reached were first summed up. The percentage of each category (host community, IDPs, returnees and others) was then determined. Using these percentages, the total number of people reached (262,000) was disaggregated proportionately for each category. The breakdown by sex and age of people reached was also estimated by summing up cluster estimates, and a percentage of men, women, boys and girls was calculated. These percentages were then used to disaggregate the total number of people reached (262,000) by sex and age in Table 6. For PwD, the average percentage of PwD across cluster estimates was first determined. The value (9 per cent) was then applied to the total number of people reached (262,000) to calculate the total number of PwD reached (24,000). Each agency's estimates of the number of PwD reached by sex and age (Men/Women/Boys/Girls) were summed up. The percentages of men, women, boys and girls for PwD were calculated. The percentages were applied to disaggregate the number of PwD reached (24,000) by sex and age.

During the implementation of CERF-funded projects, a combination of intensifying conflict, population displacement and waves of COVID-19 across the country drove a drastic surge in humanitarian needs, including for food assistance, healthcare, livelihood support and access to other basic services. Given the context, WFP reprogrammed its allocation to allow for greater flexibility in geo-targeting and assistance modalities. This change allowed WFP to respond to growing needs using the most suitable assistance modalities, either in-kind or cash-based assistance, in areas with recent population displacements in the southeast of the country. As a result, WFP was able to reach around 188,400 people, nearly 3 times the original target of 68,450 people. Around 75,700 people were reached with cash-based transfers.

Amid rising health needs following consecutive waves of COVID-19, UNICEF's project exceeded the target for primary healthcare consultations by 86 per cent. A total of 93,000 people were reached with emergency health kits compared to the 50,000 people targeted at the outset of the project. In a context of limited availability of services in public health facilities, communities increasingly relied on the healthcare services provided by national and international NGOs through mobile and fixed clinics as well as volunteer networks. To support livelihoods and food security, FAO, with savings from the purchase of inputs and foreign exchange rate gains, provided cash to 6,000 additional people (1,200 households).

People Indirectly Reached:

More than 233,600 people are estimated to have indirectly benefited from activities funded through this CERF allocation. Around 100,600 people indirectly benefitted from the awareness raising activities on health and protection issues, as well as from expanded access to health and protection services provided by UNFPA. Additionally, the project supported refresher trainings which enhanced the assistance provided on GBV and MHPSS.

UNICEF's health messaging, including for COVID-19 prevention and care, indirectly benefited 123,000 people. Moreover, WHO estimates that 10,000 health workers indirectly benefited from the translation of open WHO refresher courses on emergency clinical management, vaccination, and COVID-19 infection prevention and control.

Although not quantified, the infusion of cash in FAO project locations helped bolster the local economy based on how the cash was used by beneficiaries. Additionally, PDM found that excess vegetables were sold by beneficiaries in their respective villages or given to neighbours and relatives, improving food security for communities and the financial situation of individual households. Beneficiaries who received cash-based transfers through WFP's project procured food commodities from local markets, thus indirectly supporting local retailers.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security – Agriculture	15,000	14,000	10,500	10,500	50,000	18,878	17,088	10,450	10,980	57,396
Food Security - Food Assistance	16,960	15,610	17,935	17,945	68,450	64,046	54,628	35,790	33,907	188,371
Health	17,712	14,924	11,734	11,030	55,400	15,661	9,084	10,498	6,644	41,887
Health - Sexual and Reproductive Health	2,467	85	433	15	3,000	3,750	18	0	0	3,768
Protection - Gender-Based Violence	14,554	875	2,194	0	17,623	10,180	2,123	1,427	163	13,893

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	2,500	2,870
Internally displaced people	68,450	127,670
Host communities	27,939	87,000
Other affected people	40,000	44,460
Total	138,889	262,000

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	43,399	96,500	2,674	9,100
Men	34,852	71,200	2,461	7,100
Girls	30,874	49,900	2,827	4,100
Boys	29,764	44,400	2,829	3,700
Total	138,889	262,000	10,791	24,000

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-023

1. Project Information			
Agency:	FAO	Country:	Myanmar
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-023
Project title:	Safeguarding and Improving Food Security and Nutrition through Emergency Agriculture Inputs Package and Multipurpose Cash Assistance		
Start date:	21/10/2021	End date:	20/07/2022 (initially 20/04/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 14,800,000
	Total funding received for agency's sector response to current emergency:		US\$ 850,000
	Amount received from CERF:		US\$ 2,800,000
	Total CERF funds sub-granted to implementing partners:		US\$ 469,696
	Government Partners		US\$ 0
	International NGOs		US\$ 337,412
National NGOs		US\$ 132,284	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

All project activities were successfully implemented despite the challenges arising from escalating conflict in project locations that caused delays in the implementation of activities and the delivery of farm inputs. Additionally, banking restrictions caused delays in the withdrawal of project funds by implementing partners. FAO implemented this project in collaboration with its implementing partners: Karuna Mission for Social Solidarity (KMSS)-Loikaw, KMSS-Hakha, KMSS-Hpa-an, Save the Children International-Myanmar, and HELVETAS Swiss Intercooperation.

Through this CERF allocation, 57,396 individuals (11,200 households) across 212 villages and 13 townships in 4 states/regions (Chin, Kayah, Kayin and Mon) were supported with fertilizer and vegetable seeds. Each beneficiary received 40kg of compound (15-15-15) fertilizer (excluding 1,000 household beneficiaries in Chin State); vegetable seeds kit that contained 20g each of eggplant, pumpkin/squash, mustard, water spinach and packoy/bokchoy seeds. In addition, hygiene and protective items (12 face masks and 6 bars of hand soap) were provided along with information materials, such as leaflets, on good agricultural practices, nutrition and COVID-19 prevention measures. Short orientation sessions about these leaflets were conducted prior to starting distributions.

In addition to vegetable seeds, some 2,500 beneficiary households (HH) in Chin (1,000 people) and Kayah (1,500 people) states also received waxy corn seeds (500 grams per beneficiary) since it was the crop farmers preferred in these locations. Along with the agricultural inputs, each of the 11,200 household beneficiaries also received unrestricted multi-purpose cash grants amounting to MMK 170,000 (US\$95), surpassing the original plan to support only 50,000 individuals (10,000 HHs) with cash grants. Savings from procurement of farm inputs and the devaluation of the Myanmar Kyat against the US Dollar allowed FAO to reach an additional 1,200 beneficiary HH in two additional townships in Mon State.

Based on the PDM results, the majority (84 per cent) of the respondents mentioned that the cash provided helped improve their access to food. The next most common uses of the cash were medical expenses and reactivating livelihoods. Other mentioned uses of cash were debt payment, educational expenses and savings. In addition, PDM results found that the average vegetable garden established per beneficiary was 0.269 acres, adequate to provide vegetables for the household and in some cases, surplus supplies that were sold or shared with neighbours and relatives.

3. Changes and Amendments

Planned project implementation in three townships in Tanintharyi was suspended following last-minute withdrawal of the implementing partner initially identified to carry out activities in the region and no other partner with the sufficient capacity to implement farm activities and cash distribution based on the project's timeline could be identified. Since Tanintharyi Region could not be covered by the project, FAO revised a letter of agreement with another partner to increase the targeted beneficiaries in other locations in Mon state. This change was covered in the project revision request on 23 February 2021 and approved by CERF on 15 March 2022.

Following the escalation of conflict, FAO requested a no-cost extension to ensure completion of all project activities, including cash distribution, PDM and reporting. The field activities of implementing partners encountered delays due to active conflict in the project sites. Starting from December 2021, two implementing partners suspended activities due to deterioration of the security situation in Kayah and Kayin states. The conflict also drove changes to village locations in Kayah and Mon state, since implementing partner staff could no longer access certain villages/village tracts. Additionally, delays were encountered in the delivery of inputs in Kayah and Chin states due to escalating conflict.

In Chin State, the distribution of chemical fertilizer to 1,000 beneficiaries in Falam and Mindat townships was suspended but the distribution of seeds (vegetable and corn), hygiene items and cash was completed. De facto authorities seized around 400 bags of fertilizer at a checkpoint on the way to Falam township. Although the fertilizer was later transferred to the implementing partners' warehouse, the de facto authorities did not allow the distribution of the fertilizer. The remaining 600 bags were not delivered to Chin state due to the possibility of confiscation and were instead provided to additional beneficiaries in Mon State. With savings from the purchase of inputs and foreign exchange rate gains, an additional 1,200 HHs (800HHs and 400HHs in Thahtone and Mudon townships, respectively) were provided with cash. Beneficiaries of cash grants in Thahtone township also received fertilizer support.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	750	700	525	525	2,500	947	861	517	545	2,870
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	3,750	3,500	2,625	2,625	12,500	4,735	4,305	2,583	2,726	14,349
Other affected people	10,500	9,800	7,350	7,350	35,000	13,258	12,053	7,232	7,634	40,177
Total	15,000	14,000	10,500	10,500	50,000	18,878	17,088	10,450	10,980	57,396
People with disabilities (PwD) out of the total										
	1,050	980	735	735	3,500	1,312	1,175	0	0	2,487

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Based on the PDM results, most respondents used the cash provided to buy food. The next most common uses of cash received were for medical expenses and reactivating livelihoods. Other uses mentioned were debt payment, educational expenses and savings. Though not yet quantified or measured, the infusion of cash in project locations contributed to the local market economy given how the cash was used by beneficiaries. Further studies should be conducted to assess the indirect impacts or indirect beneficiaries of cash-based assistance. In addition, though also not quantified, PDM respondents mentioned that excess vegetables were sold in their respective villages or given to neighbors and relatives.

6. CERF Results Framework

Project objective	Urgently rebuild, protect and improve the agriculture livelihoods of the most vulnerable small-scale farmers, landless seasonal workers, flood-affected people, newly displaced and host community households from the adverse impacts of the ongoing conflict, floods, COVID-19 and other recent shocks and worsening of the existing food crisis in Myanmar by providing time-critical and season-sensitive emergency assistance in the form of quality agriculture inputs, related technical training and awareness building on COVID-19 safety measures.			
Output 1	Agriculture livelihoods and food security of 10,000 vulnerable households and their family members restored and protected through the provision of vegetable seeds and fertilizers to support winter vegetable production.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.1 Number of people benefiting from agricultural inputs (vegetable, pulses production package)	50,000	57,396	Signed distribution forms and distribution reports
Indicator 1.2	Number of people provided with quick awareness training and good agriculture practices and nutrition leaflets as part of the vegetable production package assistance	50,000	57,396	Signed distribution forms and distribution reports
Indicator 1.3	AP.5a Number of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner	40,000	57,396	Post Distribution Monitoring
Explanation of output and indicators variance:		Due to lack of approval from the de facto authorities, fertilizer was not distributed in Chin State. However, the people targeted for assistance were provided with vegetable and corn seeds. The fertilizer was instead distributed to additional beneficiaries in Mon State.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of (i) 800kg of vegetable seeds and 32 MT of pulses and (ii) 500 MT of compound fertilizer and quality testing as per FAO's global seed and fertilizer quality standards and technical clearance for transport and distribution of these inputs	FAO Myanmar		
Activity 1.2	Provision of vegetable production package comprising 100g vegetable seeds and 50kg of compound fertilizer to selected households	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation		

Activity 1.3	Provision of emergency awareness training and leaflets on appropriate cultivation techniques for certified seed/ improved varieties, natural pest management and nutrition	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation
Activity 1.4	PDM and overall regular monitoring of all project activities	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation

Output 2 Livelihoods of 10,000 selected vulnerable farming households and their family members protected through the provision of unrestricted multipurpose cash grants.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security – Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.1a Number of people benefitting from multi-purpose cash	50,000	57,396	Signed distribution forms and distribution reports. Reconciliation reports of financial service provider (FSP), Ongo
Indicator 2.2	Cash.1b Total value of multi-purpose cash distributed in USD	950,000	1,052,398	Signed distribution forms and distribution reports. Reconciliation reports of FSP (Ongo)
Indicator 2.3	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner	80	100	Post Distribution Monitoring

Explanation of output and indicators variance: To utilize budget savings in relevant budget lines, FAO increased the number of beneficiaries by 1,200 vulnerable households, bringing the total number of beneficiaries supported with cash to 11,200 households (or 57,396 individuals). Each beneficiary received MMK 170 000 (around US\$95).

Activities	Description	Implemented by
Activity 2.1	Distribution of cash comprising US\$95 for selected vulnerable households	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation and Ongo (a financial service provider)
Activity 2.2	Provision of awareness training and leaflets on COVID-19 safety practices	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation
Activity 2.3	PDM and overall regular monitoring of all project activities	Implementing partners: Karuna Mission for Social Solidarity (KMSS) - Loikaw, KMSS - Hakha, KMSS - Hpa-an, Save the Children Intl. & HELVETAS Swiss Intercooperation

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

FAO's implementing partners worked with village committees and other key stakeholders to pre-identify potential villages based on the relevance of the intervention and if communities would be interested to participate in the project's activities. After the list of villages was finalized, the implementing partners' field staff conducted village-wide orientations to build awareness, clarify and address any queries, and solicit support from the community prior to commencing project activities. Implementing partners worked with existing village structures or committees, in collaboration with FAO field staff, to finalize the selection criteria and support the selection of beneficiaries. Both the selection of beneficiaries and distributions were carried out in a transparent manner.

FAO conducted weekly meetings with the implementing partners to address any issues in implementation and solicit feedback from communities and staff. FAO Extension Field Assistants (EFAs), along with implementing partner staff, also conducted ad hoc meetings to address any urgent issues. FAO and implementing partner staff continuously worked on building awareness on the project's objectives as well as the complaints and feedback mechanism during community meetings and orientation sessions.

b. AAP Feedback and Complaint Mechanisms:

FAO operationalized its complaints and feedback mechanism which included complaint boxes, direct feedback to staff and a dedicated mobile hotline. Training for implementing partners and information dissemination through community orientation and distribution of communication materials helped ensure that the communities, vulnerable groups, village officials and other key stakeholders were aware of such mechanisms. FAO staff were assigned to collect feedback from suggestion boxes in key locations in target villages and at distribution sites. The staff collected 528 letters and received 6 phone calls through the complaints and feedback mechanism. Feedback received covered general queries and comments, mostly thank you messages, requests for additional support and technical queries on agriculture production. There were no complaints, misconduct or reports serious violations.

Exit interviews were conducted whenever possible when FAO EFAs could travel to the field to get immediate feedback from beneficiaries and validate correctness of items or support provided. FAO carried out PDM to assess distribution processes, the use of inputs and cash provided as well as the benefits of assistance. General feedback from beneficiaries was also collected during PDMs.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All FAO personnel underwent training on prevention of sexual exploitation and abuse (PSEA). Orientation on PSEA conducted for implementing partner staff integrated the use of the complaints and feedback mechanisms. FAO categorized and prioritized complaints and feedback according to severity and urgency, such as instances of corruption, misuse of assets, staff misconduct, and sexual exploitation and abuse, with the Senior Resilience Officer and the Head of Administration and Finance obligated to act upon them within 48 hours. All feedback was kept confidential to avoid retribution.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

PSEA posters provided by the Myanmar Humanitarian Fund project were posted during the distribution along with posters on COVID-19 mitigation measures. Beneficiaries were reminded to review the posters posted at distribution sites. All distribution sites/locations were selected upon consultation with community and village leaders, ensuring they were readily accessible and not located too far from the target beneficiaries, thus minimizing long travels and/or travelling late in the afternoon or at dusk.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

FAO's vulnerability-based selection criteria ensured vulnerable women and children were prioritized. The criteria included (i) HHs headed by women or with orphans; (ii) HH with multiple children under 5; (iii) HH with PBW/G; (iv) HH with reported/identified malnourished children or members that have been admitted to a nutritional/health center for malnutrition; and (v) HH members suffering from chronic disease or with disabled people.

Regarding the village/ad hoc committees tasked with assisting in validating selection criteria and supporting in beneficiary validation, implementing partners organized (or reorganized) the committees so that at least 50 per cent of participants were women. There were no issues related to women's participation in village meetings and thus, there was no need for separate meetings/orientations for women. All beneficiaries, including women, conveniently and safely accessed the selected distribution sites.

e. People with disabilities (PwD):

FAO's vulnerability-based selection criteria prioritized the following beneficiaries: HH members suffering from chronic diseases or living with disabilities. PwD were allowed to appoint another HH member to get provisions on their behalf, while accessibility and convenience for these beneficiaries were also considered in the selection of distribution sites. Out of the 57,396 individuals (11,200 HH) assisted, 4 percent (2,487) were PwD.

f. Protection:

Aside from access and security conditions, the selection of villages was also determined based on the vulnerability of the population to help ensure activities targeted beneficiaries the most in need. FAO's implementing partners regularly consulted communities and village leaders on project activities to check the feasibility of implementation given the situation on the ground. Consultations were also conducted on the schedule and location of distributions of farm inputs and cash to help ensure beneficiaries could safely collect their inputs/cash and return to their respective villages.

The posting of visibility materials such as banners or tarpaulins during distributions, and posting of names or lists of qualified beneficiaries, were encouraged in the interest of transparency, but always considered the possibility of such activities posing a risk to beneficiaries and/or implementing partners and FAO staff. A do not harm approach was always applied in such instances. Additionally, FAO's regular coordination and participation in meetings with UN agencies, working groups and other stakeholders at the national and state levels contributed to continued awareness of protection and security related issues affecting project areas.

g. Education:

The project had no direct education in emergencies component. However, the project provided information material on good agriculture practices, nutrition and COVID-19 mitigation, all in Myanmar language to ensure that beneficiaries easily understood the material and shared with other HH members. The multi-purpose cash grants amounting to MMK 170,000 per household beneficiary were used for prioritized HH expenses, including education-related expenses, which can reduce child labour, school dropout, and/or increase school enrolment and retention. Based on the PDM results gathered from 1,339 respondents, aside from food as the main use for cash assistance, 298 respondents (22 per cent) also used the cash provided for education expenses, such as the payment of school fees.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	56,396

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Multi-purpose cash amounting to MMK 170,000 (about US\$95) was provided to each beneficiary along with the farm inputs and hygiene items. The one-off cash transfer was distributed by the project's financial service provider, Ongo, in locations where their services are available and by FAO's implementing partners in locations that could not be covered by Ongo. The multi-purpose and unrestricted nature of the cash assistance provided allowed beneficiaries to prioritize how to spend the cash and address any other household expenses. Based on the PDM results, most (84 per cent) respondents mentioned that the cash helped improve their access to food. The next most common uses of cash assistance were for medical expenses and reactivating livelihoods. Other uses mentioned were for debt payment, educational expenses and savings. Additionally, the PDM found that 100 per cent of respondents received the correct amount of FAO-distributed cash.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Output 2: Livelihoods of 10,000 selected vulnerable farming households and their family members protected through the provision of unrestricted multi-purpose cash grants Activity #: 2.1, 2.2, & 2.3.	57,396	US\$1,052,398	Food Security - Agriculture	Unrestricted

Select an item from drop-down

9. Visibility of CERF-funded Activities

Title	Weblink
As the sole breadwinner, the assistance from FAO has allowed Daw Tin Win to not only put food on the table for her family, but also generate a more reliable and profitable income.	Facebook: https://m.facebook.com/story.php?story_fbid=2196269813881635&id=162879090554061 Twitter: https://twitter.com/UNinMyanmar/status/1560531204612321280/photo/1
FAO provided emergency agricultural assistance to 10,000 people from vulnerable households in conflict-affected Kayin and Kayah states in eastern Myanmar.	Facebook: https://m.facebook.com/story.php?story_fbid=2196305537211396&id=162879090554061

	<p>Twitter: https://twitter.com/UNinMyanmar/status/1560831491508039681/photo/1</p>
<p>Myanmar food security crisis: FAO and CERF are enabling vulnerable farmers to feed themselves and their communities.</p>	<p>FAO in Myanmar: https://www.fao.org/myanmar/news/detail-events/en/c/1538680/</p> <p>Twitter: https://twitter.com/FAOemergencies/status/1534538384126918656</p>
<p>In April, FAO provided emergency cash grants to 4,700 vulnerable farming households across six townships in Mon State to meet their immediate food needs and other basic expenses. 1,759 households in Chaungzon township also received fertilizer, vegetable seeds, and training on good agricultural practices and nutrition.</p>	<p>Facebook: https://www.facebook.com/UNinMyanmar/posts/pfbid0w6VwtaMQViVd5ofgajCR9M8DBh4EJafBPLiq9toByA8eJSEcfsEx4wk69QIFwehl</p> <p>Twitter: https://twitter.com/UNinMyanmar/status/1561653654381527040/photo/1</p>
<p>With local and international partners, FAO provides smallholder farmers across Myanmar with access to fertilizer, high-quality seeds and cash-based interventions.</p>	<p>Facebook: https://www.facebook.com/UNinMyanmar/photos/a.162942763881027/2201208000054483/</p> <p>Twitter: https://twitter.com/UNinMyanmar/status/1563383303620665344/photo/1</p>

3.2 Project Report 21-RR-FPA-029

1. Project Information			
Agency:	UNFPA	Country:	Myanmar
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-029
Project title:	Provision of lifesaving sexual and reproductive health services, gender-based violence response, and mental health and psychosocial support in the Southeast and Chin State.		
Start date:	18/10/2021	End date:	17/07/2022 (initially 17/04/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,008,560
	Total CERF funds sub-granted to implementing partners:		US\$ 507,761
	Government Partners		US\$ 0
	International NGOs		US\$ 201,760
	National NGOs		US\$ 306,001
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners provided 17,600 people with access to quality, integrated SRH, GBV and MHPSS support services. The CERF project scaled-up SHRH services in Kayin, Kayah and Mon states. Some 3,068 people accessed SRHR services while another 9,693 people received GBV services. UNFPA implementing partners provided GBV case management services in Kayah and Mon. FRC/KNWO and Mi Organization, implementing partners of UNFPA, established and operated safe houses in Loikaw in Kayah State and Mawlamyine in Mon State. UNFPA locally procured 1,000 clean delivery kits (Kit2A), of which 700 were distributed during the project period, while the remaining 300 were pre-positioned for inter-agency multi-sectoral distribution in Kayah, which was delayed until late August due to restricted humanitarian access. A total of 8,000 dignity kits were also procured, of which 7,900 were distributed to targeted women and girls in Kayah State, while 100 dignity kits replenished stocks distributed earlier in Chin State. In addition to expanded service provision, UNFPA increased technical support and coordination for improved SRHR, GBV and MHPSS through the establishment of MHPSS/Peer Support Networks as well as coordination mechanisms for SRHR and GBV. Four refresher training sessions on GBV Basic Concepts and LGBTQIA awareness were conducted for CSOs and partners of GBV Working Groups.

3. Changes and Amendments

UNFPA was granted a three-month no-cost extension (NCE) to ensure continued service provision to women and girls in Kayin, Kayah and Mon states, including GBV case management, safe house services and emergency response activities (e.g. emergency cash assistance, emergency referrals support, etc.), especially for the IDP population. The NCE allowed enough time to enhance and strengthen SRHR/GBV coordination and MHPSS peer network groups. New (non-CERF-funded staff) came on board around April 2022, which helped to boost SRHR capacities and support.

As indicated in the interim report for this project, continued insecurity and temporary suspension of activities by partners identified in the proposal limited progress on some of the proposed partnerships. In Kayah State, insecurity and instability continued to increase during project implementation, leading to the suspension of health services by one proposed partner and the operation of a safe house in Loikaw by another partner. Additionally, the increasingly complex operating environment continued to limit the ability of other partners to carry out activities.

While at the onset of the project UNFPA had planned to reach more people in Kayah State, significant displacement of IDPs from Kayah into Southern Shan State led UNFPA to redirect assistance, delivering 2,870 dignity kits for those IDPs in southern Shan. Hence, the beneficiaries are not included in the results table as the IDPs were in southern Shan, outside the original target locations for the allocation. As per its policy, UNFPA can provide kits to non-implementing partners and hence, the kits were handed over to actors with access and capability to distribute the kits to affected people. There are unspent funds from the project, which will be refunded to OCHA as per UNFPA standard practice.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	11,253	512	1,747	0	13,512	3,150	0	1,050	0	4,200
Host communities	3,301	363	447	0	4,111	7,030	2,123	377	163	9,693
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	14,554	875	2,194	0	17,623	10,180	2,123	1,427	163	13,893

People with disabilities (PwD) out of the total

	450	35	87	0	572	156	9	0	0	165
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Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	638	0	112	0	750	180	0	0	0	180
Host communities	1,829	85	321	15	2,250	3,588	18	0	0	3,606
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,467	85	433	15	3,000	3,768	18	0	0	3,786

People with disabilities (PwD) out of the total

	108	2	15	1	126	7	0	0	0	7
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Around 100,600 people are estimated to have indirectly benefited from CERF project activities. Family and community members in targeted locations benefitted indirectly from the awareness raising activities on both health and protection issues as well as from expanded access to health and protection services. Additionally, the project supported refresher trainings, which improved support available on GBV and MHPSS, and contributed to enhanced coordination among SRHR, GBV and MHPSS partners to increase the efficiency of humanitarian assistance to affected populations in the Southeast.

Using an average household size of 4.9 (averages for Kayah, Kayin, Mon and Chin States as per 2019 Inter-censal survey), it was estimated that for each direct beneficiary 4.9 people benefited. Given the 20,531 direct beneficiaries (17,661 from table 4 and 2,870 IDPs from Kayah in southern Shan), 100,601 people indirectly benefited.

6. CERF Results Framework

Project objective	Women, girls and young people have increased access to quality, integrated SRH, GBV and MHPSS services.			
Output 1	Increased availability of quality, integrated and gender-responsive sexual, reproductive, maternal, adolescent and youth health services with appropriate integration of COVID-19 prevention and response measures.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people accessing SRHR services	2,500	3,068	Service Database
Indicator 1.2	Number of pregnant women receiving clean delivery kits	1,000	700	Supply tracker and reports
Indicator 1.3	Number of women and girls, including pregnant women and GBV survivors, supported for medical assistance (emergency obstetric care, post-rape treatment, etc.)	150	257	Service Database
Indicator 1.4	Number of SRHR Coordination Meetings for Southeast	3	3	Meeting minutes, ToR for SRHR Coordination Working Group
Explanation of output and indicators variance:		Service targets were exceeded, and the number of kits planned were procured. However, 300 of the clean delivery kits were pre-positioned at the project end-date in Taunggyi, southern Shan awaiting approval by the de-facto authorities for the inter-agency multi-sectoral distributions in Kayah State.		
Activities	Description	Implemented by		
Activity 1.1	Provide SRHR services to affected populations	MSI, NHTYK, CPI, TWG, KDHW		
Activity 1.2	Distribute clean delivery kits to pregnant women	UNFPA, TWG, Arr Man Thit, KMSS- Loikaw, PUI		
Activity 1.3	Support referral services for women and girls in need of emergency health care	MSI, NHTYK, CPI, TWG, KDHW		
Activity 1.4	Enhance coordinated provision of SRHR services in the Southeast	UNFPA led coordination with 20 participating agencies		

Output 2 Increased availability of coordinated lifesaving GBV and MHPSS response for women, girls and other vulnerable population groups

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.)	1,000	1,025	Service database
Indicator 2.2	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (women, men and young people reached through awareness raising activities)	8,623	8,668	Service database
Indicator 2.3	SP.1b Number of people benefitting from dignity kits (number of women and girls receiving dignity kits)	8,000	7,070	Supply tracker and reports
Indicator 2.4	Number of MHPSS peer support networks established	2	2	MHPSS schedule and attendance sheets
Indicator 2.5	Number of GBV working group meetings organized	12	12	GBV WG schedule, minutes
Indicator 2.6	Number of refresher sessions organized for CSOs/women's organizations	4	4	Training Tracker, reports

Explanation of output and indicators variance: 8,000 Dignity Kits (DKs) were procured as planned. 4,200 DKs were distributed to women and girls in the target states and townships, while 2,870 DKs were distributed to displaced women and girls from Kayah State in sites in southern Shan. For that reason, those kits are not included in results Table 4; another 730 DKs were pre-positioned in Taunggyi for the inter-agency multi-sectoral distribution to Kayah State, which was not approved until late August 2022.

Activities	Description	Implemented by
Activity 2.1	Provide emergency response, including GBV case management and psychosocial support	CPI, KDHW, TWG, MSI, NHTYK, FRC, KNWO, CARE, Mi, ACTED, AMT
Activity 2.2	Conduct awareness raising sessions on GBV, PSEA and available services	CPI, KDHW, TWG, MSI, NHTYK, FRC, KNWO, CARE, Mi, ACTED, AMT
Activity 2.3	Distribute dignity kits to vulnerable women and girls affected by the humanitarian situation	AMT, FRC, METTA, MPPR, TWG, KMSS-Loikaw
Activity 2.4	Establish MHPSS peer support networks in Kayah and Kayin	UNFPA
Activity 2.5	Organize monthly GBV coordination meetings in Kayah and Kayin to ensure coordinated GBV interventions	UNFPA
Activity 2.6	Organize refresher sessions for CSO/women's organization partners on emergency response, GBV and MHPSS	UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

UNFPA has been working to improve community perception indicators in monitoring and evaluation frameworks. UNFPA has invested in expanded efforts to engage and coordinate with local actors and leaders, where possible, given the need for their buy-in and support for this work. This is extremely important due to the sensitivity around issues pertaining to SRHR and GBV, as well as MHPSS. UNFPA employs various modalities to collect feedback from affected populations including suggestion boxes, and sex- and age-disaggregated focus group discussions. UNFPA's routine monitoring and evaluation system ensures that client feedback on service quality is regularly collected. PDMs are routine and feedback from affected populations informs the contents and distribution strategies for relief items, including dignity kits.

b. AAP Feedback and Complaint Mechanisms:

UNFPA collaborated with several organizations and the complaints mechanisms vary by partner/grantee. However, as mentioned above, UNFPA verified client feedback indicators during routine monitoring. UNFPA updated Information, Education and Communication (IEC) materials distributed with dignity and clean delivery kits. The IEC material provided information on how the affected people can report their concerns. UNFPA will conduct PDMs to the extent possible to provide a channel for affected people to provide feedback.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA has a clear code of conduct and reporting mechanism for SEA. Furthermore, UNFPA helped GBV partners enhance support to SEA survivors to ensure appropriate and confidential assistance. UNFPA conducted a mandatory assessment of all implementing partners on PSEA, as per the policy released in 2019. Based on the assessment, partners developed capacity building plans to address any risks related to PSEA and UNFPA provided technical support and monitored implementation. UNFPA emphasizes the need for all partners to ensure that volunteers/incentive workers are trained on PSEA and that partners are supported in the dissemination of key information on reporting channels and available services. UNFPA encouraged local partners to participate in the PSEA Network and to make use of technical resources available.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The overall objective of this project was to ensure the protection, safety, good health and dignity of women and girls through the provision of SRHR, MHPSS and GBV services. Due to pre-existing gender inequalities and discrimination, the vulnerabilities of women and girls are exacerbated in humanitarian settings, and their needs, especially those related to health, hygiene and protection, tend to be overlooked. By ensuring SRHR/GBV/MHPSS service availability and access to relevant supplies, including clean delivery and dignity kits,

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

the project reached vulnerable groups, including GBV survivors, pregnant women and adolescent girls, and helped them to make their own choices over their bodies and access much-needed services.

e. People with disabilities (PwD):

This project benefits from UNFPA's overall initiative to strengthen disability inclusion in its programming. Some of the implementing partners conducted self-assessments of their services from a disability inclusion perspective. UNFPA provides technical and capacity building support to partners to ensure SRHR/GBV/MHPSS services provided are accessible to people with disabilities.

f. Protection:

The project was designed to respond to the protection risks identified by several rapid needs assessments and highlighted in inter-agency coordination meetings. As such, project outcomes/outputs specifically addressed protection issues faced by women and girls, including violence as well as neglect of their health and hygiene needs.

g. Education:

The project included activities to raise awareness among target beneficiaries on SRHR, MHPSS and GBV, including the basic concepts, why they are important in humanitarian settings and how to access relevant services. These activities aimed at enhancing the knowledge of the target beneficiaries on these issues. Under this project, UNFPA also conducted capacity-building sessions, especially for CSO partners, to enhance their knowledge and skills primarily on basic GBV concepts as well as on issues related to diversity and inclusion.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	257

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash was used to support those requiring GBV and MHPSS support or referral for SRHR care, including costs of services and transport.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
1.3	257	US\$ 64,320	Health - Sexual and Reproductive Health	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
World Humanitarian Day 2022	https://myanmar.unfpa.org/en/news/world-humanitarian-day-2022

3.3 Project Report 21-RR-CEF-048

1. Project Information			
Agency:	UNICEF	Country:	Myanmar
Sector/cluster:	Health	CERF project code:	21-RR-CEF-048
Project title:	Improved access to emergency primary health care services		
Start date:	01/09/2021	End date:	31/05/2022 (initially 28/02/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 9,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 8,666,842⁶
	Amount received from CERF:	US\$ 1,800,000
	Total CERF funds sub-granted to implementing partners:	US\$ 201,608
	Government Partners	US\$ 0
	International NGOs	US\$ 111,896
National NGOs	US\$ 89,712	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF-funded project, UNICEF and its partners provided primary health care services to 11,014 people; referred 522 cases of emergency obstetric cases and severely ill children; provided key messages on family care practices, including COVID-19 prevention and care, to 11,179 people. A total of 93 Interagency Emergency Health Kits (IEHK), 85 First Aid Kits, 2 clinic-level Primary Health Care Newborn Kits, 875 Newborn and Under-5 Kits from pre-positioned/pooled stocks were distributed to the project sites in Kayin, Kayah, Mon, Shan and Chin, enough to cover a population of at least 100,000 people. The kits contributed to increased availability of and improved access to primary health care. Some 4,225 packs of Family Newborn Kits procured with CERF funding were being distributed at the time of reporting. The Newborn Kits improve newborn survival by ensuring their thermal and hygienic care. As there was an intensification in clashes during project implementation, partners reached out to affected communities, as and when security allowed. Basic health care services exceeded the planned target.

Enough PPE for 3,026 frontline workers was distributed to partners to assist in healthcare service provision and COVID-19 prevention. Installation of oxygen plants at two sites in Kalay and Loikaw was ongoing at the time of reporting. UNICEF procured and delivered the oxygen plants to the project sites. However, UNICEF encountered delays in approval processes from the de facto authorities as well as resulting from intensified clashes, affecting the completion of plantroom construction, transformer installation and the approval of use. The construction of the plantroom and installation of the transformer have already been completed in both sites; however, approval for use of the transformer and tapping electricity were still pending at the time of writing. The plant installation team remains stand by to install, commission and provide training to the operations team. Completion is expected before December 2022 for both the Kalay and

⁶ 2021 and 2022 Health emergency funds received

Loikaw site. The medicines procured for use in COVID-19 case management are still under customs clearance processes and will be distributed once approved.

3. Changes and Amendments

Global logistics issues affected in-country arrival of procured items. Additionally, bureaucratic delays or not receiving tax exemption certificates and rejection in clearances of supplies by the de facto Ministry of Health affected timely distribution of supplies. To continue service provision on ground, UNICEF used pre-positioned stocks/pooled stocks to distribute PPE, essential medicines and supplies. However, there were no pooled stocks available for COVID-19 case management-related medicines. UNICEF will distribute the procured stock once the customs clearance is completed.

The nationwide banking crisis, including limits imposed on cash withdrawal, adversely affected project implementation leading to delays, especially during the last quarter of 2021. Additionally, access constraints due to insecurity, intensified conflict and delays in travel authorization contributed to delays. Due to these delays, UNICEF requested a no-cost extension to 31 May 2022 to allow for more time for effective implementation and to include additional partners to ensure that the planned targets were reached.

UNICEF procured and delivered supplies for the oxygen plants to the installation sites in Kalay and Loikaw. However, installation of the plant has yet to be completed following delays in approval processes and intensified conflict at the installation sites. Pre-installation preparations of oxygen plants (i.e., plantroom construction and transformer installation carried out with other funding sources) were completed in Kalay and Loikaw. However, approval for tapping electricity to the plant is still pending.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,071	1,314	1,624	1,537	6,546	3,614	87	2,409	1,053	8,263
Host communities	4,409	3,242	2,622	2,581	12,854	5,420	1,780	3,613	1,579	12,392
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,480	4,556	4,246	4,118	19,400	9,034	2,967	6,022	2,632	20,655
People with disabilities (PwD) out of the total										
	713	501	467	453	2,134	994	326	662	290	2,272

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Around 123,000 people are estimated to have indirectly benefited from the CERF project activities, with services made available to communities, partners supporting service provision in camps, fixing clinics closed to the displaced population, and opening mobile clinics in villages so that children, women and men could access services, including emergency support. These communities also received indirect benefits through health messaging provided by partners, including COVID-19 prevention and care practices.

6. CERF Results Framework

Project objective To improve access of children, women and their families to safe maternal, neonatal, and child health (MNCH) and emergency health care, including COVID-19 management and infection prevention and control (IPC)

Output 1 Children and women have improved access to safe MNCH and emergency health care

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.8 Number of primary healthcare consultations provided	3,000	11,014	Partner report
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities	50	93	Distribution record and report
Indicator 1.3	H.1b Number of people covered by emergency health kits	50,000	93,000	Distribution record and report

Explanation of output and indicators variance: With limited availability of services in public health facilities, communities are increasingly dependent on the services provided by local, national and international NGOs through mobile and fixed clinics, as well as assistance provided by volunteer networks. With increased political unrest and growing needs, partners implemented response activities as and when security allowed. COVID-19 led to an increase in health needs, and primary health care consultations exceeded the target. With growing needs on the ground, pre-positioned stock/pooled stocks, including IEHKs, were utilized and distributed to the project area.

Activities	Description	Implemented by
Activity 1.1	Supply of essential medicines and equipment for emergency primary health care and maternal, neonatal, and child health (MNCH) services	UNICEF
Activity 1.2	Provision of healthcare services to women, children and families through mobile clinics and community health workers	Implementing partners: PUI, KMSS, CPI and SNF
Activity 1.3	Assistance for referral support	Implementing partners: PUI, KMSS, CPI and SNF

Output 2 Children, women and their families have improved access to COVID-19 management and IPC

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
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Indicator 2.1	Number of oxygen plants installed	2	0	Progress monitoring by UNICEF
Indicator 2.2	Number of PPE sets made available for health care staff	30,000	30,000	Supply Procurement and Distribution Report UNICEF
Indicator 2.3	Number of health care staff who will benefit from PPE sets	3,000	3,605	Supply Distribution Record and Report UNICEF
Explanation of output and indicators variance:		The two oxygen plants were delivered to project sites, but installation is yet to be completed. Given the intensification of the conflict and the complex and lengthy approval processes of various de facto departments, the pre-installation preparations (i.e., plantroom construction and installation of transformer) were delayed. For the Kalay site, everything is ready but approval for tapping electricity to the plantroom has yet to be received. The installation team is on standby for plant installation as well as commissioning and training of the operations team over a seven-day period once approval is received. It is expected to be completed in November 2022. For the Loikaw site, due to the intensification of clashes, construction began in July, and transformer installation works were carried out in parallel. The works have been completed, and plant installation is expected to be completed before end of 2022. PPE from pre-positioned stocks were utilized and distributed while awaiting the arrival of procured stocks.		
Activities	Description	Implemented by		
Activity 2.1	Installation of oxygen plants at the selected health facility	UNICEF		
Activity 2.2	Distribution of PPE to health care staff	UNICEF and implementing partners		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

AAP is mainstreamed in UNICEF partnerships. The employed local staff and volunteers who are part of the affected community were involved in the program implementation and monitoring. Community health workers engaged with communities and provided feedback to facilities to help improve service provision for the affected population.

b. AAP Feedback and Complaint Mechanisms:

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

As mentioned above, AAP is mainstreamed in UNICEF partnerships, including capacity building for partners on AAP, community sensitization and the use of feedback mechanisms to address problems or complaints. Indicators relating to AAP feedback mechanisms are agreed to be integrated with all new partnerships or during the amendment process for accountability and responsiveness to communities. Feedback was collected during monitoring visits by field officers as well as by third-party monitors for corrective actions as needed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All UNICEF staff and consultants undertake mandatory PSEA training which is also available in Myanmar language at Agora. All Partnership Cooperation Agreements (PCAs) between UNICEF and partners have clauses mandating that PSEA is properly addressed within their management systems. UNICEF monitors this regularly and discontinues the partnership if any deviation is found. UNICEF has a dedicated hotline managed by the same implementing partner that managed the MRM hotline and all staff are trained on SEA case management, including confidentiality and follow-up.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project mainly focused on women and children as the main beneficiary group, with girls accounting for 50 per cent. The health care staff and volunteers assisting the project were predominantly women (more than 50 per cent), thereby contributing to women's empowerment.

e. People with disabilities (PwD):

Although the project did not specifically target people with disabilities, its activities addressed the needs of the entire population, including men, women, boys, girls and those with disabilities. UNICEF recognizes that children, especially girls, and women with disabilities are at heightened risk due to inaccessible information about prevention and assistance as well as acute barriers to accessing health and other services. These factors were considered in programme design and implementation. For example, people with disabilities were given priority during the provision of services to minimize their wait times.

f. Protection:

Partners worked closely with the protection team. For some partnerships, child protection interventions were integrated using funding from other sources. Therefore, there was heightened awareness of protection issues, and any such issues were addressed as needed. Protection officers were present at the field level. Many health care workers were women, helping with the delivery of services targeting women and children.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable.

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
n/a	n/a	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities.

Title	Weblink
Appreciation to donors, including OCHA, for support on humanitarian actions	https://twitter.com/UNICEFMyanmar/status/1534377179835932679?s=20&t=j9QqHzDTQiSPrxpE-tYs_Q
Provision of First Aid Kit and Essential medicines _Jan 2022	https://twitter.com/UNICEFMyanmar/status/1479958612407721986?s=20&t=SBMOUcDyk1B6qXLOsXr_hQ
Distribution of medical supplies to partners on the ground _first 6 months of 2022, including the area supported by CERF funding	https://twitter.com/UNICEFMyanmar/status/1557554898740269058?s=20&t=j9QqHzDTQiSPrxpE-tYs_Q
Provision of primary health care in the first 6 months of 2022, including the area supported by CERF funding	https://twitter.com/UNICEFMyanmar/status/1556847738247004161?s=20&t=j9QqHzDTQiSPrxpE-tYs_Q
Distribution of health care supplies in Kayah _May-June 2022	https://www.facebook.com/unicefmyanmar/posts/pfbid04yDFayNzFe7txuJrkPxnisVhFUYPU25s93ELsQtLatzij7wcXeVqRAfVN7UzQ6ocl

Project Report 21-RR-WFP-036

1. Project Information			
Agency:	WFP	Country:	Myanmar
Sector/cluster:	Food Security - Food Assistance	CERF project code:	21-RR-WFP-036
Project title:	Emergency Food Assistance to newly displaced and conflict-affected persons		
Start date:	01/10/2021	End date:	30/09/2022 (first NCE 30/06/2022 and initially 31/03/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 15,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 9,360,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,716,252
	Government Partners		US\$ 0
	International NGOs		US\$ 489,467
	National NGOs		US\$ 1,226,785
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners distributed 1,262 metric tons of mixed food commodities and US\$1,557,347 in cash-based transfers to 188,371 people. Cash-based distributions were made from May to August 2022, and food distributions from March to July in 2022. The beneficiaries reached with CERF support were from villages in Kachin, Kayah and Shan states and Tanintharyi Region. WFP had planned to reach beneficiaries in Mon State and in the Northwest (Magway and Sagaing), but this was not possible due to security restrictions. The movement of food and relief distributions increasingly requires WFP to secure travel authorizations from de facto authorities; however, these have been very difficult and even impossible to secure in some areas of the country. Nevertheless, the objective of providing lifesaving food assistance to displaced communities affected by conflict was achieved through the project's activities. Food baskets provided by WFP were enough for people to meet their daily food and nutrition needs. Where WFP provided cash-based transfers, the transfers were based on the amount required to cover the same daily food and nutrition needs as the food basket from local markets.

3. Changes and Amendments

WFP submitted a reprogramming request to the CERF Secretariat to allow for greater flexibility in the geo-targeting and transfer modalities in the south-eastern part of Myanmar. This change allowed WFP to respond to needs using the most suitable transfer modalities in areas with new population displacements in the Southeast. As a result, WFP worked using a low-profile approach to deliver assistance in the Tanintharyi region, including cash-based transfers. To address lifesaving food needs in insecure areas, WFP takes a 'low profile' approach working through local partners. As a result, the transfer of cash was simpler than the transportation of food commodities. The flexibility in geo-targeting and transfer modalities provided by reprogramming helped WFP reach 188,371 beneficiaries, almost three times the original target of 68,450 people.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	16,960	15,610	17,935	17,945	68,450	46,274	38,341	23,799	23,797	132,211
Host communities	0	0	0	0	0	16,848	16,286	11,794	11,232	56,160
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	16,960	15,610	17,935	17,945	68,450	63,122	54,627	35,593	35,029	188,371
People with disabilities (PwD) out of the total										
	2,310	2,126	2,442	2,444	9,322	6,923	5,736	3,560	3,560	19,799

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

There are no indirect beneficiaries as emergency food security support is provided only to targeted households. However, beneficiaries who receive cash-based transfers will procure food commodities from local markets, thus indirectly supporting local retailers.

6. CERF Results 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.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving food	68,450	188,371	Monthly distribution reports from partners; WFP tracking systems.
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	4,109	1,262	Monthly distribution reports from partners; WFP tracking systems.
Explanation of output and indicators variance:		A reprogramming request was made to allow for flexibility in transfer modalities in the south-eastern part of Myanmar. As a result, the planned metric tonnage of food commodities was reduced, and CERF funds were used for cash-based transfers.		
Activities	Description	Implemented by		
Activity 1.1	Identification and selection of villages and beneficiaries	Partners		
Activity 1.2	Procurement of food commodities	WFP		
Activity 1.3	Provision of general food assistance targeting 68,450 people	Partners		
Activity 1.4	PDM, evaluation and reporting	WFP		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹⁰:

WFP has been implementing all aspects of Accountability to Affected People, primarily through its Community Engagement Mechanism (CEM) which was implemented in each of the states and regions where relief assistance was provided with CERF support.

Beneficiary awareness raising was conducted on protection from sexual exploitation and abuse (PSEA), reaching more than 1,000 beneficiaries in partnership with a local civil society organization. Specific helplines operated by CEM focal points in Sittwe, Maungdaw, Pakokku, Myitkyina, Lashio, Pangkham, and Hpa-an enabled beneficiaries to use the mechanism in their preferred language.

Participation of diverse gender and age groups in WFP programme design and implementation was ensured through community committees with wide-ranging membership and leadership; focus group discussions for women; visits to older people and people with disabilities to capture their perspectives; and provision of multiple avenues for CEM to suit those with different levels of literacy, vision and access to phones, for example.

b. AAP Feedback and Complaint Mechanisms:

The WFP Community Engagement Mechanism (CEM) operates in parallel to its relief and nutrition assistance operations. The CEM ensures all community members can voice their opinions, complaints and suggestions. The CEM includes information provision, consultation, and feedback and complaint procedures. Feedback collected through the CEM, as well as during monitoring visits by WFP and its partners, was collected and analysed to assess how satisfied beneficiaries are with the programme, and the results will be used to develop more efficient interventions for future rounds of assistance. Between January and August of 2022, WFP received 7,300 reports through its CEM. More than half were related to requests to be included as WFP beneficiaries.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP's CEM is available for sexual exploitation and abuse (SEA) complaints, with CEM focal points trained in handling sensitive complaints. PSEA sessions for WFP beneficiaries in Kachin, Shan and Kayah were conducted throughout March and April through a local civil society organization, Myanmar Youth Stars Network. SEA risks were also mitigated through programme design and implementation, including awareness raising among staff, partners and beneficiaries. WFP did not receive complaints related to SEA from beneficiaries during the project implementation period. PSEA Standard Operating Procedures (SOPs) were updated in September with a specific focus on referrals and response. ToRs for PSEA focal points were also updated.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Cross-cutting issues continue to be integrated into WFP's response, with efforts made to have women be the holders of household entitlements so they can make decisions regarding spending. WFP provided digital and financial literacy materials for and training to beneficiaries in cash-based transfer programming, especially women in e-cash programming. WFP conducted an assessment on gender and GBV related to cash-based transfers in August 2022 involving 200 participants (127 women and 73 men) – 62 per cent from Kachin and 38 per cent from northern Shan. The findings showed: 96 per cent of women and 92 per cent of men said household relationships were more peaceful after receiving cash assistance; 87 per cent of women and 45 per cent of men said they know about available services to respond to cases of GBV; 80 per cent of women and men reported they had received a GBV awareness session(s).

e. People with disabilities (PwD):

WFP is piloting a top-up for CBT households with members with disabilities for six months from July to December 2022. While CERF funds did not support this pilot, it highlights the ongoing work by WFP to meet the essential needs of PwD. WFP feedback mechanisms highlighted the tendency of PwD to have lower incomes and higher living costs (due to paying for transport, special foods and other items).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WFP's top-up pilot is tailored to better align programming with different needs and help households with PwD meet their health and nutrition requirements. The pilot was rolled out in IDP camps in Kachin and northern Shan in 2022 and covers some of the same food relief beneficiaries supported by CERF.

f. Protection:

WFP Myanmar's programme teams use a risk matrix process to identify risks and mitigation measures. A new risk matrix process was used during the reporting period in the Southeast, while other programme areas continued to use a previous version of the risk matrix. These risk matrices cover a range of risks including programmatic, financial, market, safety and security as well as important cross-cutting issues. WFP continues to integrate cross-cutting issues into its response, ensures equitable inclusion and protection of people with disabilities and applies a conflict-sensitivity lens to its activities. Protection, Gender and Accountability to Affected Population focal points are trained in making protection referrals on general protection, GBV and handling any allegations of sexual exploitation and abuse. Protection-related distribution methods were used such as priority lines, use of proxies or transportation assistance for those with mobility challenges.

g. Education:

WFP provided digital and financial literacy materials for and training to beneficiaries in cash-based transfer programming, especially for women in e-cash programming.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	75,682

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

WFP used cash-based transfers as voucher assistance was not included as part of the program. Overall, WFP Myanmar continues to scale-up its delivery of cash assistance to food-insecure people, with cash-based transfers (CBTs) used wherever possible. WFP's country strategy includes both increasing the use of cash in emergencies and a CBT retail strategy to increase market functionality and support the transition to cash-based assistance. CBTs are preferred by WFP because they empower people with choice in how to address their needs. CBTs are also faster, more efficient to deliver, and strengthen local markets. However, CBTs are only possible in locations with functional market access, such as Shan, Kachin and central Rakhine states. In areas that are newly affected by conflict or are more remote, WFP has no option but to provide direct food assistance.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.3	75,682	US\$1,557,346	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
n/a	n/a

3.4 Project Report 21-RR-WHO-035

1. Project Information

Agency:	WHO	Country:	Myanmar
Sector/cluster:	Health	CERF project code:	21-RR-WHO-035
Project title:	Scale up provision of health care and essential services in crisis-affected areas		
Start date:	21/10/2021	End date:	20/07/2022 (initially 20/04/2022)
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 8,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 6,600,000
	Amount received from CERF:	US\$ 1,424,117
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WHO provided 18,530 sets of PPE to the Asia Harm Reduction Network (AHRN) and the Ministry of Health (MoH); and 90 oxygen concentrators to Save the Children, a local COVID-19 community treatment centre and the Ministry of Health. WHO trained 902 frontline health workers on emergency clinical management and infection prevention and control and translated open WHO refresher courses on emergency clinical management, which are estimated to have indirectly benefitted some 10,000 health workers.

The project assisted 21,232 people between 21 October 2021 and 20 July 2022. The project enabled provision of lifesaving essential health services and COVID-19 interventions such as prevention, case management, infection control and capacity building for frontline health workers.

3. Changes and Amendments

The project received a three-month no-cost extension. The original project end date was 20 April 2022 and extended to 20 July 2022. CERF approved a reprogramming request together with the no-cost extension. The reprogramming changes include the following:

- International procurement of PPE instead of international procurement for IEHK and trauma kits under activity 1.1 and 1.2. The total cost of US\$80,910 was covered by shifting funds from procurement of IEHK (\$15,750) and trauma kits (\$65,160).
- Transfer of \$294,990 from shipping and freight forwarding costs to local procurement of PPE, with \$5,010 used for local freight forwarding costs.

- Procurement of locally available non-communicable disease supplies instead of NCD kits under activity 2.2 for \$660,540.
- The target for indicator 1.3 (procurement of PPE) was revised to 18,530 from the original target of 6,000, representing an additional 12,530 PPE items procured.
- The targets for indicator 1.1 (H.1a Number of emergency health kits delivered to healthcare facilities) and indicator 1.2 (H. Number of people covered by emergency health kits) were set to zero.
- Indicator 2.2 (Non-communicable disease kits deployed (Kit 1a,1d,1e)) was replaced by the number of health facilities supported with non-communicable disease treatment supplies, with a target of 30 health facilities.

Procurement of non-communicable disease kits (Kit 1a,1d,1e) under Activity 2.2 was not completed. WHO will refund the unspent balance of US\$526,467 before 31 December 2022.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,616	5,184	3,744	3,456	18,000	4,510	3,689	1,933	1,582	11,714
Host communities	2,808	2,592	1,872	1,728	9,000	2,015	1,648	864	707	5,234
Other affected people	2,808	2,592	1,872	1,728	9,000	1,649	1,348	708	579	4,284
Total	11,232	10,368	7,488	6,912	36,000	6,627	6,117	4,476	4,012	21,232
People with disabilities (PwD) out of the total										
	1,797	1,659	1,198	1,106	5,760	1,203	984	516	422	3,125

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

It is estimated that some 10,000 health workers indirectly benefited from activity 2.4: Translation of open WHO refresher courses on emergency clinical management, vaccination and Infection Prevention and Control (IPC).

6. CERF Results Framework

Project objective Scale up provision of lifesaving care and essential services in crisis-affected areas through training and material provision.

Output 1 Ensuring immediate access to adequate supplies for provision of services to crisis-affected areas.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	90	n/a	This indicator was cancelled in reprogramming.
Indicator 1.2	H.1b Number of people covered by emergency health kits	90,000	n/a	This indicator was cancelled in reprogramming.
Indicator 1.3	Procurement of PPE	6,000 (original); 18,530 (reprogramming)	18,530	Delivery reports.

Explanation of output and indicators variance: The budget of indicators 1.1 and 1.2 was moved to indicator 1.3 in reprogramming. Therefore, PPE target was increased to 18,530 after reprogramming.

Activities	Description	Implemented by
Activity 1.1	IEHK procurement	This activity was cancelled in reprogramming.
Activity 1.2	Trauma backpack procurement	This activity was cancelled in reprogramming.
Activity 1.3	PPE procurement	WHO

Output 2 Supporting critical clinical management and diagnostics through ready-to-deploy essential equipment

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Oxygen concentrators delivered	90	90	Delivery records
Indicator 2.2	Non-communicable disease kits delivered (Kit 1a,1d,1e)	180 kits (original); 30 health facilities (reprogramming)	0	n/a
Indicator 2.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher	1,000	902	Training records

	training to support programme implementation (clinicians trained)		
Explanation of output and indicators variance:		Indicator 2.2 was not completed because of delays in the local procurement process. The delays were related to availability of qualified suppliers, insufficient supplies, as well as long quality assurance and procurement approval processes.	
Activities	Description	Implemented by	
Activity 2.1	Procurement of oxygen concentrators	WHO	
Activity 2.2	Procurement of Non-communicable disease kits (Kit 1a,1d,1e)	n/a	
Activity 2.3	Emergency clinical management and IPC refresher training for frontline health workers (online)	WHO	
Activity 2.4	Translation of OpenWHO refresher courses on emergency clinical management, vaccination, IPC	WHO	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

Feedback from beneficiaries was collected through previous projects and was used in the design and planning phase of this project. During field visits, feedback from beneficiaries was collected through interviews and focus group discussions.

b. AAP Feedback and Complaint Mechanisms:

During monitoring visits, beneficiary interviews were conducted to garner feedback on the quality and appropriateness of the project's services. This included questions on how they received lifesaving interventions, COVID-19 treatment and oxygen therapy. Additionally, WHO remained engaged with the inter-cluster coordination group (ICCG) at both the national and sub-national levels and facilitated health cluster meetings, where health-related feedback detected by other partners, as well as other clusters and sectors, was discussed as necessary.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

A PSEA reporting mechanism was already in place prior to the rollout of this project. At the corporate level, WHO has a publicly available policy on Sexual Exploitation and Abuse Prevention and Response, which outlines appropriate reporting mechanisms. All WHO Myanmar

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

personnel were required to complete the mandatory online training entitled “UN Inter Agency: To Serve with Pride - Zero Tolerance for Sexual Exploitation and Abuse by our own staff”. WHO staff members followed the internal reporting processes for PSEA, ensuring confidentiality was maintained and the follow-ups were conducted using existing protocols.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project was designed through the participation of both women and men health staff to help contribute to the empowerment and protection of women and girls, including the prevention of GBV. Health staff received orientation on GBV and monitored and reported GBV cases in accordance with standard procedures.

e. People with disabilities (PwD):

This project promoted the accessibility of people with disabilities to a range of health services through mobile clinics, COVID-19 quarantine centres, treatment centres and hospitals.

f. Protection:

WHO worked to ensure protection of all affected people and those at-risk at part of the project design. Health staff monitored and reported protection issues throughout the project’s implementation.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	n/a	n/a

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The nature of the project was not suitable for CVA. The focus of the project was to provide medical supplies and equipment as well as trainings for health workers.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Not applicable.	Not applicable	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Not applicable.	n/a

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-FAO-023	Agriculture	FAO	Karuna Mission Social Solidarity Hpa-an	KMSS Hpa-an	Yes	NNGO	\$25,207
21-RR-FAO-023	Agriculture	FAO	Karuna Mission Social Solidarity Loikaw	KMSS Loikaw	Yes	NNGO	\$45,971
21-RR-FAO-023	Agriculture	FAO	Karuna Mission Social Solidarity Hakha	KMSS Hakha	Yes	NNGO	\$61,106
21-RR-FAO-023	Agriculture	FAO	Save the Children International	SCI	Yes	INGO	\$149,801
21-RR-FAO-023	Agriculture	FAO	Helvetas International	Helvetas	Yes	INGO	\$187,611
21-RR-FPA-029	Gender-Based Violence	UNFPA	CARE International	CARE	Yes	INGO	\$13,081
21-RR-FPA-029	Gender-Based Violence	UNFPA	Mi Organization	Mi	Yes	NNGO	\$32,777
21-RR-FPA-029	Gender-Based Violence	UNFPA	ACTED Organization	ACTED	Yes	INGO	\$8,225
21-RR-FAO-023	Health	UNFPA	Marie Stopes International	MSI	Yes	INGO	\$73,625
21-RR-FPA-029	Health	UNFPA	Nway Htwe Thaw Yin Khw	NHYTK	Yes	NNGO	\$54,807
21-RR-FPA-029	Health	UNFPA	Community Partners International	CPI	Yes	INGO	\$79,030
21-RR-FPA-029	Gender-Based Violence	UNFPA	Thangaunggyi Women's Group	TWG	Yes	NNGO	\$96,746
21-RR-FPA-029	Health	UNFPA	Kayin Department of Health and Welfare	KDHW	Yes	NNGO	\$56,002
21-RR-FPA-029	Gender-Based Violence	UNFPA	Arr Man Thit	AMT	Yes	NNGO	\$33,610
21-RR-FPA-029	Gender-Based Violence	UNFPA	Finnish Refugee Council	FRC	Yes	INGO	\$27,799
21-RR-FPA-029	Gender-Based Violence	UNFPA	Karreni National Women Organization	KNW O	Yes	NNGO	\$32,059
21-RR-CEF-048	Health	UNICEF	Première Urgence Internationale	PUI	Yes	INGO	\$22,896
21-RR-CEF-048	Health	UNICEF	Karuna Mission Social Solidarity	KMSS	Yes	NNGO	\$33,921
21-RR-CEF-048	Health	UNICEF	Community Partners International	CPI	No	INGO	\$89,000
21-RR-CEF-048	Health	UNICEF	Suwannimit Foundation (SNF)	SNF	Yes	NNGO	\$55,791
21-RR-WFP-036	Food Assistance	WFP	AVSI Foundation Myanmar	AVSI-Kayah	No	INGO	\$140,757
21-RR-WFP-036	Food Assistance	WFP	Best Shelter	BS-LSO	No	NNGO	\$32,635
21-RR-WFP-036	Food Assistance	WFP	Karuna Mission Social Solidarity-Banmaw	KMSS-BM	No	NNGO	\$640,913
21-RR-WFP-036	Food Assistance	WFP	Karuna Mission Social Solidarity- Lashio	KMSS-LSO	No	NNGO	\$9,551
21-RR-WFP-036	Food Assistance	WFP	Karuna Mission Social Solidarity-Myitkyina	KMSS-MKN	No	NNGO	\$197,192
21-RR-WFP-036	Food Assistance	WFP	Network Activities Group	NAG-Kayah	No	NNGO	\$187,589
21-RR-WFP-036	Food Assistance	WFP	Save the Children Federation Inc	SCI-SE	No	INGO	\$129,508
21-RR-WFP-036	Food Assistance	WFP	World Vision Myanmar	WV-MKN	No	INGO	\$219,203
21-RR-WFP-036	Food Assistance	WFP	Environmental Conservation Network of Kayan Region	(ECNKR)	No	NNGO	\$48,640
21-RR-WFP-036	Food Assistance	WFP	Harmony Youth Association	HYA	No	NNGO	\$82,532
21-RR-WFP-036	Food Assistance	WFP	True Friends	TF	No	NNGO	\$27,733

